

Live Mobile Group/Live Media Group Holdings, LLC

515 Brick Church Park Drive, Nashville, TN 37207
26660 Agoura Road, Calabasas, CA 91302

DRIVER'S APPLICATION FOR EMPLOYMENT

It is our policy to provide equal employment opportunity to qualified persons without discrimination because of any characteristics protected by applicable, local, state or federal law.

Name _____ Date ____/____/____
(First) (Middle) (Last)

**Home Phone _____ **Cell Phone _____ Social Security No. _____
Email Address: _____

Address _____

City _____ County _____ State _____ Zip _____

How long at this address? _____ Date of Birth* ____/____/____ Med Card Expiration Date ____/____/____

*Federal Regulations require that drivers of commercial motor vehicles operating in Interstate Commerce be at least 21 years of age.

DRIVER'S LICENSE INFORMATION

State	License No.	Type (e.g., A, B, C, etc.)	Endorsements	Expiration Date
Address On Driver's License				

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY

Name _____ Telephone _____

Address _____

ADDRESSES FOR THE PAST THREE YEARS

(Street) (City) (State & Zip code) How Long? _____

(Street) (City) (State & Zip code) How Long? _____

(Street) (City) (State & Zip code) How Long? _____

POSITION APPLIED FOR

CDL Non-CDL Truck Other Class: (Circle) A B C

Are you legally eligible for employment in the United States? Yes No

EMPLOYMENT HISTORY

All driver applicants must provide the following information on all previous employers for the past three years. Those applying for a position to drive a commercial motor vehicle requiring a CDL* must provide an additional 7 years of employment history (total of 10 years). List most recent past employer first and so on. Attach additional sheet if necessary.

1) Company Name _____
Address _____ City _____ State _____ Zip _____
Position Held _____ From _____ To _____
Were you Subject to the FMCSRs? _____ Did you operate a CDL Vehicle*? _____
Reasons For Leaving _____
Person To Contact _____ Phone (____) _____

2) Company Name _____
Address _____ City _____ State _____ Zip _____
Position Held _____ From _____ To _____
Were you Subject to the FMCSRs? _____ Did you operate a CDL Vehicle*? _____
Reasons For Leaving _____
Person To Contact _____ Phone (____) _____

3) Company Name _____
Address _____ City _____ State _____ Zip _____
Position Held _____ From _____ To _____
Were you Subject to the FMCSRs? _____ Did you operate a CDL Vehicle*? _____
Reasons For Leaving _____
Person To Contact _____ Phone (____) _____

4) Company Name _____
Address _____ City _____ State _____ Zip _____
Position Held _____ From _____ To _____
Were you Subject to the FMCSRs? _____ Did you operate a CDL Vehicle*? _____
Reasons For Leaving _____
Person To Contact _____ Phone (____) _____

5) Company Name _____
Address _____ City _____ State _____ Zip _____
Position Held _____ From _____ To _____
Were you Subject to the FMCSRs? _____ Did you operate a CDL Vehicle*? _____
Reasons For Leaving _____
Person To Contact _____ Phone (____) _____

*Includes vehicles having a GVWR of 26,001 lbs. or more, GCWR of 26,001 lbs or more (inclusive of a towed unit with a GVWR of 10,001 lbs or more), vehicles designed to transport 16 or more passengers (including the driver), or any vehicle (regardless of size) used to transport hazardous materials in placarded quantities and/or otherwise engaged in safety sensitive functions and in any DOT regulated mode of transportation and subject to DOT drug and alcohol testing requirements under 49 CFR Part 40 .

BACKGROUND INFORMATION

Please provide the following information for the past three years:

ACCIDENT RECORD

(Attach Sheet If More Space Is Needed)

Dates	Nature Of Accident (Head-On, Rear-End, Upset, Etc.)	Fatalities	Injuries	Were you cited? Charged?	Type of vehicle operated

TRAFFIC CONVICTIONS AND FORFEITURES

(Other Than Parking Violations)

Location	State	Date	Charge	Penalty	Points

NOTE: We will obtain a copy of your motor vehicle record maintained by each state in which you have been licensed in the past three years as required of us by Federal regulation.

EDUCATION

Circle Highest Grade Completed: 1 2 3 4 5 6 7 8 High School: 1 2 3 4 College: 1 2 3 4

Last School Attended

(Name)

(City)

EXPERIENCE AND QUALIFICATIONS

Class Of Equipment	Type Of Equipment (Van, Tank, Flat, Etc.)	Dates		Approx No. Of Miles
		From	To	
Straight Truck (single unit)				
Tractor And Semi-Trailer				
Tractor-Two Trailers				
Other				

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes No
- B. Has any license, permit or privilege ever been suspended or revoked? Yes No
- C. Have you ever been convicted of a felony? Yes No If so, year convicted? _____
- D. Have you tested positive, or refused to test, on any pre-employment drug screen within the previous 2 years? Yes No

If yes to either A, B, or C, please attach a statement of the facts and circumstances, in detail.

EXPERIENCE AND QUALIFICATIONS – OTHER

Tell us about any trucking, transportation or other experience that would benefit you in working for us:

List educational courses and training not shown elsewhere on this application:

List special equipment operated or technical skills not shown elsewhere on this application:

Have you worked for us before? _____ When/Where? _____

Dates: From _____ To _____ Rate of Pay _____ Position _____

Reason for Leaving _____

TO BE READ AND SIGNED BY APPLICANT

This certifies that I completed this application personally, and that all entries on it and information in it are true and complete to the best of my knowledge. In the event of my employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company, as permitted by Law. My services and compensation can be terminated, with or without cause, and with or without notice, at any time, at the option of either the Company or myself. I understand that no individual or representative of the Company other than the President has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement to the contrary. I understand that your company is acting as a third party agent for their motor carrier customers and that this application and all other forms I complete during the application process may be forwarded to the motor carriers to whom I am eventually assigned to facilitate their compliance with the Federal Motor Carrier Safety Regulations (49 CFR). I understand that the information furnished on this application will be used, and my previous employers will be contacted, to investigate my safe driving history as required by 49 CFR Section 391.23. Further I understand I have the right to: a) review the information provided by my past employers; b) have the information corrected and to have the previous employer resend the information; or c) rebut the information and have my previous employer(s) attach a rebuttal statement to any alleged erroneous information in their response. I understand I may request in writing to review information provided by my previous employers and that information will be furnished to me if the request is made within 30 days of the date of application.

Date

Applicant's Signature

BACKGROUND VERIFICATION DISCLOSURE

As part of the employment process, **Live Mobile Group/Live Media Group Holdings** may obtain a Consumer Report and/or an investigative Consumer Report. The Fair Credit Reporting Act as amended by the Consumer Reporting Reform Act of 1996 requires that we advise you that for purposes of employment only, a Consumer Report may be made which may include information about your character, general reputation, personal characteristics, or mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided, in the event the Report contains information regarding your character, general reputation, personal characteristics or mode of living.

AUTHORIZATION and RELEASE

During the application process and at any time during any subsequent employment, I hereby authorize Employment Profile on behalf of **Live Mobile Group/Live Media Group Holdings** I to procure a Consumer Report, which I understand may include information regarding character, general reputation, personal characteristics, or mode of living. This report may be compiled with information from court records repositories, departments of motor vehicles, past or present employer, educational institutions, governmental occupational licensing or registration entities, business or personal references, workers compensation records and any other record source required to verify information that I have voluntarily supplied, I understand that I may request a complete and accurate disclosure of the nature and scope of the background verification, to the extent such investigation includes information bearing on my character, general reputation, personal characteristics, or mode of living.

Applicant/Employee Signature

Date

Applicant/Employee Name Printed

Date of Birth

Other Names used in the Past 7 years

Social Security Number

Employment location City/State

Driver's License Number and State

District #

List of addresses for the past seven years including present address:

INQUIRY TO PREVIOUS EMPLOYER

PLEASE MAKE COPIES OF THIS PAGE AND DO ONE SEPARATE SHEET FOR EACH OF YOUR PREVIOUS EMPLOYERS

_____ Contact Name _____ Prior Employer Company Name _____ Fax Number AND EMail _____

_____ Street Address _____ City _____ State _____ Zip _____

The following individual has applied for a position with our company and has indicated that he worked for your company at some point in the past three years. You are required by 49 CFR Section 391.23 to respond to this inquiry, even if you have no information about this applicant. We are required to report any refusals to respond to the to Department of Transportation. Drivers are prohibited from making a claim of defamation or invasion of privacy against you unless you knowingly furnish false information. Your liability in providing this information is also limited by the driver's signed release and by Public Law 105-178, Sec. 508.

→ _____ Applicant's Name **(Printed)**
 → _____ Driver's License Number
 → _____ Social Security Number

Consistent with Sections 40.321 and 391.23 I hereby authorize you to release all relevant information concerning my employment, driving record and drug/alcohol test results including verbal assessments of my job performance and drug and alcohol test results for the previous 3 years - specifically the information requested below - to the party requesting this information who is requesting this information in connection with my application for employment.

→ _____ Applicant's Signature
 → _____ Date

Dates of Employment: From: _____ To: _____

If no information is available for this driver please check here → No Information On File

Types of Equipment Operated: Tractor-Trailer Straight Truck Van/Car Other

Number of: "DOT Recordable" accidents? _____ Non-Recordable" accidents? _____ Preventable" accidents: _____

Please provide details of any accidents including: nature of collision, city/state where it occurred, number of resulting injuries/fatalities, severity of property damage, indication of whether or not hazmat was spilled as a result):

Was the individual's license ever suspended during his/her employment with you? Yes No

Reason for separation: Resigned Discharged Laid off Eligible for re-hire? Yes No
 Upon Review

Was the driver in a DOT mandated drug & alcohol testing program? Yes No If Yes, did the driver:

- 1) Test positive for controlled substances on a test conducted under 49 CFR Part 40? Yes No
- 2) Fail an alcohol test conducted under Part 40 with a confirmed result of .04 or greater? Yes No
- 3) Refuse to submit to a controlled substances or alcohol test required under Part 382 of the FMCSRs? Yes No
- 4) Violate any other DOT drug and alcohol regulations? Yes No

If yes to any of the above, did the driver complete the DOT mandated evaluation and treatment steps? Yes No

If yes, did the driver subsequently test positive or refuse to test? Yes No

Who may the driver contact to request a correction to or rebuttal of this information?

_____ Name (printed)
 _____ Title
 _____ Phone number

Identity of person providing information:

_____ Name (printed)
 _____ Signed
 _____ Title
 _____ Date
 _____ Phone number

**Please return by emailed PDF or mail to: Attn: Human Resources; hr@livemobilegroup.com
 Live Mobile Group, 515 Brick Church Park Dr., Nashville, TN 37207; 26660 Agoura Rd, Calabasas, CA 91302**

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**DRIVER’S STATEMENT OF ON-DUTY TIME
FOR THE PREVIOUS SEVEN DAYS**

(Driver’s Name)

(Driver’s License Number)

(Issuing State)

Every driver, when first employed or used intermittently, must provide his/her employing motor carrier with a statement indicating his time spent on-duty for the previous seven days and the date and time at which he/she was last relieved from work as required by Section 395.8(j)(2) of the Federal Motor Carrier Safety Regulations.

DAY	1	2	3	4	5	6	7	TOTALS	I was last relieved of work at:
DATE									Time
HOURS ON-DUTY									Date

I hereby certify that the above information is correct to the best of my knowledge:

(Driver’s Signature)

**“On-Duty Time¹”
includes:**

- All time spent at the driving controls of a commercial motor vehicle in operation.
- All time at a plant, terminal, facility, or other property of a motor carrier or shipper or on any public property, waiting to be dispatched unless the driver has been relieved from duty by the motor carrier.
- All time inspecting, servicing, or conditioning any commercial motor vehicle at any time.
- All time spent in or upon any commercial motor vehicle except time spent resting in a sleeper berth.
- All time loading or unloading a commercial motor vehicle, supervising, or assisting in the loading or unloading, attending a commercial motor vehicle being loaded or unloaded, remaining in readiness to operate a commercial motor vehicle or in giving or receiving receipts for shipments, either loaded or unloaded.
- All time repairing, obtaining assistance or remaining in attendance upon a disabled commercial motor vehicle.
- All time spent providing a breath or urine sample for alcohol or drug testing including travel time to a from the collection site.
- Performing any other work in the capacity, employ or service of a motor carrier.
- **Performing any compensated work for a non-motor carrier entity.**

¹ Title 49, Code of Federal Regulations, Section 395.2

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**GENERAL CONSENT FOR LIMITED QUERIES OF THE FEDERAL MOTOR
CARRIER SAFETY ADMINISTRATION (FMCSA) DRUG AND ALCOHOL
CLEARINGHOUSE**

I, _____ hereby provide consent to Live Mobile Group/Live Media Group Holdings, LLC to conduct a limited query of the FMCSA Commercial Driver's License Drug and Alcohol Clearinghouse (Clearinghouse) to determine whether drug or alcohol violation information about me exists in the Clearinghouse. This consent will be for the duration of employment and for an unlimited number of limited queries to meet FMCSA recordkeeping requirements.

I understand that if the limited query conducted by Live Mobile Group/Live Media Group Holdings, LLC indicates that drug or alcohol violation information about me exists in the Clearinghouse, FMCSA will not disclose that information to Live Mobile Group/Live Media Group Holdings, LLC without first obtaining additional specific consent from me.

I further understand that if I refuse to provide consent for Live Mobile Group/Live Media Group Holdings, LLC to conduct a limited query of the Clearinghouse, Live Mobile Group/Live Media Group Holdings, LLC must prohibit me from performing safety-sensitive functions, including driving a commercial motor vehicle, as required by FMCSA's drug and alcohol program regulations.

Employee Signature

Date

Live Mobile Group/Live Media Group Holdings, LLC

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**RECEIPT FOR REGULATIONS AND
DRUG & ALCOHOL POLICY AND INFORMATION PACKET**

Federal Motor Carrier Safety Regulations

I have received and reviewed a copy of the Federal Motor Carrier Safety Regulations (FMCSRs). I have been instructed in the regulations and am familiar with what they require. I will comply with all applicable sections of the regulations.

Drug and Alcohol Information Packet

I have received a copy of the company's drug/alcohol policy and information packet. This packet includes:

- The identity of the person(s) designated to answer driver questions about the packet;
- The categories of drivers who are subject to the drug/alcohol testing regulations;
- A description of conduct that is prohibited;
- The circumstances under which drivers are tested for drugs and/or alcohol including post-accident testing;
- The procedures that are used to test for the presence of drugs and alcohol, protect the driver and the integrity of the testing processes, safeguard the validity of the test results, and ensure that those results are attributed to the correct driver;
- The requirement that drivers submit to drug/alcohol tests administered in accordance with the regulations;
- An explanation of what constitutes a refusal to submit to a drug/alcohol test and the attendant consequences;
- The consequences for drivers found to have violated these regulations, including the requirement that the driver be removed immediately from safety-sensitive functions, and the subsequent evaluation, treatment and return-to-duty process;
- The consequences for drivers found to have an alcohol concentration of 0.02 or greater but less than 0.04;
- Information concerning the effects of drugs and alcohol use on an individual's health, work, and personal life; signs and symptoms of a drug/alcohol problem (the driver's or a co-worker's); and available methods of intervening when a drug or alcohol problem is suspected, including confrontation, referral to any employee assistance program and or referral to management.

Driver's Name (printed)

Signature

Date