

Fremont Contract Carriers, Inc.

FCC

Fremont Contract Carriers, Inc.

P.O. Box 489

Fremont, NE 68025

PHONE: 402-721-3020 • FAX: 402-727-8712

TOLL-FREE: 800-228-9842

Company Van and Flatbed Drivers



Enjoy an **Office With a View** driving a late model Freightliner Columbia or International 9400 series tractor equipped with the latest technology in the transportation industry.

State of the art Satellite Communication Devices (Qualcomm) - XM Radio - Power Invertors – Sears 90 Series Air Controlled Seats and more. All equipment has scheduled preventive maintenance checks to help eliminate breakdowns.

We understand that there's more to life than trucking, that's why FCC's dispatch strategy is designed to keep you productive while "at the office," and get you home weekly to enjoy the time off you deserve with your family and friends.



FCC Exclusive Benefits:

- Free breakfast, lunch, and dinner during orientation
- Free lodging during orientation
- New maintenance facility
- Shower rooms
- Driver lounge equipped with microwave ovens, refrigerator, kitchen sink, leather high back lounge chairs, 48" wide screen satellite TV,
- Free coffee
- Fitness room
- Free laundry
- Competitive health insurance.
- Dental plan available to FCC employee with option for family members.
- 401 (k) with company match, plus profit sharing plan.
- Phone room equipped with high speed DSL internet access.

Haz-mat Not Required

Call 1-866 – 946 – 4322, to get the complete list of our exclusive benefits

Fremont Contract Carriers is committed to hiring the best of the best. If you're a professional over-the-road driver looking for high production, home weekly, while working in a family environment, then take your next step.

*******Enjoy the Life Style You Deserve*******

Call 1-866-946-4322 , or visit us at www.fcc-inc.com and download an application today. Fax# 402-727- 8712

APPLICATION FOR QUALIFICATION

Fremont Contract Carriers, Inc.
865 South Bud 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:

Instructions to Applicant

Date _____

Check One:

Owner Operator

Company Driver

Fleet Contractor Driver

Fleet Contractor Name: _____

OWNER OPERATORS ONLY

Truck Make: _____ Model: _____

Year: _____ Approx Miles: _____

Wheel Base: _____ Weight (w/fuel) _____

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

** (FMCSRs) 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: Driver Recruiting
Fremont Contract Carriers, Inc.
P.O. Box 489
Fremont, NE 68026 Phone: (800) 228-9842 ext 137 Fax: (402) 727-8712 ext 137

To: _____

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: _____

Accidents 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: _____

Please provide the following drug & alcohol information as required by FMCSR Part 381.23

Has this person tested positive for a controlled substance? { }Yes { }No

Has this person had an alcohol test with a Breath Alcohol Concentration of 0.04 or greater? { }Yes { }No

Has this person had an alcohol test with a Breathe Alcohol Concentration of 0.02 or 0.04? { }Yes { }No

Has this person refused a required test for drugs or alcohol? { }Yes { }No

Has this individual violated other DOT drug/alcohol regulations? { }Yes { }No

Have you received information from a previous employer that this individual violated DOT Drug/alcohol regulations? { }Yes { }No

If yes to any of the above please give SAP's name, address and phone number _____

Additional Comments: _____

Signature: _____ Title: _____ Date: _____

Company: _____

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FMCSA Pre-Employment Screening Disclosure and Release

In connection with your application for employment with Fremont Contract Carriers, Inc. ("Prospective Employer"), it may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier and Safety Administration ("FMCSA"). If the prospective Employer uses any information it obtains from FMCSA 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 is taken against you based upon your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report. The Prospective Employer cannot obtain background reports from FMCSA 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 Fremont Contract Carriers, Inc. ("Prospective Employer") to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. 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. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.

I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I am challenging crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

I have read the above Notice Regarding Background Reports provided to my be Prospective Employer and I understand that if I sign this consent form, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Signature

Date

Name (Please Print)

FREMONT CONTRACT CARRIERS

HIRING GUIDELINES

In order to become qualified to operate a commercial motor vehicle for Fremont Contract Carriers, applicants must be able to meet all of the following criteria without exception.

- 1) Must meet all Federal Motor Carrier Safety Regulations.
- 2) Must have a Commercial Drivers License with proper endorsements in state of residence.
- 3) Must be least 25 years of age.
- 4) No less than 2 years experience operating a tractor / trailer equipment in last 3 years, in like situation.
- 5) No serious traffic violations in the past 3 years

Serious violations are defined as:

- Reckless/careless driving.
 - Hit & run, or leaving the scene of accident.
 - Speeding (15 mph above speed limit).
 - Improper lane change.
 - Following to closely.
 - Driving with a suspended or revoked license, unless as a result of a failure to pay a fine.
 - Disregarding a police officer or attempting to elude the police.
- 6) No Felony conviction with a motor vehicle.
 - 7) No DWI, DUI convictions in last 5 years.
 - 8) No DWI, DUI ever in a commercial motor vehicle.
 - 9) No more then 3 non-serious moving violations in the last 3 years, with no more than 1 of those in the preceding twelve months.
 - 10) No preventable accidents involving a fatality, bodily injuries treated away from the scene, or disabling damage to a motor vehicle within the last 3 years. (Disabling means damage that requires vehicle to be towed)
 - 11) No more than 1 DOT recordable accident in the last 3 years.

COMPANY DRIVER

HIGHLIGHTS

**HOME WEEKLY
ASSIGNED DISPATCHER
RIDER PROGRAM
LATE MODEL CONVENTIONAL EQUIPMENT
TWO DIVISIONS AVAILABLE, DRY VAN AND FLATBED
AIR-RIDE TRAILER EQUIPMENT**

COMPENSATION

- Base Pay** We start all of our company drivers at a base pay rate range of \$.30 to \$.36 per mile, plus \$.04 quarterly bonus (See Below). We pay our company drivers on both empty and loaded miles. We use your driving experience, safety record and your stability in past employment to determine your starting base pay rate.
- Northeast Bonus** Loads with destinations or stop-offs that are East of I-81 in PA and NY, all of New Jersey, Ontario, and Quebec (Provinces of Canada) and all the New England states pay an additional \$.02 per loaded mile. Loads with destinations of stop-offs in New York City (all 5 boroughs and Long Island) pay an additional \$.06 per loaded mile. All Northeastern bonuses are paid on your weekly paycheck.
- Loading / Unloading** Although 90% of our dry van freight is “no touch”, you are compensated when you do load or unload for our customers. We pay \$.10 per 100 pounds on vanloads with a \$55.00 minimum for a one-stop load and a \$10.00 minimum on each stop on multiple stop loads.
- Stop-offs** 1st additional stop \$20.00, 2nd additional stop is \$25.00, 3rd and more additional stops are \$30.00.
- Flatbed division** Receive an additional \$0.02 a mile on paid miles when pulling Flatbeds.
- Tarping (Flatbed)** High tarp loads pay \$40.00. Low tarp loads pay \$25.00. Any re-tarping pays \$10.00

QUARTERLY BONUS PROGRAM

- Mileage Bonus** Traveling 30,000 or more paid miles in a calendar quarter will earn you \$.01 per paid mile.
- Safety Bonus** Travel 30,000 or more paid miles in a calendar quarter with no preventable accidents, no citations for moving violations, and no log, traffic (warning), or out-of-service equipment violations pursuant to a DOT check will earn you \$.01 per paid mile.
- Customer Service** This bonus has two parts. First, you must have made 100% of your pick-ups and deliveries on time. Second, we receive no customer complaints about your service. Do these 2 things and you earn another \$.01 per paid mile.
- Out of Route/Fuel** Keeping your out of route miles to less than 8% of your paid miles, and staying 90 % compliant with our fuel network will earn you another \$.01 per paid mile.

All of these bonuses are paid on a quarterly basis, making 4 bonus periods in a calendar year. You must be actively employed at the time bonuses are issued to qualify.

BENEFITS

<i>Health/Dental Ins.</i>	Employee, employee plus spouse, employee plus children and family coverage is available after 30 days of employment.
<i>Other Insurance</i>	Long-term disability, cancer and variable life insurance products are some optional benefits available to you at FCC.
<i>401(k)</i>	A pre-tax retirement plan for you with company contributions and matching fund program after one calendar year of service.
<i>Section 125</i>	Any contributions that you make to your 401(k) or the insurance premiums that you pay are made pre-tax, which can be a significant tax savings for you.
<i>Section 125 Savings</i>	Pre-tax dependent care and medical reimbursement plans are available after one calendar year of service.
<i>Rider Program</i>	FCC provides a no-cost rider program to qualified drivers. To become qualified, A driver must attain 90 calendar days of employment while incurring no preventable accidents and no moving violations.
<i>Recruiting Bonus</i>	Recruit a new company driver or an owner operator for FCC and you will earn \$500 per referral for a van driver and \$1,000 for a flatbed driver.