

DRIVER INFORMATION - INDEPENDENT CONTRACTOR

Specialty Delivery & Logistics

3685 Centre Circle

Fort Mill, SC 29715

Ph: 704-641-1850

FAX: 803-831-8809

DATE: _____

Position Applying For: independent contractor driver driver for contract company

DRIVER INFO

NAME: _____

PHONE: _____

EMAIL: _____

Date of Birth: _____

S.S # _____

Medical Card Exp: _____

ADDRESS: _____

Previous Address(es): _____
(3 years) _____ from _____ to _____

_____ from _____ to _____

DRIVER'S LICENSE INFORMATION

state	driver's license #	type	expiration

ACCIDENT RECORD
(past 3 years; if none, write "none")

date	nature of accident	fatalities	injuries

DRIVING EXPERIENCE

class of equipment	from	to	approximate # of miles
straight truck			
tractor & semi-trailer			
tractor w/doubles or triples			
other			

TRAFFIC CONVICTIONS & FORFEITURES
(past 3 years - other than parking citations)

date	location	charge / ticket	penalty / fine

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WORK HISTORY

Give a complete record of all work/employment history for the past 10 years, including unemployment or self-employment periods, and all commercial driving experience for the past 10 years. Start with most recent employer.

Last Employer Name: _____
Address: _____ Phone: _____
Position Held: _____ from _____ to _____
Was this position under FMCSA regulations? _____
Were you in an ACTIVE drug and alcohol testing program? _____
Reason for leaving: _____

2nd Employer Name: _____
Address: _____ Phone: _____
Position Held: _____ from _____ to _____
Was this position under FMCSA regulations? _____
Were you in an ACTIVE drug and alcohol testing program? _____
Reason for leaving: _____

3rd Employer Name: _____
Address: _____ Phone: _____
Position Held: _____ from _____ to _____
Was this position under FMCSA regulations? _____
Were you in an ACTIVE drug and alcohol testing program? _____
Reason for leaving: _____

4th Employer Name: _____
Address: _____ Phone: _____
Position Held: _____ from _____ to _____
Was this position under FMCSA regulations? _____
Were you in an ACTIVE drug and alcohol testing program? _____
Reason for leaving: _____

5th Employer Name: _____
Address: _____ Phone: _____
Position Held: _____ from _____ to _____
Was this position under FMCSA regulations? _____
Were you in an ACTIVE drug and alcohol testing program? _____
Reason for leaving: _____

6th Employer Name: _____
Address: _____ Phone: _____
Position Held: _____ from _____ to _____
Was this position under FMCSA regulations? _____
Were you in an ACTIVE drug and alcohol testing program? _____
Reason for leaving: _____

A. Have you ever had any type of motor vehicle license suspended or revoked, or ever been denied a license, permit of privilege to operate a motor vehicle?

____ yes ____ no

B. Do you have a pending charge or past conviction for driving while intoxicated?

____ yes ____ no

C. Do you have a pending charge or past conviction for possession of a controlled substance?

____ yes ____ no

E. Have you ever been refused auto liability insurance?

____ yes ____ no

F. Do you have a pending charge or conviction for any misdemeanor or felony offense?

____ yes ____ no

APPLICATION ADDENDUM

Per Federal Motor Carrier Safety Regulations §40.25 (j), the company must ask the prospective driver whether he or she has tested positive, or refused to test, on any pre-employment or pre-contract drug or alcohol test administered by an employer or company to which the driver applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years.

Have you tested positive, or refused to test, on any pre-employment or pre-contract drug test or have you tested .02 or greater, or refused to test on any pre-employment or pre-contract alcohol test during the past two years?

____ yes ____ no

RIGHTS

Pursuant to 49CFR, part 391.23 (j), you have the following rights regarding investigative information:

1. The right to review information provided by previous employers.
2. 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 the prospective employer.
3. The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

TO BE READ AND SIGNED BY APPLICANT

This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge. I authorize you to make such investigations and inquire of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment or contract decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of contract has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application. In the event I enter into agreement as contractor for the company, I understand that false or misleading information given in my application or interview(s) may result in termination of contract. I understand, also, that I am required to abide by all rules and regulations of the company.

signature

date