RIVER TRANSPORT LLC

CDL DRIVER EMPLOYMENT APPLICATION

21031 West 5000 South, Duchesne, UT 84021
Mail: P.O. Box 492, Duchesne, UT 84021

01 / Applicant information & residence history

Complete every section. Enter "None" or "N/A" where appropriate. Use additional sheets when needed; identify yourself and the section on each sheet. Read the notice on page 7 before submitting.

Full legal name

Application submission date

Date of birth (MM/DD/YYYY)

Social Security number

Telephone

Email address

Other names used (if any)

Position / division: OTR flatbed, crude oil, or other

Available start date

Current residence

Street address, city, state and ZIP code

At this address from (MM/YYYY)

To (present or MM/YYYY)

Other residences during the preceding 3 years

Include every address within the 3-year period. Attach more entries if needed.

Full address (street, city, state, ZIP)

From / to (MM/YYYY)

Full address (street, city, state, ZIP)

From / to (MM/YYYY)

Full address (street, city, state, ZIP)

From / to (MM/YYYY)

02 / Licenses, permits & driving experience

List every unexpired commercial motor vehicle license or permit issued to you. Include class, endorsements and restrictions. Attach additional entries if needed.

License / permit 1

Issuing state / authority

License or permit number

Expiration date

Class / license or permit type

Endorsements

Restrictions (or None)

License / permit 2

Issuing state / authority

License or permit number

Expiration date

Class / license or permit type

Endorsements

Restrictions (or None)

Motor vehicle operating experience

Describe equipment operated (including trailers), date ranges, total time and approximate miles. Include trucks, tractors, semitrailers, full trailers, buses, pole trailers or other vehicles, as applicable.

Vehicle class / type and equipment operated

From / to (MM/YYYY)

Total operating time

Approximate miles

Vehicle class / type and equipment operated

From / to (MM/YYYY)

Total operating time

Approximate miles

Vehicle class / type and equipment operated

From / to (MM/YYYY)

Total operating time

Approximate miles

03 / Accidents, violations & license actions

Report all motor vehicle accidents during the preceding 3 years, in personal or commercial vehicles, regardless of fault. Enter "None" if there were no accidents.

Accident date and location | **Fatalities (number)** | **Injuries (number)**

Nature of accident / what happened (or None)

Accident date and location | **Fatalities (number)** | **Injuries (number)**

Nature of accident / what happened (or None)

Traffic convictions and bond / collateral forfeitures

List all motor vehicle law or ordinance violations for which you were convicted or forfeited bond or collateral during the preceding 3 years, except parking-only violations. Enter "None" if none.

Date / location / charge or violation / conviction or forfeiture / penalty (or None)

Date / location / charge or violation / conviction or forfeiture / penalty (or None)

License or driving privilege actions

Has any motor vehicle license, permit or driving privilege ever been denied, suspended or revoked? Enter Yes or No. If Yes, give dates, authority, reason, circumstances and current status.

Yes / No | **Full details of every action (or state that none has occurred)**

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04 / Employment history - entries 1 and 2

List ALL employers for the preceding 3 years. Also list all employers for whom you operated a commercial motor vehicle in the 7 years before that (10-year CMV history). Start with the most recent.

Use these pages again for additional employers. Explain employment gaps on page 7.

Applicant name

Employer 1

Employer name

Position held

Employer full address (street, city, state, ZIP)

Dates employed: from / to (MM/YYYY)

Contact name / telephone / email

Reason for leaving (or Current)

Subject to FMCSRs? (Yes / No)

DOT safety-sensitive job subject to Part 40 testing? (Yes / No)

Employer 2

Employer name

Position held

Employer full address (street, city, state, ZIP)

Dates employed: from / to (MM/YYYY)

Contact name / telephone / email

Reason for leaving (or Current)

Subject to FMCSRs? (Yes / No)

DOT safety-sensitive job subject to Part 40 testing? (Yes / No)

05 / Employment history - entries 3 and 4

List ALL employers for the preceding 3 years. Also list all employers for whom you operated a commercial motor vehicle in the 7 years before that (10-year CMV history). Start with the most recent.

Use these pages again for additional employers. Explain employment gaps on page 7.

Applicant name

Employer 3

Employer name

Position held

Employer full address (street, city, state, ZIP)

Dates employed: from / to (MM/YYYY)

Contact name / telephone / email

Reason for leaving (or Current)

Subject to FMCSRs? (Yes / No)

DOT safety-sensitive job subject to Part 40 testing? (Yes / No)

Employer 4

Employer name

Position held

Employer full address (street, city, state, ZIP)

Dates employed: from / to (MM/YYYY)

Contact name / telephone / email

Reason for leaving (or Current)

Subject to FMCSRs? (Yes / No)

DOT safety-sensitive job subject to Part 40 testing? (Yes / No)

06 / Employment history - entries 5 and 6

List ALL employers for the preceding 3 years. Also list all employers for whom you operated a commercial motor vehicle in the 7 years before that (10-year CMV history). Start with the most recent.

Use these pages again for additional employers. Explain employment gaps on page 7.

Applicant name

Employer 5

Employer name

Position held

Employer full address (street, city, state, ZIP)

Dates employed: from / to (MM/YYYY)

Contact name / telephone / email

Reason for leaving (or Current)

Subject to FMCSRs? (Yes / No)

DOT safety-sensitive job subject to Part 40 testing? (Yes / No)

Employer 6

Employer name

Position held

Employer full address (street, city, state, ZIP)

Dates employed: from / to (MM/YYYY)

Contact name / telephone / email

Reason for leaving (or Current)

Subject to FMCSRs? (Yes / No)

DOT safety-sensitive job subject to Part 40 testing? (Yes / No)

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07 / Driver rights, continuation & certification

Safety performance history notice - read before submitting

River Transport LLC may use the employment information you provide and will contact previous employers to investigate your safety performance history as required by 49 CFR 391.23(d) and (e). Required FMCSA drug and alcohol history is obtained through the Clearinghouse; other required employer inquiries remain applicable.

If you had DOT-regulated employment during the preceding 3 years, you have the right to review the information previous employers provide; request that a previous employer correct errors and resend corrected information; and have a rebuttal attached if you and that employer cannot agree on accuracy.

To review employer-provided records, send a written request to River Transport LLC at the address above when applying or no later than 30 days after employment begins or you are notified of denial. River Transport will provide the information within 5 business days after receiving your request, or after the records arrive if later. Arrange receipt within 30 days after the records are made available.

Send correction or rebuttal requests to the previous employer that supplied the information. That employer must correct and forward the records, or advise that it disagrees, within 15 days of a correction request. A rebuttal must be attached and forwarded within 5 business days of receipt. You may report failures to correct or attach a rebuttal to FMCSA under 49 CFR 386.12.

Continuation / employment gaps / additional information

Identify section; for gaps, provide from / to dates and explanation (or None)

Applicant name

Number of additional sheets attached

Attach all continuation sheets before signing. This certification covers all attached entries.

APPLICANT CERTIFICATION

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

Sign by hand after printing or use a PDF signing tool; typing a name alone is not the signature.

Date signed

Applicant's signature