

# Shawnee Trucking Co. Inc.

213 Washington Avenue • Carlstadt • New Jersey • NJ  
Tele: (201) 438-7060 Fax: (201) 438-7175

## Application for Owner/Operator Independent Contractor

Applicant Name or Company Name: \_\_\_\_\_ Date of Application: \_\_\_/\_\_\_/\_\_\_  
(Print)

In compliance with Federal and State equal employment opportunity laws, qualified applicants 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.

### AUTHORIZATION

Please read the following statement carefully before signing to indicate your understanding.

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 I and after a conditional offer of employment has been extended.) In the event of employment, I understand that false or misleading information given in my application 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 provided regarding current and/or previous employers may be used, and those employer(s) 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 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.

Owner/Operator Driver Signature \_\_\_\_\_

Date \_\_\_\_\_

### FOR COMPANY USE

#### PROCESS RECORD

Applicant Approved: \_\_\_\_\_ Effective Date: \_\_\_/\_\_\_/\_\_\_

Classification: \_\_\_\_\_

SIGNATURE OF INTERVIEWING OFFICER \_\_\_\_\_

### SEPARATION

Date Separated: \_\_\_/\_\_\_/\_\_\_ Separated By: \_\_\_\_\_

Reason for Separation: \_\_\_\_\_

SEPARATION REPORT PLACED IN FILE \_\_\_\_\_ SUPERVISOR \_\_\_\_\_

# Independent Contractor Personal Information (Driver)

Is the Driver the Owner:  Yes  No

Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

List your addresses of residency for the past three (3) years, starting with your current.

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

From \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Previous Addresses**

	Address	City	State	Zip	From	To
1						
2						
3						
4						

Do you have the legal right to work in the United States? \_\_\_\_\_ Can you read and write English? \_\_\_\_\_

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Can you provide proof of age? \_\_\_\_\_  
(Required for Commercial Drivers)

Have you worked for this company before? \_\_\_\_\_ If yes, Dates; From \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ To \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Rate of pay \_\_\_\_\_ Position \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Are you now employed? \_\_\_\_\_ If not, last day worked? \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

How did you learn of position available? \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_\_ If yes, please explain fully on a separated sheet of paper.

Is there any reason you might be unable to perform the functions of the job for which you have applied? \_\_\_\_\_

If yes, explain if you wish \_\_\_\_\_

List the names and relationship of all friends and relatives employed presently or in the past with Shawnee Trucking.

Name	Relationship	Name	Relationship

### Emergency Contact

In case of emergency give name and telephone of people you will like to be notify

Name	Relation	Home Phone	Cell Phone

## Independent Contractor Employment History (Driver)

All driver applicants to drive interstate commerce must provide the following information on all employers during the preceding three (3) years. List the complete mailing address, street number, city, state and zip code.

Applicant to drive a commercial motor vehicle\* in intrastate or interstate commerce shall also provide an additional seven (7) years information on those employers for whom the applicant operated such vehicle.

(NOTE: List employers in reverse order starting with most recent. Add another sheet if necessary.)

EMPLOYER				DATE			
Name				FROM MO.	YR	TO MO.	YR
Address				POSITION HELD			
City	State	Zip code		SALARY/WAGES			
Contact Person	Phone Number			REASON FOR LEAVING			
WERE YOUR SUBJECT TO THE FMCSRs** 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				DATE			
Name				FROM MO.	YR	TO MO.	YR
Address				POSITION HELD			
City	State	Zip code		SALARY/WAGES			
Contact Person	Phone Number			REASON FOR LEAVING			
WERE YOUR SUBJECT TO THE FMCSRs** 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				DATE			
Name				FROM MO.	YR	TO MO.	YR
Address				POSITION HELD			
City	State	Zip code		SALARY/WAGES			
Contact Person	Phone Number			REASON FOR LEAVING			
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Name				FROM MO.	YR	TO MO.	YR
Address				POSITION HELD			
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## Independent Contractor Accident History (Driver)

\*Include vehicle 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.

\*\*The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operation 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 pounds or more, (2) is designed or used to transport nine (9) or more passengers, OR (3) is of any size and us used to transport hazardous materials in a quantity requiring placarding.

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE, IF NONE, WRITE NONE (Attach additional sheet if more space is needed)

DATE (Start with most recent)	NATURE OF ACCIDENT	TYPE OF VEHICLE	FATALITIES	INJURIES

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATION) IF NONE, WRITE NONE

LOCATION	DATE	CHARGE	PENALTY

(ATTACH ADDITIONAL SHEET IF MORE SPACE IS NEEDED)

### EXPERIENCE AND QUALIFICATIONS - DRIVER

LIST ALL DRIVER LICENSES OF PERMITS HELD IN THE PAST 3 YEARS

STATE	LICENSE NUMBER	TYPE	EXPIRATION DATE

1. Have you ever been denied a license, permit or privilege to operate a motor vehicle? (Circle one) Yes / No

2. Has any license, permit or privilege ever been suspended or revoked? (circle one) Yes / No

IF THE ANSWER TO EITHER 1 OR 2 ABOVE IS YES, GIVE DETAILS \_\_\_\_\_

### DRIVING EXPERIENCE

EQUIPMENT	Yes		No		Dates		Approximate number of MILES
					From	To	
Straight Truck							
Tractor and Semi-Trailer							
Other							

LIST STATES OPERATED IN FOR LAST FIVE YEARS: \_\_\_\_\_

CIRCLE HIGHEST COMPLETED

### EDUCATION

GRADE SCHOOL:                    1      2      3      4      5      6      7      8

HIGH SCHOOL:                    1      2      3      4      COLLEGE:      1      2      3      4

NAME OF LAST SCHOOL ATTENDED \_\_\_\_\_ CITY/STATE \_\_\_\_\_

**CERTIFICATION OF COMPLIANCE  
WITH DRIVER LICENSE REQUIREMENTS**

**DRIVER REQUIREMENTS:** Parts 383 and 391 of the Federal Motor Carrier Safety Regulations contain some requirements that you as a driver must comply with. These requirements are in effect as of July 1, 1987.

They are as follows:

**1) POSSESS ONLY ONE LICENSE:** You, as a commercial vehicle driver, may not possess more than one motor vehicle operator's license.

If you have more than one license, keep the license from the state of your residence and return the additional licenses to the states that issued them. DESTROYING a license does not close the record in the state that issued it; you must notify the state. If a multiple license has been lost, stolen, or destroyed, close your record by notifying the state of issuance that no longer want to be licensed by that state.

**2) NOTIFICATION OF LICENSE SUSPENSION, REVOCATION OR CANCELLATION:** Sections 392.42 and 383.33 of the Federal Motor Carrier Safety Regulations require that you notify your employer the NEXT BUSINESS DAY of any revocation or suspension of your driver's license. In addition, Section 383.31 requires that any time you violate a state or local law (other than parking) you must report it within 30 days to: 1) your employing motor carrier, and 2) the state that issued your license (if the violation occurs in a state other than the one, which issued your license). The notification to both the employer and the state must be in writing.

The following license is the only one I possess:

Driver's license # \_\_\_\_\_ State \_\_\_\_\_ Exp. Date \_\_\_\_\_

**Independent Contractor CERTIFICATION:** I certify that I have read and understood the above requirements.

**Independent Contractor Name (PRINTED)** \_\_\_\_\_

