

THE TRANSPORTER, INC.
5410 OATES ROAD
HOUSTON, TX 77013

OWNER OPERATOR LEASE

APPLICATION

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or the presence of a non-job related medical condition or handicap.

Date of Application: _____

Position(s) Applied for: _____

Name: _____ Social Security No. _____

Address _____

Street

City

Phone _____

State

Zip

ADDRESS
FOR THE
PAST
THREE
YEARS



Street

City

State & zip

How long?

Street

City

State & zip

How long?

Do you have the legal right to work in the United States? _____

Date of birth _____ Can you provide proof of age? _____
(Required for truck drivers)

Have you worked for this company before? _____ Where? _____

Dates: From _____ To _____ Rate of Pay _____ Position _____

Reason for leaving _____

Are you now employed? _____ If not, how long since leaving last employment? _____

Who referred you? _____ Rate of pay expected _____

PHYSICAL HISTORY

Do you have any physical condition or handicap which may limit your ability to perform the job applied for?

If yes, what can be done to accommodate your limitation?

Are you physically capable of heavy manual work?

Ever injured on the job?

Give nature and degree of such injuries

How much time lost from work in past three years for illness?

Would you be willing to take a physical examination and drug screen?

EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years.

Applicants to drive a commercial motor vehicle in intrastate or interstate commerce shall also provide an additional 7 years information on those employers for whom the applicant operated such vehicle.

(NOTE: List employers in reverse order starting with the most recent. Add another sheet if necessary.)

EMPLOYER			DATE	
NAME	FROM MO. YR.		TO MO. YR.	
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON PHONE#			REASON FOR LEAVING	

EMPLOYER			DATE	
NAME	FROM MO. YR.		TO MO. YR.	
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON PHONE #			REASON FOR LEAVING	

EMPLOYER			DATE	
NAME	FROM MO. YR.		TO MO. YR.	
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON PHONE #			REASON FOR LEAVING	

EMPLOYER			DATE	
NAME	FROM MO. YR.		TO MO. YR.	
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON PHONE #			REASON FOR LEAVING	

EMPLOYER			DATE	
NAME	FROM MO. YR.		TO MO. YR.	
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON PHONE #			REASON FOR LEAVING	

Includes vehicles having GVWR of 25,000 lbs. or more, vehicles designed to transport 16 or more passenger, or any size vehicle used to transport hazardous materials in a quantity requiring placards..

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC)	FATALTIES	INJURIES
LAST ACCIDENT			
NEXT PREVIOUS			
NEXT PREVIOUS			

TRAFFIC ONVICTIONS AND FORFETURES FOR THE PAST THREE YEARS (OTHER THAN PARKING VIOLATIONS)

LOCATION	DATE	CHARGE	PENALTY

ATTACH SHEET IF MORE SPACE IS NEEDED

EDUCATION

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

LAST SCHOOL ATTENDED _____
Name City

EXPERIENCE AND QUALIFICATIONS (DRIVER)

DRIVER LICENSES	STATE	LICENSE NO.	TYPE	EXPIRATION DATE

A. HAVE YOU EVER BEEN DENIED A LICNESE, PERMIT, OR PRIVILEGE TO OPERATE A MOTOR VEHICLE?

YES _____ NO _____

B. HAS ANY LICENSE, PERMIT, OR PRIVILEGE EVER BEEN SUSPENDED OR REVOKED?

YES _____ NO _____

IF THE ANSWER TO EITHER A OR B IS YES ATTACH STATEMENT GIVING DETAILS

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (Van, Tank, Flat, ETC)	DATES		APROX, NO. OF MILES (TOTAL)
		FROM	TO	
STRAIGHT TRUCK				
TRACTOR AND SEMI-TRAILER				
TRACTOR- TWO TRAILERS				
OTHER				

LAST STATES OPERATED IN FOR THE LAST FIVE YEARS. _____

SHOW SPECIALCOURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER: _____

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM? _____

EXPERIENCE AND QUALIFICATIONS- OTHER

SHOW ANY TURCKING TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY. _____

LIST ANY COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE ON THIS APPLICATION: _____

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

TO BE READ AND SIGNED BY 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 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 session.

I hereby release employers, schools, or persons from all liability in responding to inquiries in connection with my application.

In the event of employment I understand that false or misleading information given in my application or interviews may result in discharge. I understand also that I am required to abide by all rules and regulations of the company as permitted by law.

Date

Applicant's Signature

THE TRANSPORTER, INC

FEDERAL MOTOR CARRIER SAFETY REGULATIONS

40.25 (j) As the employer, you must also ask the employee whether he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which to which the employee applied for, but didn't obtain, safety sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years. If the employee admits that he or she had a positive test or a refusal to test, you must not use the employee to perform safety sensitive functions for you, until and unless the employee documents successful completion of the return-to duty process (see paragraphs (b) (5) and (e) of this section).

Have you had an alcohol test with a result of 0.04 or higher alcohol concentration?..... Yes _____ No _____

Have you tested positive for a drug test?..... Yes _____ No _____

Have you refused to be tested (including verified adulterated or substituted drug test results)?..... Yes _____ No _____

Have you had any other violations of DOT agency drug and alcohol testing regulations?..... Yes _____ No _____

Driver Name

Driver Signature

Date

Reviewed by: Signature

Title

THE TRANSPORTER, INC.
OWNER/OPERATOR MANUAL

(XIV). DRUG AND ALCOHOL POLICY - Continued)

OWNER/OPERATOR DRUG/ALCOHOL TESTING CONSENT FORM

I understand that according to The Transporter, Inc. Drug and Alcohol Policy, I will be required to submit a sample of urine for chemical analysis.

I understand that this consent is to be kept on file in the event that I am in an accident and am unable to provide the proper authorization for this test.

I also understand that the proper chain of custody procedures will be adhered to and the laboratory that conducts the test will be NIDA certified.

The purpose of this analysis is to determine or rule out the presence of non-prescribed or prohibited, controlled substances in my urine.

I consent freely and voluntarily to this request for a urine specimen. I hereby and herewith release the collection personnel and the laboratory conducting the test from any liability arising from this consent to furnish this urine sample, the testing of the sample, and decisions made concerning my continued contract relationship based upon the results of this analysis.

I understand a documented chain of custody exists to ensure the identity and integrity of my sample throughout the collection and test process.

(Owner/Operator Signature)

(Date)

(Witness)

THE TRANSPORTER, INC.

PREVIOUS EMPLOYMENT INFORMATION REQUEST

Previous Employer Name and Address:

This Form Was:

Faxed

Emailed

By Phone

Attempt Dates:

1st

2nd

3rd

Name of Applicant: _____

Date of Birth: _____

I authorize my previous employer to complete the employment background investigation in accordance with state and federal laws required by § 391.23 of the Federal Motor Carrier Safety Regulations, accident information under §390.15 and to release any information related to my alcohol and controlled substance test results in compliance with § 40.25 and 382.402 (f) and (h). I will hold them harmless of all liability from release of said information.

Applicant's Signature: _____

Social Security #: _____

Date: _____

The applicant has made an application with **The Transporter, Inc** for a position as a/an _____ and states that he/she was employed by you as a/an _____ from (m/y) _____ to (m/y) _____.

TO BE COMPLETED BY PREVIOUS EMPLOYER

Employed Dates: From (m/y) _____ To (m/y) _____ Additional Dates: From (m/y) _____ To (m/y) _____

Type of Driver: _____ Company _____ Owner Operator _____ Other _____

Type of Equipment: _____ Straight Truck _____ Tractor-Trailer _____ Other _____

Experience: _____ Flatbed _____ Van _____ Reefer _____ Int. Cont. _____ OTR _____ Regional _____ Local _____

Reason for Leaving: _____ Resigned _____ Laid Off _____ Terminated _____

• Explain: _____

Eligible for Rehire: _____ Yes _____ No _____ Upon Review _____

• Explain: _____

Was the applicant's driver's license ever suspended, revoked or denied? _____ Yes _____ No

• Explain: _____

Was the applicant ever convicted of any traffic violations? _____ Yes _____ No

• Explain, date and types: _____

Complete the following for any accidents included on your accident register to §390.15 (b) that involved the applicant in the 3 years prior.

Date of Accident	Location	# of Injuries	# of Fatalities	Hazmat Spill
_____	_____	_____	_____	_____

Please provide information concerning any other accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies: _____

Under DOT requirements please provide drug and alcohol testing information under §40.25 for the past 3 years has the applicant:

	Yes	No
1. Had an alcohol test with a result of 0.04 or higher alcohol concentration?	_____	_____
2. Had a verified positive drug test?	_____	_____
3. Refused to be tested including verified adulterated or substituted drug test results?	_____	_____
4. Committed other violations of DOT agency drug and alcohol testing regulations?	_____	_____
5. Received information of violated DOT drug and alcohol regulations from pervious employers?	_____	_____
6. Completed all violated DOT return-to duty requirements, including follow up tests?	_____	_____

If you have answered "yes" to any of the questions above, send all supporting document with this form.

Verified By: _____

Title: _____

Date: _____

Return completed form to Gerardo Fernandez, Safety Director, to his confidential fax # 713-675-8099 or e-mail to gerardof@houstontransporter.com

Request for Check of Driving Record

I hereby authorize you to release the following information to The Transporter, Inc. for the purpose of investigation as required by §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.

(Applicant Printed Name)

(Date of Birth)

(Address Number and Street)

(City)

(State)

(Zip Code)

(Social Security Number)

(Driver's License Number)

(Applicant's Signature)

(Date)

In accordance with the provisions of § 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 consumer (applicant) has authorized in writing the procurement of this report;
2. The consumer (applicant) has been informed in a separate written disclosure that the consumer report may be obtained for employment purposes;
3. The information requested will be used for a "permissible purpose" 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 consumer (applicant) 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, §300002 (a)).

The Transporter, Inc.

(Name of Company)

5410 Oates Rd.

(Address Number and Street)

Houston

(City)

TX

(State)

77013

(Zip Code)

(Signature of Requestor)

(Date)