

APPLICATION FOR CONTRACT SERVICES

2/20/15

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**Owner Operator Company (This section must be filled out on the original application by the Owner Operator)
Drivers for the Owner Operator fill out only the Business name only.**

Lease Operator Name : _____
Clearly Print Last First Middle

Business Name _____

Business Address _____

Print the name exactly as you want it to appear on the settlement check _____

Federal ID Number _____
Select One (For Company Taxes)

Owner Operator Social Security Number _____

Driver Information (To be filled out by each driver under the above Owner Operator including themselves)

Name _____ Social Security Number _____
Last First Middle

Present Address _____
Street City State Zip

Other addresses within last 3 years _____

Phone Number _____ Are you 21 years or older? YES ___ NO ___

Have you been driving under a CDL for two or more years? YES ___ NO ___

Have you been driving under a CDL for the last full year? YES ___ NO ___

Drivers License Number _____ State _____ Expiration Date _____

CDL Yes ___ No ___ Endorsements _____

Current Medical Card - YES ___ NO ___ Date of Expiration _____

Have you exceeded the DOT limits for alcohol or tested positive for DOT illegal drugs or refused to be tested in the past 3 years? _____

Experience in operating the following types of vehicles:

(Such as Busses, Trucks, Truck tractor, Semi Trailer, etc.)

List of accidents in last 3 years:	Nature of Accident	Date	Injuries	Fatalities
_____			Y ___ N ___	Y ___ N ___
_____			Y ___ N ___	Y ___ N ___
_____			Y ___ N ___	Y ___ N ___

In accordance with 49 CFR 391.21 the applicant is hereby notified that safety sensitive information provided by them will be investigated and they have due process rights per part 391.23(I)

Have you ever sustained an injury that would prevent you from doing this job properly? Yes ___ No ___

Has your right to operate ever been denied, revoked or suspended? Yes ___ No ___

If so, explain: _____

Previous employment for the past 3 years:

(1) EMPLOYER : NAME _____ PHONE _____

ADDRESS _____
(STREET OR ROUTE) (CITY) (STATE) (ZIP)

POSITION HELD _____ SUPERVISOR _____ FROM : _____ TO : _____
(MO. / YR.) (MO. / YR.)

Was this employment designated as a safety sensitive function regulated by FMCSR & alcohol and drug testing requirements? YES ___ NO ___

REASON FOR LEAVING

(2) EMPLOYER : NAME _____ PHONE _____

ADDRESS _____
(STREET OR ROUTE) (CITY) (STATE) (ZIP)

POSITION HELD _____ SUPERVISOR _____ FROM : _____ TO : _____
(MO. / YR.) (MO. / YR.)

Was this employment designated as a safety sensitive function regulated by FMCSR & alcohol and drug testing requirements? YES _____ NO _____

REASON FOR LEAVING _____

(3) EMPLOYER : NAME _____ PHONE _____

ADDRESS _____
(STREET OR ROUTE) (CITY) (STATE) (ZIP)

POSITION HELD _____ SUPERVISOR _____ FROM : _____ TO : _____
(MO. / YR.) (MO. / YR.)

Was this employment designated as a safety sensitive function regulated by FMCSR & alcohol and drug testing requirements? YES _____ NO _____

REASON FOR LEAVING _____

(4) EMPLOYER : NAME _____ PHONE _____

ADDRESS _____
(STREET OR ROUTE) (CITY) (STATE) (ZIP)

POSITION HELD _____ SUPERVISOR _____ FROM : _____ TO : _____
(MO. / YR.) (MO. / YR.)

Was this employment designated as a safety sensitive function regulated by FMCSR & alcohol and drug testing requirements? YES _____ NO _____

REASON FOR LEAVING _____

If you have had more than 4 jobs in the last 3 years – continue on form 4 titled “10 Year Driving History”

Are you prevented from lawfully becoming employed in this country because of VISA or Immigration status? YES _____ NO _____

Position desired _____ Date you can start _____

Ever applied or worked for this company before? YES _____ NO _____ Where _____ When _____

EDUCATION	Name and Location of School	No. Years Attended	Did you graduate?	Subjects Studied
Grammar School				
High School				
College				
Other				

It is unlawful in the State of Massachusetts to require or administer a lie detector test as a condition of service or continued service. Any company who violates this law shall be subject to criminal penalties and civil liability.

“I certify that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge. I understand that if any false information, omissions or misrepresentations are discovered, my application may be rejected and if I am working, my services may be terminated at any time. In consideration of my service, I agree to conform to the companies rules and regulations and I agree that my service can be terminated, with or without cause, at any time, at either my or the company’s option. I also understand and agree that the terms and conditions of my service may be changed, with or without cause and with or without notice, at any time by the company. I understand that no company representative, other than it’s president, and then only in writing and signed by the president, has any authority to enter into any agreement for service for any specific period of time or to make any agreement contrary to the foregoing”

Applicant’s Signature _____ Date _____

In case of emergency please notify _____
Name Address Phone No.

***** Do Not Write Below *****

Person is acceptable to do company work while employed by Owner Operator Yes _____ No _____ Effective _____

Interviewed by _____ Date _____ Notes: _____