



INDEPENDENT CONTRACTOR APPLICATION
(AN EQUAL OPPORTUNITY EMPLOYER)

POSITION(S) APPLYING FOR (circle those that apply): Owner Operator - Driver for Owner Operator - Lease Purchase

TODAY'S DATE: _____

NAME _____ SOCIAL SECURITY NO. _____

ADDRESS _____
STREET CITY STATE ZIP CODE

HOME PHONE NO. _____ CELLULAR PHONE NO. _____

DATE OF BIRTH (required for commercial driver) ____/____/____ DOT Physical expiration Date: _____

Do you have the legal right to work in the United States? _____ Can you provide proof of age? _____

PREVIOUS ADDRESS FOR PAST 3 YEARS

ADDRESS _____

ADDRESS _____

1. EDUCATION

Level	Name of School	Year Graduated	Diploma Y/N
High School			
Trade School			
College/Other			

2. U.S. MILITARY SERVICE: Have you had any U.S. Military Service: _____ (If yes, please provide the following information)

Branch of Service	Last Rank Held	Dates of Service (From – To)

3. EXPERIENCE AND QUALIFICATIONS

A. DRIVER LICENSE INFORMATION

STATE	LICENSE NO.	TYPE	EXPIRATION DATE

HAVE YOU HAD ANY DRIVERS LICENSE OR PERMIT DENIED? NO YES
 HAVE YOU HAD ANY DRIVERS LICENSE OR PERMIT SUSPENDED? NO YES
 HAVE YOU HAD ANY DRIVERS LICENSE OR PERMIT REVOCATIONS? NO YES
 HAVE YOU EVER BEEN CONVICTED OF FELONY? NO YES

If yes, please explain _____

B. DRIVING EXPERIENCE

CLASS	TYPE EQUIPMENT (VAN, TANK, FLAT)	DATE FROM	DATE TO	APPROXIMATE NO. OF MILES (TOTAL)
TRACTOR & SEMI-TRAILER				
TRACTOR & TWO TRAILERS				

C. ACCIDENT RECORD FOR THE PAST 3 YEARS (ATTACH SHEET IF MORE SPACE IS NEEDED)

DATES	NATURE OF ACCIDENT	FATALITIES	INJURIES

D. TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING)

LOCATION	DATE	CHARGE	PENALTY

E. EMPLOYMENT HISTORY (COMMERCIAL DRIVERS *MUST* PROVIDE 10 YEARS OF EMPLOYMENT HISTORY, USE ADDITIONAL EMPLOYMENT SHEET IF NECESSARY)

Employer Name & Address: _____

Phone No: _____ Employed From _____ to _____

Position Held _____ Reason for Leaving: _____

Were you subject to the FEDERAL MOTOR CARRIER SAFETY REGULATIONS? Yes No

Was this position designated as a "Safety Sensitive Function" in any DOT regulated mode and subject to drug and alcohol testing: Yes No

(EMPLOYMENT HISTORY CONTINUED)

Employer Name & Address: _____

Phone No: _____ Employed From _____ to _____

Position Held _____ Reason for Leaving: _____

Were you subject to the FEDERAL MOTOR CARRIER SAFETY REGULATIONS? Yes No

Was this position designated as a "Safety Sensitive Function" in any DOT regulated mode and subject to drug and alcohol testing: Yes No

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1. REFERENCES: Give the name of three persons not related to you, whom you have known at least one year:

NAME	ADDRESS & PHONE NUMBER	BUSINESS	YEARS KNOWN

List states operated in for the last five years:

List special courses/training completed:

List any Safe Driving Awards you hold and from whom:

Do you possess the necessary documentation to operate a commercial motor vehicle in Canada?
(Here are some examples that would prohibit your legal entry into Canada: DWI, Theft, assault, Felony)
(Please circle those that apply) Yes No Not Sure

If No, why? _____

TO BE READ AND SIGNED BY APPLICANT

I UNDERSTAND THAT ANY FALSE INFORMATION, OMISSIONS OR MISREPRESENTATIONS OF FACTS CALLED FOR IN THIS APPLICATION MAY RESULT IN REJECTION OF MY APPLICATION OR DISCHARGE AT ANY TIME DURING MY EMPLOYMENT.

I AUTHORIZE AUTUMN TRANSPORT INC.. AND/OR ITS AGENT TO VERIFY ANY OF THIS INFORMATION CONTAINED IN THIS APPLICATION AND INVESTIGATE MY SAFETY PERFORMANCE HISTORY FOR THE PAST THREE YEARS AS REQUIRED BY §391.23. I ACKNOWLEDGE THAT A EMPLOYMENT TRANSPORTATION REPORT, CRIMINAL BACKGROUND INVESTIGATION, CONSUMER CREDIT REPORT, DRIVING RECORD, PSP REPORT BY THE FEDERAL MOTOR CARRIER ADMINISTRATION, CSA2010 SCORE, and a CDL CHECK WILL BE OBTAINED FROM USIS SERVICES a 3RD PARTY REPORTING AGENCY. OTHER 3RD PARTY INQUIRIES MAY ALSO BE NECESSARY TO ESTABLISH QUALIABILITY. I UNDERSTAND THAT I HAVE THE RIGHT TO REVIEW THE PROVIDED PREVIOUS EMPLOYMENT INVESTIGATION INFORMATION AS PER 49 CFR 391.23, FMCSA NOTIFICATION OF DRIVER RIGHTS WITHIN 30 DAYS OF APPLYING OR BEING DENIED EMPLOYMENT BY WRITTEN REQUEST AND THE RIGHT TO HAVE ERRORS IN THE INFORMATION CORRECTED BY THE PREVIOUS EMPLOYER (S) AND HAVE THEM RE-SEND THE CORRECTED INFORMATION TO AUTUMN TRANSPORT, INC. I FURTHER UNDERSTAND THAT I HAVE THE RIGHT TO HAVE A REBUTTAL STATEMENT ATTACHED TO ANY ALLEGED ERRONEOUS INFORMATION.

I UNDERSTAND THAT DRUG AND ALCOHOL TESTING IS A REQUIREMENT OF EMPLOYMENT AND WILL NOT BE LIMITED TO PRE-EMPLOYMENT, RANDOM AND FOR CAUSE TESTING AND THAT DRUG AND ALCOHOL TESTING INFORMATION WILL BE OBTAINED FROM PAST EMPLOYERS AS REQUIRED BY §382.405 & §382.413. I RELEASE PREVIOUS EMPLOYERS FROM ALL LIABILITY WHICH MAY RESULT FROM FURNISHING SUCH REQUESTED INFORMATION AND ACKNOWLEDGE THAT ANY POSITIVE DRUG OR ALCOHOL TEST WILL DISQUALIFY ME FROM CONTRACT.

IT IS AGREED AND UNDERSTOOD THAT IF QUALIFIED TO OPERATE UNDER AUTUMN TRANSPORT, INC. AUTHORITY, I MAY BE ON A PROBATIONARY PERIOD, DURING WHICH TIME I MAY BE DISQUALIFIED WITHOUT RECOURSE.

THIS CERTIFIES THAT THIS APPLICATION WAS COMPLETED BY ME, AND THAT ALL THE ENTRIES ON IT AND INFORMATION IN IT ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

APPLICANT'S SIGNATURE

DATE

IN CASE IF EMERGENCY, CONTACT:

NAME

NAME

() _____
PHONE NUMBER

() _____
PHONE NUMBER

ADDITIONAL EMPLOYMENT HISTORY IF NEEDED:

Employer Name & Address: _____

Phone No: _____ Employed From _____ to _____

Position Held: _____ Reason for Leaving: _____

Were you subject to the FEDERAL MOTOR CARRIER SAFETY REGULATIONS? Yes No

Was this position designated as a "Safety Sensitive Function" in any DOT regulated mode and subject to drug and alcohol testing: Yes No

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Was this position designated as a "Safety Sensitive Function" in any DOT regulated mode and subject to drug and alcohol testing: Yes No



IMPORTANT NOTICE TO DRIVERS
REGARDING BACKGROUND REPORTS

In connection with your application for employment, in person, via fax, via e-mail, via on-line and during employment, should you be offered a position, Autumn Transport Inc. (Prospective Employer/lease operator contract) may obtain one or more reports regarding your employment, dot drug and alcohol testing, credit, driving, and/or criminal background history from a consumer reporting agency and/or other sources, such as your P.S.P. score, DAC/HireRight, TLT Research Inc. If Autumn Transport Inc. uses any information it obtains from a background report by a consumer reporting agency in a decision to not hire you or to make any other adverse employment decision regarding you, Autumn Transport Inc. will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the federal Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon information contained in a background report received from a consumer reporting agency, the Autumn Transport Inc. will notify you that the action has been taken and that the action was based in part or in whole on the background report and will inform you about how to get in touch with the consumer reporting agency.

Autumn Transport Inc. cannot obtain background reports from consumer reporting agencies or other sources regarding you unless you consent in writing. If you agree that the Autumn Transport Inc. may obtain such background reports, please read the following and sign below.

CONSENT TO PROCUREMENT OF
BACKGROUND REPORTS

I authorize Autumn Transport Inc. to obtain, to the extent permitted by law, one or more background reports regarding my employment, credit, driving, d.o.t. drug and alcohol test, and/or criminal background history from a consumer reporting agency and other sources.

I authorize Autumn Transport Inc. to contact any organization or individual that I have listed on my employment application or resume or mentioned in job interviews and obtain from them any relevant information about my job qualifications, including my education, experience, skills, performance, credentials, characteristics, attitude, abilities, and involvement in specific events. I understand that I am consenting to the release of any information about my job qualifications held or known by my former employers, supervisors, and co-workers. In addition, I consent to the release of any information about my job qualifications held or known by other organizations or individuals, including schools and educational institutions, professional or business associates, and friends and acquaintances, that Autumn Transport Inc. might contact in the course of conducting a reference check or background investigation of my suitability for employment.

Further, I authorize the request for information from various federal and state agencies that maintain records concerning my past activities relating to my driving, criminal and civil experiences. I understand that I am consenting to the release of safety performance information including crash data and inspection history, and acknowledge that release of this information is relevant to my suitability for employment with Autumn Transport Inc.

In exchange for Prospective Employer's consideration of my employment application, I agree not to file or pursue any complaints, claims, or legal actions of any kind against any organization or individual that responds to requests from Autumn Transport Inc. or its agents for information about me. I also agree not to file or pursue any complaints, claims, or legal actions against Autumn Transport Inc. or any of its employees, representatives, or agents arising out of their efforts to obtain work-related information about me.

I have read the above Important Notice to Drivers Regarding Background Reports and Consent To Procurement Of Background Reports. I hereby authorize Autumn Transport Inc. and its employees, agents, and affiliates to obtain the reports and information on my job qualification, dot drug and alcohol test, credit, driving, and/or criminal background history, work history authorized above.

Date: _____

Please Print Name

SS#

Signature

6550 Courtly Rd • Woodbury, MN 55125
651-738-6998 • fax (651) 738-8257



TRUCKING INDUSTRY:
DOT D/A Disclosure and Authorization

Send to Fax# (800) 257-8069

HireRight Customer:	
Company Name:	<u>AUTUMN TRANSPORT, INC</u>
Company Contact Name:	_____
Fax #:	(____) _____ - _____
HireRight Account Code:	<u>AUTUMNT</u>

PART I – DISCLOSURE AND AUTHORIZATION FOR RELEASE OF INFORMATION FOR EMPLOYMENT PURPOSES – 49 CFR PART 391.23, DOT DRUG AND ALCOHOL TESTING

In accordance with DOT Regulation 49 CFR Part 391.23, I hereby authorize release of my DOT-regulated drug and alcohol testing records by the DOT-regulated employer(s) listed below to HireRight for the purpose of HireRight transmitting such records to the HireRight customer listed above. I understand that information/documents released pursuant to this Part I is limited to the following DOT-regulated testing items, including pre-employment testing results, occurring during the previous **three (3) years**: (i) alcohol tests with a result of 0.04 or higher; (ii) verified positive drug tests; (iii) refusals to be tested (including adulterated and/or substituted tests); (iv) other violations of DOT drug and alcohol testing regulations (i.e., violations of 49 CFR 382 Subpart B); (v) information obtained from previous employers of a drug and alcohol rule violation; and (vi) any documentation of completion of the return-to-duty process following a rule violation.

If any company listed below furnishes HireRight with information concerning items (i) through (vi) above, I also authorize such company to furnish the following information to HireRight, if applicable: (i) dates of my negative drug and/or alcohol tests and/or tests with results below 0.04 during the previous **three (3) years**; and (ii) the name and phone number of any substance abuse professional who evaluated me during the previous **three (3) years**.

List all DOT-regulated employers you have applied with and/or worked for in a safety-sensitive function during the previous **three (3) years**. If necessary, attach additional pages, including the date, your name, social security number and signature.

Previous DOT-Regulated Employer	City	State	Phone Number
_____	_____	_____	(____) _____ - _____
_____	_____	_____	(____) _____ - _____
_____	_____	_____	(____) _____ - _____
_____	_____	_____	(____) _____ - _____
_____	_____	_____	(____) _____ - _____
_____	_____	_____	(____) _____ - _____

By signing below, I certify that: (i) all information provided herein is complete and accurate; (ii) I have read and fully understand this Part I disclosure and authorization for release as well as the attached FMCSA Notification of Driver Rights and any applicable state law notices; (iii) prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction; (iv) I execute this authorization voluntarily and with the knowledge that the information obtained pursuant to this authorization could affect my eligibility for employment, promotion, retention or other lawful purpose; (v) I understand I may review this document with legal counsel prior to signing; and (vi) facsimile or photographic copies of this authorization are as valid as an original.

Print Applicant Name: _____ Social Security #: _____

Applicant Signature: _____ Date: _____

MANDATORY USE FOR ALL MONTHLY ACCOUNT HOLDERS

IMPORTANT NOTICE

REGARDING BACKGROUND REPORTS FROM THE PSP Online Service

1. In connection with your application for employment with Autumn Transport Inc. ("Prospective Employer"), it 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.

The Prospective Employer cannot obtain background reports from FMCSA unless you consent in writing.

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

2. I authorize Autumn ("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 consenting to 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.

3. 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 am challenging 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.

4. Please note: 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 FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

I have read the above Notice Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this consent form, 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 NICT on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain a driver's written or electronic consent prior to accessing the driver's PSP report. Further, account holders are required by FMCSA to use the language provided in paragraphs 1-4 of this document to obtain a prospective driver's consent. The language must be used in whole, exactly as provided. The language may be included with other consent forms or language at the discretion of the account holder, provided the four paragraphs remain intact and the language is unchanged.