



THE BELOW DISCLOSURE AND AUTHORIZATION LANGUAGE IS FOR MANDATORY USE BY ALL ACCOUNT HOLDERS

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

In connection with your application for employment with ***SOUTHERN AG CARRIERS INC.*** ("Prospective Employer"), 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 ***SOUTHERN AG CARRIERS INC.*** ("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)

NOTICE: This form is made available to monthly account holders by NIC on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain an Applicant's written or electronic consent prior to accessing the Applicant's PSP report. Further, account holders are required by FMCSA to use the language contained in this Disclosure and Authorization form to obtain an Applicant's consent. The language must be used in whole, exactly as provided. Further, the language on this form must exist as one stand-alone document. The language may NOT be included with other consent forms or any other language.

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Request/Consent For Information From Previous Employer(s) on Alcohol & Controlled Substances Testing

SECTION 1: TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

I, _____ hereby authorize _____
Print Name (First, Middle, Last) (Previous Employer)

to release and forward all information on my Alcohol and Controlled Substances Testing/Training records to Southern AG Carriers, Inc.

(Signature) (Date)

SECTION 2: TO BE COMPLETED BY PREVIOUS EMPLOYER

This is in compliance with ¶382.405(f) and (h) which state:
(g) Records shall be made available to a subsequent employer upon receipt of a written request from a driver. Disclosure by that subsequent employer is permitted only as expressly authorized by the terms of the driver's request.

(h) An employer shall release information regarding driver's records as directed by the specific, written consent of the driver authorizing release of the information to an identified person. Release of such information by the person receiving the information is permitted only in accordance with the terms of the employee's consent.

¶382.413(a)(b)(c)(e)(f) further state:
(a) An employer may obtain, pursuant to a driver's written consent, any of the information concerning the driver which is maintained under this part by the driver's previous employers.
(b) An employer shall obtain, pursuant to a driver's consent, information on the driver's alcohol tests with a concentration result of 0.04 or greater, positive controlled substances test results, and refusals to be tested, within the preceding three years, which are maintained by the driver's previous employers under ¶382.401(b)(1)(i) through (iii).
(c) The information in paragraph (b) of this section must be obtained and reviewed by the employer no later than 14 calendar days after the first time a driver performs safety-sensitive functions for an employer.
(e) The prospective employer must provide to each of the driver's employers within the two preceding years the driver's specific written authorization for the release of the information in paragraph (b).
(f) The release of any information under this part may take the form of personal interviews, telephone interviews, letters or any other method of obtaining information that ensures confidentiality. Each employer must maintain a written, confidential record with respect to each past employer contacted.

- 1. Has this person ever tested positive for a controlled substance in the last three years? Yes No
- 2. Has this person ever had an alcohol test with a Breath Alcohol Concentration of 0.04 or greater in the last three years? Yes No
- 3. Has this person ever refused a required test for drugs or alcohol in the last three years? Yes No

If YES to any of the above questions, please give the Substance Abuse Professional's name, address and phone number for further reference:

Name: _____ Phone Number: _____
Address: _____

SECTION 3: TO BE COMPLETED BY PROSPECTIVE EMPLOYER

Consent form sent to previous employer via Fax Mail
Person interviewed from previous employer: _____
Interview Method: Mail Phone Personal interview
Date sent: _____ Date received back: _____

RETAIN THIS FORM IN THE EMPLOYEE'S CONFIDENTIAL FILE



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Request/Consent For Information From Previous Employer(s)
on Employment History and Job Performance

SECTION 1: TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

I, _____ hereby authorize _____
(Print Name (First, Middle, Last) (Previous Employer)
to release and forward all information on employment, including oral and written assessments
of my job performance, ability and fitness to Southern AG Carriers, Inc. I hereby release you
from any and all liability of any type as a result of providing the above mentioned information
to Southern AG Carriers, Inc.
(Signature) (Date)

SECTION 2: TO BE COMPLETED BY PREVIOUS EMPLOYER

ATTN: PERSONNEL MANAGER:

The person named above has applied to Southern AG Carriers, Inc. for employment. Your firm is listed by the
applicant as a previous employer. Please answer the questions below and return by fax or mail. As you will note
from the waiver above, the applicant has waived any claim of liability against your company for information
submitted in response to this inquiry.

- 1. This applicant lists date of employment with your firm from _____ to _____. Is this correct?
2. Position held: _____
3. If employed as a driver, please check all types of equipment applicant operated:
4. Number of reportable accidents: _____
5. Number of accidents in which applicant was ticketed: _____
6. Number of accidents in which applicant was at fault: _____
7. To your knowledge, was this applicant's driver's license suspended or revoked while in your employment?
8. Is there anything in the applicant's history that could suggest he or she may not be trusted to handle
company funds?
9. Did the applicant pose either repeated and/or severe disciplinary problems?
10. Why did the applicant leave your company?
11. Would you re-employ this person?
12. Remarks:

By: _____ (Signature of person supplying information) (Date)

SECTION 3: TO BE COMPLETED BY PROSPECTIVE EMPLOYER

Consent form sent to previous employer via
Person interviewed from previous employer:
Interview Method:
Date sent: Date received back:

RETAIN THIS FORM IN THE EMPLOYEE'S CONFIDENTIAL FILE



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<p style="text-align: center;">FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT TO JOB APPLICANTS</p>
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In accordance with the provisions of Sections 604(b)(2)(a) of the **Fair Credit Reporting Act**, (Public Law 91-508), as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter 1, of Public Law 104-208), you are being informed that a consumer report may be obtained on you for employment purposes.

I acknowledge the receipt of the above disclosure.

(Applicant's Signature)

(Date)



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JOB DESCRIPTION COMMERCIAL MOTOR VEHICLE DRIVER

JOB SUMMARY

Safely and efficiently operates a commercial motor vehicle in compliance with Company policies as well as Federal and State regulations in order to deliver freight undamaged and on time.

JOB DUTIES

- Hook and unhook trailers from tractor, pushing, pulling and cranking lever to raise and lower landing gear on semi-trailers.
- Inspect truck and trailer for defects and safe operating conditions before each trip. Submit a written report on any defects or problems with the truck or trailer at the end of each trip, or earlier if necessary.
- Check shipping papers to determine the nature of the load and to check for the presence of hazardous materials.
- When hazardous materials are present:
 - Check for proper preparation of shipping papers.
 - Check for agreement between information on shipping papers and markings and labeling on freight.
 - Ascertain that vehicle is properly placarded.
- Drive truck to destination in accordance with Federal regulations, normally in periods of up to 11 hours of driving followed by an off-duty period of at least 10 consecutive hours.
- Apply knowledge of commercial driving skills in maneuvering vehicle at varying speeds in difficult situations, such as heavy traffic, inclement weather or in tight loading dock areas.
- Ensure that all shipping documentation (bills of lading, shipping orders, etc.) required to move with shipments is available for inspection and that appropriate paperwork accompanies shipment when delivered.

- Maintain records required for compliance with State and Federal regulations, including drivers' logs, records of fuel purchases, mileage records, and other records required by law.
- Perform all duties in accordance with Company policies and procedures, and comply with all Federal, State and local regulations for safe operation of a commercial motor vehicle.
- Report all accidents involving driver or Company equipment.
- Report highway safety hazards noted en route.
- Promptly report any delays due to breakdowns, weather or traffic conditions or other emergencies, which cause any irregularities to the pickup or delivery of cargo.

ACCOUNTABILITIES

- Safe and legal operations of a commercial motor vehicle.
- Safe and timely transportation of freight from origin to destination.
- Proper handling and accurate completion of all necessary paperwork to truck operations and freight movements.
- Professional representation of the company and the trucking industry through responsible driving.

(Continued on back)

ELIGIBILITY REQUIREMENTS

- Must possess a valid commercial driver's license.
- Must have 3 years previous tractor/trailer driving experience.
- Must be 25 years of age or older.
- Must have ability to read, write and perform simple mathematical calculations with mental ability to handle receipts, read maps, road signs, maintain logs, etc.
- Must have a working knowledge of vehicle safety and control systems.
- Must have knowledge of Department of Transportation regulations governing safe driving, hours of service, inspection and maintenance, and transportation of hazardous materials.

PHYSICAL REQUIREMENTS

- Must be able to sit and remain alert while driving for an aggregate period of up to 11 hours.
- Must be able to shift manual transmission and operate foot pedals.
- Must be able to perform squatting and crouching to handle and position freight.
- Must be able to enter and exit the vehicle's cab 8 to 10 times a day. Cab floor level is generally from 36 to 66 inches above ground level, with entry and exit achieved with the assistance of various configurations of steps and hand holds; also requires occasional bending, twisting, climbing, squatting, crouching and balancing.
- Must be able to reach above shoulder level, at waist level, and below waist level for maneuvering and directing the controls to operate the truck.
- Must be able to squat for extended periods of time to properly conduct pre trip and post trip inspections of trailers.
- Must be able to enter and exit a van trailer with the assistance of a 24" step.
- Must be able to maintain compliance with all federal physical requirements for operation for commercial motor vehicles.
- Must be able to maneuver the tarp handle to cover loads that require.
- Must be able to physically release the 5th wheel pin, which requires a pulling force of 50 lbs.
- Must be physically capable of squatting and bending under trailers to release the pin to unlock the sliding tandems. This requires a pulling and lifting force of 50 lbs to complete.

WORK ENVIRONMENT

- Drivers may spend 15% to 30% of time out-of-doors, exposed to potentially difficult environmental conditions.
- Drivers typically spend 75% to 80% of on-duty time in the truck. While driving, operators are exposed to noise and vibration levels, which may be higher than those typically experienced in passenger cars.

QUALIFICATION

- Statement included in this job description do not necessarily represent an exhaustive list of all responsibilities, skills, duties, requirements, efforts or working conditions associated with the job. While this is intended to be an accurate reflection of the current job, management reserves the right to revise the job or to require that other of different tasks be performed as circumstances change.

ACKNOWLEDGMENT

I have read and understand the above job description and requirements. I certify that I am willing and physically able to perform the job.

(Print Name)

(Date)

(Signature)