



# Express Truck Lines LLC

## Application for Independent Contractor Owner-Operator

*In compliance with Federal and State equal opportunity laws, qualified applications are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status.*

**Please be sure to print clearly and answer all questions:**

Position(s) Applied For: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
Last First Middle

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Current Address: \_\_\_\_\_  
Street City State Zip

Previous Address if above is less than 5 years: \_\_\_\_\_

Do you have the legal right to work in the United States?  yes  no

Are you over the age of 18?  yes  no If not, can you provide proof of age?  yes  no

Have you worked for Express Truck Lines before?  yes  no

If yes, \_\_\_\_\_  
Where Dates From/To Rate of pay Position Reason for leaving

Are you currently employed?  yes  no If not, how long since leaving last employment? \_\_\_\_\_

How did you hear about Express Truck Lines? \_\_\_\_\_

Rate of pay expected: \_\_\_\_\_ Are you seeking  Full-time or  Part-time

What day(s) of the week and hours are you available to work? \_\_\_\_\_

Have you ever been convicted of a felony?  yes  no If yes, please explain details fully on back of this page.  
Conviction of a crime is not an automatic bar to employment. All circumstances will be considered.

Is there any reason you might be unable to perform the functions of the job for which you have applied?  yes  no  
If yes, explain: \_\_\_\_\_

Drivers License: \_\_\_\_\_  
State License Number Expiration Date

Current class of Drivers License?  A  B  C  D Do you have a HAZMAT Endorsement?  yes  no

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

Has any license, permit or privilege ever been suspended or revoked?  yes  no

If you answered yes to either of the above questions, please explain on reverse side.

## Employment History

*\*\*List employers in reverse order starting with the most recent\*\**

- All driver applicants to driver in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state and zip code.
- Applicants to drive a commercial vehicle<sup>1</sup> in intrastate or interstate commerce shall also provide an additional 7 years' information on those employers for who the applicant operated such vehicle.

Employer #1: _____ Phone: _____
Address: _____ Street City State Zip
Position Held: _____ Dates of Employment: from _____ to _____
Reason for Leaving: _____ May we contact this employer for a reference: <input type="checkbox"/> yes <input type="checkbox"/> no
Were you subject to the FMCSRs <sup>2</sup> while employed? <input type="checkbox"/> yes <input type="checkbox"/> 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? <input type="checkbox"/> yes <input type="checkbox"/> no
Employer #2: _____ Phone: _____
Address: _____ Street City State Zip
Position Held: _____ Dates of Employment: from _____ to _____
Reason for Leaving: _____ May we contact this employer for a reference: <input type="checkbox"/> yes <input type="checkbox"/> no
Were you subject to the FMCSRs <sup>2</sup> while employed? <input type="checkbox"/> yes <input type="checkbox"/> 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? <input type="checkbox"/> yes <input type="checkbox"/> no
Employer #3: _____ Phone: _____
Address: _____ Street City State Zip
Position Held: _____ Dates of Employment: from _____ to _____
Reason for Leaving: _____ May we contact this employer for a reference: <input type="checkbox"/> yes <input type="checkbox"/> no
Were you subject to the FMCSRs <sup>2</sup> while employed? <input type="checkbox"/> yes <input type="checkbox"/> 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? <input type="checkbox"/> yes <input type="checkbox"/> no

<sup>1</sup> Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

<sup>2</sup> The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weights or has a GVWR of 10,001 lbs or more, (2) is designed or used to transport 9 or more passengers, OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.



### Driving Experience and Qualifications

Class of Equipment	Type of Equipment (Van, Tank, Flat, Etc.)	Dates (from – to)	Approximate number of total miles
Straight Truck		-	
Tractor and Semi-trailer		-	
Tractor – two trailers		-	
Other		-	

List states operated in for the last five years: \_\_\_\_\_

Show special courses or training that will help you as a driver: \_\_\_\_\_

Which safe driving awards to you have and from whom? \_\_\_\_\_

### Accident Records for Past 5 Years

*\*\*List accidents in reverse order starting with the most recent\*\**

Date	Nature of Accident	Fatalities	Injuries
		<input type="checkbox"/> yes <input type="checkbox"/> no	
		<input type="checkbox"/> yes <input type="checkbox"/> no	

*(Please use the reverse side if more space is needed)*

### Traffic Convictions and Forfeitures for Past 5 Years

*\*\*List convictions and forfeitures in reverse order starting with the most recent – do not include parking violations\*\**

Date	Location	Charge	Penalty

*(Please use the reverse side if more space is needed)*

### Other Experience and Qualifications

*\*\*Please use reverse side if more space is needed\*\**

Show any trucking, transportation, or other experience that may help in your work for this company:

\_\_\_\_\_

List courses and training other than shown elsewhere on this application that may help in your work for this company:

\_\_\_\_\_

List special equipment or technical materials you can work with other than those already shown:

\_\_\_\_\_

### Declaration of Employment Status

I understand that I must provide my complete employment history for the past three (3) years, and all CDL required employment for the seven (7) years preceding that. Any gaps in employment longer than one (1) month are explained as follows:

From: \_\_\_\_\_ To: \_\_\_\_\_

During this time, I was engaged in the following activity:

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In addition:

\_\_\_\_\_ I was not employed by any company or individual.

\_\_\_\_\_ I was not convicted of any criminal act involving the use of a commercial motor vehicle or while driving a commercial motor vehicle.

### To Be Read and Signed By Applicant

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.

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended. I hereby release employers, schools, healthcare providers and other persons from liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my applications or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

I understand that information I provide regarding current and/or previous employers may be used, and those employers will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23 (d) and (e). I understand that I have the right to:

- Review information provided by the previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

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Applicant's Signature

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Date