



Contract Driver Application

ADVERTISING SOURCE: _____ DRIVER REFERRAL: _____

Application for independent contractor: Owner Operator Lease Contractor

Name: _____

(First)

(Middle)

(Last)

Social Security No.: _____ Phone: (____) _____

Emergency Contact: (____) _____ Relationship: _____

Current Address: _____

City: _____ State: _____ Zip Code: _____ How Long: Years _____ Months: _____

Previous Address: _____

City: _____ State: _____ Zip Code: _____ How Long: Years _____ Months: _____

Previous Address: _____

City: _____ State: _____ Zip Code: _____ How Long: Years _____ Months: _____

DRIVER SELECTION STANDARDS

American Central Transport, Inc. selection standards and requirements for contractor include:

1. Must live within the ACT hiring area.
2. Must be at least 23 years old and have at least 24 months verifiable experience.
3. Must have CDL License with Hazardous Material endorsement issued by the state in which you reside.
4. Must be able to meet all applicable D.O.T. regulations
5. Pass D.O.T. physical administered by an ACT selected contracted medical provider at ACT's expense.
6. No license suspension for moving violations in the past 3 years.
7. No B.A.C.s, D.U.I.s or D.W.I.s in the past ten (10) years.
8. Must pass pre-contract drug test.
9. Must have and maintain neat, clean appearance.
10. Must be able to meet all legal requirements to drive a commercial truck in both USA and Canada.
11. Must be able to meet ACT availability requirements.
12. With regard to preventable motor vehicle accidents and moving violations, ACT reserves the right to evaluate each applicant on an individual basis.

The following tasks are required to perform the essential responsibilities of this position. Please answer the following:

- Yes No Get in and out of a semi-truck?
 Yes No Get in and out of a semi-trailer?
 Yes No Get under unit to perform duties, such as checking brakes and visual inspection of equipment?
 Yes No Raise and lower trailer dollies when under a load?
 Yes No Apply enough pressure to release fifth wheel pin?
 Yes No Apply enough force to open and close semi-trailer doors?
 Yes No Repeatedly lift and carry cargo weighing up to 100 lbs. per item?
 Yes No Sit stationary in a driver's seat for long periods of time?
 Yes No Apply enough pressure to trailer tandem lever to release locking pins when sliding tandems?
 Yes No Be on duty the maximum hours allowed by D.O.T. Hours of Service Regulations?

Discontinuation of the qualification process will be enforced if you fail the drug/alcohol screen or falsify this application.

I have read and agree to the standards presented above.

X _____

SIGNATURE

Date

Are you 23 years or older? Yes No Do you have a legal right to live and work in the U.S.? Yes No
 Are you a US Citizen? Yes No Have you ever been charged or convicted of a Felony? Yes No

If yes, When? _____ Conviction? _____ Where? _____

Are you familiar with the Federal Motor Carrier Safety Regulation? Yes No

Do you have at least a total of 2 years of over the road experience or completed driving school with 1 year over the road experience? Yes No

Have you **ever** had your driver's license suspended? Yes No **If yes, when?** _____

Have you **ever** had your driver's license revoked? Yes No **If yes, when?** _____

Have you **ever** tested positive on a drug or alcohol test? Yes No **If yes, when?** _____

Have you **ever** refused a drug or alcohol test? Yes No **If yes, when?** _____

Have you been contracted to or worked for ACT or an ACT affiliate before? Yes No **If yes, when?** _____

Have you previously completed an application for ACT or an ACT affiliate? Yes No **If yes, when?** _____

Have you **ever** been denied a license, permit, or privilege to operate a motor vehicle? Yes No **If yes, when?** _____

Have you **ever** been convicted of any drug or alcohol related driving offense? Yes No **If yes, when?** _____

Have you **ever** been convicted for possession, sale, or use of a narcotic drug, amphetamine, or other controlled substance? Yes No **If yes, when?** _____

Have you **ever** been denied employment or contract due to a positive drug or alcohol test? Yes No **If yes when?** _____

LICENSE

List all drivers licenses held in the past three (3) years.

STATE	LICENSE NUMBER	CLASS/ENDORSEMENTS	EXPIRATION DATE

TRAFFIC CITATIONS

Preventable and Non-preventable traffic convictions and forfeitures for the past three (3) years
 Truck and Car (other than parking violations; if none, write "none")

DATE	LOCATION (STATE)	CHARGE	PENALTY

MOTOR VEHICLE ACCIDENTS

Motor Vehicle Accident Record for last 3 years. List all involvement with truck and car including property damage, regardless of fault (if none, write none)

DATE	TYPE VEHICLE	NATURE OF ACCIDENT	WHO WAS AT FAULT	FATALITIES	INJURIES

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (Van, Tank, Flat, Etc.)	DATES		APPROX. NO. OF MILES (Total)
		From	To	
Straight Truck				
Tractor and Semi-Trailer				
Tractor Two-Trailers				
Other				

To submit an application, you will need to account for the last ten (10) years of your employment or contract history.

You will need:

1. Company name, address, phone number, and name of person to contact for each previous company you worked for or were contracted to.
2. All motor vehicle accidents or incidents listed that you have been involved in for the last three (3) years.
3. All tickets listed in all states and in all vehicles in the last three (3) years.
4. Beginning and ending dates of employment, self-employment or unemployment (month/year).

EMPLOYMENT RECORD

Begin with your present or most recent job and work backward in order, listing all employment or contract history for the last ten (10) years including all driving and non-driving full and part-time employment, self-employment, military service, and any periods of unemployment. Use another sheet of paper if necessary.

Are you presently employed or contracted by a trucking company? Yes No May we call them? Yes No

Current/Most Recent Work History:

Name: _____ Phone: (____) _____

Address: _____ City: _____ State: _____ Zip Code: _____

Position Held: _____ From: _____ To: _____

Reason For Leaving: _____

Were you subject to the FMCSR's? Yes No

Was Job Designated as a Safety Sensitive function in any DOT regulated mode subject to drug and alcohol testing as required by 49 CFR part 40? Yes No

Work History:

Name: _____ Phone: (____) _____

Address: _____ City: _____ State: _____ Zip Code: _____

Position Held: _____ From: _____ To: _____

Reason For Leaving: _____

Were you subject to the FMCSR's? Yes No

Was Job Designated as a Safety Sensitive function in any DOT regulated mode subject to drug and alcohol testing as required by 49 CFR part 40? Yes No

Work History:

Name: _____ Phone: (____) _____

Address: _____ City: _____ State: _____ Zip Code: _____

Position Held: _____ From: _____ To: _____

Reason For Leaving: _____

Were you subject to the FMCSR's? Yes No

Was Job Designated as a Safety Sensitive function in any DOT regulated mode subject to drug and alcohol testing as required by 49 CFR part 40? Yes No

Work History:

Name: _____ Phone: (____) _____

Address: _____ City: _____ State: _____ Zip Code: _____

Position Held: _____ From: _____ To: _____

Reason For Leaving: _____

Were you subject to the FMCSR's? Yes No

Was Job Designated as a Safety Sensitive function in any DOT regulated mode subject to drug and alcohol testing as required by 49 CFR part 40? Yes No

Work History:

Name: _____ Phone: (____) _____

Address: _____ City: _____ State: _____ Zip Code: _____

Position Held: _____ From: _____ To: _____

Reason For Leaving: _____

Were you subject to the FMCSR's? Yes No

Was Job Designated as a Safety Sensitive function in any DOT regulated mode subject to drug and alcohol testing as required by 49 CFR part 40? Yes No

Work History:

Name: _____ Phone: (____) _____

Address: _____

City: _____ State: _____ Zip Code: _____

Position Held: _____ From: _____ To: _____

Reason For Leaving: _____

Were you subject to the FMCSR's? Yes No

Was Job Designated as a Safety Sensitive function in any DOT regulated mode subject to drug and alcohol testing as required by 49 CFR part 40? Yes No

Work History:

Name: _____ Phone: (____) _____

Address: _____

City: _____ State: _____ Zip Code: _____

Position Held: _____ From: _____ To: _____

Reason For Leaving: _____

Were you subject to the FMCSR's? Yes No

Was Job Designated as a Safety Sensitive function in any DOT regulated mode subject to drug and alcohol testing as required by 49 CFR part 40? Yes No

Work History:

Name: _____ Phone: (____) _____

Address: _____

City: _____ State: _____ Zip Code: _____

Position Held: _____ From: _____ To: _____

Reason For Leaving: _____

Were you subject to the FMCSR's? Yes No

Was Job Designated as a Safety Sensitive function in any DOT regulated mode subject to drug and alcohol testing as required by 49 CFR part 40? Yes No

*If you need additional space for previous employers please ask any ACT employee for assistance.

EDUCATION

High School: 1 2 3 4

College: 1 2 3 4

List any other training or schools: _____

Truck Driving School: _____

_____ Did you graduate? Yes No When? _____

AFFIDAVIT

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I CERTIFY all information provided in this application is true and complete. I understand that any false information or omission will disqualify me from further consideration. I further understand if false information or omissions are discovered at a later date, my contract with American Central Transport, would be considered null and void.

I UNDERSTAND American Central Transport, Inc. may request an investigative consumer report from a Consumer Reporting Agency. This report may include information as to my character, reputation, personal characteristics and mode of living obtained from interviews with neighbors, friends, former employers or contractors, schools and others.

I UNDERSTAND I have a right to make a written request within a reasonable time for the disclosure of the name and address of the Consumer Reporting Agency so that I may obtain a complete disclosure of the nature and scope of the investigation.

I AUTHORIZE the investigation of any or all statements contained in this application and also authorize any person, school, current employer or companies contracted to (except as previously noted), past employers and organizations from any legal liability in making such statements.

I UNDERSTAND if I am tentatively approved as a contractor for American Central Transport Inc., the approval will be conditioned upon my successfully passing a complete physical examination as per DOT regulations, a driving skill test, a drug/alcohol screen along with a complete background and MVR check. I consent to all afore mentioned conditions for contractor qualification. I authorize the release of any or all medical information as may be deemed necessary to American Central Transport Inc.

I UNDERSTAND this application does not constitute a contract or offer of a contract.

SIGNATURE

DATE

PRINTED NAME