

Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date Available: _____ Social Security No.: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

EDUCATION

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Please list two emergency contacts.

Emergency Contact

Full Name: _____ Relationship: _____

Address: _____ Phone: _____

Emergency Contact

Full Name: _____ Relationship: _____

Address: _____ Phone: _____

Please list three professional references.

Reference

Full Name: _____ Relationship: _____

Address: _____ Phone: _____

Reference

Full Name: _____ Relationship: _____

Address: _____ Phone: _____

Reference

Full Name: _____ Relationship: _____

Address: _____ Phone: _____

• DO YOU HAVE A TRANSPORTATION WORKER IDENTIFICATION CREDENTIAL
(TWIC CARD?) YES NO

• HAVE YOU EVER TAKEN A TRUCK DRIVING COURSE? YES NO
IF YES, DATE AND NAME OF COURSE (ATTACH CERTIFICATE) _____

• DO YOU HAVE A TRANSPORTATION WORKER IDENTIFICATION CREDENTIAL
(TWIC CARD?) YES NO
IF YES, PLEASE PROVIDE DATES AND EXPLANATION: _____

• HAVE YOU EVER BEEN CONVICTED OF A CRIME OR ARE PRESENTLY
INVOLVED IN CRIMINAL PROCEEDINGS? YES NO
IF YES, PLEASE PROVIDE DATES AND EXPLANATION: _____

DRUG AND ALCOHOL TESTING

• DID D.O.T. ALCOHOL TEST, CONDUCTED WITHIN THE LAST TWO YEARS, CONFIRM A B.A.C.
OF 0.04 OR GREATER?
YES NO

• DID A D.O.T. CONTROLLED SUBSTANCE TEST WITHIN THE LAST TWO YEARS RESULT IN A
CONFIRMED "POSITIVE IN A CONFIRMED "POSITIVE" RESULT?
YES NO

• HAVE YOU EVER REFUSED TO BE TESTED AS REQUIRED BY D.O.T. REGULATIONS?
YES NO

IF YES: WHAT WAS THE DATE OF THE POSITIVE TEST OR REFUSAL? _____
TYPE OF TEST: _____ALCOHOL _____CONTROLLED SUBSTANCE _____BOTH

- DID YOU RETURN TO DUTY WITH YOUR COMPANY FOLLOWING EVALUATION BY A SUBSTANCE ABUSE PROFESSIONAL?

YES NO

IF YES: NAME OF SUBSTANCE ABUSE PROFESSIONAL: _____
PHONE NUMBER OF SUBSTANCE ABUSE PROFESSIONAL: _____
WAS FOLLOW UP TEST REQUIRED AND PERFORMED? YES NO

DRIVING HISTORY: LIST ANY LICENSES YOU HAVE HELD IN THE LAST 10 YEARS:

CDL License	State	Expiration Date	Class	Endorsements
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Have any of the licenses been revoked, suspended, restricted or denied? YES NO

If yes, please provide detailed explanation: _____

ACCIDENTS: LIST ANY YOU HAVE BEEN INVOLVED IN FOR THE LAST 3 YEARS:

Date	Injuries/Deaths	Driving a Truck?	Responsible?	Describe
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

EQUIPMENT SPECIALTY/EXPERIENCE:

Type of equipment (Van, Flatbed, Other)	OTR or Local	Number of Years	Type of Freight/Commodity Hauled
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

WORK HISTORY

Please provide a COMPLETE and consecutive history of your Contractual/Employment history for the last 10 years, starting with present or most recent. Any failure to report information requested or any falsification or willful omission of pertinent facts of information on the Independent Contractor Application is serious and will be cause for High Country Carriers LLC to immediately terminate further consideration in establishing a contractual relationship with Independent Contractor Driver.

Company: _____ Phone: _____

Address: _____ Supervisor: _____

O.T.R. or Local: _____ Van/Flatbed/Other _____ From: _____ To _____

Position: _____ Reason for leaving: _____

Were you subject to FMCSRs while employed? 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? _____

Please account for any period between jobs:

Date/Month/Year and Reason:

Company: _____ Phone: _____

Address: _____ Supervisor: _____

O.T.R. or Local: _____ Van/Flatbed/Other _____ From: _____ To _____

Position: _____ Reason for leaving: _____

Were you subject to FMCSRs while employed? 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? _____

Please account for any period between jobs:

Date/Month/Year and Reason:

Company: _____ Phone: _____

Address: _____ Supervisor: _____

O.T.R. or Local: _____ Van/Flatbed/Other _____ From: _____ To _____

Position: _____ Reason for leaving: _____

Were you subject to FMCSRs while employed? 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? _____

Please account for any period between jobs:

Date/Month/Year and Reason:

Company: _____ Phone: _____

Address: _____ Supervisor: _____

O.T.R. or Local: _____ Van/Flatbed/Other _____ From: _____ To _____

Position: _____ Reason for leaving: _____

Were you subject to FMCSRs while employed? 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? _____

Please account for any period between jobs:

Date/Month/Year and Reason:

WAIVER

I hereby authorize High Country Carriers LLC as required by the Federal Motor Carrier Safety Administration (FMCSA) regulations section 391.23, to investigate and compile a complete background check history, former work history which may encompass all of the following: experience, personal character, credit, criminal and/or arrest record. I do hereby authorize any present and past employers or and/or contractual relationships to furnish my previous work history record with them, with any reason for separation, and any/all information which said company may have concerning me to the company's investigating agency. I authorize release of information for purposes of investigation of drug and alcohol results a required by section 382.405(f) and 382.413 of the FMCSA regulations. I here authorize any local, state, or federal law enforcement agency to furnish any and all information regarding arrests or convictions listed under my name which might be in file, to the company's investigative agency. I hereby release all present and past employers, companies that contracted with me, lessors and law enforcement agencies from any and all liability for damages whatsoever which may result from furnishing any information requested concerning me to the company's investigate agency. I understand that I have the following rights concerning the investigative information that is being provided by a prior employer:

The right to review information provided by the previous employer,

The right to have errors in the information corrected by the previous employer and for the corrected information to be sent to the prospective employer and

The right to have a rebuttal statement attached to the alleged erroneous information if I and the previous employer cannot agree on the accuracy of the information provided.

In addition, I certify that all the information provided in this Independent Contractor Driver 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 hereby authorize this company 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 consenting to the release of safety performance information including crash inspection data from the previous five (5) years and inspection history for the previous three (3) years. I understand and acknowledge that this release of information may assist this company in making a determination regarding my suitability. I further understand that neither High Country Carriers LLC 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 <http://dataqs.fmcsa.dot.gov>. If I am challenging 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.

Print Name

Signature

Date

PRE-QUALIFICATION URINALYSIS CONSENT FORM

I understand, as a pre-qualification condition, I am required by section 382.301 of Title 49, Federal Motor Carrier Safety Regulations, to submit a controlled substance test.

I agree to provide a urine sample at a location and time designated by the company and/or High Country Carriers LLC to be tested for controlled substance.

I understand if I test positive for use of controlled substances, I am not medically qualified to operate a commercial motor vehicle.

The results of the controlled substance test will be maintained by the company designated review office who will report to High Country Carriers LLC whether the test result was negative or positive. I authorize the company or medical review officer to release the test results to the examining medical physician to assist in determining if I am medically qualified to operate a commercial motor vehicle. The results will not be released to any additional party without my written authorization.

I agree to submit to the required controlled substance urinalysis.

Print Name

Signature

Date

UNAUTHORIZED PASSENGER AGREEMENT

I have read the following Motor Carrier Policy concerning "Unauthorized Passengers". I understand that if I do violate this policy that my contract is immediately annulled.

Policy: At no time is the contractor permitted to allow an individual to travel in his/her equipment without expressed written consent from High Country Carriers LLC.

Print Name

Signature

Date