

TERMINAL _____

FOR OFFICE USE ONLY

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INDEPENDENT CONTRACTOR QUALIFICATION

IMPORTANT: Your QUALIFICATION cannot be processed unless you list a telephone number and address for each reference listed on your application. If a company is out of business make an effort to list the name and telephone number of an individual that can be contacted for a personal reference.

A copy of your Driver's Record will be requested from the state in which your driver's license has been issued. If the violations and accidents listed on the QUALIFICATION do not agree with your Driver's Record it will be grounds for rejection / disqualification.

PLEASE PRINT PLAINLY AND COMPLETE ALL BLANKS

POSITION APPLIED FOR: INDEPENDENT CONTRACTOR DRIVER FOR INDEPENDENT CONTRACTOR

TRACTOR OWNER: _____

DATE: _____ 20____

NAME: _____ TELEPHONE: _____
Last Name First Name Middle Name Area Code Number

EMAIL: _____ CELL PHONE: _____
Area Code Number

DATE OF BIRTH: _____ SOCIAL SECURITY NUMBER: _____

PRESENT ADDRESS: _____ HOW LONG? _____
Street City State & Zip Code

ADDRESS FOR PAST THREE YEARS _____ HOW LONG? _____
Street City State & Zip Code

_____ HOW LONG? _____
Street City State & Zip Code

WHO REFERRED YOU? _____

IN CASE OF EMERGENCY, PLEASE NOTIFY? _____
Name Address Telephone

HAVE YOU WORKED OR CONTRACTED FOR THIS COMPANY BEFORE? _____ WHEN? _____

DO YOU HAVE HAZMAT ENDORSEMENT? YES _____ NO _____

HAVE YOU PREVIOUSLY APPLIED FOR EMPLOYMENT WITH THIS FIRM? _____ WHEN? _____

EDUCATION (List highest grade completed)

ELEMENTARY _____ HIGH SCHOOL _____ COLLEGE _____

DRIVING SCHOOL YES NO _____
School City State

GRADUATION DATE: _____ PHONE: _____

LIST ANY OTHER TRAINING OR SCHOOLS WITH GRADUATION DATES (Such as correspondence, Mechanical) _____

ACCIDENT RECORD FOR PAST 3 YEARS (If none, write none)

List all involvement with truck and car, including property damage - include preventable and non-preventable

DATE	TYPE VEHICLE	NATURE OF ACCIDENT (Head on, rear-end, upset, etc.)	Indicate Preventable or Non-Preventable	Fatalities	Injuries	Amount of Property Damage

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (If none, write none)

Truck and Car (other than parking violations)

DATE	LOCATION (STATE)	CHARGE	PENALTY

**EXPERIENCE AND QUALIFICATIONS - DRIVER
LIST ALL DRIVER LICENSES HELD IN THE PAST 3 YEARS**

STATE	COMMERCIAL DRIVER'S LICENSE NUMBER	ENDORSEMENTS	EXPIRATION DATE

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF TRAILER	DATES		APPROX. NO. OF MILES (Total)
		FROM	TO	
STRAIGHT TRUCK				
TRACTOR & VAN SEMI-TRAILER				
TRACTOR & FLATBED SEMI-TRAILER				
SPECIALIZED COMBINATIONS				

- Have you **EVER** been denied a license, permit or privilege to operate a motor vehicle?..... YES NO
- Has any license, permit, or privilege, **EVER** been suspended or revoked? YES NO
- Have you **EVER** been convicted of a felony, the commission of which involved the use of a motor vehicle ? YES NO
- Have you **EVER** been convicted of a crime involving the manufacturing, knowing transportation, knowing possession, sale, or habitual use of amphetamines, a narcotic drug, a formulation of an amphetamine, or a derivative of a narcotic drug? YES NO
- Have you **EVER** been convicted of operating a vehicle under the influence of alcohol, an amphetamine, a narcotic drug, a formulation of an amphetamine, or a derivative of a narcotic drug?..... YES NO
- Have you **EVER** been convicted of leaving the scene of an accident which resulted in personal injury or death? YES NO

IF THE ANSWER TO ANY OF THE ABOVE IS YES, STATE CIRCUMSTANCES AND DATE _____

EMPLOYMENT RECORD CONTINUED

SIXTH LAST EMPLOYER/CONTRACT: NAME: _____ SUPERVISOR _____

ADDRESS _____ TELEPHONE _____
Street City State & Zip Code

POSITION HELD _____ FROM _____ TO _____ RATE OF PAY _____
(Month, Year) (Month, Year)

REASON FOR LEAVING _____

TOTAL NUMBER OF ACCIDENTS _____ NUMBER OF PREVENTABLE ACCIDENTS _____

WERE YOU SUBJECT TO FMCSR WHILE WORKING FOR THIS EMPLOYER? YES _____ NO _____

WAS THIS JOB DESIGNATED AS A "SAFETY SENSITIVE FUNCTION" IN ANY DOT-REGULATED MODE SUBJECT TO ALCOHOL AND DRUG TESTING REQUIREMENTS AS REQUIRED BY 49 CFR PART 40? YES _____ NO _____

SEVENTH LAST EMPLOYER/CONTRACT: NAME: _____ SUPERVISOR _____

ADDRESS _____ TELEPHONE _____
Street City State & Zip Code

POSITION HELD _____ FROM _____ TO _____ RATE OF PAY _____
(Month, Year) (Month, Year)

REASON FOR LEAVING _____

TOTAL NUMBER OF ACCIDENTS _____ NUMBER OF PREVENTABLE ACCIDENTS _____

WERE YOU SUBJECT TO FMCSR WHILE WORKING FOR THIS EMPLOYER? YES _____ NO _____

WAS THIS JOB DESIGNATED AS A "SAFETY SENSITIVE FUNCTION" IN ANY DOT-REGULATED MODE SUBJECT TO ALCOHOL AND DRUG TESTING REQUIREMENTS AS REQUIRED BY 49 CFR PART 40? YES _____ NO _____

CONTRACTOR'S BASIC RESPONSIBILITIES

All contractors are expected to adhere to and comply with the terms of "Equipment Lease and Driver Agreement" as stated on form I/C-1

Statement of basic function:

To effectively and efficiently load, secure, protect, transport and deliver customer(s) product from origin to destination in a safe timely manner within federal, state and local laws while maintaining a customer conscious attitude at all times.

Required duties, abilities and functions:

1. Utilize proper and safe loading and unloading procedures and secure all loads according to company and DOT Safety Regulation standards
2. Physical ability to lift and manage tarps, chains, binders and other securement and protection equipment
3. Physical ability to safely climb equipment as required
4. Physical ability to drive for durations as prescribed by DOT Safety Regulations
5. Pick-up and deliver in a timely "on schedule" manner
6. Maintain daily communications with operations
7. Safe and proper use of all equipment assigned
8. Use proper reporting procedures in all situations
9. Abide by all DOT rules and regulations
10. Turn in all paperwork in an orderly and timely manner
11. Operate assigned vehicle(s) in a safe courteous manner
12. Report any and all accidents or cargo damage immediately
13. Report any and all citations within 24 hours
14. Insure that all maintenance schedules are met on time
15. Report all maintenance problems in a timely manner and document same
16. Conduct yourself in a professional courteous manner
17. Communicate all problems with Dispatch Personnel
18. Be knowledgeable and abide by company policy and procedures
19. Maintain in current status, CDL license and DOT physical
20. Insure that equipment leased is properly licensed and permitted
21. Maintain cleanliness and good personal hygiene at all times

CAN YOU PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB AS A PROFESSIONAL DRIVER? YES NO

IF "NO" YOU MAY WISH TO EXPLAIN, ALTHOUGH YOU ARE NOT LEGALLY REQUIRED TO DO SO. _____

GENERAL

HAVE YOU EVER BEEN KNOWN BY ANY OTHER NAME THAN THE ONE ON THIS QUALIFICATION? _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES NO IF YES, WHEN AND WHY? _____

CONVICTION WILL NOT NECESSARILY DISQUALIFY APPLICANT FROM EMPLOYMENT/CONTRACT.

IF YES, WILL THIS CONVICTION PROHIBIT YOU FROM OPERATING OUTSIDE THE CONTINENTAL UNITED STATES? YES NO

HAVE YOU EVER BEEN DISCHARGED OR SUSPENDED FOR ANY CAUSE FROM A JOB? _____ WHEN AND WHY? _____

EMPLOYMENT RECORD FOR PAST 10 YEARS

Begin with your present or most recent job and work backward in order, listing your employers/contracts for the last three years and all trucking employers/contracts for the last 10 years including all full or part-time employment. All time must be accounted for in the last three years, including military service, self-employment and periods of unemployment. Use supplementary sheet if necessary. Periods of unemployment must be explained.

CURRENT EMPLOYER/CONTRACT: NAME: _____ SUPERVISOR _____

MAY WE CALL YOUR CURRENT EMPLOYER TO VERIFY EMPLOYMENT? YES _____ NO _____

ADDRESS _____ TELEPHONE _____
Street City State & Zip Code

POSITION HELD _____ FROM _____ TO _____ RATE OF PAY _____
(Month, Year) (Month, Year)

REASON YOU WANT TO LEAVE _____

TOTAL NUMBER OF ACCIDENTS _____ NUMBER OF PREVENTABLE ACCIDENTS _____

WERE YOU SUBJECT TO FMCSR WHILE WORKING FOR THIS EMPLOYER? YES _____ NO _____

WAS THIS JOB DESIGNATED AS A "SAFETY SENSITIVE FUNCTION" IN ANY DOT-REGULATED MODE SUBJECT TO ALCOHOL AND DRUG TESTING REQUIREMENTS AS REQUIRED BY 49 CFR PART 40? YES _____ NO _____

SECOND EMPLOYER/CONTRACT: NAME: _____ SUPERVISOR _____

ADDRESS _____ TELEPHONE _____
Street City State & Zip Code

POSITION HELD _____ FROM _____ TO _____ RATE OF PAY _____
(Month, Year) (Month, Year)

REASON FOR LEAVING _____

TOTAL NUMBER OF ACCIDENTS _____ NUMBER OF PREVENTABLE ACCIDENTS _____

WERE YOU SUBJECT TO FMCSR WHILE WORKING FOR THIS EMPLOYER? YES _____ NO _____

WAS THIS JOB DESIGNATED AS A "SAFETY SENSITIVE FUNCTION" IN ANY DOT-REGULATED MODE SUBJECT TO ALCOHOL AND DRUG TESTING REQUIREMENTS AS REQUIRED BY 49 CFR PART 40? YES _____ NO _____

THIRD EMPLOYER/CONTRACT: NAME: _____ SUPERVISOR _____

ADDRESS _____ TELEPHONE _____
Street City State & Zip Code

POSITION HELD _____ FROM _____ TO _____ RATE OF PAY _____
(Month, Year) (Month, Year)

REASON FOR LEAVING _____

TOTAL NUMBER OF ACCIDENTS _____ NUMBER OF PREVENTABLE ACCIDENTS _____

WERE YOU SUBJECT TO FMCSR WHILE WORKING FOR THIS EMPLOYER? YES _____ NO _____

WAS THIS JOB DESIGNATED AS A "SAFETY SENSITIVE FUNCTION" IN ANY DOT-REGULATED MODE SUBJECT TO ALCOHOL AND DRUG TESTING REQUIREMENTS AS REQUIRED BY 49 CFR PART 40? YES _____ NO _____

FOURTH EMPLOYER/CONTRACT: NAME: _____ SUPERVISOR _____

ADDRESS _____ TELEPHONE _____
Street City State & Zip Code

POSITION HELD _____ FROM _____ TO _____ RATE OF PAY _____
(Month, Year) (Month, Year)

REASON FOR LEAVING _____

TOTAL NUMBER OF ACCIDENTS _____ NUMBER OF PREVENTABLE ACCIDENTS _____

WERE YOU SUBJECT TO FMCSR WHILE WORKING FOR THIS EMPLOYER? YES _____ NO _____

WAS THIS JOB DESIGNATED AS A "SAFETY SENSITIVE FUNCTION" IN ANY DOT-REGULATED MODE SUBJECT TO ALCOHOL AND DRUG TESTING REQUIREMENTS AS REQUIRED BY 49 CFR PART 40? YES _____ NO _____

FIFTH EMPLOYER/CONTRACT: NAME: _____ SUPERVISOR _____

ADDRESS _____ TELEPHONE _____
Street City State & Zip Code

POSITION HELD _____ FROM _____ TO _____ RATE OF PAY _____
(Month, Year) (Month, Year)

REASON FOR LEAVING _____

TOTAL NUMBER OF ACCIDENTS _____ NUMBER OF PREVENTABLE ACCIDENTS _____

WERE YOU SUBJECT TO FMCSR WHILE WORKING FOR THIS EMPLOYER? YES _____ NO _____

WAS THIS JOB DESIGNATED AS A "SAFETY SENSITIVE FUNCTION" IN ANY DOT-REGULATED MODE SUBJECT TO ALCOHOL AND DRUG TESTING REQUIREMENTS AS REQUIRED BY 49 CFR PART 40? YES _____ NO _____

DRIVER QUALIFICATION QUESTIONNAIRE

PLEASE ANSWER THE FOLLOWING QUESTIONS BY PLACING AN "X" ON THE APPROPRIATE BLANK.
PLEASE SIGN YOUR NAME WHERE INDICATED AT THE BOTTOM OF THIS PAGE.

- | | YES | NO |
|---|-------|-------|
| 1. DO YOU HAVE 1 YEAR OVER-THE-ROAD VAN EXPERIENCE? | _____ | _____ |
| 2. DO YOU HAVE 1 YEAR OVER-THE-ROAD FLATBED STEEL HAULING EXPERIENCE? (COILS, BARS, SHEETS, ETC.) | _____ | _____ |

"PAST EMPLOYMENT/CONTRACTS MUST BE VERIFIABLE"

- | | | |
|--|-------|-------|
| 3. DO YOU HAVE A "DUI" ON YOUR DRIVING RECORD?
(DRIVING UNDER THE INFLUENCE OF ALCOHOL OR DRUGS) | _____ | _____ |
| 4. DO YOU HAVE A <u>RECKLESS OPERATION</u> ON YOUR DRIVING RECORD? | _____ | _____ |
| 5. DO YOU HAVE SIX (6) OR MORE <u>ACTIVE</u> POINTS ON YOUR DRIVING RECORD? | _____ | _____ |
| 6. HAVE YOU BEEN INVOLVED IN ANY <u>AT FAULT</u> (Your Fault) ACCIDENTS IN THE PAST THREE (3) YEARS? | _____ | _____ |
| 7. HAVE YOU HAD ANY <u>CARGO CLAIMS</u> IN THE LAST THREE (3) YEARS? | _____ | _____ |
| 8. CAN WE CONTACT YOUR PRESENT EMPLOYER? | _____ | _____ |

CHECK BELOW STATES IN WHICH YOU HAVE OPERATED A COMMERCIAL VEHICLE FOR THE LAST TEN YEARS:

- | | | | |
|---|---|---|---|
| EAST
<input type="checkbox"/> CONNECTICUT
<input type="checkbox"/> DELAWARE
<input type="checkbox"/> MAINE
<input type="checkbox"/> MARYLAND
<input type="checkbox"/> MASSACHUSETTS
<input type="checkbox"/> NEW HAMPSHIRE
<input type="checkbox"/> NEW JERSEY
<input type="checkbox"/> NEW YORK
<input type="checkbox"/> PENNSYLVANIA
<input type="checkbox"/> RHODE ISLAND
<input type="checkbox"/> VERMONT | MIDWEST
<input type="checkbox"/> ILLINOIS
<input type="checkbox"/> INDIANA
<input type="checkbox"/> IOWA
<input type="checkbox"/> KANSAS
<input type="checkbox"/> MICHIGAN
<input type="checkbox"/> MINNESOTA
<input type="checkbox"/> MISSOURI
<input type="checkbox"/> NEBRASKA
<input type="checkbox"/> NORTH DAKOTA
<input type="checkbox"/> OHIO
<input type="checkbox"/> SOUTH DAKOTA
<input type="checkbox"/> WISCONSIN | WEST
<input type="checkbox"/> ARIZONA
<input type="checkbox"/> CALIFORNIA
<input type="checkbox"/> COLORADO
<input type="checkbox"/> IDAHO
<input type="checkbox"/> MONTANA
<input type="checkbox"/> NEVADA
<input type="checkbox"/> NEW MEXICO
<input type="checkbox"/> OKLAHOMA
<input type="checkbox"/> OREGON
<input type="checkbox"/> TEXAS
<input type="checkbox"/> UTAH
<input type="checkbox"/> WASHINGTON
<input type="checkbox"/> WYOMING | SOUTH
<input type="checkbox"/> ALABAMA
<input type="checkbox"/> ARKANSAS
<input type="checkbox"/> FLORIDA
<input type="checkbox"/> GEORGIA
<input type="checkbox"/> KENTUCKY
<input type="checkbox"/> LOUISIANA
<input type="checkbox"/> MISSISSIPPI
<input type="checkbox"/> NORTH CAROLINA
<input type="checkbox"/> SOUTH CAROLINA
<input type="checkbox"/> TENNESSEE
<input type="checkbox"/> VIRGINIA
<input type="checkbox"/> WEST VIRGINIA |
|---|---|---|---|
-
-

**APPLICANTS AUTHORIZATION
TO OBTAIN PAST DRUG AND ALCOHOL TEST RESULTS**

I, _____, understand that as a condition of hire I must give the Company written authorization to obtain the results of all DOT-required drug and/or alcohol tests (including any refusals to be tested) from all the companies for which I worked as a driver, and/or contractor, or for which I took a pre-employment drug and/or alcohol test, during the past three (3) years. I have also been advised and understand that my signing of this authorization does not guarantee me a job or guarantee that I will be offered a contract with the Company.

Below I have listed all of the companies for which I worked/contracted to as a driver, or to which I applied as a driver/contractor during the past three (3) years, I hereby authorize the Company to obtain from those companies, and I hereby authorize those companies to furnish to Company, the following information concerning my drug and alcohol tests: (i) all positive drug test results during the past three (3) years: (ii) all alcohol test result of 0.04 or greater during the past three (3) years: (iii) all alcohol test results of 0.02 or greater but less than 0.04 during the past three (3) years: (iv) all instances in which I refused, to submit to a DOT-required drug and/or alcohol test during the past three (3) years.

The following is a list of all of the companies for which I worked/contracted to as a driver, or, to which I applied for work as a driver/contractor, during the past three (3) years:

Company Name	Dates worked for/applied to
_____	_____
_____	_____
_____	_____

APPLICATION CERTIFICATION:

I have carefully read and fully understand this authorization to release my past drug and alcohol test results. In signing below, I certify that all of the information which I have furnished on this form is true and complete, and that I have identified all of the companies for which I have either worked, or applied for work, as a driver during the past three (3) years.

Signature of applicant	Print name	Date
_____	_____	_____

TO BE READ AND SIGNED BY APPLICANT: *Please use supplementary sheet for any additional comments and information*

Under the due process rights, the applicant has the right to review information provided by previous employers; the right to have errors in information corrected by the previous employer, and for that previous employer to re-send the corrected information to the prospective employers; and the right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the applicant cannot agree on the accuracy of information.

It is understood that the information in this QUALIFICATION will be used and that prior employers/contractors will be contacted for the purposes of investigation as required by 391.23 of the Motor Carrier Safety Regulations, which includes all standards set forth by the Fair Credit Reporting Act.

It is agreed and understood that the employer of his agents may investigate the applicant's background to ascertain any and all information of concern to applicant's record, whether same is of record or not, and applicant releases employers and persons named herein from all liability for any damages on account of his furnishing such information.

Driver understands that nothing contained in this information sheet or in the granting of an interview is intended to create an employment relationship between Company and driver.

The applicant agrees to furnish such additional information and complete such examinations as maybe required to complete his employment file.

It is agreed and understood that this QUALIFICATION for contract in no way obligates the Company to approve for contract.

It is understood that the applicant, by presenting the QUALIFICATION for contract represents that the statements given by the applicant to the information requested in this QUALIFICATION are true, correct, and complete, and that any false, misleading or incomplete statement of the information requested in the application shall be sufficient grounds for termination of any and all contractual agreements, regardless of the time lapse.

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

It is understood that all applicants will be required to pass a DOT physical and any and all drug and alcohol tests.

Driver hereby represents and promises that the answers provided to all questions in this information are true and correct. It is agreed and understood that any misrepresentations of any information, and/or any false statement herein submitted shall constitute an act of dishonesty which shall constitute sufficient grounds for rejection or termination of the lease/certification, without regard to time lapsed before discovery of such act of dishonesty.

Date _____ Applicant's Signature _____