

REQUEST FOR INDEPENDENT CONTRACTOR SAFETY CLEARANCE

COMPANY _____

ADDRESS _____

Date _____

Name _____ **SSN:** _____

Address _____

Date of Birth _____ **Cell Phone** _____

Email _____ **Phone Number** _____

Name of person to notify in case of emergency _____

Phone number _____ **Relationship** _____

OFFICE USE ONLY

Date screened: _____ **Screened by:** _____

Background checked: Yes No **Date** _____

Drug Test completed: Yes No **Date** _____

Physical completed: Yes No **Date** _____

Road test completed: Yes No **Date** _____

Criminal record check: Yes No **Date** _____

MVR checked: Yes No **Date** _____

Driver accepted as: Single Team Trainee Owner operator

Date accepted: _____

Comments: _____

Have you ever performed work for this company before? _____

If yes, when? _____

Date available to start _____ **Are you willing to run team?** _____

Highest educational level reached: (circle one) 8 9 10 11 12 13 14 15 16

Please list all tickets that you have received in the past 3 years:

Date of citation	State/Location of offense	Nature of offense
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list all accidents/incidents that you have been involved in during the past 3 years. List all incidents regardless of fault

Date of accident	Brief description of accident	Location of accident
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

List any license suspensions or revocations that you have received in the past 3 years

Date	Cause	Date reinstated
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you ever been convicted of a felony? If so, please list charge and date:

Do you use any form of drugs or narcotics that could interfere with your ability to operate a commercial motor vehicle safely? _____

Current driver's license:

State of issue _____ License number _____ Expiration date _____

Has your license ever been suspended or revoked? _____

List all states that you have held licenses in during the past 5 years

State	License Number
_____	_____
_____	_____
_____	_____

Have you ever been bonded? _____ If yes, reasons and dates: _____

Have you ever had a bond revoked for any reason? If yes, explain: _____

List all driving experience:

Straight truck: From date _____ to date _____

Tractor Trailer: From date _____ to date _____

Do you have experience with the following? If so, please list dates.

Livestock _____

Steel _____

Baffled tankers _____

Unbaffled tankers _____

Over-dimensional _____

Refrigerated _____

Dry bulk tankers _____

Doubles _____

Have you ever served in the military? If yes, please list dates and branch of service:

Have you attended any truck driving training schools? If yes, please list dates and names: _____

Past work history: Please list all employment and/or companies leased to in the past 3 years. Periods of unemployment must also be accounted for. Begin with the most recent employer and work back. Phone numbers and addresses are required

Company _____ Phone number _____

Address _____

Supervisor _____ Dates employed: From _____ To _____

Reason for leaving _____

Company _____ Phone number _____

Address _____

Supervisor _____ Dates employed: From _____ To _____

Reason for leaving _____

Company _____ Phone number _____
Address _____
Supervisor _____ Dates employed: From _____ To _____
Reason for leaving _____

Company _____ Phone number _____
Address _____
Supervisor _____ Dates employed: From _____ To _____
Reason for leaving _____

Company _____ Phone number _____
Address _____
Supervisor _____ Dates employed: From _____ To _____
Reason for leaving _____

List all driving experience in the 7 years prior to the above 3

Company _____ Phone number _____
Address _____
Supervisor _____ Dates employed: From _____ To _____
Reason for leaving _____

Company _____ Phone number _____
Address _____
Supervisor _____ Dates employed: From _____ To _____
Reason for leaving _____

Company _____ Phone number _____
Address _____
Supervisor _____ Dates employed: From _____ To _____
Reason for leaving _____

Company _____ Phone number _____
Address _____
Supervisor _____ Dates employed: From _____ To _____
Reason for leaving _____

Company _____ Phone number _____
Address _____
Supervisor _____ Dates employed: From _____ To _____
Reason for leaving _____

Please list all employment that you had in the past three years that required you to comply with the Federal Motor Carrier Safety Regulations. (This includes any employment as a driver, dispatcher, truck mechanic, or carrier official) Also identify all jobs that you had in that period where you worked in a safety sensitive position that required drug/alcohol testing under the requirements of CFR Part 40.

<u>Name of Employer</u>	<u>D&A testing?</u>	<u>Did you ever test positive?</u>
_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

I hereby certify that the above information is true and correct to the best of my knowledge. I understand that any falsified, misleading, or untrue statements will result in my not being granted a safety clearance. I also understand that if at any future date any of the above information is deemed to have been false, that my safety clearance may be revoked at that time. By my signature below, I grant permission for the company that I am applying to permission to investigate my background and past employment.

Signature _____

Date _____