Wetherington Tractor Service, Inc

| DRIVER APPL | ICATION | | P | 100 | 1e# | |
|-------------------------|-------------------------------------|---------------------------------------|---------------|--------------|---------------------------------------|---------------------------------------|
| Applicant Name | : | | | - | Social | Security #: |
| Current Address | | | | | Date of | Birth: |
| City: | | St. | Zip | | | |
| | | | | | | |
| • | | Residence I | ast 3 Years | | | |
| | | | | | | |
| Address: | | | | | | · · · · · · · · · · · · · · · · · · · |
| City: | St. | Zip | Hov | v Long? | | |
| Address: City: | St. | Zip | Hov | v Long? | | |
| Address: | ŲI. | Σ.μ | 1101 | T Dong. | | |
| City: | St. | Zip | Hov | v Long? | | |
| | | | | | | |
| | Experi | ence and Qua | lifications - | Driver | | |
| | | | | - Clause C | | |
| MAKE A PHOTO C | OPY OF THE DRIVERS L | ICENSE ANI | MEDICAL | CERTIFI | CATE!!! | |
| Applicant list the stat | tes and license numbers of al | l licenses held | for the pas | t 3 years. | | |
| | | · · · · · · · · · · · · · · · · · · · | | | | T |
| STATE | LICENSE # | EXPIRATION EXPIRATION | ON DATE | CLASS A | л, В, | ENDORSEMENT |
| | | | | | · · · · · · · · · · · · · · · · · · · | |
| | | = | | | | |
| • | | | 7777 7777 | | | |
| | L | ORIVING EX | PERIENCE | | | |
| | | T D A MING | | | Approx # of | Miles |
| Equipment Class | Type of Equipment Van,Flat,Tank,etc | DATES From | То | | Total | Miles |
| Straight Truck | Van, Plat, Lank, Cit | Tiom | | | | |
| Tractor Semi Trailer | | | | | | |
| Tractor with Doubles | | | | | | |
| Tractor with Triples | | | | | | |
| Tractor with Tank | | | | | | , |
| Other | | | | | | |
| | | | | | | |
| | Accidents/Cr | ashes for the | past 3 years | or more | | |
| | | | | | | |
| DATE | | re of Acciden | | | Fatalities | s Injuries |
| | (Backing, Head | i-on, Rollove | r, Turning) | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

| | Mo | ving Traffic Convictions a | and Forfeitures for t | he past 3 years. | |
|-----------------------|---------------------|--|-----------------------|-----------------------------|---------------------------------------|
| Date of Conviction | Offense | | Location | | Type of Motor Vehicle Operated |
| | | | | | |
| | | | | | · · · · · · · · · · · · · · · · · · · |
| | | | | | |
| | | | | | |
| | | | | | |
| A. Have you | ever been denied a | license, permit or privile | ge to operate a moto | or vehicle? [|] Yes [] No |
| | | ivilege ever been revoked | | |] Yes [] No |
| | tatement giving de | | | | |
| | | | | | |
| License (CDL |), to be controlled | ers who drive Commercial substances tested with a refer [] Yes [] No | negative result prior | MV) which requirto driving. | |
| | | | | . — | |
| | | | YMENT RECORD | | ^ |
| | All for | past 3 years and Commerc | cial Driving Experie | nce for the past 1 | U years |
| Last Employer | • | | | | |
| Position held:_ | | [] CDL? | ' From: | 10 | ST: |
| Address: | | | EAV. | City: | ST: |
| .elephone #: _ | | | FAX: _ | | |
| | | | | | |
| ast Employer | • | LI ODI 0 | D | To | |
| | | [] CDL? | | | ST: |
| | | | TAV | City: _ | |
| Telephone #: _ | | | PAA: | , | |
| leason For Lea | aving: | | | | |
| ast Employer: | · | L1 (D) [0 | 17 | To | |
| osition held:_ | | [] CDL? | From: | 10 | ST: |
| | | | FAX | Oig:_ | |
| elephone #: _ | avina: | | | | |
| est Employer: | iving. | | | | |
| ast Employer. | | [] CDL? | From: | То | |
| 1.1 | | | | City: | ST: |
| elenhone # | | | FAX: | | |
| eason For Lea | ving: | | | | |
| ast Employer: | | | | | |
| osition held: | | []CDL? | From: | To | |
| ddress: | | | | City: _ | ST: |
| elephone #: | | | FAX: | | ST: |
| eason For Lea | ving: | | | | |
| st Employer: | | | | | |
| sition held: | | []CDL? | From: | To | ST: |
| ldress: | | | | City: | ST: |
| elephone #: | | | FAX: | | 51: |
| eason For Lea | ving: | | | | |
| | | | d that all entries on | | n in it are true to the best of |
| plicant's Sign | iature | | DATE | | • |

DRIVER APPLICATION ADENDUM RESIDENCE

| Address: | | | | |
|----------|-----|---|-----------|-------------|
| City: | St. | Zip | How Long? | |
| Address: | | | | |
| City: | St. | Zip | How Long? | |
| Address: | | *************************************** | , | |
| City: | St. | Zip | How Long? | |

EMPLOYMENT

| Last Employer: | | | |
|-------------------------------|---------------|----------|-----|
| Position held: | [] CDL? From: | То | • |
| Address: | | City: | ST: |
| Telephone #: | FAX | : | |
| Reason For Leaving: | | | |
| Last Employer: | | | |
| Position held: | [] CDL? From: | То | |
| 1/ A J.J., | | City: | ST: |
| Telephone #: | . FAX | • | |
| Reason For Leaving: | | | |
| Last Employer: | | | |
| Position held: | [] CDL? From: | То | |
| Address: | | City: | ST: |
| Telephone #: | FAX: | : | |
| Reason For Leaving: | | | |
| | | | |
| Last Employer: Position held: | [] CDL? From: | То | |
| Address: | | City: | ST: |
| | FAX: | | |
| Reason For Leaving: | | | |
| Last Employer: | | | |
| Position held: | [] CDL? From: | То | |
| Address: | | City: | ST: |
| Telephone #: | FAX: | | |
| Reason For Leaving: | | | |
| Last Employer: | | | |
| Position held: | [] CDL2 From: | То | |
| Address: | [1022 | City: | ST: |
| | FAX: | | |
| Reason For Leaving: | | | |
| Last Employer: | | | |
| Position held: | [] CDL? From: | To | |
| Address: | | City: | ST: |
| Telephone #: | FAX: | | |
| Reason For Leaving: | | | |
| Last Employer: | | | |
| Position held: | [] CDL? From: | То | |
| Address: | | City: | ST: |
| Telephone #: | FAX: | | |
| Reason For Leaving: | | | |







(813) 752-4510 • 1-800-754-9557 • Fax: (813) 759-6938 P.O. Box 4199 • Plant City, FL 33563-0020

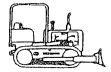
MVR REQUEST

| WTS MUST have your MVR to see eligibility for our insurance. |
|--|
| *Driver MUST go to the Court House to get their Own MVR. |
| |
| give my permission to my employer, |
| Wetherington Tractor Service, Inc. The right to request and |
| retain a copy of my MVR anytime, as needed during my |
| employment. |
| |
| |
| DL# |
| |
| |
| |
| |
| Signature Date |

Underground Utilities - CU C053968 Complete Land & Site Development

| | OYER: | | i | | | |
|--|--|---------------------|--------------------------------|--|--------------|-------------|
| ADDRI | ESS: | | | | * et | |
| CITY, | ST: | | | | 1 1 1 1 1 1 | |
| Designa | nted Employer Representative | | : | | | |
| PHONI | E #: | | F | 'AX#: | | |
| | | | ! | A | | |
| Drivers | Name: | | | | | |
| | authorize and request | | | | | |
| Prior En | ~ · · · · · · · · · · · · · · · · · · · | | | | | |
| Address | | | <u> </u> | | | |
| City, ST | | | J | | | |
| Telephor | | | X No. | | | |
| | e any and all information pertaining to | | | | | |
| | 1.23 to the above named company. Y | | released | l from any and | all liabili | ty |
| | ay result from releasing such informat | ion. | | | | · |
| Signed: | | | ! | Date: | | |
| Witnesse | ed By: | | | SSN: | | |
| | · | | | | | |
| 1. §39 | 1.(d)(1). The above applicant shows th | at he/ | she worl | ced for you. Er | nploymen | ıt |
| 1 - | es from | | to | • | | |
| ···· | | | | | | |
| | | 1 | | | | |
| 2 839 | 1 23(d)(2) Did the applicant have any | accid | ents?[] | Ves [] No | | |
| | 1.23(d)(2). Did the applicant have any | T | | Yes [] No | HM Spi | 1117 |
| <u></u> | 1.23(d)(2). Did the applicant have any Location City/St | T | ents?[] uries | Yes [] No # Fatalities | HM Spi | ill? |
| <u></u> | | T | | | HM Spi | ill? |
| <u></u> | | T | | | HM Spi | ill? |
| Date | Location City/St | #Inj | uries | # Fatalities | HM Spi | ill? |
| Date 3. §39 | Location City/St 1.23(e)(1). Did the driver violate any se | #Inj | uries | # Fatalities | | |
| Date 3. §39 | Location City/St | #Inj | uries | # Fatalities | HM Spi | No |
| Date 3. §39 Did this e | Location City/St 1.23(e)(1). Did the driver violate any se | #Inj | uries | # Fatalities | | |
| Date 3. §39 Did this e §382.201 | Location City/St 1.23(e)(1). Did the driver violate any semployee violate: | #Inj | uries | # Fatalities | | |
| Date 3. §39 Did this e §382.201 §382.205 | Location City/St 1.23(e)(1). Did the driver violate any semployee violate: No Alcohol concentration above .04. | #Inj | uries of 49 CF | # Fatalities R Subpart B? | | |
| Date 3. §39 Did this e §382.201 §382.205 §382.207 | Location City/St 1.23(e)(1). Did the driver violate any semployee violate: No Alcohol concentration above .04. No Alcohol use on duty. | # Inj | uries of 49 CF g on duty | # Fatalities R Subpart B? | | |
| 3. §39 Did this e §382.201 §382.205 §382.207 §382.209 | Location City/St 1.23(e)(1). Did the driver violate any somployee violate: No Alcohol concentration above .04. No Alcohol use on duty. No Alcohol use within 4 hours before on the concentration above and the concentration above and the concentration above .04. | #Inj | of 49 CF g on duty | # Fatalities TR Subpart B? | | |
| Date 3. §39 Did this e §382.201 §382.205 §382.207 §382.209 §382.211 | Location City/St 1.23(e)(1). Did the driver violate any semployee violate: No Alcohol concentration above .04. No Alcohol use on duty. No Alcohol use within 4 hours before on the concentration above after an an an analysis of the concentration above .04. | #Inj | of 49 CF g on duty | # Fatalities TR Subpart B? | | |
| Date 3. §39 Did this e §382.201 §382.207 §382.209 §382.211 suspicion, | Location City/St 1.23(e)(1). Did the driver violate any somployee violate: No Alcohol concentration above .04. No Alcohol use on duty. No Alcohol use within 4 hours before on the control of the con | #Inj | of 49 CF g on duty | # Fatalities TR Subpart B? | | |
| Date 3. §39 Did this e §382.201 §382.207 §382.209 §382.211 suspicion, §382.213 | Location City/St 1.23(e)(1). Did the driver violate any semployee violate: No Alcohol concentration above .04. No Alcohol use on duty. No Alcohol use within 4 hours before on the control of the con | #Inj | of 49 CF g on duty | # Fatalities TR Subpart B? | | |
| Date 3. §39 Did this e §382.201 §382.207 §382.209 §382.211 suspicion, §382.213 | Location City/St 1.23(e)(1). Did the driver violate any somployee violate: No Alcohol concentration above .04. No Alcohol use on duty. No Alcohol use within 4 hours before on the control of the con | #Inj | of 49 CF g on duty | # Fatalities TR Subpart B? | | |
| 3. §39 Did this e §382.201 §382.205 §382.209 §382.211 suspicion, §382.213 §382.215 | Location City/St 1.23(e)(1). Did the driver violate any semployee violate: No Alcohol concentration above .04. No Alcohol use on duty. No Alcohol use within 4 hours before on the controlled substances use on duty. Refusing to submit to testing (Post accorn Follow Up test) No controlled substances use on duty. Tested positive for controlled substances. | ection coming | of 49 CF g on duty it. Random | # Fatalities R Subpart B? | | |
| Date 3. §39 Did this e §382.201 §382.205 §382.207 §382.211 uspicion, 382.213 [382.215 | Location City/St 1.23(e)(1). Did the driver violate any semployee violate: No Alcohol concentration above .04. No Alcohol use on duty. No Alcohol use within 4 hours before on the control of the con | # Inj ection coming | of 49 CF g on duty it. Random | # Fatalities TR Subpart B? 7. 7. 9. Reasonable ems, did the | | |
| Date 3. §39 Did this e §382.201 §382.207 §382.209 §382.211 uspicion, §382.213 | Location City/St 1.23(e)(1). Did the driver violate any semployee violate: No Alcohol concentration above .04. No Alcohol use on duty. No Alcohol use within 4 hours before on the controlled substance or Follow Up test) No controlled substances use on duty. Tested positive for controlled substances use on duty. (3(e)(2). If you answered "yes" to any of yee complete the return-to-duty process. | # Inj ection coming | of 49 CF g on duty it. Random | # Fatalities TR Subpart B? 7. 7. 9. Reasonable ems, did the | | |

| 5. §391.23(e)(3). After completing return- Subpart O, Did the driver | to-duty p | rocess, 49 | CFR § | 382.605/P | art 40 | |
|---|--------------|------------|-------------|-------------|---------------------------------------|---------|
| 1. Test above .04 for alcohol | | | | | Yes | No |
| 2. Receive a verified positive controlled sub | stances re | egult | | | 103 | 110 |
| 3. Refuse to be tested | Stante of 1 | | | | 1 | - |
| | | | | | <u> </u> | <u></u> |
| Previous employer, if you answered "yes" to any item | n in section | 3 von mus | t also trai | nsmit a con | //conies | of th |
| appropriate documentation (e.g., CCFs, MRO result | | | | | | |
| to the new employer. (49 CFR Section 40.25) | - | | | | | |
| | | | | | | |
| As per 49 CFR §391.23(g) After October 29, | 2004 pre | vious-em | ployers- | must-resp | ond-to- | the |
| above request within 30 days after the reque | st is recei | ved. | | | | |
| | | | | | | |
| Type of equipment driven []Straight truck | []Tracto | r semi-tr | ailer [] | Bus | | |
| Trailer used. []Van []Flatbed []Refrigera | | | | | ıbles | |
| Was the applicant safe and efficient? [] Yes | s [] No | | | | | |
| Remarks: | | | | | | |
| | | | ~ | | | |
| | | | | · | | |
| Reason for leaving your employ. [] Dischar | ged [] L | aid off [|] Resign | ned [] C | ther: | |
| | | | | | | |
| How was the driver in: | | EXCEI | LENT | GOOD | POOL | 3 |
| Quality of work | | | | | | |
| Cooperation with others | | | | | · · · · · · · · · · · · · · · · · · · | |
| Safety Habits | | | | | | |
| Personal Habits | | | | | | |
| Driving Skills | | | | | | |
| Attitude | | | | 4 | | |
| | | | | | | |
| Mailed On: | Faxed C |)n: | | | | |
| Verified by Phone Talked to: | | | | | | |
| Signature: | | | Date: | | | |
| <u> </u> | | | | | | |



WEITHERINGTON TRACTOR SERVICE INC



(813) 752-4510 • 1-800-754-9557 • Fax: (813) 759-6938 P.O. Box 4199 • Plant City, FL 33563-0020

| (Name of applicant/employee) | |
|---|---|
| (Street Address) | |
| (Dir eel Address) | |
| (City, State, Zip) | |
| (Date) | |
| WTS, Inc | |
| P.O. Box 4199 Plant City, FL 33564 | |
| Dear WTS, Inc. | |
| application/employment. The reports may Company's insurance coverage or other of | d as part of the WTS, Inc. evaluation of my joby be procured by Florida Insurance Group, consumer reports. By signing this disclosure, I e such reports and additional reports about me e, to evaluate my insurability or for other |
| Sincerely, | |
| Signature of Job Applicant/Employee | Driver's License # |
| Print Name of Job Applicant/ Employee | State of License/ Expiration Date |

Underground Utilities - CU C053968 Complete Land & Site Development Company

Wetherington Tractor Service, Inc

| | | | | |
|-------------------|-------------|------|------|--|
| DRIVER NAME: | | | | |
| DIT A DIT LIVING. | | | | |

PRIOR 7 DAYS HOURS OF SERVICE

| DAY | DATE | Total Hours on Duty |
|------|------|---------------------|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |
| 6. , | | |
| 7. | | |

| TOTAL HOURS PAST 7 DAYS: |
|--------------------------|
|--------------------------|

| | | I D - 4 | · · | . 1 |
|-----------------------|---|---------|-----|-----|
| Driver's Signature | | Date: | | 1 |
| ii Driver's Signature | • | Date. | | |
| 1 211 0 2 2 2 5 | | | | |



WETHERINGTON TRACTOR SERVICE, INC.



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JOB DESCRIPTION

Underground Utilities - CU C053968 Complete Land & Site Development