

OWNER OPERATOR APPLICATION FOR CONTRACT SERVICES

Applicants are considered for positions without regard to race, color, religion, creed, age, sex, handicap, or national origin.

I. GENERAL

PLEASE PRINT PLAINLY AND COMPLETE ALL BLANKS.

| | | | | | |
|--|--------|--------|--|----------------------------|----------|
| Name _____ | | | Date: _____ | | |
| | FIRST | MIDDLE | LAST | Home Phone #: () _____ | |
| Current Address: _____ | | | | | |
| | NUMBER | STREET | CITY | STATE | ZIP CODE |
| Other Addresses (past 3 years): | | | | | |
| | STREET | CITY | STATE | How Long? _____ | |
| | STREET | CITY | STATE | How Long? _____ | |
| Social Security No.: _____ | | | Do you have the right to legally remain and work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| In the event of an offer of employment, all persons are required to provide documentation in compliance with the immigration control and reform act. | | | | | |
| Are you 25 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | Is there any reason you might be unable to perform the functions of the job for which you have applied? _____ | | |
| Date of birth _____ | | | If yes, explain: _____ | | |
| In case you cannot be located at your current address, whom may we contact? | | | | | |
| Name: _____ | | | Relationship: _____ | | |
| Address: _____ | | | Phone #: () _____ | | |
| | STREET | CITY | STATE | | |
| Do you have any friends and/or relatives employed by this company? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| Name: _____ | | | Relationship: _____ | | |
| Name an individual, other than a relative, who can verify periods of unemployment. | | | | | |
| Name: _____ | | | Workday Phone #: _____ | | |
| Have you worked here before? <input type="checkbox"/> Yes <input type="checkbox"/> No In what capacity? _____ | | | | | |
| How did you hear about this company? <input type="checkbox"/> Advertisement <input type="checkbox"/> Friend <input type="checkbox"/> Relative <input type="checkbox"/> Other _____ | | | | | |
| Referred by: Company Employee: _____ | | | ID #: _____ | | |

IV. EDUCATIONAL BACKGROUND

| TYPE OF SCHOOL | NAME AND CITY/STATE | GRADUATED | HOW MANY YEARS ATTENDED | MAJOR |
|-------------------|---------------------|--|-------------------------|------------------|
| Grade | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| High School | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| College | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Graduate | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Business or Trade | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Driving School | | <input type="checkbox"/> Yes <input type="checkbox"/> No | Start Date: | Graduation Date: |

V. MILITARY STATUS

Have you served in the U.S. Armed Forces? Yes No Branch _____ Dates: From _____ To _____

Do you have a DD214? Yes No Where did you file your DD214? _____
COUNTY / STATE DISCHARGED _____

VI. AGREEMENT

TO BE READ AND SIGNED BY APPLICANT

In connection with my application for contract for services with you, I understand that an investigative consumer report is being requested from DAC Services, Tulsa Oklahoma, that will include information as to my character, work habits, performance and experience, along with reasons for termination of past employment from previous employers. Further, I understand that you will be requesting information concerning my driving record and/or information from various federal, state, and other agencies which maintain records concerning traffic offenses, accidents, etc., as well as information from DAC concerning (1) previous driving record requests made by others from such state agencies; (2) state provided driving records; (3) claims involving me in the files of insurance companies.

I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY DAC TO FURNISH THE ABOVE-MENTIONED INFORMATION.

I have a right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of this investigation. I hereby consent to your obtaining the above information from DAC, and agree that such information which DAC has or obtains, and my employment history with you if I am hire, will be supplied by DAC to other companies which subscribe to DAC's services.

To Applicant: READ THIS INFORMATION CAREFULLY BEFORE SUBMITTING THIS APPLICATION.

The Civil Rights Act of 1964 and 1991 prohibits discrimination in employment because of race, color, religion, sex or national origin. Federal law also prohibits discrimination on the basis of age and disability. The laws of most States also prohibit some or all of the above types of discrimination as well as some additional types such as discrimination based upon ancestry, sexual preference or marital status.

It is agreed and understood that any misrepresentations of information given above shall be considered an act of dishonesty.

It is agreed and understood that Combined Transport or its agents may investigate the applicant's background to ascertain any and all information of concern to applicant's record, whether same is of record or not and applicant releases employers and persons named herein from all liability for any damages on account of his furnishing such information.

The applicant agrees to furnish such additional information and complete such examinations as may be required to complete his/her DOT Qualification file.

It is agreed and understood that this application for contract services in no way obligates Combined Transport to lease the applicant.

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.

I hereby authorize former employers to release to Combined Transport Inc. any positive controlled substances test results; alcohol test of .04 or greater; evidence of refusals to be tested; and information on any required substance abuse professional evaluation, determination of driver's need for assistance, and driver's compliance with these recommendations for the three years preceding today's date. I request that such records be released immediately.

This authorization is valid until withdrawn by me in writing.

Date: _____

Applicant's Signature: _____

Call 1-800-290-2327

Corporate Office: P.O. Box 3667 • Central Point, OR 97502 • Fax (541) 826-3459

III. DRIVING RECORD / EXPERIENCE

LICENSE:

List ALL drivers licenses/permits held in past three (3) years.

| STATE | LICENSE NUMBER | TYPE | EXPIRATION DATE |
|-------|----------------|------|-----------------|
| | | | |
| | | | |
| | | | |

Is your current license a CDL? Yes No State _____

Endorsements: 1) Combination vehicles over 26,001 lbs. Yes No
 2) Hazardous material Yes No
 3) Air brakes Yes No
 4) Doubles / Triples Yes No

TRAFFIC CONVICTIONS/FORFEITURES:

List ALL car and truck moving convictions and forfeitures for the past three (3) years. (IF NONE, WRITE NONE.)

| DATE | LOCATION (STATE) | CHARGE | PENALTY |
|------|------------------|--------|---------|
| | | | |
| | | | |
| | | | |
| | | | |

ACCIDENT RECORD:

List ALL accidents with truck and car for past three years, include preventable and non-preventable, whether or not on MVR. (IF NONE, WRITE NONE.)

| DATE | TYPE OF VEHICLE | NATURE OF ACCIDENT (HEAD ON, REAR-END, UPSET, ETC.) | INDICATE PREVENTABLE OR NON-PREVENTABLE | FATALITIES | INJURIES | AMOUNT OF PROPERTY DAMAGE |
|------|-----------------|---|---|--|--|---------------------------|
| | | | | <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 | |

NATURE AND EXTENT OF EXPERIENCE:

| TYPE | TRAILER LENGTH | DATES | | APPROX. NUMBER OF MILES | STATES OPERATED |
|----------------------|----------------|-------|----|-------------------------|-----------------|
| | | FROM | TO | | |
| Tractor with Flatbed | | | | | |
| Tractor with Van | | | | | |
| Tractor with Reefer | | | | | |
| Tractor with Tank | | | | | |
| Heavy Haul | | | | | |
| Glass Hauling | | | | | |
| Other (specify) | | | | | |

Show special courses or training that will help you as a Driver: _____

Which safe driving awards do you hold and from whom? _____

- A. Have you **EVER** been denied a license, permit or privilege to operate a motor vehicle? Yes No
- B. Have you **EVER** had license, permit or privilege suspended or revoked? Yes No
- C. Have you **EVER** been convicted for driving while under the influence of alcohol or drugs? Yes No
- D. Have you **EVER** been refused liability insurance? Yes No
- E. Have you **EVER** been convicted of a crime? Yes No
- F. Have you **EVER** been disqualified to drive by Federal Regulations? Yes No
- G. Have you **EVER** been arrested? Yes No

If answer to ANY question is yes, state details, circumstances, and date: _____

REQUEST/CONSENT FOR ALCOHOL AND CONTROLLED SUBSTANCE INFORMATION FROM PREVIOUS EMPLOYERS

SECTION 1: To be completed by prospective employee

I, (Print Name) _____, hereby authorized that:
First, M.I., Last *Social Security Number*

Previous Employer: _____

Street: _____ Telephone: _____

City, State, Zip: _____ Fax: _____

May release and forward all information requested by Section 2 (below) of this document concerning my Alcohol and Controlled Substances Testing records to:

Prospective Employer: Combined Transport Inc. Attn: Recruiting

Address: 5656 Crater Lake Avenue P.O. Box 3667 Telephone: 541-734-7418

City, State, Zip: Central Point, OR 97502 Fax: 800-867-3459

Applicant Signature: _____ Date: _____

This request is in compliance with 49 CFR Part 40.25, which states: *Records shall be made available to a subsequent employer upon receipt of a written request from an employee.*

SECTION 2: To be completed by previous employer

If the employee was not subject to 49 CFR Part 40 testing requirements while employed by you, please check here _____, sign below and return.

| Under 49 CFR Part 391.23e: | YES | NO | N/A |
|---|-------|-------|-------|
| 1. Has this person within the previous three years violated the alcohol and controlled substances prohibitions under subpart B of part 381, or 49 CFR Part 40? | _____ | _____ | _____ |
| 2. If this person violated the alcohol and controlled substances prohibitions did they fail to undertake or complete a rehabilitation program prescribed by a substance abuse professional? | _____ | _____ | _____ |
| 3. If this person violated the alcohol and controlled substances prohibitions did they successfully complete a rehabilitation program? | _____ | _____ | _____ |
| 4. If this person completed a substance abuse program and remained in your employ, did they have any of the following testing violations: | | | |
| a. Alcohol tests with a result of 0.04 or higher alcohol concentration? | _____ | _____ | _____ |
| b. Verified positive drug tests? | _____ | _____ | _____ |
| c. Refusals to be tested (including verified adulterated or substituted drug test results)? | _____ | _____ | _____ |

PLEASE INCLUDE INFORMATION RECEIVED FROM PREVIOUS EMPLOYERS

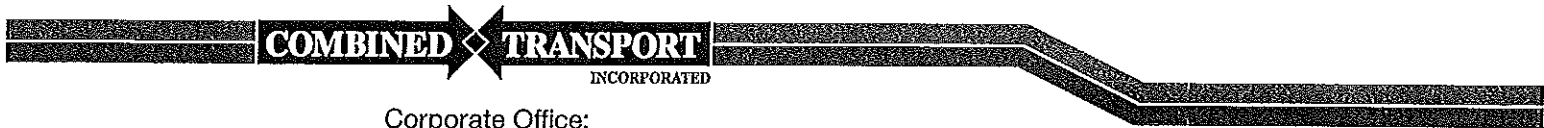
If **YES** to any of the above questions, please provide the name, address, and phone number of the Substance Abuse Professional (SAP) for further reference.

Name: _____

Street: _____

City, State, Zip: _____ Telephone: _____

Completed by (Signature): _____ Date: _____



Corporate Office:
 5656 Crater Lake Avenue • P.O. Box 3667
 Central Point, OR 97502
 (541) 734-7418 • Fax (541) 826-3459

Employment Verification

Applicant's Name _____

Social Security Number _____

You are hereby authorized to give Combined Transport all information concerning records of employment, including oral assessments of my job performance, ability, and fitness, to each and every company (or their authorized agents) which may request such information in connection with my application for DOT qualification. You are released from any liability, which may result from giving such information; I understand that the information in this form will be used and that prior employers will be contacted for purposes of investigation as required by 391.23 of the Motor Carrier Safety Regulation. I authorize the release of any information related to my alcohol and controlled substance testing and training records, by any former employers and hold them harmless of any liability from release of said information.

I understand that I have the right to review information provided by previous employers, have errors corrected by previous employer and resubmitted to Combined Transport and/or have a rebuttal statement attached to erroneous information if my previous employer and I cannot agree on the accuracy of the information. I understand that I must request past employer information obtained by Combined Transport in writing within 30-days of employment or denial of employment.

 Applicant's Signature

Company Name: _____

Address: _____

Dates of Employment: from _____ to _____

Please circle all that apply:

| | | | | |
|----------------|---------------|---------|-----------------|-------------|
| Company Driver | Over the Road | Single | Tractor Trailer | Van/Reefer |
| Owner Operator | Regional | Team | Straight Truck | Flat Bed |
| Other _____ | Local | Trainee | Tanker | Other _____ |

Type of Commodities hauled: _____

States operated in: _____

Accident Information:

| Date | Location | # of Injuries | Fatalities | H/M Involved | Description |
|------|----------|---------------|------------|--------------|-------------|
| | | | | | |
| | | | | | |
| | | | | | |

Why did the employee leave your company? Resigned ___ Discharged ___ Laid Off ___ Other _____

Explanation: _____

Would you rehire this person? Yes ___ No ___ Upon Review ___ Is this company policy? _____

Verified by: _____ Signature: _____

Job Title: _____ Phone: _____

Measurements Required

Tractor Number _____

Length _____ Width _____

Height _____ Weight _____

Trailer Number _____

Suspension: Air Ride Spring

Length _____

KingPin Measurement _____ (From KingPin to center of last trailer axle)

Front Deck Length _____ Height _____

Rear Deck Length _____ Height _____

Well Length _____

Width _____

Out-riggers available? Yes / No Width with Out-riggers _____

Deck Height under load _____

Weight _____

Axle Measurements Tire Type

1-2 _____

2-3 _____

3-4 _____

4-5 _____

5-6 _____

6-7 _____

7-8 _____

8-9 _____

9-10 _____

10-11 _____

11 _____

Make Measurements from Front to rear. Measure from axle center to axle center.

All measurements MUST be accurate, you could get a ticket for incorrect measurements.

Overall Length from front bumper to rear bumper _____

permits/equip.maint.drawing

**IMPORTANT NOTICE
REGARDING BACKGROUND REPORTS
FROM THE PSP Online Service**

In connection with your application for employment with Combined Transport Inc ("Prospective Employer"), it may obtain one or more reports regarding your credit, driving, and/or criminal background history from a consumer reporting agency and/or other sources. If the Prospective Employer uses any information it obtains from a background report in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer 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 a background report, the Prospective Employer will notify you that the action has been taken and that the background report was the reason for the action. The Prospective Employer cannot obtain background reports from consumer reporting agencies or other sources regarding you unless you consent in writing. If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

I authorize Transport, Inc ("Prospective Employer") to contact any organization or individual that I have listed on my employment application or resume or mentioned in job interviews and obtain from them any relevant information about my job qualifications, including my experience, skills, and abilities. 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, as well as any reference-related information about me held or known by my former employers, supervisors, and co-workers. In addition, I consent to the release of any information about my education, experience, abilities, or work-related characteristics or traits held or known by other organizations or individuals, including schools and educational institutions, professional or business associates, and friends and acquaintances that Prospective Employer might contact in the course of conducting a reference check or background investigation of my suitability for employment.

I understand and acknowledge that this release of information can involve my qualifications, performance, credentials, or other characteristics or factors affecting my suitability for employment with Prospective Employer. Specifically, I am authorizing the release of any information about my performance, experience, capability, attitude, specific events, or other work-related characteristics that currently are in the possession of the requested organizations or their managers or representatives.

In exchange for Prospective Employer's consideration of my employment application, I agree not to file or pursue any complaints, claims, or legal actions of any kind against any organization or individual that provides work-related information about me to Prospective Employer or its agents in accordance with the terms and intent of this release. I also agree not to file or pursue any complaints, claims, or legal actions against Prospective Employer or any of its employees, representatives, or agents arising out of their efforts to obtain work-related information about me.

I have read the above Notice Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this consent form, Prospective Employer and/or any entity it retains to obtain such background reports may obtain reports of my credit, driving, and/or criminal background history in addition to information regarding my background, references, education, specific events, and past employment.

I hereby authorize Prospective Employer and its employees, agents, and affiliates to obtain the information authorized above.

Date: _____

Signature

Name (Please Print)

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