

Eagle Transportation

1. Sign on Bonus- Up to \$2000.00 (See Reference Sheet) + first 4 weeks of liability insurance
2. Driver Pay
 - a. Owner Operators- Paid Weekly
 - i. OTR – \$0.90 per mile plus FSC if applicable
 - ii. Local- 72% of leg for local work plus FSC if applicable
 - b. Company Drivers- Paid Bi-Weekly- Houston Only
 - i. OTR - \$0.35 per mile to start, no FSC
 - ii. Local – 30% of leg for local work, no FSC
3. What trips they might be pulling could be Local or Regional- Leaving either Houston, or Dallas. Traveling to Oklahoma, Arkansas, Louisiana, Texas (regional work).
4. All shipments are time sensitive deliveries and pick-ups.
5. OTR drivers might incur a local delivery, when in between OTR assignments In order to keep the truck moving (making money).
6. Communication between Dispatch and drivers is a must! If you fail to call in, after the second offense a fine policy will be in effect, and drivers will be fined \$25.00 for not calling in to dispatch.
7. Drivers must have their own CELL PHONE or NEXTEL or they can rent a radio at a weekly rate of \$12.00.
8. Company drivers will be held responsible for negligence up to \$1000.00 for damage to equipment or other properties.
9. Drug Screen fees will be deducted from O/O checks at \$60 each.
10. Escrow amount is \$1500.00 taken out at 5% of gross weekly after the first two (2) weeks.
11. Early Termination fee of \$100 will be assessed if contract is terminated within 90 days of hire to cover signs, logbooks, etc.
12. Weekly Insurance Deductions for O/O
 - a. Liability - \$129.00 *(First 4 Weeks free)*
 - b. Occupational - \$28.15
13. Applicants must coordinate with our Safety Department regarding applications, truck inspections, etc.

Transafe
255 Airtex Dr.
Houston, TX 77090
281-272-1803 or 1-877-272-1803
14. All Owner Operators must have TWIC card and truck must be 2000 model or newer.
15. No Rider Policy in effect
16. All Owner Operators must take their truck to Transafe for truck inspection prior to road test and orientation.

Please initial below, that you have read the above, and understand the amount of deductions.

Applicant Initials _____

DRIVER'S APPLICATION

Eagle Transportation Service Co
8700 Industrial Road
Houston, Texas 77029
713-675-8151 713-671-3518

AUTHORIZATION Sign and Date Below

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at a decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application. 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 Eagle Transportation Service Co. 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 previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to resend 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.

* Signature _____ Date _____

PERSONAL INFORMATION: Please Print CLEARLY. Please list all addresses for past 3 years.

LAST NAME *APELLIDO* _____ FIRST NAME *NOMBRE* _____ MI _____

STREET ADDRESS *DIRECCION* NO. _____ CITY *CIUDAD* _____ STATE _____ ZIP _____

STREET ADDRESS *DIRECCION* NO. _____ CITY *CIUDAD* _____ STATE _____ ZIP _____

() --
HOME PHONE *TELEFONO* _____

() --
ALT. PHONE *OTRO TELEFONO* _____

--- ---
SOCIAL SECURITY *SEGURO SOCIAL* _____

/ /
DATE OF BIRTH *FECHA DE NACIMIENTO* _____

LIST EACH UNEXPIRED COMMERCIAL OPERATOR'S LICENSE OR PERMIT ISSUED TO YOU.

LICENSE NO. _____ STATE _____ EXPIRATION DATE _____ CLASS _____

DRIVING EXPERIENCE

Type of Equipment <i>TIPO DE EQUIPO</i>	Years of Experience <i>AÑOS DE EXPERIENCIA</i>	Years/Miles Driven <i>MILLAS MANEJADAS</i>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

ACCIDENT RECORD (*Previous Three Years*) *ACCIDENTES*

Accident Dates	Type of Accident	Fatalities	Injuries
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

TRAFFIC CONVICTIONS (*Previous Three Years*) *CITACIONES*
(Excluding parking violations)

Location	Date	Charge
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

LICENSE AND CRIMINAL BACKGROUND

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

IF THE ANSWER TO EITHER A OR B IS YES, GIVE DETAILS:

Have you ever been arrested and/or convicted of a misdemeanor or felony?
 YES NO

If yes, please explain fully. Conviction of a crime is not an automatic bar to employment, all circumstances will be considered. _____

EMERGENCY CONTACT: _____ PHONE: () _____
NAME
 RELATIONSHIP: _____

PREVIOUS EMPLOYMENT

All driver applicants to drive in interstate or intrastate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state and zip code. Applicants to drive a commercial motor vehicle* in intrastate or interstate commerce shall also provide an additional 7 years' information on those employers for whom the applicant operated such vehicle. LIST ALL EMPLOYMENT FOR LAST 10 YEARS—PLEASE ACCOUNT FOR ALL TIME.

Present or Last Employer: *EMPLEADO PRESENTE*

Name of Company: _____
Contact Person _____ Phone _____
Address: _____ City _____ State & Zip _____
Position Held: _____ From _____ To _____
Reason for Leaving _____ Type of Trailer: _____
Were you subject to the FMCSRs+ while employed? Yes NO
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the Drug And Alcohol testing Requirements of 49 CFR Part 40? Yes No

Employer: *EMPLEADO*

Name of Company: _____
Contact Person _____ Phone _____
Address: _____ City _____ State & Zip _____
Position Held: _____ From _____ To _____
Reason for Leaving: _____ Type of Trailer: _____
Were you subject to the FMCSRs+ While employed? Yes No
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the Drug And Alcohol testing Requirements of 49 CFR Part 40? Yes No
Employer:

Employer: *EMPLEADO*

Name of Company: _____
Contact Person _____ Phone _____
Address: _____ City _____ State & Zip _____
Position Held: _____ From _____ To _____
Reason for Leaving: _____ Type of Trailer: _____
Were you subject to the FMCSRs+ While employed? Yes No
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the Drug And Alcohol testing Requirements of 49 CFR Part 40? Yes No

Employer: *EMPLEADO*

Name of Company: _____
Contact Person _____ Phone _____
Address: _____ City _____ State & Zip _____
Position Held: _____ From _____ To _____
Reason for Leaving: _____ Type of Trailer: _____
Were you subject to the FMCSRs+ While employed? Yes No
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the Drug And Alcohol testing Requirements of 49 CFR Part 40? Yes No

Employer: *EMPLEADO*

Name of Company: _____

Contact Person _____ Phone _____

Address: _____ City _____ State & Zip _____

Position Held: _____ From _____ To _____

Reason for Leaving: _____ Type of Trailer: _____

Were you subject to the FMCSRs+ While employed? Yes No

Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the Drug And Alcohol testing Requirements of 49 CFR Part 40? Yes No

Employer: *EMPLEADO*

Name of Company: _____

Contact Person _____ Phone _____

Address: _____ City _____ State & Zip _____

Position Held: _____ From _____ To _____

Reason for Leaving: _____ Type of Trailer: _____

Were you subject to the FMCSRs+ While employed? Yes No

Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the Drug And Alcohol testing Requirements of 49 CFR Part 40? Yes No

Employer: *EMPLEADO*

Name of Company: _____

Contact Person _____ Phone _____

Address: _____ City _____ State & Zip _____

Position Held: _____ From _____ To _____

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Were you subject to the FMCSRs+ While employed? Yes No

Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the Drug And Alcohol testing Requirements of 49 CFR Part 40? Yes No

Employer: *EMPLEADO*

Name of Company: _____

Contact Person _____ Phone _____

Address: _____ City _____ State & Zip _____

Position Held: _____ From _____ To _____

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Were you subject to the FMCSRs+ While employed? Yes No

Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the Drug And Alcohol testing Requirements of 49 CFR Part 40? Yes No

Employer: *EMPLEADO*

Name of Company: _____

Contact Person _____ Phone _____

Address: _____ City _____ State & Zip _____

Position Held: _____ From _____ To _____

Reason for Leaving: _____ Type of Trailer: _____

Were you subject to the FMCSRs+ While employed? Yes No

Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the Drug And Alcohol testing Requirements of 49 CFR Part 40? Yes No

FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT

In accordance with the provisions of Section 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 I, of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on you for employment/contract purposes. These reports are required by Sections 382.413, 391.23, and 391.25, of the Federal Motor Carrier Safety Regulations.

De acuerdo con las provisiones de la Sección 604 (b)(2)(A) del Acto Justo de la Cobertura del Crédito, la Ley Pública 91-508, como enmendado por el Crédito al consumidor que Informa el Acto de 1996 (Titula II, Subtítulo D, el Capítulo yo, de la Ley Pública 104-208), usted es informado que informa verificando su empleo previo, la droga previa y los resultados de la prueba de alcohol, y su registro que maneja se pueden obtener en usted para propósitos de arrendamiento contrato. Estos informes son requeridos por Secciones 382,413, 391,23, y 391,25, de las Regulaciones Federales de la Seguridad de Transporte Automotriz.

Applicant's Signature *FIRMA*

Date *FECHA*

Print Name *NOMBRE*

Social Security Number

SAFETY PERFORMANCE HISTORY

To be completed by: APPLICANT

Printed Name: _____ SSN: _____ DOB: _____

*Signature: _____ Date: _____

I hereby authorize previous employers to release and forward the information requested by concerning my Alcohol and Controlled Substances testing records within the previous three (3) years from date of application
To:

Eagle Transportation Service Co
8700 Industrial Road
Houston, Texas 77029

In compliance with 40.25 (g) and 391.23 (h), release of this information must be made in
Written form that ensures confidentiality such as fax, email, or letter.

To be completed by:

PREV. EMPLOYER: _____ Phone: _____
STREET: _____ Fax: _____
CITY, ST, ZIP: _____ Email: _____

To be completed by: PREVIOUS EMPLOYER

Section I Employment Verification

- The applicant named above WAS/IS NOT employed/contracted by the Company.
 The applicant named above WAS/IS employed/contracted by the Company:

Employed from: _____ to _____ as a _____

Section II Experience

Did he drive a motor vehicle for you? Yes No . If yes, what type?
 Tractor-Semi trailer Straight truck Bus Cargo Tank Other: _____

LENGTH AND TYPE OF TRAILER PULLED: _____

Section III Separation Reason

Reason for leaving your employment: Quit Resigned Lay Off
Comments: _____ Co. Terminated Still Employed

Section IV Accident Register (390.15(b))

None to Report (Sign Below)

Applicant was involved in the following accidents in the last three years:

Date	Location	Injuries	Fatalities	Hazmat Spill?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Section V Certification

Signature: _____ Title: _____ Date: _____



Since 1970

8700 Industrial Blvd. Houston, TX. 77029

P.O. Box 647 Galena Park, TX. 77547

Phone: (713) 675-8151

January 31, 2012

To: Stefani Allen/Mike Vasquez

From: Eagle Management

Subject: Sign on Bonus – w/o Referral-----HOUSTON OR DALLAS

New Owner/Operator _____, Truck Number _____ has signed a lease on _____. The New Owner/Operator will be entitled to a Sign-on-Bonus of \$2,000.00.

The New Owner/Operator will receive the Sign-on Bonus as follows:

1. \$500.00 after 60 continuous days of service
2. \$500.00 after 90 continuous days of service
3. \$500.00 after 120 continuous days of service
4. \$500.00 after 180 continuous days of service
5. Should the New Owner/Operator fail to complete any of the minimum days of continuous service, meaning no work days missed due to any circumstance, he/she will not be entitled to that portion of the Sign on Bonus.