

# Thank you for applying to CWS!

---

In order to qualify for employment you will need a minimum of 12 months of verifiable, tractor-trailer experience in the past 5 years.

---

## Application Instructions

- ❖ **INITIAL** EVERY QUALIFICATION on the 1<sup>st</sup> page that you meet.
- ❖ **ONLY SIGN THE BOTTOM** of the Employment Verification Page.
- ❖ SIGN and COMPLETE **all other pages**.
- ❖ List ALL companies that you have worked for in the past 10 years (include contact phone & fax numbers if you have them).
- ❖ Include a clear copy of your **SOCIAL SECURITY CARD** and your **CDL** (If you live in the area we can make a copy for you).
- ❖ If you are not a citizen, we will need a copy of your **employment authorization card**.
- ❖ If you have a **current long form** physical dated within the past year, include a copy of it (we do not accept the medical card).

We will strive to process your application in a timely matter. Failure to provide the above required information may delay the application process. **Please give us a call @ 800-832-7036 Ext. 1626, or email us at [cwsrecruiting@ilgi.com](mailto:cwsrecruiting@ilgi.com) after sending your application.** This is to ensure you have all the required documents we need to process your application. Thank you!

**The CWS Recruiting Team**

**1.800.832.7036 x 1626**

**219-944-5328 fax**

**[www.cwsdedicated.com](http://www.cwsdedicated.com)**

**WARNING: FALSIFICATION WILL RESULT IN DISQUALIFICATION!**

## **DRIVER MINIMUM QUALIFICATIONS**

**Please write your initials in the space beside each requirement that you meet or exceed.**

\_\_\_ **Minimum age...22**

\_\_\_ **18 Months of verifiable all-weather experience with a Tractor-Trailer** (within the past five years) experience must be with a 48' and/or 53' trailer.

\_\_\_ **12 to 17 Months of verifiable all-weather experience with Tractor-Trailer** (within the past five years) experience must be with a 48' and/or 53' trailer. Road test will be required.

\_\_\_ **Physically qualified with a current long form DOT physical** (physical must be within the past 12 months)

\_\_\_ **No more than 4 moving violations within the previous three years** of which no more than one can be considered a "Serious" violations under **US DOT** standards. Poor driving records beyond three years are considered & **MAY** prevent qualification!

\_\_\_ **No Reckless/Careless driving convictions within three years, NEVER** in a commercial vehicle.

\_\_\_ **Must have a valid CDL from state of residence.**

**CDL License#:** \_\_\_\_\_ **State:** \_\_\_\_\_

\_\_\_ **No CDL driving suspensions within the past three years**, exception one event of failing to pay a ticket timely.

\_\_\_ **No more than one preventable DOT recordable accident within the past three years depending upon review.**

\_\_\_ **No more than two minor preventable accidents** within the past three years.

\_\_\_ **No DUI/DWI (alcohol or drugs) within the past five years, NEVER** in a commercial vehicle. (No more than one ever)

\_\_\_ **No convictions for possession and/or use of controlled substances** or illegal drugs within the past five years.

\_\_\_ **No convictions EVER for the manufacturing and/or distribution of controlled substances or illegal drugs.**

\_\_\_ **No felony convictions**, criminal or traffic with the past 10 years. (Special circumstance cases will be reviewed, example bad checks several years ago, etc.)

\_\_\_ **No prior positive DOT drug or alcohol tests within the past 5 years.**

By signing below I am certifying that I have read and understand the above driver minimum qualifications and that my initials in the space beside each minimum requirement means that I meet or exceed that particular requirement. Further, that my initials beside all of the minimum requirements is certification that I meet or exceed each and every minimum requirement.

Printed Name: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Signature: \_\_\_\_\_

Applying to what company: \_\_\_\_\_

Applicant's Email: \_\_\_\_\_

Company applying to: \_\_\_\_\_, Applying as a Contractor  Yes  No, if not to drive for what Contractor? \_\_\_\_\_

Applicant's Home Phone #:( \_\_\_\_\_ ) : Cell Phone #: ( \_\_\_\_\_ ) Other: ( \_\_\_\_\_ )

## ~ DRIVER APPLICATION ~

Revised  
5/01/04  
db

*In compliance with Federal and State equal opportunity laws, qualified applicants are considered for all independent contractor positions without regard to race, creed, sex, national origin, age, or the presence of non-job related medical condition or handicap.*

Name: \_\_\_\_\_ SS #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  
*Last First Middle*

Current Address: \_\_\_\_\_, How Long at this address? \_\_\_\_\_ Years, \_\_\_\_\_ Months  
*Street City State Zip code* (If less than 3 years please list all addresses for the past 3 years)

Prior Addresses: (1) \_\_\_\_\_ (2) \_\_\_\_\_  
*Street City State Zip code Street City State Zip Code*

Are you a citizen of the United States?  Yes  No Are you legally eligible to work in the United States?  Yes  No Have you ever been convicted of a Felony?  Yes  No If Yes, please provide the approximate date, location and a brief description of the crime committed: \_\_\_\_\_

Have you ever had a prior relationship with this company?  Yes  No If yes, in what capacity and when? \_\_\_\_\_

From: \_\_\_\_/\_\_\_\_/\_\_\_\_ Until \_\_\_\_/\_\_\_\_/\_\_\_\_, Reason for leaving? \_\_\_\_\_ Are you presently employed?  Yes  No.

What was the last date worked with your previous employer? \_\_\_\_/\_\_\_\_/\_\_\_\_. Can you read, write and speak the English language?  Yes  No. Can you perform the essential functions of the position for which you are applying?  Yes  No. Has your license, permit or privilege to operate a motor vehicle ever been denied, revoked or suspended?  Yes,  No. If yes please explain: \_\_\_\_\_

**Note:** *In last 3 years have you refused or tested positive for drugs or alcohol when applying for a commercial driving position?  Yes,  No. If yes, provide list of these employers on a separate sheet of paper entitled Pre-employment Positive(s)/Refusal(s).*

**CAN YOU:** Inspect and adjust all types of brakes?  Yes  No; Assist in loading and unloading trailers?  Yes  No; Drive a tractor semi-trailer over long distances?  Yes  No; Climb up and down without effort?  Yes  No; Determine that trailers are properly loaded, secured, and freight properly distributed?  Yes  No. Comments: \_\_\_\_\_

### EDUCATION

Please circle the highest grade you've completed: **Grammar:** 1 2 3 4 5 6 7 8 **High School:** 1 2 3 4 **College:** 1 2 3 4

Additional training or courses taken: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Any Driver Safety Awards?  Yes  No If yes, for what time period and with what company? \_\_\_\_\_

*Have you ever tested positive, refused a drug test or refused rehabilitation for a commercial driving position?  Yes  No. If Yes was it a (1) Pre-employment, (2) Post Accident, (3) Random or (4) a Reasonable Suspicion test or tests? \_\_\_\_\_ Also, please provide the name, address and phone number of your employer at the time of the positive test, or tests: \_\_\_\_\_*

List Drivers License Numbers for each state of all drivers licenses held in the past 3 years:

State	License #	Type	Expiration Date
_____	_____	_____	_____
_____	_____	_____	_____

Number of years and months of Commercial Tractor-Trailer Driving Experience while licensed as a CDL Class A Driver?  
Yrs: \_\_\_\_\_ Months: \_\_\_\_\_

**ACCIDENT RECORD** For the past 5 years: Number of accidents? \_\_\_\_\_, Number preventable: \_\_\_\_\_, Any fatalities?  Yes,  No Please list all accidents by Date, Location, type of accident, If there were fatalities, injuries, and who was charged/at fault.

Date	Location	Type	Fatalities	Injuries	Who was at fault
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**TRAFFIC CONVICTIONS & FORFEITURES** for the past 5 years (other than parking violations) Please list Violation, location, date and penalty.

Violation	Location	Date	Penalty
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Number of Miles Driving a TT/ST?  
Local: \_\_\_\_\_  
Regional: \_\_\_\_\_  
O/T/R: \_\_\_\_\_

\* This application must be completed and signed by the **applicant!** FMCS 391-21

**Please attach an additional page if needed...**

\***Applicants:** The information that you provide may be used and your previous employers contacted for the purpose of investigating your work history!

**Applicant's Name:** \_\_\_\_\_ **Applying to what company?:** \_\_\_\_\_

*Name of Company*

**Social Security #:** \_\_\_\_\_ **Date:** \_\_\_/\_\_\_/\_\_\_, **DOB:** \_\_\_/\_\_\_/\_\_\_, **Notes:** \_\_\_\_\_

**FMCSR 391.21 "Application for Employment"** requires a list of previous employers beginning on the date of the submission of the application and going back a minimum of three years. Also, if the applicant has commercial driving experience prior to the three year period, he/she must provide their previous employment information for up to 7 years prior to the minimum three year period. Please use a copy of this form or another sheet of paper with the same previous Employer Information requested on this form. db

<p><b>~EMPLOYER INFORMATION~</b> <span style="float:right"><i>Contact Person:</i> _____</span></p> <p><b>NAME:</b> _____, <b>PH:</b> _____</p> <p><b>ADDRESS:</b> _____</p> <p><b>CITY:</b> _____, <b>STATE:</b> _____, <b>ZIP</b> _____</p> <p><i>Number of Accidents with this company? _____, number preventable? _____, any accidents with injuries or extensive property damage? _____ yes, _____ no. Please describe accidents: _____</i></p> <p><i>Were you subject to the FMCSRs while employed with this employer? _____ Yes, _____ No. Was your job designated as a safety sensitive function subject to alcohol &amp; controlled substances testing as required by CFR part 40? _____ Yes, _____ No</i></p>	<p style="text-align:center"><b>DATES</b></p> <p><b>From:</b> ___/___/___, <b>To:</b> ___/___/___</p> <p><b>Position:</b> _____</p> <p><b>If Driver: Circle type truck:</b> <u>Small Van-Box-Dump-TT/ST</u></p> <p><b>Circle Driving Classification</b> <u>Local, Regional or O/T/R</u></p> <p><b>Reason for leaving:</b> _____</p>
--	---

<p><b>~EMPLOYER INFORMATION~</b> <span style="float:right"><i>Contact Person:</i> _____</span></p> <p><b>NAME:</b> _____, <b>PH:</b> _____</p> <p><b>ADDRESS:</b> _____</p> <p><b>CITY:</b> _____, <b>STATE:</b> _____, <b>ZIP</b> _____</p> <p><i>Number of Accidents with this company? _____, number preventable? _____, any accidents with injuries or extensive property damage? _____ yes, _____ no. Please describe accidents: _____</i></p> <p><i>Were you subject to the FMCSRs while employed with this employer? _____ Yes, _____ No. Was your job designated as a safety sensitive function subject to alcohol &amp; controlled substances testing as required by CFR part 40? _____ Yes, _____ No</i></p>	<p style="text-align:center"><b>DATES</b></p> <p><b>From:</b> ___/___/___, <b>To:</b> ___/___/___</p> <p><b>Position:</b> _____</p> <p><b>If Driver: Circle type truck:</b> <u>Small Van-Box-Dump-TT/ST</u></p> <p><b>Circle Driving Classification</b> <u>Local, Regional or O/T/R</u></p> <p><b>Reason for leaving:</b> _____</p>
--	---

<p><b>~EMPLOYER INFORMATION~</b> <span style="float:right"><i>Contact Person:</i> _____</span></p> <p><b>NAME:</b> _____, <b>PH:</b> _____</p> <p><b>ADDRESS:</b> _____</p> <p><b>CITY:</b> _____, <b>STATE:</b> _____, <b>ZIP</b> _____</p> <p><i>Number of Accidents with this company? _____, number preventable? _____, any accidents with injuries or extensive property damage? _____ yes, _____ no. Please describe accidents: _____</i></p> <p><i>Were you subject to the FMCSRs while employed with this employer? _____ Yes, _____ No. Was your job designated as a safety sensitive function subject to alcohol &amp; controlled substances testing as required by CFR part 40? _____ Yes, _____ No</i></p>	<p style="text-align:center"><b>DATES</b></p> <p><b>From:</b> ___/___/___, <b>To:</b> ___/___/___</p> <p><b>Position:</b> _____</p> <p><b>If Driver: Circle type truck:</b> <u>Small Van-Box-Dump-TT/ST</u></p> <p><b>Circle Driving Classification</b> <u>Local, Regional or O/T/R</u></p> <p><b>Reason for leaving:</b> _____</p>
--	---

<p><b>~EMPLOYER INFORMATION~</b> <span style="float:right"><i>Contact Person:</i> _____</span></p> <p><b>NAME:</b> _____, <b>PH:</b> _____</p> <p><b>ADDRESS:</b> _____</p> <p><b>CITY:</b> _____, <b>STATE:</b> _____, <b>ZIP</b> _____</p> <p><i>Number of Accidents with this company? _____, number preventable? _____, any accidents with injuries or extensive property damage? _____ yes, _____ no. Please describe accidents: _____</i></p> <p><i>Were you subject to the FMCSRs while employed with this employer? _____ Yes, _____ No. Was your job designated as a safety sensitive function subject to alcohol &amp; controlled substances testing as required by CFR part 40? _____ Yes, _____ No</i></p>	<p style="text-align:center"><b>DATES</b></p> <p><b>From:</b> ___/___/___, <b>To:</b> ___/___/___</p> <p><b>Position:</b> _____</p> <p><b>If Driver: Circle type truck:</b> <u>Small Van-Box-Dump-TT/ST</u></p> <p><b>Circle Driving Classification</b> <u>Local, Regional or O/T/R</u></p> <p><b>Reason for leaving:</b> _____</p>
--	---

**Note:** My signature certifies that this application was completed by me and all entries on it and information in it are true and complete to the best of my knowledge. 391.21(b)(12). **Applicant's Signature:** \_\_\_\_\_

\***Applicants:** The information that you provide may be used and your previous employers contacted for the purpose of investigating your work history!

**Applicant's Name:** \_\_\_\_\_ **Applying to what company?:** \_\_\_\_\_

*Name of Company*

**Social Security #:** \_\_\_\_\_ **Date:** \_\_\_/\_\_\_/\_\_\_, **DOB:** \_\_\_/\_\_\_/\_\_\_, **Notes:** \_\_\_\_\_

**FMCSR 391.21 "Application for Employment"** requires a list of previous employers beginning on the date of the submission of the application and going back a minimum of three years. Also, if the applicant has commercial driving experience prior to the three year period, he/she must provide their previous employment information for up to 7 years prior to the minimum three year period. Please use a copy of this form or another sheet of paper with the same previous Employer Information requested on this form. db

<p><b>~EMPLOYER INFORMATION~</b> <span style="float:right"><i>Contact Person:</i> _____</span></p> <p><b>NAME:</b> _____, <b>PH:</b> _____</p> <p><b>ADDRESS:</b> _____</p> <p><b>CITY:</b> _____, <b>STATE:</b> _____, <b>ZIP</b> _____</p> <p><i>Number of Accidents with this company? _____, number preventable? _____, any accidents with injuries or extensive property damage? _____ yes, _____ no. Please describe accidents: _____</i></p> <p><i>Were you subject to the FMCSRs while employed with this employer? _____ Yes, _____ No. Was your job designated as a safety sensitive function subject to alcohol &amp; controlled substances testing as required by CFR part 40? _____ Yes, _____ No</i></p>	<p style="text-align:center"><b>DATES</b></p> <p><b>From:</b> ___/___/___, <b>To:</b> ___/___/___</p> <p><b>Position:</b> _____</p> <p><b>If Driver: Circle type truck:</b> <u>Small Van-Box-Dump-TT/ST</u></p> <p><b>Circle Driving Classification</b> <u>Local, Regional or O/T/R</u></p> <p><b>Reason for leaving:</b> _____</p>
--	---

<p><b>~EMPLOYER INFORMATION~</b> <span style="float:right"><i>Contact Person:</i> _____</span></p> <p><b>NAME:</b> _____, <b>PH:</b> _____</p> <p><b>ADDRESS:</b> _____</p> <p><b>CITY:</b> _____, <b>STATE:</b> _____, <b>ZIP</b> _____</p> <p><i>Number of Accidents with this company? _____, number preventable? _____, any accidents with injuries or extensive property damage? _____ yes, _____ no. Please describe accidents: _____</i></p> <p><i>Were you subject to the FMCSRs while employed with this employer? _____ Yes, _____ No. Was your job designated as a safety sensitive function subject to alcohol &amp; controlled substances testing as required by CFR part 40? _____ Yes, _____ No</i></p>	<p style="text-align:center"><b>DATES</b></p> <p><b>From:</b> ___/___/___, <b>To:</b> ___/___/___</p> <p><b>Position:</b> _____</p> <p><b>If Driver: Circle type truck:</b> <u>Small Van-Box-Dump-TT/ST</u></p> <p><b>Circle Driving Classification</b> <u>Local, Regional or O/T/R</u></p> <p><b>Reason for leaving:</b> _____</p>
--	---

<p><b>~EMPLOYER INFORMATION~</b> <span style="float:right"><i>Contact Person:</i> _____</span></p> <p><b>NAME:</b> _____, <b>PH:</b> _____</p> <p><b>ADDRESS:</b> _____</p> <p><b>CITY:</b> _____, <b>STATE:</b> _____, <b>ZIP</b> _____</p> <p><i>Number of Accidents with this company? _____, number preventable? _____, any accidents with injuries or extensive property damage? _____ yes, _____ no. Please describe accidents: _____</i></p> <p><i>Were you subject to the FMCSRs while employed with this employer? _____ Yes, _____ No. Was your job designated as a safety sensitive function subject to alcohol &amp; controlled substances testing as required by CFR part 40? _____ Yes, _____ No</i></p>	<p style="text-align:center"><b>DATES</b></p> <p><b>From:</b> ___/___/___, <b>To:</b> ___/___/___</p> <p><b>Position:</b> _____</p> <p><b>If Driver: Circle type truck:</b> <u>Small Van-Box-Dump-TT/ST</u></p> <p><b>Circle Driving Classification</b> <u>Local, Regional or O/T/R</u></p> <p><b>Reason for leaving:</b> _____</p>
--	---

<p><b>~EMPLOYER INFORMATION~</b> <span style="float:right"><i>Contact Person:</i> _____</span></p> <p><b>NAME:</b> _____, <b>PH:</b> _____</p> <p><b>ADDRESS:</b> _____</p> <p><b>CITY:</b> _____, <b>STATE:</b> _____, <b>ZIP</b> _____</p> <p><i>Number of Accidents with this company? _____, number preventable? _____, any accidents with injuries or extensive property damage? _____ yes, _____ no. Please describe accidents: _____</i></p> <p><i>Were you subject to the FMCSRs while employed with this employer? _____ Yes, _____ No. Was your job designated as a safety sensitive function subject to alcohol &amp; controlled substances testing as required by CFR part 40? _____ Yes, _____ No</i></p>	<p style="text-align:center"><b>DATES</b></p> <p><b>From:</b> ___/___/___, <b>To:</b> ___/___/___</p> <p><b>Position:</b> _____</p> <p><b>If Driver: Circle type truck:</b> <u>Small Van-Box-Dump-TT/ST</u></p> <p><b>Circle Driving Classification</b> <u>Local, Regional or O/T/R</u></p> <p><b>Reason for leaving:</b> _____</p>
--	---

**Note:** My signature certifies that this application was completed by me and all entries on it and information in it are true and complete to the best of my knowledge. 391.21(b)(12). **Applicant's Signature:** \_\_\_\_\_

Please fax back to: \_\_\_\_\_, in \_\_\_\_\_ at fax #: \_\_\_\_\_ ph #: \_\_\_\_\_

## ~ EMPLOYMENT VERIFICATION FORM ~

**Mail to:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# SAFETY IS JOB # 1

**Return Address:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PREVIOUS EMPLOYER:** \_\_\_\_\_, Attention: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Address: \_\_\_\_\_, City: \_\_\_\_\_, State: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_, Ext #: \_\_\_\_\_ Fax #: (\_\_\_\_) \_\_\_\_\_, MC # \_\_\_\_\_

**APPLICANT:** \_\_\_\_\_, SS #: \_\_\_ - \_\_\_ - \_\_\_\_\_, Position applied for: \_\_\_\_\_

He/She states that he/she was employed by you as a: \_\_\_\_\_, From: \_\_\_/\_\_\_/\_\_\_ To: \_\_\_/\_\_\_/\_\_\_

What was his/her job title? \_\_\_\_\_, actual dates of employment: \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_ Reason for leaving

your employment?  Resigned,  Lay Off,  Discharged,  Quit Eligible for rehire?  Yes,  No Did he/she drive a Tractor-

Trailer?  Yes,  No. Solo or Team driver? \_\_\_\_\_. Full time?  Yes,  No Did he/she drive  Local,  Regional or  OTR

Number of accidents: \_\_\_\_\_, Number of Preventable Accidents? \_\_\_\_\_. Any Serious/Major Accidents?  Yes,  No. If so, please

indicate what happened \_\_\_\_\_ Any disciplinary problems?  Yes,  No Has applicant

ever been placed out of service due to H.O.S. (CFR Part 395)?  Yes,  No If yes, explain: \_\_\_\_\_ To your

knowledge was this person's license suspended or revoked while in your employ?  Yes,  No If yes, Explain: \_\_\_\_\_

### APPLICANT EVALUATION

PLEASE CHECK (✓)	GOOD	AVG.	FAIR	POOR	COMMENTS
1. JOB PERFORMANCE	_____	_____	_____	_____	_____
2. SAFETY HABITS	_____	_____	_____	_____	_____
3. ATTENDANCE	_____	_____	_____	_____	_____
4. ATTITUDE	_____	_____	_____	_____	_____
5. PEOPLE SKILLS	_____	_____	_____	_____	_____

Has this applicant been subject to D.O.T. Required Drug or Alcohol testing within the past three years?  Yes,  No. If Yes, When?

\_\_\_/\_\_\_/\_\_\_ Has this applicant tested positive to a D.O.T. Drug or Alcohol test in the past three years? (Alcohol 04% Or More),  Yes,

No. If Yes, When? \_\_\_/\_\_\_/\_\_\_ Has this applicant refused to take a DOT Drug or Alcohol Test in the past three years?  Yes,  No.

If Yes, When? \_\_\_/\_\_\_/\_\_\_ If The Applicant has had a positive D.O.T. Drug or Alcohol Test was he/she referred to a Substance Abuse

Professional for Evaluation and/or treatment?  Yes,  No. If Yes, Please provide the name, address, and phone number of the

Substance Abuse Professional: \_\_\_\_\_, Did the applicant refuse treatment?  Yes,

No. Any other violations of the US DOT Drug and Alcohol Rules?  Yes,  No. If yes, explain \_\_\_\_\_

The responses to these questions were provided by: \_\_\_\_\_, Title: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

This form was completed by: \_\_\_\_\_, Title: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

*Pursuant to sections 604 and 607 of the fair credit reporting act (FCRA) P.L. 91-508, and in regard to my application for driver/contracted services, I hereby authorize and/or allow the release of any and all information, on an as needed basis per Title 49 of the Code of Federal Regulations, including, but not limited to a "Driver's" driving record/MVR /Abstract. I hereby authorize/allow USIS Services, my previous employers, insurance companies, health care providers, educational institutions, law enforcement/state agencies, or references to release any and all information necessary for the purposes of conducting an investigation as required by 49CFR 391.23, and to obtain the Drug/Alcohol Test Result information as required by 49CFR 382.405 (f) AND 49CFR 382.413 of The Regulations. I authorize, without reservation or time limit, any employer, party or agency contacted by this company or other information provider to furnish the above mentioned information. You and or your company are released from all Liability which may result from furnishing any of the above information.*

**Applicant's signature:** \_\_\_\_\_, SS #: \_\_\_ - \_\_\_ - \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

**DRIVER ACKNOWLEDGMENT OF: INDEPENDENT CONTRACTOR STATUS, DUTIES AND INDEMNIFICATION**

I understand that I:

(Print complete name and address)

Check Which One Applies

\_\_\_\_\_

Own and will drive a tractor contracted to a Trucking Company/Carrier or any affiliate

\_\_\_\_\_

Will drive a truck/tractor contracted to a Trucking Company/Carrier or any affiliate

I understand and agree that I am an Independent Contractor as it relates to the Trucking Company/Carrier (to be identified at orientation), which includes any of the following: Contracted owner-operators and their drivers, agents, terminals, affiliates, or related or subsidiary Corporations/Companies (hereinafter collectively referred to as Trucking Company). I further agree and understand that I am not and will not be considered an employee of the Trucking Company. I further understand that any contracted wages I am to receive shall be paid to me by the owner of the truck/tractor, not by, nor as an employee, of the Trucking Company. **Driver acknowledges that the use of phones/cell phones and interactive mobile data communication devices** (such as keyboards, tablets, laptops, Blackberries, texting, or other such activity), when the vehicle is in motion, is **dangerous and is prohibited**. The Driver is not authorized to use the equipment nor any of these devices when the vehicle is in motion. Contractor shall further indemnify, defend and save harmless the Company and the manufacturer of the device from any and all accidents, losses, expenses, claims, damages, liabilities, personal injury and death incurred by the Company or the manufacturer arising out of the use of the equipment when the vehicle is in motion.

My services as an independent contractor are available to other trucking companies/carriers. Therefore, I agree that I am not an employee of the Trucking Company, and I am not entitled to and I will not make any claim against the Trucking Company or any of its insurance companies for any claims, including but not limited to, no-fault benefits, worker's compensation, unemployment benefits, industrial accident benefits, paid vacation, sick leave, health insurance, or any other type of insurance whatsoever. Transportation necessarily involves the Trucking Company and Customers, Suppliers and Shippers (hereinafter referred to as Customer) upon whose premises I must enter and perform contracted services. In consideration of the time and expenses incurred by the Trucking Company in qualifying me as a driver, and for other good and valuable consideration, I do agree to indemnify, hold harmless, and will not sue nor make any claim against the Trucking Company (as defined in the first paragraph) or any of its insurance companies or any Customer (including any automotive manufacturer, railroad or other company) that requires the Trucking Company to indemnify or hold it harmless. I agree to be bound to the terms of the contract between Trucking Company and any Customer and a copy is available upon request. I further agree to indemnify and hold Trucking Company and any of its insurance companies harmless from any and all claims identified in this Acknowledgment/agreement or arising out of any injury or death to myself (including heirs and beneficiaries) which occur as a result of an incident or accident with Trucking Company or for any injury or death which occur on the property/premises of Trucking Company (as defined in the first paragraph) and any customer of Trucking Company with whom such Customer (including any automotive manufacturer, railroad or other company) requires Trucking Company to indemnify and hold Customer harmless from or for any and all claims in connection with the performance of any transportation, trucking, loading or related services. I acknowledge, for transportation purposes only, that I am a representative of the Trucking Company and that this indemnification includes any and all claims arising from being on the property/premises of the Trucking Company (including any affiliated terminals) or Customer.

As an Independent Contractor to the Trucking Company and as a professional truck driver, I agree and guarantee to operate the commercial tractor and trailer in good faith and good judgment at all times. As an Independent Contractor, I shall have the absolute discretion with respect to the manner and method of performing driving and hauling services subject only to my duty to perform these services in accordance with this Acknowledgment/agreement. I acknowledge having read the Truck Owner's Independent Contractor Operating Agreement (Contract) and guarantee and agree to be bound by all of its terms and agree the terms are incorporated within this Acknowledgment/agreement, including all terms involving electronic monitoring of the vehicle or any of my communications. A copy of such Contract shall be maintained in the truck/tractor. As a commercially licensed driver, I acknowledge, understand, and agree to follow all rules and regulations of commercial drivers as required by all local, state, and federal rules and regulations. As a driver, I understand and agree that a customer or shipper has requested pick-up and/or delivery on certain days and at certain times while also controlling the approximate size of the shipment and any special handling requirements. I will provide courteous, professional, businesslike, safe, and efficient contracted services for the transportation of freight and will turn in all appropriate paperwork including, but not limited to: (1) A delivery receipt; (2) accurate and properly filled out driver's daily logs; (3) properly filled out pre-trip and post-trip inspection; (4) accident reports; (5) shippers bill of lading; (6) fuel purchase receipts; (7) trip reports indicating accurate mileage; (8) toll receipts; (9) detention reports; and (10) if the contract is terminated, assist in the return of all satellite equipment, independent contractor operating agreement, IFTA stickers, and all identification devices of any authorized Trucking Company. Driver, if involved in an accident, shall contact the Trucking Company within two (2) hours or sooner, and then provide a written accident report within twenty-four (24) hours following any such accident. Until the statute of limitations has expired on any accident, the Driver agrees to cooperate with Company and its insurance companies regarding any accident, claim, lawsuit, including discovery requests, interrogatories, requests to produce, depositions, and appearance at trial; failure to do so may result in the Driver being personally responsible for the claim or lawsuit.

This Acknowledgment/agreement shall be governed by the laws of the County and State of contract, both as to interpretation and performance. Other than injunctive or equitable relief, the parties agree that all matters will be submitted to binding arbitration, and that any action brought by either of the parties arising out of this agreement shall be commenced and maintained within the jurisdiction of the State and County of contract. The parties expressly agree and consent, and do not object that service of process by regular mail or certified mail (whether or not signed for) at the last known address, or personal service on either of the parties outside the State of employment and contract shall be sufficient to give the State/County of contract and any court or arbitration panel personal jurisdiction over the parties. The parties agree that any claim or dispute involving this Acknowledgment/agreement or claims involving injury or death shall be made within one hundred eighty (180) days from the time of the alleged dispute or any allegation or breach of the Acknowledgment/agreement and then the same shall be submitted to **Independent Arbitration** pursuant to the Federal Arbitration Act (9 USC §1 et. seq.), in which each side will provide to the other side a list of five (5) Arbitrator names for mutual selection. If the parties are unable to select an agreed upon sole Arbitrator, either party may petition a court (9 USC §5) for an appointment of an independent Neutral Arbitrator. Generally, the Federal Rules of Evidence/Civil Procedure shall apply for discovery/arbitration purposes. The Rules and Guidelines For The Administration of The Arbitration Process shall be supplied upon request. The sole arbitrator, who shall be familiar with commercial trucking and transportation, shall interpret and enforce this Acknowledgment/agreement and the claims of the parties, including customers/shippers, in accordance with this Acknowledgment/agreement or any contract between any affiliated Trucking Company, Carrier and Customer, including any reference to negligence, sole negligence or comparative negligence. The determination of the arbitrator shall be binding on the parties, shall not be appealable, and judgment on the award/decision rendered may be entered in any State of employment or other court having jurisdiction over the matter/parties. Each party is responsible for one-half of the fees and costs associated with the arbitration and is also responsible for its own costs and expenses (including, but not limited to attorney fees and one-half of the fees and expenses of the arbitrator) incurred in enforcing its rights under the arbitration process. The Arbitrator is not empowered to award damages in excess of compensatory damages nor have the power to decide a class action claim.

Driver has had adequate time to review and read this Acknowledgment/agreement and agrees by signing below that it is voluntary and without force or coercion. Driver further agrees that he/she is familiar with the English language and has read this paragraph and Agreement and further understands its contents. If any one or more of the provisions contained in this Acknowledgment/agreement is held to be invalid or unenforceable, that invalidity or unenforceability will not affect any other provisions of this Acknowledgment/agreement and the Acknowledgment/agreement will be enforceable to the extent applicable. **Failure to read this Acknowledgment/agreement does not prevent its enforcement.**

Date: \_\_\_\_\_

Signed: Driver Signature

(Print Name) \_\_\_\_\_

