



DRIVER APPLICATION

02/2010

AGENT OFFICE USE

AGENT # _____

DFO? Yes / No

"NATIONAL DRAYAGE SERVICES, LLC" (NDS) IS AN EQUAL OPPORTUNITY EMPLOYER". APPLICANTS ARE CONSIDERED WITHOUT REGARD TO RACE, CREED, COLOR, SEX, RELIGION, AGE, NATIONAL ORIGIN, MARITAL STATUS, NON-JOB RELATED DISABILITY, OR ANY OTHER LEGALLY PROTECTED STATUS

INSTRUCTIONS: Please read carefully and **personally print in ink** information in each space. If submitting a resume, transfer all items from your resume to the application. **Incomplete applications will NOT be considered.**
- DO NOT LEAVE ANY BLANKS -

I – PERSONAL DESCRIPTION:

Full Name: _____ Date of Birth: _____
First Middle Last (Required by DOT Reg.)

Social Security #: _____ Home Phone #: () _____
Area Code

Mobile Phone #: () _____ E-mail address: _____
Area Code

Present Address: _____
Street City State, Zip Code

Are you a Citizen of the United States? **Yes / No** Are you Eligible for Employment in the U.S.? **Yes / No**

Do you read, write and speak English? **Yes / No** EMERGENCY CONTACT: _____
 Phone #: () _____

II – MISCELLANEOUS (circle Yes or No)

- Have you ever been discharged or suspended from any job? **Yes / No**
 If "yes", LIST THE EMPLOYER and explain when and why: _____
- Have you **ever** been convicted of a criminal offense? **Yes / No**
 If "yes", explain: _____

III – DRIVER LICENSES - LIST ALL DRIVER LICENSES HELD IN PAST 5 YEARS

STATE	LICENSE NUMBER	TYPE	LIST ENDORSEMENTS	EXP. DATE

IV – EQUIPMENT / TRACTOR INFORMATION:

Year _____ Make _____ Model _____ VIN _____

Conventional Cabover Color _____

PLEASE SUBMIT COPY OF YOUR TRUCK REGISTRATION

V – WORK HISTORY FOR THE PAST 10 YEARS (DO NOT LEAVE ANY BLANKS)

List employers for at least 10 previous years including all full and part-time employment. All time must be accounted for including military service, self-employment and periods of unemployment. **YOU MUST SUBMIT EMPLOYER'S PHONE NUMBERS. YOU MUST RESPOND REGARDING ACCIDENTS / INCIDENTS.**

Do you have intermodal (chassis/containers) truck driving experience? Yes / No

(1) Current or Most Recent Employer : _____

May we contact current employer?: Yes / No

Address: _____
Street City State, Zip Code

TELEPHONE #: () _____ **FAX #:** _____
Area Code

Position Held: _____ From _____ To _____ Rate of Pay: _____
Month/Year Month/Year

ANY VEHICLE ACCIDENTS / INCIDENTS?: Yes / No IF YES WERE ANY PREVENTABLE?: Yes / No

(2): _____

Address: _____
Street City State, Zip Code

TELEPHONE #: () _____ **FAX #:** _____
Area Code

Position Held: _____ From _____ To _____ Rate of Pay: _____
Month/Year Month/Year

ANY VEHICLE ACCIDENTS / INCIDENTS?: Yes / No IF YES WERE ANY PREVENTABLE?: Yes / No

(3): _____

Address: _____
Street City State, Zip Code

TELEPHONE #: () _____ **FAX #:** _____
Area Code

Position Held: _____ From _____ To _____ Rate of Pay: _____
Month/Year Month/Year

ANY VEHICLE ACCIDENTS / INCIDENTS?: Yes / No IF YES WERE ANY PREVENTABLE?: Yes / No

(4) : _____

Address: _____
Street City State, Zip Code

TELEPHONE #: () _____ **FAX #:** _____
Area Code

Position Held: _____ From _____ To _____ Rate of Pay: _____
Month/Year Month/Year

ANY VEHICLE ACCIDENTS / INCIDENTS?: Yes / No IF YES WERE ANY PREVENTABLE?: Yes / No

V – WORK HISTORY CONTINUED:

(5): _____

Address: _____
Street City State, Zip Code

TELEPHONE #: () _____ **FAX #:** _____
Area Code

Position Held: _____ From _____ To _____ Rate of Pay: _____
Month/Year Month/Year

ANY VEHICLE ACCIDENTS / INCIDENTS?: **Yes / No** IF YES WERE ANY PREVENTABLE?: **Yes / No**

(6): _____

Address: _____
Street City State, Zip Code

TELEPHONE #: () _____ **FAX #:** _____
Area Code

Position Held: _____ From _____ To _____ Rate of Pay: _____
Month/Year Month/Year

ANY VEHICLE ACCIDENTS / INCIDENTS?: **Yes / No** IF YES WERE ANY PREVENTABLE?: **Yes / No**

(7): _____

Address: _____
Street City State, Zip Code

TELEPHONE #: () _____ **FAX #:** _____
Area Code

Position Held: _____ From _____ To _____ Rate of Pay: _____
Month/Year Month/Year

ANY VEHICLE ACCIDENTS / INCIDENTS?: **Yes / No** IF YES WERE ANY PREVENTABLE?: **Yes / No**

(8): _____

Address: _____
Street City State, Zip Code

TELEPHONE #: () _____ **FAX #:** _____
Area Code

Position Held: _____ From _____ To _____ Rate of Pay: _____
Month/Year Month/Year

ANY VEHICLE ACCIDENTS / INCIDENTS?: **Yes / No** IF YES WERE ANY PREVENTABLE?: **Yes / No**

(9): _____

Address: _____
Street City State, Zip Code

TELEPHONE #: () _____ **FAX #:** _____
Area Code

Position Held: _____ From _____ To _____ Rate of Pay: _____
Month/Year Month/Year

ANY VEHICLE ACCIDENTS / INCIDENTS?: **Yes / No** IF YES WERE ANY PREVENTABLE?: **Yes / No**

Additional Past Employers: *Make copy of this sheet to list any additional employers going back 10 years*

VI – DRIVING EXPERIENCE / CMV DRIVER TRAINING - EDUCATION

EQUIPMENT OPERATED/ TRAINING	TYPE OF EQUIPMENT VAN, TANK, FLAT, CHASSIS	DATES		APROX. NO. TOTAL MILES
		FROM	TO	
STRAIGHT TRUCK				
TRACTOR / SEMI TRAILER / CHASSIS				
CMV TRUCK DRIVING SCHOOL - TRAINING - EDUCATION				

VII – TRAFFIC CONVICTIONS LIST ALL TRAFFIC CONVICTIONS-PAST 3 YEARS-IF NONE WRITE NONE

DATE	LOCATION (STATE)	CHARGE	PENALTY

VIII – SAFETY RECORD List all accident involvements in commercial or private vehicles including property damage for past **five (5)** years – *IF NONE WRITE NONE*

DATE	TYPE VEHICLE	NATURE OF ACCIDENT	PREV./ NON-PREV.	FATALITIES	INJURIES	PROPERTY DAMAGE AMOUNT

(circle Yes or No):

- Has your license, permit or privilege to operate a motor vehicle **ever** been suspended or revoked? **Yes / No**
- Have you **ever** been convicted for possession, sale, or use of a narcotic drug, amphetamines, or illegal substance? **Yes / No**
- Have you had any excessive speeding convictions in the past 3 years? **(= to or >15 MPH) Yes / No**
- Have you **ever** tested positive, or refused to test, on any previous drug or alcohol test? **Yes / No**

If you answered yes to any of the above listed questions (1 to 5) – EXPLAIN BELOW: (Date, Location, Reason & Disposition)

TO BE READ AND SIGNED BY APPLICANT

It is agreed and understood that any misrepresentation of information given herein shall be considered an act of dishonesty, and be cause for discharge. It is agreed and understood that the company or it's agents may investigate the applicant's background to ascertain any and all information of concern to applicant's record, whether same is on record or not, and applicant releases employers and persons named herein from all liability for any damages on account of his furnishing such information. It is agreed and understood that this application is not a contract. The applicant agrees to furnish such additional information and complete such examinations as may be required to complete his file. It is agreed and understood that this application in no way obligates the company to hire, or contract with, the applicant. It is agreed and understood that if hired the applicant may be on a probationary period during which time he may be discharged without recourse. I understand that any offer of hire is contingent on my ability to produce documentation to verify my identity and legal authorization to work in the U.S. as required by the Immigration and Control Act of 1986. NDS is an equal opportunity employer and a Drug Free Workplace.

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete and correct to the best of my knowledge. This application is being submitted solely for the purpose of employment, or to contract as an owner/operator, with NDS.

Applicant's Signature

Date



REQUEST FOR ALCOHOL / CONTROLLED SUBSTANCES INFORMATION – LEASED DRIVERS

PREVIOUS EMPLOYERS / DISCLOSURE & RELEASE

I, desiring to operate commercial motor vehicles under the FHWA authority of National Drayage Services, LLC (NDS), and desiring that they may be informed by investigation of my past records and reports for verification of facts, do hereby release all employers and past employers, HireRight and all persons whomever, from any present or future liabilities of any type resulting from the provision of such information to NDS or its' agent, Inland Intermodal Logistics Services Inc. (ILS). I understand that such records and reports may contain public record information concerning my driving record, workers' compensation claims, credit, bankruptcy proceedings, criminal records, etc. I authorize without reservation, any party or agency contacted by NDS, it' agent or HireRight to furnish the above mentioned information. I understand, that if am leased, my duties will include all duties normally associated with being a professional truck driver and driving a commercial motor vehicle.

It is understood that I have the right to request from HireRight (upon proper identification) the nature and substance of all information in its' files on me at the time of my request, including the sources of information; and the recipients of any reports on me which HireRight has previously furnished within the three year period preceding my request. I hereby consent to NDS, or its' agents, obtaining the above information from HireRight, or any other source. I understand and consent that my lease history with NDS, if leased, will be supplied to HireRight. I hereby authorize procurement of consumer reports. If leased, this authorization shall remain on file and shall serve as ongoing authorization for NDS, and its' agent – ILS, to procure consumer reports at any time during my lease period.

I hereby acknowledge that I have been properly notified that I must submit to DOT mandated alcohol and controlled substance tests (Federal Regulation, 49 CFR 382.113) and furthermore authorize designated MROs to release to NDS, and its' authorized agents, my test results. In addition, I consent to and authorize NDS, and its' authorized agents to obtain alcohol and controlled substances test results information from past employers.

I hereby authorize all of my former employer(s) (in accordance with 49 CFR 382.405 & 382.413) to release and forward all information on my alcohol and controlled substances test records to NDS, it's authorized agents and Safety/Risk Mgmt. services at the address or FAX # as listed below.

Driver Applicant Name: _____

Driver Applicant Signature: _____ Date: _____

THE FOLLOWING TO BE COMPLETED BY FORMER EMPLOYER(S) ONLY

In the past three (3) years has this person ever:

- 1. Participated in any alcohol or drug tests? Yes _____ No _____
- 2. Tested positive for controlled substances? Yes _____ No _____
- 3. Had a breath alcohol test result of .04 or greater? Yes _____ No _____
- 4. Refused a required test for controlled substances or alcohol? Yes _____ No _____
- 5. Any other violations of DOT drug / alcohol regulations? Yes _____ No _____
- 6. Any information received from a previous employer that this individual violated DOT drug / alcohol regulations Yes _____ No _____

(signature of person providing information) Title Date

(print Company name)

PLEASE FAX OR MAIL INFORMATION TO SAFETY / RISK MGMT. SERVICES ASAP (FAX # 901- 746 - 1635)