

Please fill out & email the ICDQ form. Begin by clicking "Save As" saving this file to your computer using your last name to name the file. Fill out all fields as appropriate. Make sure to digitally sign where asked. Please note you must possess a valid CDL "A" and own a Tractor-Trailer Truck that is ten years or newer to be considered.

**If you have any questions please feel free to reach out to us by phone toll-free at 1 800 254 5444**

## UPS INDEPENDENT CONTRACTOR DRIVER QUALIFICATION FORM

By signing below, Driver understands that the information on this form will be used, and prior employers or carriers-lessees contracted, for purposes of investigation as required by 49 C.F. R. & 391.23, and that information on Driver will be communicated to others in the future as stated in the section " to Be Read and Signed by Driver Applicant" on page 4.

**Answer All Questions**

**Please Print All Information**

Date:

Driver's Name:    SSN:   
(first) (middle) (last)

Have you ever been known by any other name? If so what name and when:

Address:    Length:   
(number) (street) (zip code)

Phone:   
(city) (state) (zip code) (area code/number)

List previous addresses for past 3 years (attach additional sheet if necessary):

(1)     Length:   
(number/street) (city) (state) (zip code)

(2)     Length:   
(number/street) (city) (state) (zip code)

(3)     Length:   
(number/street) (city) (state) (zip code)

Are you at least eighteen (18) years of age? Yes  No

Are you authorized to work full-time in the United States? Yes  No

Can you read English? Yes  No  Speak English? Yes  No  Write English? Yes  No

In Case of emergency notify:     
(name) (address) (phone)

Have you ever worked for this Company before? Yes  No  Where?

Date: From  To:  Rate of Pay  Position

Reason for leaving:

Are you related to anyone employed or leased to this Company?

Position desired?  Referred by:

Are you now working? Yes  No  If not, how long since you have last worked?

## Education

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

Other:  Last school attended:   
(name) (address)

List special courses taken that might help you in the work applied for:

## Physical History

Is there any reason that you not be able to perform all of the duties of the position for which you are applying? Yes  No

If yes, please explain:

If so, you may volunteer information concerning any accommodation that may be made that would permit you to perform you to perform all Duties of the position for which you are applying herein:

Date of last D.O. T. physical examination:

Doctor's name and address:

## Work History

**(D.O.T. requires 10 years' past history)**

**ACCOUNT FOR ALL PAST WORK HISTORY (USE ADDITIONAL SHEETS IF NECESSARY)**

DATES	LAST EMPLOYEE/LESSEE	POSITION	RATE OF PAY
From: <input type="text"/>	Name: <input type="text"/>		
To: <input type="text"/>	Address: <input type="text"/>	Phone: <input type="text"/>	
	Supervisor: <input type="text"/>		
Were you subject to the Federal Motor Carrier Safety Regulations? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Were you subject to drug and alcohol testing? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Reason for leaving: <input type="text"/>			

DATES	LAST EMPLOYEE/LESSEE	POSITION	RATE OF PAY
From: <input type="text"/>	Name: <input type="text"/>		
To: <input type="text"/>	Address: <input type="text"/>	Phone: <input type="text"/>	
	Supervisor: <input type="text"/>		
Were you subject to the Federal Motor Carrier Safety Regulations? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Were you subject to drug and alcohol testing? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Reason for leaving: <input type="text"/>			

DATES	LAST EMPLOYEE/LESSEE	POSITION	RATE OF PAY
From: <input type="text"/>	Name: <input type="text"/>		
	Address: <input type="text"/>		
To: <input type="text"/>	Phone: <input type="text"/>		
	Supervisor: <input type="text"/>		
Were you subject to the Federal Motor Carrier Safety Regulations? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Were you subject to drug and alcohol testing? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Reason for leaving: <input type="text"/>			

DATES	LAST EMPLOYEE/LESSEE	POSITION	RATE OF PAY
From: <input type="text"/>	Name: <input type="text"/>		
	Address: <input type="text"/>		
To: <input type="text"/>	Phone: <input type="text"/>		
	Supervisor: <input type="text"/>		
Were you subject to the Federal Motor Carrier Safety Regulations? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Were you subject to drug and alcohol testing? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Reason for leaving: <input type="text"/>			

### Driver Qualification

Do you presently hold a valid C. D. L. from your state of residency? Yes  No

List driver licenses held in past (3) years:

State:  License No:  Type:  Exp. Date:

State:  License No:  Type:  Exp. Date:

State:  License No:  Type:  Exp. Date:

Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes  No

If yes, explain:

Has your license ever been suspended or revoked? Yes  No

If yes, explain:

### Convictions for Past Three Years

Name of Court	Location	Date	Charge	Penalty
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Have you ever been convicted of reckless driving, unsafe driving or DWI? Yes  No  Explain:

Have you ever been convicted of any drug related offenses? Yes  No  Explain:

Have you ever been convicted of a crime? Yes  No  Explain:

### Safety Awards

Indicate below any awards you have received for safe driving, and from whom:

<div style="border: 1px solid black; width: 100%; height: 100%;"></div>
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### Military Service

Did you serve in the U.S. Armed Forces? Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, what installation and unit? Dates – From:
If YES, what Branch ?	To:
Was discharge honorable: Yes <input type="checkbox"/> No <input type="checkbox"/>	Telephone number: Supervisor:
If discharged in previous 3 years, provide a DD214. ( )	

### Driving Experience

Type of Equipment	Number of Years Experience	Number of Miles
Straight truck		
Tractor/semi-trailer		
Tractor/full-trailer		
Twin-trailers		

In what states have you driven regularly? \_\_\_\_\_

### Accidents for Past Three Years

	Date	Description	Damage	Injury/Death
Most recent				
Next previous				
Next previous				

Number of accidents in past year: \_\_\_\_\_ 2 years: \_\_\_\_\_ 3 years: \_\_\_\_\_ 4 years: \_\_\_\_\_

## To Be Read and Signed by Driver Applicant

It is agreed and understood the UPS freight ("Company" throughout this form) or its agents may investigate Driver's background to ascertain any and all information of concern to Driver's record, whether same is on record or not, and Driver releases employers, carrier-lessees, and persons named herein from all liability for any damages on account of furnishing such information.

Upon receipt of an offer of a lease opportunity, Driver agrees to furnish information that may be required by federal, state, or local law upon the Company's request and to complete examinations such as a physical and/or blood and/or urine tests to determine the presence on controlled substances, or to determine compliance with all applicable requirements under Department of Transportation Rules found at 49 C.F. R. & 391.41-49.

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.

This certifies 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. It is agreed and understood that my misrepresentations of any information, and/or any false statements herein submitted shall constitute an act of dishonesty which shall constitute sufficient grounds for rejection or termination of the lease, without regard to time lapsed before discovery of such act of dishonesty.

I understand information in this application will be used, and previous employers/ carrier/lessees will be contacted for the purpose of investigating my safety and employment/ contact performance history, and that my driving records will be checked with each State where I have held a license or permit as required by 49 C.F.R. & 391.23 of the Federal Motor Carrier Safety Regulations. I understand my right to review the information provided by previous employers/lessees by supplying a written request to Company within 30 days of my start date. I understand my right to contact my previous employer/lessee to have errors corrected or to attach a rebuttal statement to any erroneous information if the employer and I cannot agree on the accuracy of this information. I further understand that, if I become a driver under an independent contractor operating agreement ("ICOA") with Company, I must hold a valid commercial driver's license in my resident State with all required endorsements. I must report to Company and to the State in which my license is issued all moving violation convictions, I also must immediately notify Company of any license suspension, restriction, revocation, cancellation, DUI, or any disqualification to drive. If I cease being a driver under as ICOA with Company, I understand and consent to Company's communicating to other motor carriers or other employers (or to a consumer reporting agency that will communicate to other motor carriers or other employers), upon their request, information both from Company's own experience and from public and private sources regarding my charter, work habits, performance, and experience, along with reasons for termination of past employment/contract, professional license, or credentials, and criminal/civil driving history.

Signature of Driver:

Date:

# UPS Freight Consumer Authorization

- I. I understand that an investigative report may be generated on me that may include information as to my charter, work habits, performance and experience, along with reasons for termination of past employment/professional license or credentials; or criminal/civil/driving record history. I fully give my consent to and understand that you, UPS Freight, may be requesting from public and private sources about and the information noted earlier in this paragraph.
- II. According to the **Fair Credit Reporting Act (FCRA, Public Law 91-508, Title VI) which was revised effective September 30th, 1997**, I am entitled to know if the position for which I am applying was denied because of information obtained from a consumer reporting agency. If so, I will be notified and be given the name of the agency providing the report.
- III. I acknowledge that a telephone facsimile (FAX) or a photographic copy of this release shall be as valid as the original. This release is valid for most federal, state and county agencies including the Minnesota Department of Labor.
- IV. **I authorize the motor vehicle record checks may be performed in accordance with DOT regulations for as long as I am employed with the Company.**
- V. **Minnesota/California applicants only.** If you want a copy of the report ordered, check this box [ ]. The report will be sent by the consumer reporting agency to you at the address listed below your signature.
- VI. I hereby authorize, without reservation, law enforcement agency, information service bureau, school, employer, or insurance company contacted by UPS Freight or its designated vendor to furnish the information described in Section I.

## APPLICANT COMPLETE THE FOLLOWING

<div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>Signature</p>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>Today's Date</p>
<div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>Please print full name</p>	

The following information is required by law enforcement and other entries for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes.

<div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>Please print other names you have used</p>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>Social Security Number</p>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>Date of Birth</p>	
<div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>Home Address</p>	<div style="border: 1px solid black; height: 20px; width: 33%;"></div> <p>City</p>	<div style="border: 1px solid black; height: 20px; width: 33%;"></div> <p>State</p>	<div style="border: 1px solid black; height: 20px; width: 33%;"></div> <p>Zip</p>
<div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>Driver's License Number and State</p>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>Name as it appears on Driver's License</p>		

### FAIR CREDIT REPORTING ACT NOTICE:

In accordance with the Fair Credit Reporting Act (FCRA, Public Law 91-508, Title VI), **revised effective September 30, 1997**, this information may only be used to verify a statement(s) made by an individual in connection with legitimate business needs. The depth of information available varies from state to state. Status of updates are available on request. Although every effort has been made to assure accuracy, General Information Services, Inc. cannot act as guarantor of information accuracy or completeness. Final verification of an individual's identity and proper use of report contents are the user's responsibility. General Information Services, Inc.'s policy requires purchasers of those reports to have signed a Service Agreement. This assures General Information Services, Inc.'s that users are familiar with and will abide by their obligations, as stated in the FCRA, **revised effective September 30, 1997**, to the individuals named in these reports. If the information contained in the report is responsible for the suspension or termination of an employee or the application process, have the applicant/employee General Information Services, Inc.



**Complete this page only if applying for a position requiring a CDL**

**AUTHORIZATION TO RELEASE  
DRUG AND ALCOHOL TESTING INFORMATION**

In conformity with 49 C.F.R. Part 40 of Federal Regulations, I hereby authorize the carriers listed below to furnish UPS Freight, or a designed vendor, the following information concerning drug and alcohol testing, including pre-employment tests, three years (i) the dates on which I tested positive for drugs, and the drug(s) involved; (ii) the dates on which I tested .04 or greater for alcohol and test result levels; (iii) the dates on which I refused (including a verified adulterated or substituted result to be tested for drugs and /or alcohol; (iv) whether I failed to undertake or complete a rehabilitation program prescribed by a substance abuse professional (SAP); (v) subsequent to successful completion of a substance abuse professional's rehabilitation referral if there were any violations pursuant to 49 C.F.R. Part 40; (vi) other violation of D.O.T. drug and alcohol testing regulations; and (vii) any information the carriers have received regarding violations of drug or alcohol testing regulations from my pervious employers covered by D.O.T.

I understand that this authorization includes receiving the results to tests which were required by the Department of Transportation (D.O.T.) and any test voluntarily conducted by the carriers listed below unless I instructed, in writing, not to release on non-D.O.T. test results. If any company releases the above information, I authorize: (viii) the release of any negative results released in that same time frame; and (ix) the name and phone number of any substance abuse professional who evaluated me during the past three years.

I authorize the following companies to release information to UPS Freight or a designated vendor.

Company	Phone Number	Dates of any violations of 391.23 of 49 C.F.R. Part 40
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

With my signature, I knowlege I have listed above any company for which I have driven c commercial motor vehicle in the previous three years, as well as any company that I applied with for a CDL position and who conducted pre-employment testing.

Applicant Name:  SS#:   
Signature:  Date:

# MOTOR VEHICLE DRIVER CERTIFICATION (MVDC)

Name:

Address:

(street) (City) (State) (Zip Code)

Date of Birth:  Employee ID#:

Driver's License Number:  DL Expiration Date:  State:

Driver's License Class:  Hazmat Expiration Date:

I certify that the following is a true and complete list of traffic violations (other than parking violations) for which I have been convicted or forfeited bond or collateral during the past 12 months. This list includes all violations, in private and/or commercial vehicles, that I have had charged to me in that period.

<u>Date</u>	<u>Offense</u>	<u>Location</u>	<u>Type of Vehicle Operated</u>
<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>
<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>
<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>
<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>

I understand I must notify my supervisor the next business day if my driving privilege has been suspended, revoked or cancelled, or if I have been suspended, revoked, or cancelled, or if I have been disqualified from operating a commercial vehicle.

I understand that, if I am qualified to operate feeder equipment or any other CDL-required vehicles (i.e., vehicles or combinations weighing 26,001 pound or more) for UPS, I must adhere to the following requirements in addition to those listed above:

I hold only a driver's license and that it was issued to me by my resident state  
 I am obligated to inform both my supervisor and my resident state motor vehicle authority in writing within 30 days after a conviction of a state or local traffic law violation (excluding parking violations) or forfeiture of bond or collateral. This notification must contain my full name, license number date of conviction, nature of violation, whether or not the violation was in a commercial vehicle, location of the offense, and my signature.

I am aware that I can be disqualified from operating a commercial motor vehicle for committing violations involving motor vehicles, including in my person vehicles or other non-commercial vehicles. These disqualifications can range from 60 days to life, depending on the violation.

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation required to be listed during the past 12 months.

Date:  Driver:

(Signature)

(Complies with D.O.T Regulations Section 391.27, titles "Record of violation")

**FORWARD IMMEDIATELY TO THE DEPARTMENT FOR ANNUAL INQUIRY AND REVIEW**

HR Only  
 Region/District: /08 Address:  1000 Semmes Ave, Richmond, VA. 23224  
 Reviewed By:   Title:

(Name) (Date)

(Complies with D.O.T. Regulations Section 391.25(c)(2), titles "Annual inquiry and review of driving record")



**CDL Driver/Candidate Consent for Release of Alcohol and Drug Testing Information and  
Previous Employer Safety and Accident History Record Request and Release Authorization**

Information requested in this form is required to comply with requirements listed by the Department of Transportation (D.O.T.) in the Code of Federal Regulations (CFR) Section 49, Parts 380, 390 and 391. It is needed to qualify the below referenced Driver/Candidate for a D.O.T. regulated driving position. The Driver/Candidate's signature in Section I of this form authorizes former employers to release the information requested in Section II.

**Section I - To Be Completed By Driver/Candidate**

**Consent for Release of Alcohol and Drug Testing Information and Accident History**

I,  do hereby authorize  
 Print your First, Middle, and Last Name Social Security Number

all former employers to release and forward the information requested in Section II of this form regarding my Drug and Alcohol Testing History and Accident History to any investigator representing LexisNexis or other duly accredited representative of **United Parcel Service (UPS)**.

**IA.**

**Previous Employer Name:**

**Address:**

**Phone#:**  **Fax#:**

**Designated Employer Representative (if known):**

\*\*\*\*\*

**Previous Employer Name:**

**Address:**

**Phone#:**  **Fax#:**

**Designated Employer Representative (if known):**

\*\*\*\*\*

**Previous Employer Name:**

**Address:**

**Phone#:**  **Fax#:**

**Designated Employer Representative (if known):**

\*\*\*\*\*

**Driver/Candidate Must Answer the Following Questions**

1) Have you previously been employed in a position subject to the Federal Motor Carrier Safety Regulations (FMCSR)?

Yes  No

2) Have you previously been employed in a position designated as a Safety-Specific function, subject to D.O.T. regulated alcohol and controlled substance testing?

Yes  No

**Driver/Candidate Must Select at Least One of the Following**

I **have not** tested positive or refused to be tested on any D.O.T. drug or alcohol test for a safety -sensitive transportation position within the past three (3) years.

I **have** tested positive or refused to be tested on any D.O.T. drug or alcohol test for a safety -sensitive transportation position within the past three (3) years.

**Driver/Candidate Must Select at Least One of the Following**

I **have not** been involved in any D.O.T. reportable accidents in the past three (3) years.

I **have** been involved in a D.O.T. reportable accident (s) in the past three (3) years.

I **have not** worked with a previous employer in a CDL capacity during the past three (3) years.

By signing this document I certify that I have been advised of the following rights under applicable DOT regulations: (i) the right to review information provided by previous employers; (ii) The right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to United Parcel Service (UPS); (iii) The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and I cannot agree on the accuracy of the information. I hereby acknowledge that I must notify United Parcel Service (UPS) in writing within thirty (30) days of the date shown below if I choose to exercise any of these rights.

Driver/Candidate Signature

Phone Number

Date

**Thank you for applying to become an Owner-Operator for UPS Freight. Before completing please make sure you have clicked "Save As" saving this file to your computer using your last name to name the file. Fill out all fields as appropriate.**

**If sending this form electronically please make sure to digitally sign on all the pages that have requested your signature. Save the completed file and email to [jbullen@ups.com](mailto:jbullen@ups.com)**

**We are very grateful for your time & consideration. If you have any questions please feel free to reach out to us by phone @ 1-800-254-5444.**