



50A Fieldstone Village Drive
Rock Spring, GA 30739

Ph: 706 924 2656
Fx: 706 924 2667
drive4thebest@nortontransport.com
TRANS FLO CODE: NORT

Attention Applicant:

It is our pleasure to help you join the fastest growing drive-away company in the US. Below are the requirements to be on the Norton Transport Team. We offer sub-contractor flexibility along with no forced dispatch. NON COL drivers will be considered based on their location, provided all requirements are met. It is mandatory for each driver to attend orientation after completing the requirements of the offered position. If you have questions regarding contract driving or the attached application, don't hesitate to contact us. We would be happy to assist you.

To be considered before completing application:

- Must be at least 23 years of age
- Must be able to legally work in the US
- Minimum 2 years recent verifiable driving experience
- Valid Driver license
- Working cell phone (prefer a smart phone)
- Be able or willing to learn to drive a manual shift
- Must transport 3 units a month to stay on active roster
- Must submit logs using Electronic Logs application

Every applicant must submit to be approved

- Complete application with 10 years of employment history, job title and dates
 - *If no accidents please enter "NONE"
 - *Every block must be checked
 - *Every blank filled in
 - *Every document signed
- Must provide a legible copy Driver License
- Must provide a legible copy of Social security card
- Must provide a legible copy of DOT physical card along with long form

Upon approval of the safety team, driver must complete a preplacement drug screen. This drug screen is paid by the prospective driver. Norton Transport does not pay for preplacement drug screens. After receipt of a negative drug screen orientation will be scheduled.

Tow car requirements	
<input type="checkbox"/> Vehicle registration	<input type="checkbox"/> Proof of Insurance
<input type="checkbox"/> Weight ticket	
Note: Most tow commercial equipment is rated at 5,000 lb. Maximum.	

Who referred you?

APPLICATION FOR CONTRACT DRIVER

Date _____	Email _____	Phone number _____
PRINT CLEARLY		<i>Do you have a smart phone? Yes <input type="checkbox"/> No <input type="checkbox"/></i>

Name _____	Date of Birth _____	SS# _____
Address _____		City _____ State _____ ZIP _____
Length of residence _____	Alternate phone number _____	
<small>(If length of residence is less than 3 years, list all previous addresses for past 3 years on a separate sheet.)</small>		
In case of emergency, notify _____		
Name	Address	
City _____	State _____	ZIP _____ Cell Phone _____ Home Phone _____

HISTORY OF EMPLOYMENT

All applicants who operate in interstate commerce must provide the following information on all current and previous employers for the past 10 years. Any gaps greater than 30 days must have documentation showing proof. If retired or unemployed you must show or have a professional letter of recommendation on letterhead. If self-employed you must provide a copy of your 1099 or profit/loss statement from your tax form.

EMPLOYER	Date: (include, month & year)
Name _____	From: _____ To: _____
Address _____	Position: _____
City _____ State: _____ Zip Code: _____	Reason for leaving - enter below
Contact: _____ Phone: _____	
Were you subject to the FMCSRs while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Was your job designated as a safety-sensitive function subject to the drug alcohol testing requirements 49CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Wage: _____ Week: <input type="radio"/> Month: <input type="radio"/> Year: <input type="radio"/>	

EMPLOYER	Date: (include, month & year)
Name _____	From: _____ To: _____
Address _____	Position: _____
City _____ State: _____ Zip Code: _____	Reason for leaving - enter below
Contact: _____ Phone: _____	
Were you subject to the FMCSRs while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Was your job designated as a safety-sensitive function subject to the drug alcohol testing requirements 49CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Wage: _____ Week: <input type="radio"/> Month: <input type="radio"/> Year: <input type="radio"/>	

EMPLOYER	Date: (include, month & year)
Name _____	From: _____ To: _____
Address _____	Position: _____
City _____ State: _____ Zip Code: _____	Reason for leaving - enter below
Contact: _____ Phone: _____	
Were you subject to the FMCSRs while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Was your job designated as a safety-sensitive function subject to the drug alcohol testing requirements 49CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Wage: _____ Week: <input type="radio"/> Month: <input type="radio"/> Year: <input type="radio"/>	

HISTORY OF EMPLOYMENT - (Continued)

EMPLOYER		Date: (include, month & year)	
Name		From:	To:
Address		Position:	
City	State: Zip Code:	Reason for leaving - enter below:	
Contact:	Phone:		
Were you subject to the FMCSRs while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Was your job designated as a safety-sensitive function subject to the drug alcohol testing requirements 49CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No			
		Wage:	Week: <input type="radio"/> Month: <input type="radio"/> Year: <input type="radio"/>

EMPLOYER		Date: (include, month & year)	
Name		From:	To:
Address		Position:	
City	State: Zip Code:	Reason for leaving - enter below:	
Contact:	Phone:		
Were you subject to the FMCSRs while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Was your job designated as a safety-sensitive function subject to the drug alcohol testing requirements 49CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No			
		Wage:	Week: <input type="radio"/> Month: <input type="radio"/> Year: <input type="radio"/>

EMPLOYER		Date: (include, month & year)	
Name		From:	To:
Address		Position:	
City	State: Zip Code:	Reason for leaving - enter below:	
Contact:	Phone:		
Were you subject to the FMCSRs while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Was your job designated as a safety-sensitive function subject to the drug alcohol testing requirements 49CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No			
		Wage:	Week: <input type="radio"/> Month: <input type="radio"/> Year: <input type="radio"/>

EMPLOYER		Date: (include, month & year)	
Name		From:	To:
Address		Position:	
City	State: Zip Code:	Reason for leaving - enter below:	
Contact:	Phone:		
Were you subject to the FMCSRs while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Was your job designated as a safety-sensitive function subject to the drug alcohol testing requirements 49CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No			
		Wage:	Week: <input type="radio"/> Month: <input type="radio"/> Year: <input type="radio"/>

EMPLOYER		Date: (include, month & year)	
Name		From:	To:
Address		Position:	
City	State: Zip Code:	Reason for leaving - enter below:	
Contact:	Phone:		
Were you subject to the FMCSRs while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Was your job designated as a safety-sensitive function subject to the drug alcohol testing requirements 49CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No			
		Wage:	Week: <input type="radio"/> Month: <input type="radio"/> Year: <input type="radio"/>

HISTORY OF EMPLOYMENT - (Continued)

EMPLOYER		Date: (include, month & year)	
Name _____		From: _____	To: _____
Address _____		Position: _____	
City _____	State: _____	Zip Code: _____	
Contact: _____		Reason for leaving - enter below	
Phone: _____			
Were you subject to the FMCSRs while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Was your job designated as a safety-sensitive function subject to the drug alcohol testing requirements 49CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No			
		Wage: _____	Week: <input type="radio"/> Month: <input type="radio"/> Year: <input type="radio"/>

EXPERIENCE

TYPE OF EQUIPMENT	NUMBER OF YEARS	APPROX. MILES
Straight Truck _____		
Tractor- Trailer _____		
Bus _____		
Motor Home _____		
Other _____		

TRAFFIC VIOLATION CONVICTIONS

DOT Regulations require commercial motor operators to report convictions of state violations to their state and to the company he is working as a contract driver. List all traffic violations, convictions, other than parking, within the past three years.

DATE	VIOLATION	TOWN & STATE	TYPE OF VIOLATION AND NOTES

ACCIDENTS

List all motor vehicle accidents, chargeable or non-chargeable, in which you were involved within the past three years.

DATE	CHARGE	TOWN & STATE	TYPE OF ACCIDENT	PERSONAL INJURIES	FATALITIES

LICENSE INFORMATION, REVOCATION, SUSPENSION, CANCELLATION

Your driver's license must be issued from the state of your permanent address of residence.

Driver license number _____ Expiration date: ____/____/____ State _____ Issue Date: ____/____/____

Class/Type: _____ (DSL, B-PS, C, etc.)

Has your privilege to operate a motor vehicle ever been suspended, revoked, withdrawn or denied? Yes No

If YES, explain in detail _____

Do you possess only one driver license? Yes No

You, as a commercial vehicle driver, may not possess more than one motor vehicle license. (FMCSR 383 and 391)

Your driver's license must be issued from the state of your permanent address of residence.

Have you ever been convicted of a misdemeanor or felony? Yes No

If yes, give a date(s) and brief description _____

Have you worked for this Company before? No If yes, From _____ to _____

Reason for leaving _____

Have you tested positive, or refused to test, on any pre-employment drug or alcohol test as an employee or contract driver While performing safety sensitive transportation work covered by a DOT agency drug and alcohol testing rules during the past two years (FMCSR 40.25)? Yes No

If Yes, can you provide/obtain proof that you've successfully completed the DOT return-to-duty requirements?

Yes No

Pay and Bond

You will receive a percentage of your trip pay at the time of dispatch that is to be used to transport the unit. The balance will be paid after all paperwork is completed and returned by fax or email to our office. We will also reimburse you for authorized tolls, and permits when original receipts are received and labeled properly. Every sub-contractor is responsible for a \$2,500 minimum deductible on damages due to driver negligence. This is taken out of your settlement at a rate of 5% and a percentage is placed in a bond account. We reserve the right to increase the rate or threshold at our discretion.

At any given time you decide to no longer be a driver for Norton Transport this money is returned 90 days after receipt of tag and IFTA stickers. This excludes any monies or claims owed to Norton Transport.

APPLICATION STATEMENT

I certify that this application was completed by me and that all entries and information in it are TRUE and COMPLETE to the best of my knowledge. I understand that false, misleading or omitted information may result in discharge.

I authorize investigation of all statements contained in this application as may be necessary in arriving at a decision. I understand that an investigation may be made and information may be obtained from past employers or personal reference and/or driver's record check. This inquiry may include information as to, among other things, safety performance, dates of employment and driving record, as well as information about my work performance and workplace conduct. I consent to this investigation and to the consideration of any statements of references, former employers or others that are given in response to the inquiry.

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance his history as required by 49 CFR 391.23(d) and (e). I understand I have the right to Review information provided by previous employers; have errors in the information corrected by previous employers and for those previous employers to resend the corrected information to the prospective employer and have a rebuttal statement attached to the alleged erroneous information, if the previous employers(s) and I can not agree on the accuracy of the information.

Thereby release all parties, including but not limited to Norton Transport, personal references and previous employers, from liability for an injury or damage that may result from their furnishing information concerning me or any action Norton Transport takes on the basis of such information.

I understand that, if I am accepted as an Independent Contractor, it will be conditioned on the result of a physical examination and drug screen. I also agree that as an independent Contractor, I am responsible for my own taxes and that Norton Transport will furnish me with a 1099 at the end of the tax year.

I agree to furnish any medical information with reference to me as may be necessary in conjunction with that examination and related considerations. I understand that according to federal law, all individuals who are hired must, produce certain documentation to verify US citizen status or, if aliens, legal authorization to work in the US. As a consequence, I understand that any offer of deployment if contingent upon my ability to produce the required documentation within the time period required by law.

I understand that this application is not, and is not intended to be, a contract of employment and that any resulting employment is for no fixed period of time and is able to be terminated at any time and for any reason by me or Norton Transport. I further understand that statements which may be contained in policies, practices, or other material do not create any guarantee of a contract driver position. Norton Transport has the right to modify, amend or terminate policies, practices, or other programs within the limits and requirements imposed by law. I understand that no representative of Norton Transport other than an officer, has the authority to enter into any agreement for any specific period of time or to make any agreement contrary to the foregoing and that any such agreement must be in writing to be binding.

Norton Transport does not discriminate on the basis of race, color, religion, creed, national origin, sex or ancestry, or on the basis of age. No question this application is intended to secure information to be used for such discrimination The application will be given every consideration, but its receipt does not imply that the applicant will be accepted.

Sign Name: _____

Date: _____ / _____ / _____

DO NOT FORGET TO INCLUDE COPIES OF DOCUMENTS SUCH AS:

DRIVERS LICENSE, DOT MEDICAL, SOCIAL SECURITY CARD, GREEN CARD (FOR LEGAL IMMIGRANTS).

Non inclusion of these documents will result in delays of the hiring process or even result in rejection of your application...



50A Fieldstone Village Drive
Rock Spring, Georgia 30739

Safety Department

Faxed 1st request _____ / _____ / _____

Faxed 2nd request _____ / _____ / _____

Faxed 3rd request _____ / _____ / _____

The below individual has applied for a position with our company. As required by DOT regulations I am faxing you the following: *Employment Verifications, Safety Performance History, Accident History, Alcohol and Drug History* Request forms.

Please complete the attached document and return to my attention:

Fax Number **706-924-2422**
e-Mail **bill@nortontransport.com**

TO BE COMPLETED BY PROSPECTIVE CONTRACT DRIVER

I, (Print Name) _____

SS# _____ authorize my previous employer listed below to release and forward the information requested in compliance with §40.25(g) and 391.23(h).

Applicant Signature _____ Date _____

FOR OFFICE USE ONLY

Name of Previous Employer: _____

Address _____

City _____ State _____ Zip _____

Phone _____

Fax _____

Email: _____



Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9

OMB No. 1615-0047
Expires 03/31/2016

▶ **START HERE.** Read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation <i>(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)</i>						
Last Name <i>(Family Name)</i>		First Name <i>(Given Name)</i>		Middle Initial	Other Names Used <i>(if any)</i>	
Address <i>(Street Number and Name)</i>		Apt. Number	City or Town		State	Zip Code
Date of Birth <i>(mm/dd/yyyy)</i>	U.S. Social Security Number	E-mail Address			Telephone Number	
	<input type="text"/>	<input type="text"/>			<input type="text"/>	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- A citizen of the United States
- A noncitizen national of the United States *(See instructions)*
- A lawful permanent resident (Alien Registration Number/USCIS Number): _____
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____. Some aliens may write "N/A" in this field. *(See instructions)*

For aliens authorized to work, provide your Alien Registration Number/USCIS Number **OR** Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: _____

OR

2. Form I-94 Admission Number: _____

3-D Barcode Do Not Write in This Space
--

If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: _____

Country of Issuance: _____

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. *(See instructions)*

Signature of Employee:	Date <i>(mm/dd/yyyy)</i> :
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Preparer and/or Translator Certification *(To be completed and signed if Section 1 is prepared by a person other than the employee.)*

I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator:		Date <i>(mm/dd/yyyy)</i> :		
Last Name <i>(Family Name)</i>		First Name <i>(Given Name)</i>		
Address <i>(Street Number and Name)</i>		City or Town	State	Zip Code



50A Fieldstone Village Drive
Rock Spring, Georgia 30739

Office: (706) 924-2656
FAX: (606) 924-2667

FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT

In accordance with the provision of Section 604(b)(2)(A) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, subtitle D, Chapter 1, of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on you for employment purposes. These reports are required by Sections 382.413, 391.23, and 391.25 of the FMCSR.

Applicant's Signature

Date

Print Name

Social Security Number

MANDATORY USE FOR ALL ACCOUNT HOLDERS

**IMPORTANT NOTICE
REGARDING BACKGROUND REPORTS FROM THE PSP Online Service**

1. In connection with your application for employment with NORTON TRANSPORT ("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.

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 **NORTON TRANSPORT** ("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 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 provided in paragraphs 1-4 of this document to obtain a prospective Applicant'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.



Company: **Norton Transport, Inc.**
 Address: **50A Fieldstone Village Drive**
 E-mail:

Fax: **706-924-2667**
 Phone: **706-924-2656**

Applicant's Name: _____

You are hereby authorized to provide to **Norton Transport, Inc. (NTI)** all information regarding my services, character and conduct while in your employ, and you are released from liability that may result from giving such information. In order to enable NTI to comply with the requirements of 49 CFR, 382.413 & 391.23, I hereby consent to NTI obtaining from my prior employers the information pertaining to me which they are required to maintain by 49 CFR 382.401 (b) (1) (I) through (III) regarding alcohol tests with a concentration result of 0.04 or greater, positive controlled substance test results and refusal to be tested within the three (3) years preceding the date of this application and 49 CFR 391.23(a)2 & (d) investigation of my past employment record. I hereby authorize and direct my prior employers to release such information to NTI in personal interviews, telephone interviews, letters or any other method that insures confidentiality. I hereby authorize NTI to release such information to any of its personnel whose duties require them to access this application or to make any recommendations or decisions with respect to it.

Applicant's Signature: * _____ Date: _____

Name of Company: _____ Phone#: (____) _____

Street Address: _____ City: _____ State: _____ Zip: _____

Period of Employment: From: _____ To: _____ Position Held: _____

Driver: Yes _____ No _____ Part-time _____ Full-time _____
 Company driver _____ Owner Operator _____ Driver for Owner Operator _____

Equipment: Van _____ Tank _____ Flatbed _____ Tractor _____ Straight Truck _____ Other _____

List areas in which applicant drove regularly: _____

Logs: Did applicant violate hours of service regulations? Yes _____ No _____

Accidents: Total number _____ Preventable _____ Non-Preventable _____

D.O.T. Reportable Accidents: _____

Tickets: Yes _____ No _____ Describe _____

What license did applicant have? Class _____ State of issue _____

Why did applicant leave your employ? _____ Is

applicant eligible for rehire? Yes _____ No _____ If no, why? _____ Was

applicant's license ever suspended or revoked? Yes _____ No _____

<i>In accordance with part 382.405, 382.413, and 40.25</i>	Yes _____	No _____
<i>Has this person ever tested positive for a controlled substance?</i>	Yes _____	No _____
<i>Has this person ever had an alcohol test concentration of 0.04 or greater?</i>	Yes _____	No _____
<i>Has this person ever refused a required test for drugs or alcohol?</i>	Yes _____	No _____
<i>Has this person violated any other DOT agency drug and alcohol testing regulations?</i>	Yes _____	No _____

Additional comments: _____

Signature: _____ Title: _____ Date: _____

1 st Attempt	2 nd Attempt	3 rd Attempt	4 th Attempt
Date	Date	Date	Date
Time	Time	Time	Time
Method	Method	Method	Method
Contact	Contact	Contact	Contact

After three attempts using three different forms of communication to acquire the above information, we have satisfied the DOT requirement to put forth a good faith effort to obtain background information.

* **Must be signed by applicant.**

