

TRAILER TRANSIT INC.

A Specialized Carrier

1130 EAST U.S. 20 • PORTER, IN 46304-4000

PHONE: 219-926-2111

FAX: 877-859-1191

Independent Contractor Application

Name _____ Date _____
Last First Middle

Soc. Sec. No. _____ Birth Date _____ Telephone () -

Current & Three Years Previous Addresses:

Mo/Yr

Mo/Yr

Current _____ From _____ To _____
Street City State Zip

Previous _____ From _____ To _____
Street City State Zip

Previous _____ From _____ To _____
Street City State Zip

Previous _____ From _____ To _____
Street City State Zip

Have you ever been leased to this company before? _____ When? _____

Have you previously applied for lease with this firm? _____ When? _____

Tractor Information

Titled Owner _____

Make _____ Year _____ Axles _____ Wheelbase _____ Wt _____

Past Employment Information

(Use supplementary sheet if necessary)

Give a complete record of all employment for the past three years, including any unemployment or self-employment, and all commercial driving experience for the past ten years.

Current Employer:

Mo/Yr

Mo/Yr

Company _____ From _____ To _____

Address _____ Telephone () -
Street City State Zip

Reason For Leaving: _____ Position Held: _____

Were you subject to the FMCSRs* while employed here? ☐ Yes ☐ No

Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? ☐ Yes ☐ No

*The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone who operates a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) has a GVWR or weighs 10,001 pounds or more, (2) is designed or used to transport nine or more passengers, or (3) is of any size, used to transport hazardous materials in a quantity requiring placarding.

Past Employment Information (Continued)

(Use supplementary sheet if necessary)

Second Last Employer:

Company _____ From _____ Mo/Yr To _____ Mo/Yr
Address _____ Telephone () -
Street City State Zip

Reason For Leaving: _____ Position Held: _____

Were you subject to the FMCSRs* while employed here? ☐ Yes ☐ No

Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? ☐ Yes ☐ No

Third Last Employer:

Company _____ From _____ Mo/Yr To _____ Mo/Yr
Address _____ Telephone () -
Street City State Zip

Reason For Leaving: _____ Position Held: _____

Were you subject to the FMCSRs* while employed here? ☐ Yes ☐ No

Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? ☐ Yes ☐ No

Fourth Last Employer:

Company _____ From _____ Mo/Yr To _____ Mo/Yr
Address _____ Telephone () -
Street City State Zip

Reason For Leaving: _____ Position Held: _____

Were you subject to the FMCSRs* while employed here? ☐ Yes ☐ No

Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? ☐ Yes ☐ No

Fifth Last Employer:

Company _____ From _____ Mo/Yr To _____ Mo/Yr
Address _____ Telephone () -
Street City State Zip

Reason For Leaving: _____ Position Held: _____

Were you subject to the FMCSRs* while employed here? ☐ Yes ☐ No

Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? ☐ Yes ☐ No

Driving Experience

Class of Equipment	Type of Trailer (Van, Reefer, Tank, Flatbed, etc.)	Dates		Approx. No. of Miles (Total)
		From	To	
Diesel Tractor & Semi Trailer				
Tractor & Two Trailers				

*The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone who operates a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) has a GVWR or weighs 10,001 pounds or more, (2) is designed or used to transport nine or more passengers, or (3) is of any size, used to transport hazardous materials in a quantity requiring placarding.

Accident/Claim Record

Use supplementary sheet if necessary. (If none, write none)

List ALL involvements - Preventable and Non-Preventable - with either truck or car during last 3 years.

Date	Type Vehicle	Nature of Accident (Head on, rear-end, jackknife, etc.)	Indicate Preventable or Non-Preventable	Fatalities	Injuries	Amount of Property Damage

Traffic Convictions and Forfeitures for the Past 3 Years

Use supplementary sheet if necessary. (If none, write none)

Truck and Car (other than parking violations)

Date	Location (State)	Charge	Penalty

Experience and Qualifications

Check areas in which you have operated a commercial vehicle for the last 10 years.

☐ East ☐ Midwest ☐ West ☐ South ☐ Canada ☐ All 48 States

List Driver License Held at Present and Last 3 Years

State	License Number	Endorsements	Expiration Date
Present License			

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? ☐ Yes ☐ No
- B. Has any license, permit or privilege ever been suspended or revoked? ☐ Yes ☐ No
- C. Have you ever been disqualified of the Federal Motor Carrier Safety Regulations? ☐ Yes ☐ No

If the answer to A, B, or C is yes, give details here _____

Have you ever been convicted of a felony*? ☐ Yes ☐ No

If yes, what type of felony? _____

List any physical impairments _____

Are you a United States citizen? ☐ Yes ☐ No

Do you have a passport? ☐ Yes ☐ No

Do you have a Transportation Workers Identification Card? (TWIC) ☐ Yes ☐ No

Does your 5th wheel slide? ☐ Yes ☐ No

* Disclosure of this information does not automatically exclude the driver from consideration

To Be Read and Signed by Driver

It is agreed and understood that any misrepresentation given on this document shall be considered an act of dishonesty.

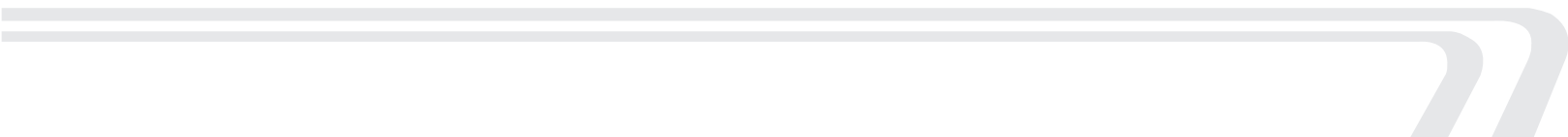
It is agreed and understood that the motor carrier or his agents may investigate my background to ascertain any and all information of concern to commercial driving record, whether same is of record or not, And I release the employers and persons named herein from all liability for any damages on account of their furnishing such information.

It is also agreed and understood that under the Fair Credit Reporting Act, Public Law 91-508, I have been told that this investigation may include an investigating Consumer Report, including information regarding my character, general reputation, personal characteristics, and mode of living.

This certifies that the above information was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

Applicant Signature: _____ Date: _____

Remarks (For office use only)



IMPORTANT DISCLOSURE REGARDING BACKGROUND REPORTS FROM THE PSP Online Service

In connection with your application for employment with Trailer Transit, Inc. ("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.

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. You may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If you challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. Your request will be forwarded by the DataQs system to the appropriate State for adjudication.

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 Federal Motor Carrier Safety Regulations (FMCSR) violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

The Prospective Employer cannot obtain background reports from FMCSA without your authorization.

AUTHORIZATION

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

I authorize Trailer Transit, Inc. ("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 authorizing 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.

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 challenge 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.

I understand that any crash or inspection in which I was involved will display on my PSP report. Since the PSP report does not report, or assign, or imply fault, I acknowledge it will include all CMV crashes where I was a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, I understand all inspections, with or without violations, will appear on my PSP report, and State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on my PSP report. I have read the above Disclosure Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this Disclosure and Authorization, 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)

**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 Trailer Transit, Inc. 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 v(i) facsimile or photographic copies of this authorization are as valid as an original.

Print Applicant Name: _____ Social Security #: _____ - _____

Applicant Signature: _____ Date: _____

Part 2 - FMCSA Notification of Driver Rights

In compliance with 49 CFR Part 40 §391.23 you have certain rights regarding the safety performance history information that will be provided to prospective employers. I) You have the right to review information provided by previous employers. II) You have 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 prospective employers. III) You have 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. (2) Drivers who have previous DOT regulated employment history in the preceding three years and wish to review previous employer-provided investigative information must submit a written request to prospective employers. This may be done at any time, including when applying, or as late as 30 days after being employed or being notified of denial of employment. Prospective employers must provide this information within five business days of receiving the written request. If prospective employers have not yet received the requested information from the previous employer, then the five day deadline will begin when the requested safety performance history information is received. If you have not arranged to pick up or receive the requested records within 30 days of prospective employers making them available, the prospective employers may consider you to have waived your request to review the record.