

DRIVER RELEASE FORM INSTRUCTIONS

1. PLEASE PRINT AND READ THIS PAGE PLUS THE FIVE RELEASE FORMS.

2. COMPLETE THE REQUIRED INFORMATION ON ALL PAGES, WHERE INDICATED.

3. DATE AND SIGN ALL FIVE RELEASE FORMS, WHERE INDICATED.

4. SEND THIS COVER AND ALL SIGNED PAGES TO FFE RECRUITING:

FAX: 972-228-0441

FAX COVER

Date: _____

From: _____

Phone: _____

Pages: _____

Message: _____

APPLICANT STATEMENT AND DISCLAIMER

I certify that this qualification application was completed by me and that all of the information in this application is true and correct to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of facts called for herein may result in my disqualification from further consideration or dismissal from employment if I am hired. I understand that if I am employed, I will remain in an introductory period during my first 90-days of employment and that employment is "at will" for an indefinite term and can be terminated, with or without notice at any time, at the option of the company or myself.

I understand that no representative of any of the companies has any authority to enter into any agreement or contract for employment with me. I understand that this qualification application is not a contract or promise of employment.

Upon a conditional offer of employment, I authorize an investigation into my background, including but not limited to: criminal history, prior work history, Motor Vehicle Record, Drug & Alcohol test history, and safety inspection record and agree that misrepresentation or omission of facts is legitimate cause for disqualification. I understand that a consumer report, which may contain public record information, will be obtained upon a conditional offer of employment. I understand that none of the companies exclude applicants based upon criminal history.

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e).

I understand that I have the right to:

- Review information provided by current/previous employers:
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

I release, hold harmless, and indemnify the company, its officers, directors, agents, employees, independent contractors, third party reporting services, and previous employers, from all liability claims or damages resulting from obtaining verification information.

I understand that the company is under no obligation to me or my agents to furnish any investigative findings regarding my previous work history, work experience/performance or education/training.

I agree to submit to all applicable tests, examinations, and inquiries (i.e., medical examination, drug screen testing, agility testing [if applicable]), and a determination as to whether or not I can comply with the essential functions of the job description with or without reasonable accommodation which would not constitute an undue hardship.

I agree to submit to a drug screen test as may be required at any time. I agree to release, hold harmless, and indemnify the company, its officers, directors, employees, independent contractors, and any designated medical group and its agents, servants, or employees from any loss, damage, expense or other injury arising out of the drug screen testing. I understand that refusal to submit to such testing at any time when requested will constitute grounds for dismissal.

I authorize the release of information relative to positive drug screen results to any local, state, federal, or quasi-governmental agency, or public or private company or corporation.

I authorize any of the companies to obtain from the appropriate state, local, or federal authorities, a copy of my Motor Vehicle Report or similar record as a part of my employment application.

I understand that I will not become an employee of any of the companies until I have met all the conditions of employment and completed all paperwork required of employees. At such time as I meet the conditions of the company, I fully understand my employment will be governed by law and applicable company policies and procedures.

If employed, I understand that I will be subject to Department of Transportation regulations applicable to drivers and I understand that I must comply with those regulations.

I understand that none of the companies automatically exclude applicants based upon criminal history. I understand that this qualification application is not valid without my signature.

Print Name: _____ Date: _____

Signature: _____

Applicant must check which company they are applying with:

KLLM **FFE** **FOREST PRODUCTS** **DEEP WELL**

All above-mentioned companies are separate and distinct legal entities.

GENERAL DISCLOSURE & AUTHORIZATION FORM

Please Read the Disclosure & Authorization Statement Prior to Signing this Authorization Form

I have carefully read and understand this Disclosure and Authorization Statement and the FTC Summary of Rights under the Fair Credit Reporting Act ("FCRA"). By my signature below, I consent to the release of consumer reports, investigative consumer reports, and other personal history reports prepared by a consumer reporting agency, government agency or department, or other entity to the "Company": **(Check one)**

KLLM

FFE

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I understand that if the Company hires me, my consent will apply, and the Company may obtain reports, throughout my period of representation by the Company. I also understand that information contained in my job application or otherwise disclosed by me before or during my employment by the Company, if any, may be used for the purpose of obtaining Consumer reports and/or investigative consumer reports.

By my signature below, I authorize law enforcement agencies, learning institutions (including public and private schools and universities), information service bureaus, credit bureaus, record/data repositories, courts (federal, state and local), motor vehicle records agencies, my past or present employers, the military, and other individuals and sources to furnish any and all information on me that is requested by the consumer reporting agency. Furthermore, Customers of the Company may require investigative or consumer reports which apply to my background. These reports would apply to my assignment to projects related to the Customer, permission to be on the Customers' premises and to handle its products and other security concerns of the Customer. I agree to allow the Company to provide my work history information to a consumer reporting agency.

I understand that I have the right to review information provided by my previous employers, to have errors corrected by the previous employers and re-sent to the Company once corrected, and to have a rebuttal statement attached to any alleged erroneous information should my previous employer and I not agree on the accuracy of the information. I further understand that the information provided by me will be used in making employment determinations and that my previous employer may be contacted for the purpose of investigating my safety performance history information as required by paragraphs (d) and (e) of "49 CFR" Part 391.23. Request to review previous employer information must be in writing. A release form for employment records can be requested by calling **800-596-9200** or mailing to:

KLLM: 135 Riverview Dr. Richland, MS 39218

FFE: 3400 Stonewell Dr. Lancaster, TX 75134

DEEPWELL: 4025 HWY 35 North, Columbia, MS 39429

FOREST PRODUCTS: 202 Industrial Park Rd., Columbia, MS 39429

I understand that I have additional rights under the FCRA as noted in the FTC Summary of Rights provided to me. I hereby authorize any person or company for whom I have worked (as an employee or contractor), whether listed below or not, to furnish information they may have pertaining to my character, habits, financial responsibility, job performance, reasons for leaving employment, and all information concerning my employment or training. I hereby release all persons and organizations from any claims from damages of any kind, which may occur to me by reasons of furnishing such information.

By my signature below, I certify the information I provided on my application is true and correct. I agree that this Disclosure and Authorization form in original, faxed, photocopied or electronic (including electronically signed) form; will be valid for any reports that may be requested by or on behalf of the Company.

California, Minnesota, Oklahoma, Maine, Massachusetts, or Washington residents, or individuals with jobs located in these states, may request a free copy of consumer or investigative consumer reports obtained on you. To request a free copy of your reports, call 800-596-9200 between the hours of 8:00 AM and 5:00 PM CST. California, Massachusetts, New Jersey, Washington, or New York (residents only) residents, or individuals with jobs located in these states, your signature acknowledges receipt of a copy of the applicable summary of rights.

Applicant Last Name: _____ First _____ MI _____

*Social Security No. _____ *Date of Birth (MM/DD/YYYY) _____

Applicant Signature _____ Date _____

*This information will be used only for background screening purposes and will not be taken into consideration in any representation decisions.

DRIVER DISCLOSURE & AUTHORIZATION FORM

DISCLOSURE AND AUTHORIZATION FOR RELEASE OF INFORMATION FOR EMPLOYMENT PUPOSES 49 CFR PART 391.23, DOT DRUG AND ALCOHOL TESTING

In accordance with DOT Regulation 49 CFR Part 391.23 and 49 CFR Part 40, each as applicable, I hereby authorize release of my DOT regulated drug and alcohol testing records by the DOT-regulated employer (s) listed below to Driver IQ/ CARCO Group Inc. or another consumer reporting agency ("Agency") for the purpose of the Agency transmitting such records to the following requesting entity / individual: **(Check one)**

KLLM **FFE** **DEEPWELL** **FOREST PRODUCTS**

I understand the information/documents released pursuant to this section is limited to the following DOT-regulated testing items, including pre-employment testing results, occurring during the previous three (3) years: (i) alcohol tests with a result of 0.04 or higher; (ii) verified positive drug tests; (iii) refusal to be tested (including adulterated and/or substituted tests); (iv) other violations of DOT drug and alcohol testing regulations (i.e., violations of 49 CFR 382 Subpart B); (v) information obtained from previous employers of a drug and alcohol rule violation; and (vi) any documentation of completion of the return-to-duty process following a rule violation.

If any company listed below furnishes the above company or the Agency with information concerning items (i) through (vi) above, I also authorize such company to furnish the following information, if applicable: (i) dates of my negative drug and/or alcohol tests and/or tests with results below 0.04 during the previous three (3) years; and (ii) the name and phone number of any substance abuse professional who evaluated me during the previous three (3) years.

List all DOT –regulated employers you have applied with and/or worked for in a safety-sensitive function during the previous three (3) years. If necessary, attach additional pages, including the date, your name, SSN and signature.

Previous Company(s)	City	State

By my signature below, I also certify the information I provided on and in connection with this form is true, accurate, and complete. I agree that this form, in original, faxed, photocopied or electronic (including electronically signed) form will be valid for any background reports that may be required by or on behalf of the above company or the Agency.

Driver Signature

Date

Print Name

Social Security Number

**IMPORTANT DISCLOSURE
REGARDING BACKGROUND REPORTS FROM THE *PSP Online Service***

In connection with your application for employment with "THE COMPANY" ("Prospective Employer"), **(CHECK ONE)**

KLLM

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FOREST PRODUCTS

Prospective Employer, its employees, agents or contractors may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

When the application for employment is submitted in person, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report.

When the application for employment is submitted by mail, telephone, computer, or other similar means, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer must provide you within three business days of taking adverse action oral, written or electronic notification: that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

Neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. You may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If you challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. Your request will be forwarded by the DataQs system to the appropriate State for adjudication.

Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with Federal Motor Carrier Safety Regulations (FMCSR) violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

The Prospective Employer cannot obtain background reports from FMCSA without your authorization.

AUTHORIZATION

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

I authorize THE COMPANY CHECKED ABOVE ("Prospective Employer") to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am authorizing the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.

I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

I understand that any crash or inspection in which I was involved will display on my PSP report. Since the PSP report does not report, or assign, or imply fault, I acknowledge it will include all CMV crashes where I was a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, I understand all inspections, with or without violations, will appear on my PSP report, and State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on my PSP report.

I have read the above Disclosure Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this Disclosure and Authorization, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Date: _____

Signature

Name (Please Print)

LAST UPDATED 12/22/2015

"Release of Information Form-- 49 CFR Part 40 Drug and Alcohol Testing"

Section I. To be completed by new employer, signed by employee, and transmitted to previous employer:

Employee Printed or Typed Name: _____

Employee SS or ID Number: _____

I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer, listed in Section I-B. to the employer listed in Section I-A. This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25.

I understand that information to be released in Section II-A by my previous employer, is limited to the following DOT - regulated testing items:

1. Alcohol tests with a result of 0.04 or higher;
2. Verified positive drug tests;
3. Refusals to be tested;
4. Other violations of DOT agency drug and alcohol testing regulations;
5. Information obtained from previous employers of a drug and alcohol rule violation;
6. Documentation, if any, of completion of the return-to-duty process following a rule violation.

Employee Signature: _____ Date: _____

Applicant must check which company you are applying KLLM FFE DEEPWELL FOREST PRODUCTS

-----**TO BE COMPLETED BY NEW EMPLOYER**-----

SECTION I-A.

New Employer Name: _____

Address: _____

Phone #: _____ Fax #: _____

Designated Employer Representative: _____

SECTION I-B.

Previous Employer Name: _____

Address: _____

Phone #: _____ Fax #: _____

Designated Employer Representative (if known): _____

Section II. To be completed by the previous employer and transmitted by mail or fax to the new employer:

II-A. In the three years prior to the date of the employee's signature (in Section 1), for DOT-regulated testing -

- | | | | |
|---|-----|----|-----|
| 1. Did the employee have alcohol tests with a result of 0.04 or higher? | YES | NO | |
| 2. Did the employee have verified positive drug tests? | YES | NO | |
| 3. Did the employee refuse to be tested? | YES | NO | |
| 4. Did the employee have other violations of DOT agency drug and alcohol testing regulations? | YES | NO | |
| 5. Did a previous employer report a drug and alcohol rule violation to you? | YES | NO | |
| 6. If you answered "yes" to any of the above items, did the employee complete the return-to-duty process? | YES | NO | N/A |

NOTE: If you answered 'yes' to item 5, you must provide the previous employer's report. If you answered "yes" to item 6, you must also transmit the appropriate return-to-duty documentation (e.g., SAP report(s). follow-up testing record).

II-B. Name of person providing information in Section II-A: _____

Title: _____ Phone #: _____

Date: _____