

INDEPENDENT CONTRACT APPLICATION FOR OWNER OPERATORS

DRIVING EXPERIENCE

Tractor Trailer Yes No
Enter type of equipment & approx. total miles: _____

Flatbed Yes No
Enter type of equip. & approx. total miles: _____

Car Haul Yes No
Enter type of equipment & approx. total miles: _____

Step Deck Yes No
Enter type of equip. & approx. total miles: _____

LICENSE INFORMATION

License Number: _____

License State: _____ County: _____

License Expiration: ____/____/____
dd mm yyyy

Physical Expiration: ____/____/____
dd mm yyyy

License Class: _____

Is this your current driver license? Yes No

Is this a commercial driver license? Yes No

Endorsements: _____

License Number: _____

License State: _____ County: _____

License Expiration: ____/____/____
dd mm yyyy

Physical Expiration: ____/____/____
dd mm yyyy

License Class: _____

Is this your current driver license? Yes No

Is this a commercial driver license? Yes No

Endorsements: _____

(Attach additional license information on sheet provided on page 14.)

Were you ever in the military? Yes No

Branch of Service: _____

Start Date: ____/____/____
dd mm yyyy

End Date: ____/____/____
dd mm yyyy

Rank at discharge: _____

Can you obtain your DD214? Yes No

Did you receive an honorable discharge? Yes No

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Were you employed/contracted or did you attend a company orientation in the last 10 years? Yes No

1.	Company Name	Start ____/____/____	End ____/____/____
	Street Address	Position Held	
	City	State	Zip Code
	Reason for Leaving		
	Phone Number	Is this your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Were you terminated/discharged/laid off? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, explain: _____
	May we contact this employer at this time? <input type="checkbox"/> Yes <input type="checkbox"/> No	Did you operate a commercial motor vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No	
2.	Company Name	Start ____/____/____	End ____/____/____
	Street Address	Position Held	
	City	State	Zip Code
	Reason for Leaving		
	Phone Number	Is this your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Were you terminated/discharged/laid off? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, explain: _____
	May we contact this employer at this time? <input type="checkbox"/> Yes <input type="checkbox"/> No	Did you operate a commercial motor vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No	
3.	Company Name	Start ____/____/____	End ____/____/____
	Street Address	Position Held	
	City	State	Zip Code
	Reason for Leaving		
	Phone Number	Is this your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Were you terminated/discharged/laid off? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, explain: _____
	May we contact this employer at this time? <input type="checkbox"/> Yes <input type="checkbox"/> No	Did you operate a commercial motor vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No	
4.	Company Name	Start ____/____/____	End ____/____/____
	Street Address	Position Held	
	City	State	Zip Code
	Reason for Leaving		
	Phone Number	Is this your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Were you terminated/discharged/laid off? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, explain: _____
	May we contact this employer at this time? <input type="checkbox"/> Yes <input type="checkbox"/> No	Did you operate a commercial motor vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No	
5.	Company Name	Start ____/____/____	End ____/____/____
	Street Address	Position Held	
	City	State	Zip Code
	Reason for Leaving		
	Phone Number	Is this your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Were you terminated/discharged/laid off? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, explain: _____
	May we contact this employer at this time? <input type="checkbox"/> Yes <input type="checkbox"/> No	Did you operate a commercial motor vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No	

(Attach additional employment history (last 10 years) on sheets provided on page 14 and 15.)

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Have you attended a Driver Training School? Yes No

Start Date: ___/___/___ End Date: ___/___/___ (If you are still in school, please enter the current month and year for the End date)

State/Province (where school is located): _____ School Name: _____

City: _____ Country: _____ Telephone: _____

Did you graduate? Yes No

Were you subject to the Federal Motor Carrier or Transport Canada Safety Regulations while attending this truck school? Yes No

Did you perform any safety sensitive functions at this truck school, regulated by DOT, and subject to drug and alcohol testing? Yes No

GPA: _____ Hours of Instruction: _____

Which of the following skills were trained in your program?

- Border Crossing Federal Motor Carrier Regulations
 Log Books Hazardous Materials

Have you attended a school (not related to truck driving) in the last 10 years? Yes No

School Name: _____

Start Date: ___/___/___ End Date: ___/___/___

City: _____ State/Province: _____ Country: _____ Telephone: _____

What did you study? (accounting, mechanic, etc.): _____

Graduation Date (leave blank if no graduation): _____

Have you been unemployed at any time within the last 10 years? Yes No

Start Date: ___/___/___ End Date: ___/___/___

Comments: _____

MOTOR VEHICLE RECORD

1. Has any license, permit, or privilege **ever** been denied, suspended, or revoked for any reason? Yes No

If yes, please explain: _____

2. Have you **ever** been convicted of driving during license suspension or revocation, or driving without a valid license or an expired license, or are any charges pending? Yes No

If yes, please explain: _____

3. Have you **ever** been convicted for any alcohol or controlled substance related offense while operating a motor vehicle, or are any charges pending? Yes No

If yes, please explain: _____

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MOTOR VEHICLE RECORD (con'd.)

4. Have you **ever** been convicted for possession, sale or transfer of an illegal substance (including but not limited to, marijuana, amphetamines, or derivatives thereof), or are any charges pending? Yes No

If yes, please explain: _____

5. Have you **ever** been convicted of reckless driving, careless driving or careless operation of a motor vehicle, or are any charges pending? Yes No

If yes, please explain: _____

6. Have you **ever** tested positive, or refused to test on a pre-employment drug or alcohol test by an employer to whom you applied, but did not obtain safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules in the past three years, or have you ever tested positive or refused to test on any DOT-mandated drug or alcohol test? Yes No

If yes, please explain: _____

TRAFFIC CONVICTION / VIOLATION HISTORY

Have you had any moving violations or traffic convictions in the past 3 years? Yes No

VIOLATION DATE	CHARGE/DESCRIPTION	STATE	WERE YOU IN A COMMERCIAL VEHICLE?	PENALTY TYPE	FINE AMT (If applicable)
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Fine <input type="checkbox"/> Suspension <input type="checkbox"/> Revocation <input type="checkbox"/> Comm. Svc <input type="checkbox"/> Other: _____	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Fine <input type="checkbox"/> Suspension <input type="checkbox"/> Revocation <input type="checkbox"/> Comm. Svc <input type="checkbox"/> Other: _____	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Fine <input type="checkbox"/> Suspension <input type="checkbox"/> Revocation <input type="checkbox"/> Comm. Svc <input type="checkbox"/> Other: _____	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Fine <input type="checkbox"/> Suspension <input type="checkbox"/> Revocation <input type="checkbox"/> Comm. Svc <input type="checkbox"/> Other: _____	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Fine <input type="checkbox"/> Suspension <input type="checkbox"/> Revocation <input type="checkbox"/> Comm. Svc <input type="checkbox"/> Other: _____	

(If more space is needed, please use page 17.)

ACCIDENT HISTORY

Were you involved in any accidents/incidents with any vehicle in the last 5 years (even if not at fault)? Yes No

Please enter detailed information about this accident below, whether the accident was chargeable, recordable, reportable, or your fault:

ACCIDENT DATE	TYPE OF ACCIDENT	STATE	WERE YOU IN A COMMERCIAL VEHICLE?	WERE YOU AT FAULT?	WERE YOU TICKETED?	COMMENTS
			<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	<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	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

(If more space is needed, please use page 17.)

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CRIMINAL RECORD

Have you ever been convicted of a crime? Yes No

Please describe. Be sure to include specifics about whether it was a felony or misdemeanor, the date, of conviction, the fine or sentence, if you were pardoned, etc. _____

Do you have any deferred prosecutions? Yes No

Please describe. Be sure to include specifics including the location, dates of the deferral, etc. _____

Do you have any criminal charges pending? Yes No

Please describe. Be sure to include specifics including the location, dates, etc. _____

FELONIES

Have you ever pled "guilty" to, been convicted of, or pled "no contest" to a felony? Yes No

Please describe. Be sure to include specifics, the date of the conviction, the fine or sentence, etc. _____

If you have any felony convictions, do you currently hold a minister's permit to enter or exit Canada? Yes No

Please describe. _____

MISDEMEANORS

Have you, within the last five years, pled "guilty" to, been convicted of, had prosecution deferred in connection with, or pled "no contest" to a misdemeanor? Yes No

Please describe. Be sure to include specifics, the date of the conviction, the fine or sentence, etc. _____

- By checking this box, I acknowledge that I have read and understand the FCRA Statement of Rights (pages 7-9).
- By checking this box, I acknowledge that I have read and understand the Important Notice of Rights Regarding FMCSA-DOT Pre-Employment Screening Program (page 10).
- By checking this box, I agree with the language of the Important Notice Regarding Background Reports From the PSP Online Service (page 11).
- By my check of this box, I represent that I understand and agree to the Consumer Report Disclosure And Release (page 12).
- By checking this box, I agree with the language of the Disclosure and Release (page 13).

Date

Applicant's Signature

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FCRA Statement of Rights

Para información en español, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington DC 20552.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment - or to take another adverse action against you - must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identity theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.
- In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.
- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.

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FCRA Statement of Rights (con'd)

- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.
- **You may limit "prescreened" offers of credit and insurance you get based on information in your credit report.** Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For Information about your Federal rights contact:

TYPE OF BUSINESS:	CONTACT:
<p>1. a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates.</p> <p>b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:</p>	<p>a. Consumer Financial Protection Bureau 1700 G Street NW Washington, DC 20552</p> <p>b. Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357</p>
<p>2. To the extent not included in item 1 above:</p> <p>a. National banks, federal savings associations and federal branches and federal agencies of foreign banks</p> <p>b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act</p> <p>c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations</p> <p>d. Federal Credit Unions</p>	<p>a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050</p> <p>b. Federal Reserve Consumer Help Center PO Box 1200 Minneapolis, MN 55480</p> <p>c. FDIC Consumer Response Center 1100 Walnut St., Box #11 Kansas City, MO 64106</p> <p>d. National Credit Union Administration Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street Alexandria, VA 22314</p>

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FCRA Statement of Rights (con'd)

TYPE OF BUSINESS (con'd):	CONTACT (con'd):
3. Air carriers	Asst. General Counsel for Aviation Enforcement & Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20590
4. Creditors Subject to Surface Transportation Board	Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street, S.W. Washington, DC 20423
5. Creditors Subject to Packers and Stockyards Act, 1921	Nearest Packers and Stockyards Administration area Supervisor
6. Small Business Investment Companies	Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, SW, 8th Floor Washington, DC 20416
7. Brokers and Dealers	Securities and Exchange Commission 100 F Street, N.E. Washington, DC 20549
8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks and Production Credit Associations	Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090
9. Retailers, Finance Companies, and All Other Creditors Not Listed Above	FTC Regional Office for region in which the creditor operates <u>or</u> Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 (877) 382-4357

INDEPENDENT CONTRACT APPLICATION FOR OWNER OPERATORS

IMPORTANT NOTICE OF RIGHTS REGARDING FMCSA-DOT PRE-EMPLOYMENT SCREENING PROGRAM

Our company will use Pre-Employment Screening Program ("PSP") information in the hiring process for our commercial truck drivers. As a driver we want you to be aware of specific rights you have under the PSP.

- You must provide your written consent to us before we can request information in the PSP.
- We cannot share the PSP information with any third-party and only those individuals within our company involved in the hiring process may view the information.
- PSP information includes DOT reportable accidents/crash information for a period of 5 years and roadside inspection information for 3 years. We may obtain additional accident/crash information outside of the PSP. Those reports are covered by the Fair Credit Reporting Act ("FCRA") which also provides rights to you.
- You have the right to dispute any information in the PSP by contacting the Federal Motor Carrier Safety Administration ("FMCSA") at: <https://dataqs.fmcsa.dot.gov>. You may also contact the FMCSA at 1200 New Jersey Avenue S.E., Washington D.C., 20590, TEL (800) 832-5660, TTY (800) 877-8339. In addition to a dispute you can contact FMCSA as noted above to obtain a copy of information regarding you in the PSP system.
- Only the FMCSA is authorized to receive disputes. Neither we nor the consumer reporting agency which provides information to us can respond to a dispute. You must directly contact the FMCSA as noted above. You need to follow the instructions on the website when presenting your dispute along with any supporting documentation statements, etc. Upon receipt of the dispute FMCSA will forward the dispute via the DataQs System to the state that originated the disputed information. That state will review the dispute and respond back to FMCSA. You will be notified on the website that a response has been received. Any correction will be entered at the next data update cycle. As for reports covered by the FCRA that are outside the PSP, you can dispute those reports with the consumer reporting agency which furnished the report.
- These rights apply specifically to the PSP Report. We receive other reports as part of our hiring process that contain information outside of the PSP. Those reports are governed by the FCRA which provides specific rights to you. To learn more about these rights, contact the Federal Trade Commission at: www.ftc.gov/credit. You may also report violations of the FCRA to the Office of Financial Management, Department of Transportation, Washington D.C., 20590 TEL: (202) 366-1306.
- We will inform you before we take adverse action based, in whole or in part, upon the PSP report and we will provide you a copy, free of charge, of the PSP report along with a copy of your rights under the FCRA. Thereafter, if we decide to take the adverse action against you, we will notify you and, upon request, will provide you, free of charge, a copy of the PSP report and your rights under the FCRA if you have misplaced the previous copies furnished to you.
- FMCSA-DOT and NICT (which operates the website for FMCSA-DOT) do not make the decision to take any adverse action and are unable to provide you with the reasons why the adverse action was taken.
- You may have greater rights under state law.
- You may request, upon presenting proper identification, copies of the PSP information received by us. We will respond within three (3) business days of receiving your request. These copies are free of charge to you. Our consumer reporting agency which supplies other employment reports will not have the PSP information, nor will it have access to the PSP information.

INDEPENDENT CONTRACT APPLICATION FOR OWNER OPERATORS

Important Notice Regarding Background Reports From the PSP Online Service

TO BE READ AND SIGNED BY APPLICANT

This certifies that this application was completed by me, and that all entries on it and information on 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 decision. (Inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended). In the event of employment 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.

IMPORTANT NOTICE REGARDING BACKGROUND REPORTS FROM THE PSP Online Service

In connection with your application for employment with Tenstreet ("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 Tenstreet ("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.

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CONSUMER REPORT DISCLOSURE AND RELEASE

In connection with your employment or application for employment (including contract for services) with The Waggoners Trucking, consumer reports may be requested from HireRight (formerly USIS Commercial Services). These reports may include the following types of information: names and dates of previous employers, reason for termination of employment, work experience, accidents, academic history, professional credentials, and drugs/alcohol use. Such reports may contain public record information concerning your driving record, workers compensation claims, credit, bankruptcy proceedings, criminal records, etc., from federal, state and other agencies which maintain such records; as well as information from HireRight concerning previous driving record requests made by others from such state agencies and state provided driving records.

You have the right to make a request to HireRight, upon proper identification, to request the nature and substance of all information in its files on you at the time of your request, including the sources of information and the recipients of any reports on you that HireRight has previously furnished within the three-year period preceding your request. HireRight may be contacted by mail at P.O. Box 33181, Tulsa, Oklahoma, 74153, or by phone at (800) 381-0645.

I AUTHORIZE, WITHOUT RESERVATION, HIRERIGHT, AND ANY PARTY OR AGENCY CONTACTED BY HIRERIGHT, TO FURNISH THE ABOVE-MENTIONED INFORMATION. THIS AUTHORIZATION DOES NOT APPLY TO DRUG AND ALCOHOL INFORMATION OBTAINED UNDER PART I.

I hereby consent to your obtaining the above information from HireRight, and I agree that such information which HireRight has or obtains, and my employment history (not DOT Drug and Alcohol information without a specific consent by me) with you if I am hired, will be supplied by HireRight to other companies which subscribe to HireRight. I hereby authorize procurement of consumer report(s). If hired or contracted, this authorization, for reports covered by this release only, 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.

Notice to California Applicants

Under California law, the consumer reports we order on you for employment purposes within the State of California are defined as investigative consumer reports. These reports may contain information on your character, general reputation, personal characteristics and mode of living. Under section 1786.22 of the California Civil Code, you may view the file maintained on you by HireRight during normal business hours. You may also obtain a copy of this file upon submitting proper identification and paying the costs of duplication services, by appearing at HireRight in person or by mail. The agency is required to have personnel available to explain your file to you and the agency must explain to you any coded information appearing in your file. If you appear in person, a person of your choice may accompany you, provided that this person furnishes proper identification.

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DISCLOSURE AND RELEASE

In accordance with DOT Regulation 49 CFR Part 391.23, I authorize the release of information from my DOT regulated drug and alcohol testing records by the carriers (company/school) listed above to The Waggoners Trucking, or to HireRight for the sole purpose of transmitting such records to The Waggoners Trucking.

I authorize release of the following information concerning DOT drug and alcohol testing violations including pre-employment tests during the past three years: (i) alcohol tests with a result of 0.04 or higher; (ii) verified positive drug tests; (iii) refusals to be tested (including verified adulterated or substituted results); (iv) other violations of DOT drug and alcohol testing regulations; (v) information obtained from previous employers of a drug and alcohol rule violation(s); and (vi) documents, if any, of completion of a return-to-duty process following a rule violation. I also authorize the carriers (company/school) listed above to release information about names and dates of previous employers, reasons for termination of employment, work experience, accidents, academic history, professional credentials and other information.

The information that I have authorized The Waggoners Trucking or HireRight to review involves tests required by DOT. If any carrier (company/school) listed above furnishes The Waggoners Trucking or HireRight with information concerning items (i) through (vi) above, I also authorize that carrier (company/school) to release and furnish the dates of my negative drug and/or alcohol tests and/or tests with results below 0.04 during the three-year period and the name and phone number of any substance abuse professional who evaluated me during the past three years.

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ADDITIONAL LICENSES

License Number: _____

License State: _____ County: _____

License Expiration: ____/____/____
 dd mm yyyy

Physical Expiration: ____/____/____
 dd mm yyyy

License Class: _____

Is this your current driver license? Yes No

Is this a commercial driver license? Yes No

Endorsements: _____

License Number: _____

License State: _____ County: _____

License Expiration: ____/____/____
 dd mm yyyy

Physical Expiration: ____/____/____
 dd mm yyyy

License Class: _____

Is this your current driver license? Yes No

Is this a commercial driver license? Yes No

Endorsements: _____

License Number: _____

License State: _____ County: _____

License Expiration: ____/____/____
 dd mm yyyy

Physical Expiration: ____/____/____
 dd mm yyyy

License Class: _____

Is this your current driver license? Yes No

Is this a commercial driver license? Yes No

Endorsements: _____

License Number: _____

License State: _____ County: _____

License Expiration: ____/____/____
 dd mm yyyy

Physical Expiration: ____/____/____
 dd mm yyyy

License Class: _____

Is this your current driver license? Yes No

Is this a commercial driver license? Yes No

Endorsements: _____

INDEPENDENT CONTRACT APPLICATION FOR OWNER OPERATORS

ADDITIONAL EMPLOYMENT HISTORY

6.	Company Name	Start ____/____/____	End ____/____/____
	Street Address	Position Held	
	City	State	Zip Code
	Reason for Leaving		
	Phone Number	Is this your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Were you terminated/discharged/laid off? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, explain: _____
	May we contact this employer at this time? <input type="checkbox"/> Yes <input type="checkbox"/> No	Did you operate a commercial motor vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No	
7.	Company Name	Start ____/____/____	End ____/____/____
	Street Address	Position Held	
	City	State	Zip Code
	Reason for Leaving		
	Phone Number	Is this your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Were you terminated/discharged/laid off? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, explain: _____
	May we contact this employer at this time? <input type="checkbox"/> Yes <input type="checkbox"/> No	Did you operate a commercial motor vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8.	Company Name	Start ____/____/____	End ____/____/____
	Street Address	Position Held	
	City	State	Zip Code
	Reason for Leaving		
	Phone Number	Is this your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Were you terminated/discharged/laid off? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, explain: _____
	May we contact this employer at this time? <input type="checkbox"/> Yes <input type="checkbox"/> No	Did you operate a commercial motor vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No	
9.	Company Name	Start ____/____/____	End ____/____/____
	Street Address	Position Held	
	City	State	Zip Code
	Reason for Leaving		
	Phone Number	Is this your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Were you terminated/discharged/laid off? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, explain: _____
	May we contact this employer at this time? <input type="checkbox"/> Yes <input type="checkbox"/> No	Did you operate a commercial motor vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No	
10.	Company Name	Start ____/____/____	End ____/____/____
	Street Address	Position Held	
	City	State	Zip Code
	Reason for Leaving		
	Phone Number	Is this your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Were you terminated/discharged/laid off? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, explain: _____
	May we contact this employer at this time? <input type="checkbox"/> Yes <input type="checkbox"/> No	Did you operate a commercial motor vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No	

INDEPENDENT CONTRACT APPLICATION FOR OWNER OPERATORS

ADDITIONAL EMPLOYMENT HISTORY

11.	Company Name		Start	____/____/____	End	____/____/____	
	Street Address		Position Held				
	City		State	Zip Code		Reason for Leaving	
	Phone Number	Is this your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		Were you terminated/discharged/laid off? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	May we contact this employer at this time? <input type="checkbox"/> Yes <input type="checkbox"/> No		Did you operate a commercial motor vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No		If so, explain: _____		
12.	Company Name		Start	____/____/____	End	____/____/____	
	Street Address		Position Held				
	City		State	Zip Code		Reason for Leaving	
	Phone Number	Is this your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		Were you terminated/discharged/laid off? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	May we contact this employer at this time? <input type="checkbox"/> Yes <input type="checkbox"/> No		Did you operate a commercial motor vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No		If so, explain: _____		
13.	Company Name		Start	____/____/____	End	____/____/____	
	Street Address		Position Held				
	City		State	Zip Code		Reason for Leaving	
	Phone Number	Is this your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		Were you terminated/discharged/laid off? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	May we contact this employer at this time? <input type="checkbox"/> Yes <input type="checkbox"/> No		Did you operate a commercial motor vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No		If so, explain: _____		
14.	Company Name		Start	____/____/____	End	____/____/____	
	Street Address		Position Held				
	City		State	Zip Code		Reason for Leaving	
	Phone Number	Is this your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		Were you terminated/discharged/laid off? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	May we contact this employer at this time? <input type="checkbox"/> Yes <input type="checkbox"/> No		Did you operate a commercial motor vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No		If so, explain: _____		
15.	Company Name		Start	____/____/____	End	____/____/____	
	Street Address		Position Held				
	City		State	Zip Code		Reason for Leaving	
	Phone Number	Is this your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		Were you terminated/discharged/laid off? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	May we contact this employer at this time? <input type="checkbox"/> Yes <input type="checkbox"/> No		Did you operate a commercial motor vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No		If so, explain: _____		

INDEPENDENT CONTRACT APPLICATION FOR OWNER OPERATORS

ADDITIONAL TRAFFIC CONVICTION/ VIOLATION HISTORY

VIOLATION DATE	CHARGE/DESCRIPTION	STATE	WERE YOU IN A COMMERCIAL VEHICLE?	PENALTY TYPE	FINE AMT (If applicable)
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Fine <input type="checkbox"/> Suspension <input type="checkbox"/> Revocation <input type="checkbox"/> Comm. Svc <input type="checkbox"/> Other: _____	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Fine <input type="checkbox"/> Suspension <input type="checkbox"/> Revocation <input type="checkbox"/> Comm. Svc <input type="checkbox"/> Other: _____	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Fine <input type="checkbox"/> Suspension <input type="checkbox"/> Revocation <input type="checkbox"/> Comm. Svc <input type="checkbox"/> Other: _____	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Fine <input type="checkbox"/> Suspension <input type="checkbox"/> Revocation <input type="checkbox"/> Comm. Svc <input type="checkbox"/> Other: _____	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Fine <input type="checkbox"/> Suspension <input type="checkbox"/> Revocation <input type="checkbox"/> Comm. Svc <input type="checkbox"/> Other: _____	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Fine <input type="checkbox"/> Suspension <input type="checkbox"/> Revocation <input type="checkbox"/> Comm. Svc <input type="checkbox"/> Other: _____	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Fine <input type="checkbox"/> Suspension <input type="checkbox"/> Revocation <input type="checkbox"/> Comm. Svc <input type="checkbox"/> Other: _____	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Fine <input type="checkbox"/> Suspension <input type="checkbox"/> Revocation <input type="checkbox"/> Comm. Svc <input type="checkbox"/> Other: _____	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Fine <input type="checkbox"/> Suspension <input type="checkbox"/> Revocation <input type="checkbox"/> Comm. Svc <input type="checkbox"/> Other: _____	

ADDITIONAL ACCIDENT HISTORY

ACCIDENT DATE	TYPE OF ACCIDENT	STATE	WERE YOU IN A COMMERCIAL VEHICLE?	WERE YOU AT FAULT?	WERE YOU TICKETED?	COMMENTS
			<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	<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	<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	
			<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	<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	