

# SOUTHERN HAULERS LLC

USDOT 3418762 · MC 1105194 · 210 E. McIntosh St., Vidalia, GA 30474

## DRIVER'S APPLICATION FOR EMPLOYMENT

49 CFR §391.21 · Rev. 2026-05 (V83.8)

SOUTHERN HAULERS LLC ("the Carrier") is a federally-regulated motor carrier required by 49 CFR §391.21 to obtain this application from each driver-applicant. The application must be retained for at least three years (§391.51). All questions must be answered truthfully; false statements may be cause for disqualification or termination of employment.

### §1 POSITION APPLIED FOR

POSITION

DATE OF APPLICATION

HAVE YOU APPLIED HERE BEFORE? (YES / NO — IF YES, WHEN)

### §2 APPLICANT IDENTITY

FULL LEGAL NAME (LAST, FIRST, MIDDLE)

DATE OF BIRTH

PHONE

EMAIL

CURRENT ADDRESS (STREET, CITY, STATE, ZIP)

TIME AT CURRENT ADDRESS

PROOF OF AGE (DOCUMENT TYPE)

LEGALLY ENTITLED TO WORK IN THE UNITED STATES? (YES / NO)

ARE YOU CURRENTLY DISQUALIFIED FROM DRIVING A CMV UNDER §391.15? (YES / NO)

### §3 3-YEAR RESIDENCY HISTORY (§391.21(b)(2))

List all addresses for the past 3 years (most recent first). Use continuation sheet if needed.

#1 ADDRESS

FROM (MM/YYYY)

TO (MM/YYYY)

#2 ADDRESS

FROM (MM/YYYY)

TO (MM/YYYY)

#3 ADDRESS

FROM (MM/YYYY)

TO (MM/YYYY)

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## §4 CDL LICENSE QUALIFICATION (§391.21(b)(7))

CDL NUMBER	STATE OF ISSUE	COUNTRY OF ISSUE	
CLASS	EXPIRATION DATE	ENDORSEMENTS	RESTRICTIONS
YEARS OF CDL DRIVING EXPERIENCE	PREFERRED ROUTE / EQUIPMENT		

## §5 10-YEAR EMPLOYMENT HISTORY (§391.21(b)(10)–(11))

List all employment for the past 10 years (most recent first). Include ANY employment with a DOT-regulated carrier — name, address, position, dates, reason for leaving. Federal regulations require disclosure of gaps; explain any period of unemployment.

EMPLOYER 1 — NAME

ADDRESS

POSITION	FROM (MM/YYYY)	TO (MM/YYYY)	SUBJECT TO FMCSR? (Y/N)
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REASON FOR LEAVING

EMPLOYER 2 — NAME

ADDRESS

POSITION	FROM (MM/YYYY)	TO (MM/YYYY)	SUBJECT TO FMCSR? (Y/N)
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REASON FOR LEAVING

EMPLOYER 3 — NAME

ADDRESS

POSITION	FROM (MM/YYYY)	TO (MM/YYYY)	SUBJECT TO FMCSR? (Y/N)
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REASON FOR LEAVING

EMPLOYER 4 — NAME

ADDRESS

POSITION	FROM (MM/YYYY)	TO (MM/YYYY)	SUBJECT TO FMCSR? (Y/N)
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REASON FOR LEAVING

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## §6 ACCIDENTS IN PAST 3 YEARS (§391.21(b)(8))

List ALL accidents (regardless of fault) in the past 3 years involving any commercial motor vehicle. Indicate "NONE" if applicable.

DATE (MM/DD/YYYY)	LOCATION (CITY, STATE)	NATURE OF ACCIDENT
_____	_____	_____
# FATALITIES	# INJURIES	HAZMAT SPILLED? (Y/N)
_____	_____	_____
DATE (MM/DD/YYYY)	LOCATION (CITY, STATE)	NATURE OF ACCIDENT
_____	_____	_____
# FATALITIES	# INJURIES	HAZMAT SPILLED? (Y/N)
_____	_____	_____
DATE (MM/DD/YYYY)	LOCATION (CITY, STATE)	NATURE OF ACCIDENT
_____	_____	_____
# FATALITIES	# INJURIES	HAZMAT SPILLED? (Y/N)
_____	_____	_____

## §7 TRAFFIC VIOLATIONS IN PAST 3 YEARS (§391.21(b)(9))

List ALL traffic convictions and forfeitures of bond/collateral (other than parking) in the past 3 years.

DATE	OFFENSE	LOCATION	PENALTY
_____	_____	_____	_____
DATE	OFFENSE	LOCATION	PENALTY
_____	_____	_____	_____
DATE	OFFENSE	LOCATION	PENALTY
_____	_____	_____	_____

## §8 LICENSE DENIAL, REVOCATION, OR SUSPENSION

Has any license, permit, or privilege ever been denied, revoked, or suspended? If YES, attach details (date, jurisdiction, reason, reinstatement date).

YES / NO (CIRCLE ONE)

IF YES — JURISDICTION

REASON

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## §9 CARRIER STATEMENT — RIGHT TO INVESTIGATE (§391.23 / FCRA)

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SOUTHERN HAULERS LLC ("the Carrier") will investigate the applicant's safety performance history, employment, driving record, and PSP (Pre-Employment Screening Program) record from previous DOT-regulated employers, the FMCSA Drug & Alcohol Clearinghouse, and state licensing agencies, in compliance with 49 CFR §391.23. Investigative reports may be obtained under the Fair Credit Reporting Act (FCRA, 15 USC §1681 et seq.). The applicant has the right to (a) request the nature and substance of any such report, (b) request a complete and accurate disclosure of the scope of the investigation, and (c) receive a summary of consumer rights under FCRA. Adverse-action procedures will be followed if employment is denied based on a consumer report.

## §10 APPLICANT CERTIFICATION & SIGNATURE

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I certify that all information provided in this application is true and complete to the best of my knowledge. I understand that any false statement, omission, or misrepresentation may result in disqualification from employment, termination, or both. I authorize SOUTHERN HAULERS LLC to investigate my employment, safety performance, driving record, and Clearinghouse status as described in §9 above. I acknowledge that I have received and read the FCRA pre-investigation disclosure.

APPLICANT FULL LEGAL NAME (PRINTED)

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SIGNATURE

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DATE (MM/DD/YYYY)

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### RETURN COMPLETED APPLICATION TO:

SOUTHERN HAULERS LLC · ATTN: Safety / DQF  
210 E. McIntosh St., Vidalia, GA 30474  
Phone: +1 (800) 555-1234 · Email: [safety@southernhaulers.net](mailto:safety@southernhaulers.net)

*Southern Haulers proprietary form.  
Supersedes any third-party DOT form,  
template, or commercial product.*