

DRIVER APPLICATION / APLICACIÓN DE CHOFER

Name / Nombre: Charles Whitaker Jr.

Date / Fecha: 12/21/21

Company applying to / Compañía a que aplica: Ray Solomon LLC

Per FMCSA's 391.23 (Investigation and inquiries), subpart (J): (Driver) I understand that I have the right to: Review information provided by current/previous employers; Have errors in the information corrected by previous employers and for those previous employers to re-send 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.

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or the presence of a non-job related medical condition or handicap. / En cumplimiento con las leyes federales y estatales de igualdad de empleo, aplicantes calificados son considerados para empleo sin distinción de raza, color, religión, sexo, origen, edad, estado civil, o la presencia de salud física no relacionada con este empleo.

Position(s) applied for / Posición a que aplica: Driver

Referred by / Referido por: n/a

Social Security / Seguro Social: 643-44-0896

Date of Birth / Fecha de Nacimiento: 11/22/94

Address / Dirección: 2244 Bolton Drive

City / Ciudad: Baltimore

State / Estado: MD

Zip / Código Postal: 21204

CDL / CDL: A

CDL Expiration / Expiración de CDL: 11/22/23

Home / Hogar: n/a

Work / Trabajo: n/a

Cell / Celular: 443-4500-0432

Email / Email: chwhitakerjr@yahoo.com

Emergency Contact / Contacto de Emergencia: Crystal Wimberly

Tel. / Tel.: 443-500-0432

ADDRESS FOR PAST 3 YEARS / DIRECCIÓN PASADOS 3 AÑOS

1. Address / Dirección: 2244 Bolton Drive

How long / Tiempo: 14 yrs

2. Address / Dirección:

How long / Tiempo:

Do you have the legal right to work in the U.S. / Usted esta autorizado para trabajar en EU?

☒ Yes / Si

☐ No

Are you presently working / Usted esta actualmente trabajando?

☐ Yes / Si

☐ No

If not, how long since last job / Si no, que tiempo hace desde su ultimo trabajo?

PHYSICAL HISTORY / HISTORIA FISICA

Do you have any physical condition which may limit your ability to perform the job applied for /
 Tiene usted alguna condición física que limite su capacidad de cumplir con su trabajo?

Yes / Si No

Have you ever tested positive for drugs or alcohol as a commercial driver /
 Usted ha salido positivo en una prueba de drogas o alcohol como un chofer comercial?

Yes / Si No

If yes, when / Si, cuando : _____

Please explain / Por favor explique : _____

EXPERIENCE AND QUALIFICATIONS - DRIVER / EXPERIENCIA Y CALIFICACIONES - CHOFER

	STATE / ESTADO	LICENSE NO. / NO. DE LICENCIA	TYPE / TIPO	EXPIRES / EXPIRA
DRIVER'S LICENSES / LICENCIAS	MD	W-326-115-085-893	Class A	11/22/23

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle /
 alguna vez le han cancelado su licencia, permiso de manejar?

Yes / Si No

B. Has any license, permit or privilege ever been suspended or revoked /
 alguna vez le han suspendido o revocado su permiso de manejar?

Yes / Si No

(If YES to either A or B, attach statement giving details / Si ha contestado "SI" a la pregunta "A" o "B" explique las razones)

Commercial Motor Vehicle Driver Since : 2018

Years of Commercial Motor Vehicle experience : 3 years

Below, please list the type of Commercial Motor Vehicle experience you have had:

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> Dry Van Truck | <input type="checkbox"/> Car Carrier Truck | <input type="checkbox"/> Off-Highway |
| <input type="checkbox"/> Tractor-Semi Trailer | <input type="checkbox"/> Crane Truck | <input type="checkbox"/> Passenger Bus |
| <input checked="" type="checkbox"/> Reefer | <input type="checkbox"/> Transfer Truck | <input type="checkbox"/> Plow Truck |
| <input checked="" type="checkbox"/> Flatbed Truck | <input type="checkbox"/> Expeditor/Hot Shot | <input type="checkbox"/> Refuse Hauler |
| <input type="checkbox"/> Dump Truck | <input type="checkbox"/> Farm/Grain Truck | <input type="checkbox"/> Roll-back Tow Truck |
| <input type="checkbox"/> Tank Truck | <input type="checkbox"/> Fire Truck | <input type="checkbox"/> Salvage Truck |
| <input checked="" type="checkbox"/> Beverage Truck | <input type="checkbox"/> Fuel/Lube Truck | <input type="checkbox"/> Service: Utility/Mechanic Truck |
| <input type="checkbox"/> Bucket/Boom Truck | <input type="checkbox"/> Logging Truck | <input type="checkbox"/> Toter Truck |
| <input type="checkbox"/> Cab & Chassis Truck | <input checked="" type="checkbox"/> Low Boy | <input type="checkbox"/> Tractor |
| <input type="checkbox"/> Cabover Truck | <input type="checkbox"/> Mixer: Asphalt/Concrete | <input type="checkbox"/> Wrecker Tow Truck |

DRIVER WORK HISTORY / HISTORIA DE TRABAJO DE CHOFER

Name / Nombre : Charles Whitaker Jr.

Date / Fecha : 12/21/21

Company applying to / Compañía a que aplica : Box Tracking LLC

WORK HISTORY / HISTORIA DE TRABAJO

All drivers' applicants to drive in intra or interstate commerce must provide the following information on all work during the preceding 10 years. Please complete the following, by date order including those date periods in which you were not working, or worked as a sole proprietor. / Todos los chóferes que aplican a manejar vehículos comerciales en el estado o fuera del estado, tienen que proveer la siguiente información relacionada a sus trabajos anteriores. Por favor complete la siguiente información en orden cronológico incluyendo los periodos de tiempo en que usted estuvo desempleado, o trabajo por cuenta propia.

Which is the exact date of your first job in the US / Cual es la fecha exacta en que comenzó a trabajar en EE.UU.?

Date / Fecha : _____

Please list your work history beginning with the most recent / Por favor indique su historia de trabajo comenzando por el más reciente.

Date / Fecha : From / Desde : _____ To / Hasta : _____

☐ Unemployed / Desempleado ☐ Worked for Company / Trabaje Para Una Compañía ☐ Self-Employed / Trabaje por Cuenta Propia

Were you subject to Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? / Estuvo sujeto a las Regulaciones del Departamento Federal de Seguridad de Transporte mientras trabajo con su previo empleador?

☐ YES / SI ☐ NO

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substance testing requirements as required by 49 CFR part 40? / Su previa posición como conductor bajo alguno de los modos regulados por el DOT estuvo sujeto al requerimiento de exámenes de alcohol y drogas como es requerido en 49 CFR part 40?

☐ YES / SI ☐ NO

Company / Compañía : _____

Position Held / Posición : _____

Address / Dirección : _____

Reason for Leaving / Razón de Renuncia : _____

Contact Person / Supervisor : _____

Phone / Teléfono : _____

Fax / Fax : _____

 SIGN HERE Signature / Firma : _____ Date / Fecha : _____

Date / Fecha : From / Desde : _____ To / Hasta : _____

☐ Unemployed / Desempleado
 ☐ Worked for Company / Trabajo Para Una Compañía
 ☐ Self-Employed / Trabajo por Cuenta Propia

Were you subject to Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? / Estuvo sujeto a las Regulaciones del Departamento Federal de Seguridad de Transporte mientras trabajo con su previo empleador?

☐ YES / SI ☐ NO

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substance testing requirements as required by 49 CFR part 40? / Su previa posición como conductor bajo alguno de los modos regulados por el DOT estuvo sujeto al requerimiento de exámenes de alcohol y drogas como es requerido en 49 CFR part 40?

☐ YES / SI ☐ NO

Company / Compañía : _____ Position Held / Posición : _____

Address / Dirección : _____ Reason for Leaving / Razón de Renuncia : _____

Contact Person / Supervisor : _____

Phone / Teléfono : _____ Fax / Fax : _____

Date / Fecha : From / Desde : _____ To / Hasta : _____

☐ Unemployed / Desempleado
 ☐ Worked for Company / Trabajo Para Una Compañía
 ☐ Self-Employed / Trabajo por Cuenta Propia

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☐ YES / SI ☐ NO

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☐ YES / SI ☐ NO

Company / Compañía : _____ Position Held / Posición : _____

Address / Dirección : _____ Reason for Leaving / Razón de Renuncia : _____

Contact Person / Supervisor : _____

Phone / Teléfono : _____ Fax / Fax : _____


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Company / Compañía : _____ Position Held / Posición : _____

Address / Dirección : _____ Reason for Leaving / Razón de Renuncia : _____

Contact Person / Supervisor : _____

Phone / Teléfono : _____ Fax / Fax : _____

Date / Fecha : From / Desde : _____ To / Hasta : _____

☐ Unemployed / Desempleado ☐ Worked for Company / Trabajo Para Una Compañía ☐ Self-Employed / Trabajo por Cuenta Propia

Were you subject to Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? / Estuvo sujeto a las Regulaciones del Departamento Federal de Seguridad de Transporte mientras trabajo con su previo empleador? ☐ YES / SI ☐ NO

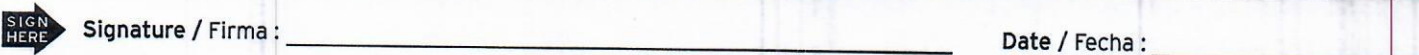
Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substance testing requirements as required by 49 CFR part 40? / Su previa posición como conductor bajo alguno de los modos regulados por el DOT estuvo sujeto al requerimiento de exámenes de alcohol y drogas como es requerido en 49 CFR part 40? ☐ YES / SI ☐ NO

Company / Compañía : _____ Position Held / Posición : _____

Address / Dirección : _____ Reason for Leaving / Razón de Renuncia : _____

Contact Person / Supervisor : _____

Phone / Teléfono : _____ Fax / Fax : _____

 SIGN HERE Signature / Firma : _____ Date / Fecha : _____

REQUEST FOR CHECK OF DRIVING RECORD

I hereby authorize you to release the following information to Boy Selman Trucking LLC for purposes of investigation as required by section 391.23 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information.

**SIGN
HERE** ▶

Driver's Signature : _____

Date : _____

12/21/21

1. In accordance with the provisions of Section 604 and Section 607 of the Fair Credit Reporting Act, Public Law No. 91-508, I hereby certify that the information requested below will be used for a "permissible purpose" as defined in the Act, and that the information received will be used for no other purpose.
2. I further certify that if the driver named below is denied employment based upon the information received, I will identify the source of the report in accordance with Section 615(a) of the Fair Credit Reporting Act.

**SIGN
HERE** ▶

Requester's Signature : _____

Date : _____

TO WHOM IT MAY CONCERN:

The following named person has applied with us for the position of DRIVER. As in accordance with Section 391.23, Federal Department of Transportation Regulations, please furnish the undersigned with the applicant's driving record for the past three years.

Name of Applicant : _____

Address : _____

City, State, Zip : _____

Former Address : _____

City, State, Zip : _____

Date of Birth : _____

Social Security No. : _____

License No. : _____

REQUESTED BY:

Name : _____

Title : _____

**SIGN
HERE** ▶

Signature : _____

AUTHORIZATION TO OBTAIN BACKGROUND INFORMATION

For as long as I am operating for the under named carrier company, I the undersigned, have authorized The Simplex Group, its agents and representatives, to obtain the following information:

- Past Employment References (skills, behavior, experience, drug & alcohol tests) (as per Section 391.23)
- Driving Record History
- Criminal Background Records

I understand that any information obtained as a result of this release will be provided to the under named carrier company for hiring eligibility based on DOT regulation under part 391 of 49CFR.

Driver : Charles Whitaker Jr. Company : Selman Ray Trucking LLC
 Social Security #: 643-44-2892 CDL #: MD-326-115-285-893
 Address : 6644 Selman Drive City : Baltimore State : MD Zip : 21229
 SIGN HERE Signature : [Signature] Date : 12/21/21

AUTORIZACION PARA OBTENER INFORMACION DE RECORDS

Yo el abajo firmante autorizo a The Simplex Group, sus agentes, representantes, como también a la compañía de transporte la siguiente información. Esta autorización estará vigente mientras yo este operando para la compañía de transporte mencionada en esta forma.

- Past Employment References (skills, behavior, experience, drug & alcohol tests) (as per Section 391.23)
- Driving Record History
- Criminal Background Records

Yo entiendo que cualquier información obtenida como resultado de esta autorización será dada a la compañía transportista para la cual yo estoy aplicando. El resultado será usado para determinar la aprobación de su aplicación basada en la regulación de DOT bajo parte 391 de 49CFR.

Chofer : _____ Compañía : _____
 Seguro Social : _____ CDL : _____
 Dirección : _____ Ciudad : _____ Estado : _____ Zip : _____
 SIGN HERE Firma : _____ Fecha : _____

Driver Evaluation Road Test Form

Driver Name: Charles Whitaker Test Date: 12/21/21

Observed by: Robert Nelson

Vehicle Type and Number: _____

PRE-TRIP INSPECTION					
<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	General vehicle condition noted	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	360-degree walk-around performed
<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Parking brake set / applied	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Tires evaluated
<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Lighting inspected	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Steering inspected
<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Horn and windshield wipers inspected	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Mirrors adjusted
<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Emergency equipment inspected	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Insurance / licensing info inspected
PLACING VEHICLE IN OPERATION					
<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Uses seat belt	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Verifies passenger(s) is wearing seat belt
<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Starts vehicle properly	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Observes traffic patterns
<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Does not allow vehicle to roll while stopped	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Drives with both hands on steering wheel
<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Steers smoothly	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Speed appropriate for conditions
BACKING AND PARKING					
<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Gets out to look before backing	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Avoids backing when possible
<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Uses mirrors properly	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Does not blind-side back
INTERSECTIONS					
<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Covers the brake with foot in intersections	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Checks traffic in all directions
<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Stops vehicle in proper location	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Does not allow vehicle to roll when stopped
TURNING					
<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Vehicle is in proper lane for turn	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Signals used in advance of turn
<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Approaches turn at proper speed	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Checks traffic conditions
<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Turns only when traffic is cleared	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Keeps vehicle in proper lane while turning
PASSING					
<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Determines that pass is safe and legal	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Passes in safe location
<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Checks ahead before passing	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Uses turn signal appropriately
<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Returns to lane safely	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Does not exceed speed limit

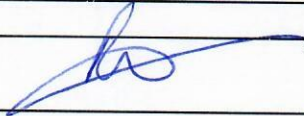
YES / ☒ NO Cell phone used during this trip while driving?

YES / NO Vehicle pulled to a safe location during cell phone use?

RESULTS OF ROAD TEST: (circle one) DRIVER PASS DRIVER FAIL

Re-test on this date: _____

NOTES: _____

Evaluator Signature: 

Public Burden Statement
A Federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2126-0006. Public reporting for this collection of information is estimated to be approximately 1 minute per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, Federal Motor Carrier Safety Administration, MC-RRA, 1200 New Jersey Avenue, SE, Washington, D.C. 20590.

U.S. Department of Transportation
Federal Motor Carrier
Safety Administration

Medical Examiner's Certificate
(for Commercial Driver Medical Certification)

I certify that I have examined **Last Name: Whitaker** **First Name: Charles** in accordance with *please check only one:*

☒ the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when *(check all that apply)* **OR**

☐ the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) with any applicable State variances (which will only be valid for intrastate operations), and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when *(check all that apply):*

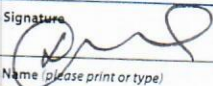
☐ Wearing corrective lenses ☐ Accompanied by a _____ waiver/exemption ☐ Driving within an exempt intracity zone (49 CFR 391.62) (Federal)

☐ Wearing hearing aid ☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate ☐ Qualified by operation of 49 CFR 391.64 (Federal)

☐ Grandfathered from State requirements (State)

The information I have provided regarding this physical examination is true and complete. A copy of this Medical Examination Report Form, MCSA-5875, with any attachments embodies my findings completely and correctly, and is on file.

Medical Examiner's Certificate Expiration Date
10/7/23

Medical Examiner's Signature 

Medical Examiner's Name (please print or type)
Darpan Parekh PA-C

Medical Examiner's State License, Certificate, or Registration Number
C0004581

Medical Examiner's Telephone Number
410.687.6462


Date Certificate Signed
10/7/21

☐ MD ☒ Physician Assistant ☐ Advanced Practice Nurse

☐ DO ☐ Chiropractor ☐ Other Practitioner (specify) _____

Issuing State
Maryland - MD

National Registry Number
3579628267

Driver's Signature 

Driver's License Number
W-326-115-085-893

Issuing State/Province
MD

Driver's Address
6644 Dalton Drive

Street Address: 6644 Dalton Drive **City:** Belt **State:** MD **Zip Code:** 21207

CLP/CDL Applicant/Holder
☒ Yes ☐ No

This document contains sensitive information and is for official use only. Improper handling of this information may negatively affect individuals. Handle and secure this information appropriately to prevent inadvertent disclosure by leaving the documents under the control of authorized persons. Properly dispose of this information no longer required to be maintained by regulatory requirements.

MARYLAND USA
Commercial Driver's License

Customer identifier
W-326-115-085-893

Family name
WHITAKER

Given names
CHARLES BERNARD, JR

Address
6647 DALTON DR
GWYNN OAK MD 21207

Date of birth **Sex** **Height** **Weight** **Date of exp**
11/22/1994 M 6'-00" 200 11/22/2023

Restrictions **Classifications** **Endorsements** **Date of issue**
A T 12/02/2020

270122017



