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DRIVER'S INFORMATION FORM

P.O. Box 16173
LITTLE ROCK, AR 72231
800-289-1100

FAX #: 501-955-4256

recruiting@maverickusa.com

HIRERIGHT CUSTOMER #: MAVTRAN

Date of Application: _____

Applicant Name (print): _____

Social Security Number: _____

Please List All Previous Employers (print): _____

TO BE READ AND SIGNED

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 for this investigation. I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with this investigation.

I understand that information I provide regarding current and/or previous employers may be used, and those carrier or 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 or carriers;
Have errors in the information corrected by previous employers or carriers and for those previous employers or carriers to re-send the corrected information to Maverick Transportation, LLC.
Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) or carriers and I cannot agree on the accuracy of the information.

Signature: _____ Date: _____

PART 1 - DOT DRUG AND ALCOHOL RELEASE

(Carrier)

I authorize, per 49 CFR Part 40, the release of information from my DOT regulated drug and alcohol testing records by the carriers (company/school) listed above to HireRight and Driver IQ for the sole purpose of transmitting such records to the above listed employer. I authorize release of the following information concerning DOT drug and alcohol testing violations including pre-employment tests during the past three years: (i) alcohol tests with a result of 0.04 or higher; (ii) verified positive drug tests; (iii) refusals to be tested (including verified adulterated or substituted results); (iv) other violations of DOT drug and alcohol testing regulations; (v) information obtained from previous employers or carriers of a drug and alcohol rule violation(s); and (vi) documents, if any, of completion of a return-to-duty process following a rule violation.

The information that I have authorized HireRight and Driver IQ to review involves tests required by DOT. If any carrier (company/school) listed above furnishes HireRight and Driver IQ with information concerning items (i) through (vi) above, I also authorize that carrier (company/school) to release and furnish the dates of my negative drug and/or alcohol tests and/or tests with results below 0.04 during the three year period and the name and phone number of any substance abuse professional who evaluated me during the past three years.

Print Name _____

Signature _____

Date _____



Part II – Investigative Consumer Report Release

In connection with my application for employment (including contract for services) with Maverick Transportation, LLC I hereby fully release and discharge you, HireRight, Driver IQ and FMCSR, their respective affiliates, subsidiaries, directors, officers, employees, agents and attorneys thereof, and each of them, and any individual, organization, entity, agency, or other source providing information to above named employer and/or HireRight and Driver IQ from all claims and damages arising out of relating to any investigation of my background for employment purposes. I have been provided a copy of the summary of rights of the consumer pursuant to the Fair Credit Reporting Act (DCRA), and have also been provided a disclosure that an investigative consumer report will be sought pursuant to the FCRA.

By signing below, I certify that I have read and fully understand this release, that prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction, and that I executed this release voluntarily and with the knowledge that the information being released could affect this investigation outcome. I further certify that all of the information I have furnished on this form is true and complete.

I hereby authorize and give my consent to the above carrier procurement of consumer report(s) (FCRA). If employed and/or contracted, this authorization shall remain on file and shall serve as ongoing authorization for you to procure consumer reports at any time during my contract/employment period. THIS AUTHORIZATION DOES NOT APPLY TO DRUG AND ALCOHOL INFORMATION OBTAINED UNDER PART I.

Print Name

Signature

Date



IMPORTANT DISCLOSURE
REGARDING BACKGROUND REPORTS FROM THE PSP Online Service

In connection with your application for employment with Maverick Transportation, LLC, (“Prospective Employer”), Prospective Employer, its employees, agents or contractors may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

When the application for employment is submitted in person, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report.

When the application for employment is submitted by mail, telephone, computer, or other similar means, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer must provide you within three business days of taking adverse action oral, written or electronic notification: that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

Neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. You may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If you challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. Your request will be forwarded by the DataQs system to the appropriate State for adjudication.

Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with Federal Motor Carrier Safety Regulations (FMCSR) violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

The Prospective Employer cannot obtain background reports from FMCSA without your authorization.

AUTHORIZATION

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

I authorize Maverick Transportation, LLC, (“Prospective Employer”) to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am authorizing the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.

I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

I understand that any crash or inspection in which I was involved will display on my PSP report. Since the PSP report does not report, or a sign, or imply fault, I acknowledge it will include all CMV crashes where I was a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, I understand all inspections, with or without violations, will appear on my PSP report, and State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on my PSP report. I have read the above Disclosure Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this Disclosure and Authorization, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Date: _____

Signature

Name (Please Print)

NOTICE: This form is made available to monthly account holders by NIC on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain an Applicant’s written or electronic consent prior to accessing the Applicant’s PSP report. Further, account holders are required by FMCSA to use the language contained in this Disclosure and Authorization form to obtain an Applicant’s consent. The language must be used in whole, exactly as provided. Further, the language on this form must exist as one stand-alone document. The language may NOT be included with other consent forms or any other language.



DRIVER'S APPLICATION FORM

(Answer All Questions – Please Print)

Name: _____ Social Security Number: _____
 Last First Middle

Phone: _____ Cell: _____

Email: _____ I authorize Maverick Transportation, LLC. to contact me by phone, email and/or text/SMS message

List your addresses of residency for the past 3 years.

Current Address: _____

Street	City	How Long? _____
State	Zip Code	
Street	City	How Long? _____
	State & Zip Code	
Street	City	How Long? _____
	State & Zip Code	
Street	City	How Long? _____
	State & Zip Code	

Do you have the legal right to work in the United States? Yes No

Date of Birth: (Required for Commercial Drivers) ____/____/____ Can you provide proof of age? Yes No

Have you worked for this carrier before? Yes No Dates: To: ____/____/____ From: ____/____/____

Position: _____ Reason for Leaving: _____

Are you currently contracted or employed? Yes No If not, how long since leaving last job? _____

How did you hear about us? _____

Did a Maverick driver or employee refer you? Yes No Name, Truck# or Driver Code: _____

DOT Physical Card? Yes No Number: _____ Expires: ____/____/____

TWIC Card? Yes No Number: _____ Expires: ____/____/____

Passcard/Passport? Yes No Number: _____ Expires: ____/____/____

Have you registered for FMCSA Drug and Alcohol Clearinghouse? Yes No

JOB HISTORY

All drivers to drive in interstate commerce must provide the following information on all carriers or employers during the preceding 3 years. List complete mailing address, street number, city, state and zip code.

Drivers to drive a commercial motor vehicle* in intrastate or interstate commerce shall also provide an additional 7 years' information on those employers or carriers for whom the driver operated such vehicle. (NOTE: List employers or carriers in reverse order starting with the most recent. Add another sheet if necessary.)

CARRIER OF EMPLOYER			DATE			
NAME	FROM MO.	YR.	TO MO.	YR.		
ADDRESS	POSITION HELD					
CITY	STATE	ZIP	REASON FOR LEAVING			
CONTACT PERSON	PHONE NUMBER					
WERE YOU SUBJECT TO THE FMCSRs ¹ WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO MAY WE CONTACT YOUR CURRENT CARRIER OR EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO						

CARRIER OF EMPLOYER		DATE	
NAME		FROM MO. YR.	TO MO. YR.
ADDRESS		POSITION HELD	
CITY	STATE	ZIP	REASON FOR LEAVING
CONTACT PERSON	PHONE NUMBER		
WERE YOU SUBJECT TO THE FMCSRS [†] WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO MAY WE CONTACT YOUR CURRENT CARRIER OR EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO			

CARRIER OF EMPLOYER		DATE	
NAME		FROM MO. YR.	TO MO. YR.
ADDRESS		POSITION HELD	
CITY	STATE	ZIP	REASON FOR LEAVING
CONTACT PERSON	PHONE NUMBER		
WERE YOU SUBJECT TO THE FMCSRS [†] WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO MAY WE CONTACT YOUR CURRENT CARRIER OR EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO			

CARRIER OF EMPLOYER		DATE	
NAME		FROM MO. YR.	TO MO. YR.
ADDRESS		POSITION HELD	
CITY	STATE	ZIP	REASON FOR LEAVING
CONTACT PERSON	PHONE NUMBER		
WERE YOU SUBJECT TO THE FMCSRS [†] WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO MAY WE CONTACT YOUR CURRENT CARRIER OR EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO			

CARRIER OF EMPLOYER		DATE	
NAME		FROM MO. YR.	TO MO. YR.
ADDRESS		POSITION HELD	
CITY	STATE	ZIP	REASON FOR LEAVING
CONTACT PERSON	PHONE NUMBER		
WERE YOU SUBJECT TO THE FMCSRS [†] WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO MAY WE CONTACT YOUR CURRENT CARRIER OR EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO			

CARRIER OF EMPLOYER		DATE	
NAME		FROM MO. YR.	TO MO. YR.
ADDRESS		POSITION HELD	
CITY	STATE	ZIP	REASON FOR LEAVING
CONTACT PERSON	PHONE NUMBER		
WERE YOU SUBJECT TO THE FMCSRS [†] WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO MAY WE CONTACT YOUR CURRENT CARRIER OR EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO			

*Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

†The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport 9 or more passengers, OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED) IF NONE, WRITE NONE

ACCIDENT DATE	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES	PREVENTABLE
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS). IF SPEEDING, INCLUDE MPH. IF NONE, WRITE NONE

CONVICTION DATE	CHARGE	LOCATION	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

EXPERIENCE AND QUALIFICATIONS – DRIVER

List all driver licenses or permits held in the past 3 years

DRIVER LICENSES	STATE	LICENSE NO.	TYPE	EXPIRATION DATE

- 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 disqualified to drive by Federal Regulations? YES NO
- D. Have you ever tested positive for Controlled Substances? YES NO
- E. Have you ever had an alcohol test with a Breath Alcohol Concentrate of 0.04 or greater? YES NO
- F. Have you ever refused a required test for drugs or alcohol? YES NO

IF THE ANSWER TO A, B, C, D, E OR F IS YES, GIVE DETAILS: _____

DRIVING EXPERIENCE CHECK YES OR NO

CLASS OF EQUIPMENT	CIRCLE TYPE OF EQUIPMENT	DATES		APPROX. NO. OF MILES (TOTAL)
		FROM (M/Y)	TO (M/Y)	
STRAIGHT TRUCK <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)			
TRACTOR AND SEMI-TRAILER <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)			
TRACTOR - TWO TRAILERS <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)			
TRACTOR - THREE TRAILERS <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)			
OTR OR LOCAL?	-			
TYPE OF MATERIAL HAULED?	-			
STATES OPERATED IN?				

EDUCATION / EXPERIENCE / QUALIFICATIONS

How did you obtain your CDL? _____

If you are a driving school graduate please list:

Name of School: _____

City: _____ State: _____ Dates Attended: _____

Are you interested in our Tuition Reimbursement Program? (Restrictions Apply) YES NO

List any special courses or training that will help you as a driver: _____

Which safe driving awards do you hold and from whom? _____

Circle highest grade completed: 1 2 3 4 5 6 7 8 High School: 1 2 3 4 College: 1 2 3 4

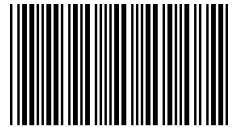
Have you ever served in the armed forces? YES NO If so, what branch? _____ When? _____

Discharge status: _____ Do you qualify for the GI Bill™? YES NO

TO BE READ AND SIGNED BY DRIVER

This certifies that this information was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

Signature: _____ Date: _____



Driving Record Release of Interest

Employers, prospective employers, volunteer organizations, or their agent can get driving records for an employee, prospective employee, or volunteer when authorized. Use this form to get their authorization.

- Complete the Company section.
- Give this form to your employee, prospective employee, or volunteer to complete their section.
- For audit purposes, keep this completed form in your files for at least five years. Do not mail it to the Department of Licensing.

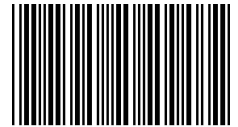
Sealed juvenile records. Information contained in a driving record related to a sealed juvenile record may not be used for any purpose unless required by federal law. The employee or prospective employee may furnish a copy of the court order sealing the juvenile record to the employer, prospective employer, or their agent.

Company – To be completed by the company or the agent of the company

PRINT or TYPE Company name Maverick Transportation, LLC.	
Agent company name (if applicable) HIRERIGHT	
Company/Agent company address 13301 Valentine Rd., North Little Rock, AR 72117	
Authorized representative name Brad Vaughn	Title Vice President of Recruiting
Answer the following	
1. Is this company an employer, prospective employer, or volunteer organization of the individual whose driving record is being requested? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
2. Is the record you are requesting necessary for employment purposes related to driving by the employee or prospective employee as a condition of employment or related to driving by the volunteer at the direction of the volunteer organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
3. Do you agree to use the information contained in the record exclusively for this purpose and not divulge it to a third party? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
4. Do you agree to hold harmless the Washington State Department of Licensing for all matters relating to the release of the requested driving record? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Certification <i>I certify under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.</i>	
Date and place signed	<input checked="" type="checkbox"/> Authorized representative signature

Employee, prospective employee, or volunteer – Complete this section and return the form to the company

PRINT or TYPE Full name (First, Middle, Last) of employee/prospective employee/volunteer	Date of birth (mm/dd/yyyy)	WA driver license number
Authorization from <input type="checkbox"/> Employee – for release of my driving record for employment purposes, at my employer’s discretion for the full term of my employment <input type="checkbox"/> Prospective employee – for release of my driving record for employment purposes, not to exceed 30 days from date signed <input type="checkbox"/> Volunteer – for release of my driving record for a position applied for that requires me driving at the direction of the volunteer organization		
Employer, prospective employer, or volunteer organization name		
Employer agent company name if acting on behalf of the company for employment purposes		
Authorization <i>I am an employee, prospective employee, or volunteer of the company named above and I request that a copy of my Washington State driving record be sent to them/their agent.</i>		
<input checked="" type="checkbox"/> _____ Signature		_____ Date



PETTR



STATE OF ARKANSAS
**Department of Finance
and Administration**

OFFICE OF DRIVER SERVICES
Arkansas Commercial Driver
Drug and Alcohol Testing Database
Ragland Building, Room 1130
Post Office Box 1272
Little Rock, Arkansas 72203 Phone: (501) 682-7207
Fax: (501) 682-2075
<http://www.arkansas.gov/drugtest>

RELEASE OF RECORD FOR ALCOHOL AND DRUG TESTS RESULTS

I, _____ do hereby authorize the Office
of Driver Services to release my record of alcohol and drug tests results to:

Maverick Transportation, LLC.

Company name

13301 Valentine Rd. North Little Rock, Arkansas 72117
Address City State Zip

Signature _____ Date _____

Date of Birth _____

Driver License Number _____

This Consent is only valid for pre-employment and employment purposes as required by Arkansas Code Annotated §27-23-207.



DRIVECAM® PRIVACY POLICY & CONSENT

Maverick Transportation, LLC uses a variety of safety and other technologies in our vehicles to enhance the safe operation of our tractors for our drivers and the motoring public, to provide quality service to our customers, and to meet Federal Regulations (ELDs). Safety, and privacy and security of information is very important to us, so we are providing you with this Privacy Policy & Consent.

This Privacy Policy & Consent is intended to comply with the Biometric Information Privacy Act (BIPA) and similar laws, and supplements any prior communications, policies and practices related to this subject. Maverick does not use any technologies that collect biometrics or that contain biometric technology or capabilities; it also does not collect or use biometric information for purposes of uniquely identifying an individual. But, in the unlikely event that a technology we use is construed as collecting or generating biometric identifiers or information, we are providing you with this Privacy Policy & Consent.

DRIVECAM®: INFORMATION COLLECTED, USED & DISCLOSED

One of the technologies we use in our vehicles is the DriveCam® device, provided by our vendor Lytx, to protect your safety, the safety and security of our workforce, and the safety of other drivers on the road. The purpose of the device is to identify risky behaviors that lead to accidents. The device is equipped with a camera that captures video footage that can be used for coaching, and, under certain conditions, provides real-time in-cab audible safety alerts. It does not collect biometric data such as identity-related features that are computed from an individual's facial geometry, retina, iris, fingerprint or voiceprint and has no facial recognition software or biometric technology.

Maverick uses the video footage collected by the device as part of performance evaluations, for internal training, or litigation support in an accident or other incident. We also permit Lytx to use the data to develop new functionality and improve its services.

Information collected by the DriveCam® device is shared with Lytx. Lytx has certain obligations to protect the privacy and security of Maverick information, including videos that include images of you. You can read more about Lytx's privacy practices generally at <https://www.lytx.com/en-us/privacy-policy>.

If there is an accident or incident requiring further investigation, the footage and relevant information may be reviewed by authorized personnel in Maverick's Safety and Operations Departments. DriveCam® information may also be disclosed as required by law, in response to pending or potential litigation, or in connection with a financial transaction requested or as authorized by you. It also may be disclosed to protect Maverick property, employees, or others, or to prevent death or imminent bodily harm.

Please note that Maverick will not sell, lease, or trade or otherwise profit from any of this information.

RETENTION & DESTRUCTION OF DATA

DriveCam® video footage downloaded and reviewed by Maverick will be securely stored and retained by Maverick for 90 days, unless needed for a purpose requiring longer retention (e.g., pending or potential litigation, job performance evaluation, or internal training). DriveCam® video footage stored by Lytx are securely maintained pursuant to their privacy and retention policies for one year.

SECURITY OF DATA

We will use a reasonable standard of care to store, transmit, and protect from disclosure or dissemination any paper or electronic information that is collected or generated.

QUESTIONS

Please direct any questions about this policy to our Policies Management Team at policies@maverickua.com.

Consent

By signing below, I acknowledge that I have read this Privacy Policy & Consent, understand it, and agree to the collection, use and disclose of my information as described in this Privacy Policy & Consent beginning on the first day I used the DriveCam® device.

Printed Name

Signature

Date



Rental Car Use Agreement

This Rental Car Use Agreement is made and entered into this ____ day of _____, _____, by and between Maverick Transportation, LLC (Maverick) and the Driver (Driver)

WHEREAS, Maverick has agreed to pay for a rental car for the Driver's use. The Driver's use shall be limited to the use stated in section 2 of this agreement. Violation of the use or any other provision of this agreement shall subject the Driver to the penalties listed in sections 4 and 5.

1. RENTAL TERM. The term of this Car Rental Agreement runs from the date and hour of vehicle pickup as indicated in the rental car agreement signed by the Driver from the Rental Car company until the return of the vehicle to the company. The estimated term shall be defined and communicated by Maverick transportation to the Driver. The Driver is prohibited for any reason for using the vehicle past the end date that has been established by Maverick.

2. SCOPE OF USE. Driver will use the Rented Vehicle only from the driver's location to Maverick's facility, and operate the Rented Vehicle only on properly maintained roads and parking lots. Any use of the vehicle outside the scope of from the Driver's location to Maverick's facility must have written approval of a Manager level employee or above of Maverick. If the driver uses the vehicle beyond the permitted use without approval, the Driver will be subject to the penalties of sections 4 and 5. Driver will comply with all applicable laws relating to holding of licensure to operate the vehicle, and pertaining to operation of motor vehicles. Driver will not sublease the Rental Vehicle or use it as a vehicle for hire. Driver will not allow any other person to drive the vehicle that are not approved by Maverick. The Driver also agrees that they are not allowed to make any upgrades or modifications to the car selected by Maverick. Driver agrees they will not keep the car beyond the term specified by Maverick.

3. MILEAGE. Mileage of the Rental Vehicle is mileage at the time of commencement of this Car Rental Agreement. Mileage on the vehicle will be limited by Maverick. Any mileage on the vehicle in excess of this limitation will be subject to an excess mileage surcharge by the rental company. Maverick reserves the right to pass on this surcharge to the Driver of the rental vehicle at Maverick's discretion.

4. INDEMNIFICATION. Driver agrees to indemnify, defend, and hold harmless Maverick for any loss, damage, or legal actions against Maverick as a result of Driver's operation or use of the Rented Vehicle and for damages to the vehicle while in Driver's possession. This indemnification includes any attorney fees necessarily incurred for these purposes. Driver will also indemnify and Maverick for any parking tickets, overages, late fees, moving violations, charges for vehicle upgrades or other citations received while in possession of the Rented Vehicle.

5. PENALTIES. As aforementioned, Driver will be liable for non-permissive use. Non-permissive use is use of the vehicle beyond the scope of what is defined in section 2 of this agreement. Violation of the use of the vehicle can lead to some of the following penalties; surcharges, fines, fees, termination of employment, and criminal prosecution in cases of vehicular theft. Driver will be required to reimburse Maverick for all fines, fees, and charges that Maverick pays to the rental company that are associated with the Driver's violation of any of the sections of this agreement, including damage to the vehicle while in the Driver's possession.

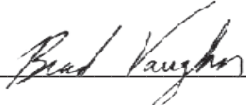
6. REPRESENTATIONS AND WARRANTIES. Driver represents and warrants that Driver is legally entitled to operate a motor vehicle under the laws of the jurisdiction that the Driver will have operate the vehicle in and will not operate it in violation of any laws, or in any negligent or illegal manner.

7. JURISDICTION AND VENUE. In the event of any dispute over this agreement, between Maverick and the Driver of the rental vehicle, it will be interpreted by the laws of the State of Arkansas and any lawsuit or arbitration must be brought in Pulaski County of the State of Arkansas. If any portion of this agreement is found to be unenforceable by a court of competent jurisdiction, the remainder of the agreement would still have full force and effect.

8. ENTIRE AGREEMENT. This Car Rental Agreement constitutes the entire agreement between the Parties with respect to this rental arrangement. No modification to this agreement can be made unless in writing signed by both Parties. Any notice required to be given to the other party will be made to the contact information below.

MAVERICK TRANSPORTATION, LLC

DRIVER

By: 

By: _____

Title: Vice President of Recruiting

Printed Name: _____

Date: _____

Date: _____



General Consent for Limited Queries of the Federal Motor Carrier Safety Administration (FMCSA) Drug and Alcohol Clearinghouse

I, _____ (Driver Name), hereby provide consent to Maverick Transportation, LLC. (or it's designated agents) 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. Maverick Transportation, LLC. may make limited queries as necessary, as it's sole discretion, during the term of my employment. This consent shall remain effective for the term of my employment with Maverick Transportation, LLC.

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

I further understand that if I refuse to provide consent for Maverick Transportation, LLC. to conduct a limited query of the Clearinghouse, Maverick Transportation, 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.

Signature

Date