



INDEPENDENT OWNER OPERATOR APPLICATION

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1. APPLICATION QUESTIONNAIRE ANSWER ALL QUESTIONS - PLEASE PRINT

Name				Social Security No.	
List your addresses of residency for the past 3 years					
Current Address	Street			City	
	State		Zip	Phone	How Long?
Previous Addresses	Street	City		State & Zip Code	
	Street	City		State & Zip Code	
	Street	City		State & Zip Code	
Do you have a legal right to work in the United States?					
Date of Birth (Required for Commercial Drivers)				Can you provide proof of age?	
Have you worked for this company before?			Where?		
Dates	From	To	Rate of Pay	Position	
Reason for Leaving					
Are you employed now?		If not, how long since leaving last employment?			
Who referred you?					
Is there any reason you might be unable to perform the functions of the job for which you have applied?					
If yes, explain					

2. EXPERIENCE AND QUALIFICATIONS - DRIVER

List all drivers licenses or permits held in the past 3 years				
Drivers Licenses	State	License No.	Type	Expiration Date

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes No

B. Has any license, permit, or privilege ever been suspended or revoked? Yes No

If the answer to either A or B is YES, give details

DRIVING EXPERIENCE CHECK YES OR NO					
Class of Equipment	Circle Type of Equipment		Dates		Approximate No. of miles (Total)
			From (M/Y)	To (M/Y)	
Dump Truck	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Flat Dump		
Tractor and Semi-Trailer	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Flat Dump		
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 do you hold and from whom?

Show any trucking, transportation or other experience that may help you in your work with Tate Transport Corporation

Circle Highest Grade Completed 1 2 3 4 5 6 7 8	High School 1 2 3 4	College 1 2 3 4
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3. EMPLOYMENT HISTORY

All independent operators to drive a commercial motor vehicle* in intrastate or 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.

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

Employer		Date	
Name		From	To
Address	City	Mo. Yr.	Mo. Yr.
State	Zip	Position Held	
Contact Person	Phone Number	Salary/Wage	
Were you subject to the FMCSRS† while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No		Reason for Leaving	
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	To
Address	City	Mo. Yr.	Mo. Yr.
State	Zip	Position Held	
Contact Person	Phone Number	Salary/Wage	
Were you subject to the FMCSRS† while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No		Reason for Leaving	
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	To
Address	City	Mo. Yr.	Mo. Yr.
State	Zip	Position Held	
Contact Person	Phone Number	Salary/Wage	
Were you subject to the FMCSRS† while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No		Reason for Leaving	
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			

†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) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport more than 8 passengers (including the driver), or (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.



4. ACCIDENT RECORD

ACCIDENT RECORD FOR THE PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED) IF NONE, WRITE NONE				
Dates	Nature of Accident (Head-on, Rear-end, Upset, Etc.)	Fatalities	Injuries	Hazardous Materials Spill
Last Accident				
Next Previous				
Next Previous				

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE NONE (ATTACH SHEET IF MORE SPACE IS NEEDED)			
Location	Date	Charge	Penalty

5. NOTICE REGARDING BACKGROUND REPORTS

MANDATORY FOR ALL ACCOUNT HOLDERS IMPORTANT NOTICE REGARDING BACKGROUND REPORTS FROM THE *PSP ONLINE SERVICE*

1. In connection with your application for employment with Tate Transport Corporation, its employees, agents, or contractors may obtain one more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

When the application for employment is submitted in person, if Tate Transport Corporation uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, Tate Transport Corporation will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, Tate Transport Corporation will notify you that the action has been taken and that the action was based in part or in whole on this report.

When the application for employment is submitted by mail, telephone, computer, or other similar means, if Tate Transport Corporation uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, Tate Transport Corporation must provide you within three business days of taking adverse action oral, written or electronic notification: that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll-free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute the FMCSA the accuracy or complete- ness of any information or report. If you request a copy of a driver record from Tate Transport Corporation who procured the report, then within three business days of receiving your request, together with proper identification, Tate Transport Corporation must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

Tate Transport Corporation cannot obtain background reports from FMCSA unless you consent in writing.

If you agree that Tate Transport Corporation may obtain such background reports, please read the following and sign below:

2. I authorize Tate Transport Corporation 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 data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist Tate Transport Corporation to make a determination regarding my suitability as an Independent Operator.
3. I further understand that neither Tate Transport Corporation 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 <https://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.
4. I understand that Tate Transport Corporation will require pre-employment drug test and prior history reports. Random Drug testing's are also done on Quarterly basis to comply with DOT requirements (See Sec, 40.25(b)(5) and (e)).

6. AUTHORIZATIONS

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.

Name _____ Date _____

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, health care providers, and other personal from all 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 application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of Tate Transport Corporation.

I understand that information I provide regarding current and/or previous employers may be used, and those employers(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 this I have the right to:

- Review information provide by previous employers;
- Have errors in the information corrected by previous employers and or those previous employers to re-send the corrected information to Tate Transport Corporation; 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.

I certify that this APPLICATION QUESTIONNAIRE was completed by me and that all entries on it and information in it are true and complete to the best of my ability.

I certify that this EXPERIENCE & QUALIFICATIONS was completed by me and that all entries on it and information in it are true and complete to the best of my ability.

I certify that this EMPLOYMENT HISTORY was completed by me and that all entries on it and information in it are true and complete to the best of my ability.

I certify that this ACCIDENT RECORD was completed by me and that all entries on it and information in it are true and complete to the best of my ability.

I have read the Notice Regarding Background Reports provided to me by Tate Transport Corporation. And I understand that if I sign this consent form, Tate Transport Corporation may obtain a report of my crash and inspection history. I hereby
Authorize Tate Transport Corporation and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Signature _____ Date _____

Applicant Name	
Applicant Hired	Rejected
Date Employed	Point Employed
Department (if rejected summary report of reasons should be placed in file)	Classification
Signature of Interviewing Officer	

TERMINATION RECORD

Date Terminated		Department Released From	
Dismissed	Voluntarily Quit	Other	
Termination Report Placed In File		Supervisor	