

INDEPENDENT CONTRACTOR'S APPLICATION

In compliance with Federal and State equal employment opportunity laws, qualified IC's are considered for an offer to sign a contract without regard to race, color, religion, sex, national origin, age, marital status, veteran status, veteran status, non-job related disability, or any other protected group status.

TO BE READ AND SIGNED BY INDEPENDENT CONTRACTOR

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 carriers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application. In the event of signing a contract, 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 provide regarding current and/or previous carriers may be used, and those carrier(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 I have the right to:

- * Review information provided by previous carriers;
- * Have errors in the information corrected by previous carriers and for those previous carriers to re-send the corrected information to the prospective carrier; and
- * Have a rebuttal statement attached to the alleged erroneous information, if the previous carrier(s) and I cannot agree on the accuracy of the information.

Signature _____

Date _____

INDEPENDENT CONTRACTOR TO COMPLETE

GENERAL INFORMATION

Position(s) Applied For _____

Name _____ Social Security No. _____
 License No. _____ Issued _____ Expires _____

List your addresses of residency for the past 3 years.

Current Address
 Street _____ City _____
 State _____ Zip Code _____ Phone _____ How Long? _____ / _____
 yrs/mos

Previous Address
 Street _____ City _____
 State _____ Zip Code _____ Phone _____ How Long? _____ / _____
 yrs/mos

Previous Address
 Street _____ City _____
 State _____ Zip Code _____ Phone _____ How Long? _____ / _____
 yrs/mos

Do you have the legal right to work in the United States? Yes No

Date of Birth _____ Can you provide proof of age? _____

(Required for Commercial Drivers)

Have you worked for this company before? Yes No

Dates: From _____ To _____ Pay Rate _____

Reason For Leaving _____

Are you now employed? Yes No If not, how long since last employment? _____

How did you hear of us? _____ Rate of pay expected \$ _____ per _____

FOR COMPANY USE

PROCESS RECORD

CONTRACTED REJECTED (If rejected, summary report of reasons should be placed in file)

INTERVIEW DATE _____

START DATE _____ Regional Long Regional Midwest

NEENAH GREEN BAY

STARTING WAGE \$ _____ per mile \$ _____ per hour Insurance? YES NO

DRUG TEST DATE _____ MVR COPY OF DRIVER'S LICENSE

ROAD TEST DATE _____ Background Check COPY OF SOCIAL SECURITY CARD

GIVEN CONTRACT COPY OF MEDICAL CARD

GIVEN DRUG & ALCOHOL POLICY CO CELL #

GIVEN SAFETY HANDBOOK ASSIGNED TRACTOR #

OTHER DRIVER ID #

GIVEN PAPERWORK MCLEOD ID

Manager Signature: _____

COMMENTS: _____

EXPERIENCE & SKILL

CLASS OF EQUIPMENT			CIRCLE TYPE OF EQUIPMENT	DATES		NO. OF MILES
				FROM (M/Y)	TO (M/Y)	
STRAIGHT TRUCK	<input type="checkbox"/> Yes	<input type="checkbox"/> No	VAN TANK FLAT DUMP REFER			
TRACTOR & SEMI-TRAILER	<input type="checkbox"/> Yes	<input type="checkbox"/> No	VAN TANK FLAT DUMP REFER			
TRACTOR - TWO TRAILERS	<input type="checkbox"/> Yes	<input type="checkbox"/> No	VAN TANK FLAT DUMP REFER			
TRACTOR - THREE TRAILERS	<input type="checkbox"/> Yes	<input type="checkbox"/> No	VAN TANK FLAT DUMP REFER			
MOTORCOACH - SCHOOL BUS (8+ Passengers)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	VAN TANK FLAT DUMP REFER			
MOTORCOACH - SCHOOL BUS (16+ Passengers)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	VAN TANK FLAT DUMP REFER			
OTHER (SPECIFY)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	VAN TANK FLAT DUMP REFER			

SAFETY

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) (ATTACH SHEET IF MORE SPACE IS NEEDED)

LOCATION	DATE	CHARGE	PENALTY

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)

DATE	NATURE OF ACCIDENT (HEAD ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES	HAZMAT SPILL

Have you ever been convicted of a felony? Yes No

If yes, please explain _____

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

If yes, please explain _____

LIST STATES OPERATED IN FOR THE LAST 5 YEARS: _____

LIST ANY SAFE DRIVING AWARDS YOU HOLD AND FROM WHOM _____

EXPERIENCE & EDUCATION

EXPERIENCE & QUALIFICATIONS - OTHER

LIST SPECIAL COURSES OR TRAINING THAT YOU HAVE: _____

LIST ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY _____

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWN)

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 HIGH SCHOOL: 1 2 3 4 COLLEGE: 1 2 3 4

LAST SCHOOL ATTENDED: _____
Name of School City/State

Is there any reason you might be unable to perform the functions of the job for which you have applied [as described in the attached job description]? Yes No

If yes, please explain _____

REFERENCES

NAME	RELATIONSHIP	PHONE	CELL	EMAIL

EMPLOYMENT HISTORY

All independent contractors to drive in interstate commerce must provide the following information on all carriers during the preceeding 3 years. List complete mailing address, street, city, state and zip code. Independent Contractors to drive a commercial motor vehicle* in intrastate or interstate commerce shall also provide an additional 7 years' information on those carriers for whom the independent contractor op (NOTE: List carriers in reverse order starting with the most recent. Add another sheet if necessary.)

CURRENT OR MOST RECENT CARRIER						DATE	
NAME						FROM	TO
ADDRESS						POSITION HELD	
CITY		STATE		ZIP		NUMBER OF STATES	
CONTACT PERSON			PHONE			SALARY/WAGE	
WERE YOU SUBJECT TO THE FMCRs**WHILE EMPLOYED?						<input type="checkbox"/> Yes <input type="checkbox"/> No	
WAS YOUR JOB DESIGNATED AS A SEFETY-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	
						REASON FOR LEAVING	

CARRIER						DATE	
NAME						FROM	TO
ADDRESS						POSITION HELD	
CITY		STATE		ZIP		NUMBER OF STATES	
CONTACT PERSON			PHONE			SALARY/WAGE	
WERE YOU SUBJECT TO THE FMCRs**WHILE EMPLOYED?						<input type="checkbox"/> Yes <input type="checkbox"/> No	
WAS YOUR JOB DESIGNATED AS A SEFETY-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	
						REASON FOR LEAVING	

CARRIER						DATE	
NAME						FROM	TO
ADDRESS						POSITION HELD	
CITY		STATE		ZIP		NUMBER OF STATES	
CONTACT PERSON			PHONE			SALARY/WAGE	
WERE YOU SUBJECT TO THE FMCRs**WHILE EMPLOYED?						<input type="checkbox"/> Yes <input type="checkbox"/> No	
WAS YOUR JOB DESIGNATED AS A SEFETY-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	
						REASON FOR LEAVING	

CARRIER						DATE	
NAME						FROM	TO
ADDRESS						POSITION HELD	
CITY		STATE		ZIP		NUMBER OF STATES	
CONTACT PERSON			PHONE			SALARY/WAGE	
WERE YOU SUBJECT TO THE FMCRs**WHILE EMPLOYED?						<input type="checkbox"/> Yes <input type="checkbox"/> No	
WAS YOUR JOB DESIGNATED AS A SEFETY-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	
						REASON FOR LEAVING	

EMPLOYMENT HISTORY (cont)

CARRIER						DATE	
NAME						FROM	TO
ADDRESS						POSITION HELD	
CITY		STATE		ZIP		NUMBER OF STATES	
CONTACT PERSON				PHONE			SALARY/WAGE
WERE YOU SUBJECT TO THE FMCRs**WHILE EMPLOYED?						<input type="checkbox"/> Yes <input type="checkbox"/> No	
WAS YOUR JOB DESIGNATED AS A SEFETY-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	
						REASON FOR LEAVING	

CARRIER						DATE	
NAME						FROM	TO
ADDRESS						POSITION HELD	
CITY		STATE		ZIP		NUMBER OF STATES	
CONTACT PERSON				PHONE			SALARY/WAGE
WERE YOU SUBJECT TO THE FMCRs**WHILE EMPLOYED?						<input type="checkbox"/> Yes <input type="checkbox"/> No	
WAS YOUR JOB DESIGNATED AS A SEFETY-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	
						REASON FOR LEAVING	

CARRIER						DATE	
NAME						FROM	TO
ADDRESS						POSITION HELD	
CITY		STATE		ZIP		NUMBER OF STATES	
CONTACT PERSON				PHONE			SALARY/WAGE
WERE YOU SUBJECT TO THE FMCRs**WHILE EMPLOYED?						<input type="checkbox"/> Yes <input type="checkbox"/> No	
WAS YOUR JOB DESIGNATED AS A SEFETY-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	
						REASON FOR LEAVING	

CARRIER						DATE	
NAME						FROM	TO
ADDRESS						POSITION HELD	
CITY		STATE		ZIP		NUMBER OF STATES	
CONTACT PERSON				PHONE			SALARY/WAGE
WERE YOU SUBJECT TO THE FMCRs**WHILE EMPLOYED?						<input type="checkbox"/> Yes <input type="checkbox"/> No	
WAS YOUR JOB DESIGNATED AS A SEFETY-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	
						REASON FOR LEAVING	

*Includes vehicles having a GVWR of 26,001 lbs. Or more, vehicles designed to transport 16 or more passengers, or any size vehicle used to transporst hazardous materials in a quantity requiring placarding.

**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 lbs or more, (2) is designed or used to transport 8 or more passengers (including the driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

TO BE READ AND SIGNED BY INDEPENDENT CONTRACTOR

This certifies that this application was completed by me and that all entries on it and information in it are true and complete to the best of my knowledge.

Signature: _____ Date: _____

REQUEST FOR CHECK OF DRIVING RECORD

I hereby authorize you to release the following information to *Checker Logistics, Inc.* for purposes of investigation as required by Sections 391.23 and 391.25 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information.

(Independent Contractor's Signature)

(Date)

I in accordance with the provisions of Sections 604 and 607 of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter 1 of Public Law 104-208), I hereby certify the following:

1. The independent contractor has authorized in writing the procurement of this report;
2. The independent contractor has been informed in a separate written disclosure that a consumer report may be obtained for employment purposes;
3. The information requested below will be used for a "permissible purpose" (i.e. information for contract purposes) and will be used for no other purpose;
4. The information being obtained will not be used in violation of any federal or state equal opportunity law or regulation; and
5. Before taking an adverse action based in whole or in part on the report the independent contractor will receive a copy of the requested report and the summary of consumer rights as provided with the report by the consumer reporting agency.

I also hereby certify that this report request and the above applicant's release notice meet the definition of "permissible uses" of state motor vehicle records under the provisions of the Driver's Privacy Protection Act of 1994 (Public Law 103-322), Title XXX, Sections 300002(a)).

(Signature of Requester)

(Date)

TO:

Name

Address

City, State, Zip

DEAR SIR/MADAM:

- The following named person has made application with our company for the position of _____
In accordance with Section 391.23, Federal Department of Transportation Regulations, please furnish the undersigned with the applicant's driving record for the past three years.
- The following named person is employed with our company in the position of _____
In accordance with Section 391.23, Federal Department of Transportation Regulations, please furnish the undersigned with the applicant's driving record for the past year.

NAME OF INDEPENDENT CONTRACTOR: _____

CONTRACT DATES FROM _____

TO _____

ADDRESS: _____

(Number & Street)

City

State

DATE OF BIRTH: _____

SSN: _____

LICENSE #: _____

REQUESTED BY

Checker Logistics, Inc.
1725 Dixie Rd.
Neenah, WI 54956

Typed Name _____

Title _____

Signature _____