

APPLICATION FOR QUALIFICATION

Fremont Contract Carriers, Inc.
865 South Blvd, P.O. Box 489
Fremont, Nebraska 68026-0489

The purpose of this application is to determine whether or not the applicant is qualified to operate motor carrier equipment according to the requirements of the Federal Motor Carrier Safety Regulations and the Company named above.

FOR OFFICE USE ONLY

Received on: _____

Safety: _____

HR: _____

Instructions to Applicant

Date _____

Check One:

Owner Operator

Company Driver

Fleet Contractor Driver

Fleet Contractor Name: _____

Name _____

FIRST

MIDDLE

LAST

Social Security Number _____ CDL State _____ CDL number _____

Phone Number (____) _____ Emergency Phone Number (____) _____

*Age _____ Date of Birth _____

* The Age Discrimination of Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age.

Physical Exam Expiration Date _____

Current & Three Years Previous Addresses

_____	From _____	To _____
_____	From _____	To _____
_____	From _____	To _____
_____	From _____	To _____

Education

Please check the highest grade completed:

Grade School: 1 2 3 4 5 6 7 8 9 10 11 12

College: 1 2 3 4 Post-Graduate: 1 2 3 4

Employment History

Give a **Complete Record** of all employment for the past three years, including any unemployment or self-employment, and all commercial driving experience for the past ten years.

(Use **Additional Employment History Information form** if necessary)

*****Any Gaps in employment and/or unemployment must be explained!**

Mo/Yr **Mo/Yr** **Present or Last Employer:**
From _____ To _____ Name _____
Position Held _____ Address _____
Reason For Leaving _____ Phone # _____
Were you subject to FMCSRs ** while employed? yes no
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? yes no

Mo/Yr **Mo/Yr** **Present or Last Employer:**
From _____ To _____ Name _____
Position Held _____ Address _____
Reason For Leaving _____ Phone # _____
Were you subject to FMCSRs ** while employed? yes no
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? yes no

Mo/Yr **Mo/Yr** **Present or Last Employer:**
From _____ To _____ Name _____
Position Held _____ Address _____
Reason For Leaving _____ Phone # _____
Were you subject to FMCSRs ** while employed? yes no
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? yes no

Mo/Yr **Mo/Yr** **Present or Last Employer:**
From _____ To _____ Name _____
Position Held _____ Address _____
Reason For Leaving _____ Phone # _____
Were you subject to FMCSRs ** while employed? yes no
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? yes no

Mo/Yr **Mo/Yr** **Present or Last Employer:**
From _____ To _____ Name _____
Position Held _____ Address _____
Reason For Leaving _____ Phone # _____
Were you subject to FMCSRs ** while employed? yes no
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? yes no

** (FMCSR's) Federal Motor Carriers Safety Regulations

Driving Experience

Class of Equipment	Dates		Approximate Number of Miles (Total)
	From	To	
Straight Truck			
Tractor and Semi-trailer			
Tractor-two trailers			
Other			

List states operated in for the last five years: _____

List special courses/training completed (PTD/DDC, Haz Mat, etc): _____

Accident Record for past three years (attach sheet if more space is needed)

Date of Accident	Nature of Accidents (Head on, rear end, upset, etc.)	Location of Accident	# of Fatalities	# of People Injured

Traffic Convictions and Forfeitures for the last three years (other than parking violations)

Date	Location	Charge	Penalty

Driver's license (list each driver's license held in the past three years)

State	License #	Type	Endorsements	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
- C. Have you ever been convicted of a felony? Yes No
- D. Have you ever violated any Federal Motor Carrier Safety Administration drug or alcohol regulation? Yes No
- E. If applicable, have you successfully completed return to duty requirements following Violation of a DOT drug or alcohol regulation? Yes No

If the answers to A, B, or C is "Yes", give details _____

Referral

How did you hear about FCC? If another driver referred you, please let us know whom that was in the space provided below.

I heard about FCC from Ad in paper Internet Another driver Other

The driver that referred me to FCC was _____ OR his / her truck number was _____

To Be Read and Signed by Applicant

It is the policy of Fremont Contract Carriers to provide an equal employment work environment to all employees, applicants and contractors without regard to race, color, national origin, religion, sex, marital status, pregnancy, ancestry, disability or age and to make all employment related decisions consistent with this policy.

It is agreed and understood that any misrepresentation given on this application for qualification shall be considered an act of dishonesty and will eliminate me from any current or future consideration for employment or affiliation with Fremont Contract Carriers, Inc.

I give the motor carrier and its agents or representatives the right to investigate all references and to secure additional information about my employment background. I hereby release from all liability for damages the motor carrier and its agents or representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

I agree to furnish such additional information and complete such examinations as may be required to complete my employment file.

It is agreed and understood that this application for qualification in no way obligates the motor carrier to employ me in any manner. Should I be qualified by Fremont Contract Carriers and employed, I understand that my employment is considered entirely "at-will". I understand that my employment can be terminated by FCC at any time with or without cause and with or without notice.

Furthermore, this application and any subsequent offer of employment from Fremont Contract Carriers will not constitute any type of employment contract between Fremont Contract Carriers and me. I understand that FCC does not offer employment contracts nor does it guarantee any minimum length of employment.

It is agreed and understood that if qualified to operate motor carrier equipment, I may be on a probationary period, during which I may be disqualified without recourse.

Disclosure and Release

In connection with my application for employment (including contract for services) with Fremont Contract Carriers, I understand that consumer reports which may contain public record information may be requested from DAC services, Tulsa, Oklahoma. These reports may include the following types of information : NAMES AND DATES OF PREVIOUS EMPLOYERS, REASON FOR TERMINATION OF EMPLOYMENT, WORK EXPERIENCE, ACCIDENTS, ETC. I further understand that such reports may contain public record information concerning my DRIVING RECORD, WORKERS COMPENSATION CLAIMS, CREDIT, BANKRUPTCY PROCEEDINGS, CRIMINAL RECORDS, ETC. from federal, state and other agencies which may maintain such records; as well as information from DAC concerning previous driving record requests made by others from such state agencies and state provided driving records.

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

I have the right to make a request to DAC, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including the sources of information; and the recipients of any reports on me, which DAC has previously furnished within the two year period preceding my request. I hereby consent to your obtaining the above information from DAC, and I agree that such information, which DAC has or obtains, and my employment history with you if I am hired, will be supplied by DAC to other companies, which subscribe to DAC Services.

I hereby authorize procurement of consumer reports. If hired (or contracted), this authorization shall remain on file and shall serve as ongoing authorization for you to procure consumer reports at any time during my employment (or contract) period.

Print Name

Social Security Number

Applicants Signature

Date

**CONFIDENTIAL
INQUIRY TO PAST EMPLOYERS**

To:

I hereby authorize this company to release all records of employment, including assessments of my job performance, abilities and fitness (including dates of any and all alcohol or drug tests, those confirmed results and/or my refusal to submit to any alcohol or drug tests) to each and every company (or their authorized agents) which may request such information in connection with my application for employment with FCC. I hereby release and agree to hold harmless the above named employer from any and all liability of any type as a result of providing the following information to FCC.

SIGNATURE: _____ DATE: _____

From: Thomas B Hostetler – Manager Recruiting and Relations
Fremont Contract Carriers, Inc.
P.O. Box 489
Fremont, NE 68026

Phone : (800) 228-9842

Fax : (402) 727-8712

Applicants Name:

SS#:

Position Applied For:

Did the Applicant Work for You as a:

From: _____ To: _____ ? **YES** **NO**

If NO, please explain: _____

If employed as a driver, please respond to the following:

Company Driver: Owner/Operator: Other: _____

Type of Tractor: _____

Type of Trailer: _____

Commodities Transported: _____

General Area of Operation: _____

Accident History? (Past 3 years)

Dates	Preventable	Description
	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Yes <input type="checkbox"/> No <input type="checkbox"/>	

Citations? _____

License Suspension? **YES** **NO** Type of License: _____ State: _____

License #: _____

Any Problems With Bonding? **YES** **NO** If Yes, Explain: _____

Why Did This Employee Leave Your Company? _____

Would You Re-Employ This Person? **YES** **NO** If No, Explain: _____

Drug Alcohol Test(s) past 3 years	Drug	Alcohol
Date(s) of Test(s) Resulting in Conformed Positive Results:		
Date(s) Applicants Refused to Submit to Testing:		
Date(s) of Any Rehab Completion Under Direction of SAP/MRO:		

Additional Comments: _____

Signature: _____ Title: _____ Date: _____

Company: _____