

Commercial Driver Owner-Operator/Contractor Application

Company Applied for: **Hansen and Adkins Auto Transport**___ **Harbor Auto Transport**____
3611 Farquhar Avenue 2nd Floor Los Alamitos, CA 90720

Region Applied in: East_____ West_____

Terminal City Location: _____ State: _____

Personal Information

Name: _____ *Date of Birth: ____/____/____
First MI Last *required by FMCSR 391.11

Current Address: _____ Social Security # _____
Number/street address Telephone: _____
City State Zip

Previous Address: _____ Cell Phone: _____
Number/street address optional
City State Zip E-mail Address _____ optional

Important: If at current address for less than three years, list all addresses for the previous three years, attach separate sheet if necessary

In case of emergency notify: _____
Name Address Phone

- Have you ever been known by another name? _____, if so, please list _____
- Have you ever applied to this Company ? _____, if so, when _____
- Have you ever been employed/contracted by this Company ? _____, if so give dates from _____ to: _____
- If previously employed/contracted by the Company, give reason for leaving: _____
- If contracted, can you present proof of your U.S. Citizenship or your legal right to live and work in this country? ____Yes ____No
- Are you able to perform the duties of the job as contained in the job description with reasonable accommodation? ____Yes ____No
- How did you find out about this company? Employee Referral ____ Newspaper ____ Other ____

PLEASE READ CAREFULLY

- A. Have you ever been denied a license, permit, or privilege to operate a motor vehicle? ____Yes ____No
 - B. Has your driver's license, permit or privilege ever been suspended or revoked? ____Yes ____No
 - C. Have you ever been charged with driving while intoxicated or under the influence of alcohol or drugs? ____Yes ____No
 - D. Have you ever used any illegal drugs (including marijuana)? ____Yes ____No If yes, when was the last time? _____
 - E. Have you ever been convicted for possession, sale, or use of a narcotic drug, amphetamine, or a derivative thereof? ____Yes ____No
 - F. Have you ever been convicted of a criminal offense? ____Yes ____No
 - G. Do you currently have any criminal actions pending in which you are a defendant? ____Yes ____No
 - H. Are you currently on probation or parole status ____Yes ____No
- If yes to any of the above questions, state specific circumstances and dates: _____

EDUCATION

Circle highest grade completed 1 2 3 4 5 6 7 8 High School 1 2 3 4 College 1 2 3 4 Graduate School 1 2 3
Have you attended a Professional Truck Driving School? ____Yes ____No If yes, did you graduate? ____Yes ____No
List specialty training or schools attended (including Truck driving school). Include dates of attendance and degrees or certifications achieved: _____

MILITARY STATUS

Have you ever served in the U.S. Armed Forces? ____Yes ____No Branch _____ **Dates: From _____ To _____
Duties: _____
Rank at time of Discharge _____ Discharge classification _____

** If service occurred within the last three years, please provide copy of DD 214 for verification purposes

EMPLOYMENT and or CONTRACTOR RECORD FOR PAST 10 YEARS

All applicants must list all full and part-time employment including military service, self employment, and periods of unemployment during preceding 10 years. Any employment gaps of greater than 30 days must be explained and verified. Independent contractors should include contact information for the Company "leased to" unless contractor operated under their own authority. Contractors operating on own authority must include ICC and DOT numbers. **NOTE:** List employers in reverse order starting with the most recent. **USE AN ADDITIONAL SHEET IF NECESSARY**

CURRENT OR MOST RECENT CONTRACT/EMPLOYER

May We Call? Yes _____ No _____

Name _____ From: _____ Mo Day Yr To: _____ Mo Day Yr
Address _____ Phone # (_____) _____
Street City State zip code
Position Held _____ Supervisor _____
Reason for Leaving _____ Type of Equip. Driven _____
Gap in employment From: _____ To: _____ Explain _____
Were you subject to compliance with DOT FMCSR? Yes _____ No _____ Were you enrolled and subject to Random Drug Screen? Yes _____ No _____

SECOND PRIOR CONTRACT/EMPLOYER

Name _____ From: _____ Mo Day Yr To: _____ Mo Day Yr
Address _____ Phone # (_____) _____
Street City State zip code
Position Held _____ Supervisor _____
Reason for Leaving _____ Type of Equip. Driven _____
Gap in employment From: _____ To: _____ Explain _____
Were you subject to compliance with DOT FMCSR? Yes _____ No _____ Were you enrolled and subject to Random Drug Screen? Yes _____ No _____

THIRD PRIOR CONTRACT/EMPLOYER

Name _____ From: _____ Mo Day Yr To: _____ Mo Day Yr
Address _____ Phone # (_____) _____
Street City State zip code
Position Held _____ Supervisor _____
Reason for Leaving _____ Type of Equip. Driven _____
Gap in employment From: _____ To: _____ Explain _____
Were you subject to compliance with DOT FMCSR? Yes _____ No _____ Were you enrolled and subject to Random Drug Screen? Yes _____ No _____

FOURTH PRIOR CONTRACT/EMPLOYER

Name _____ From: _____ Mo Day Yr To: _____ Mo Day Yr
Address _____ Phone # (_____) _____
Street City State zip code
Position Held _____ Supervisor _____
Reason for Leaving _____ Type of Equip. Driven _____
Gap in employment From: _____ To: _____ Explain _____
Were you subject to compliance with DOT FMCSR? Yes _____ No _____ Were you enrolled and subject to Random Drug Screen? Yes _____ No _____

FIFTH PRIOR CONTRACT/EMPLOYER

Name _____ From: _____ Mo Day Yr To: _____ Mo Day Yr
Address _____ Phone # (_____) _____
Street City State zip code
Position Held _____ Supervisor _____
Reason for Leaving _____ Type of Equip. Driven _____
Gap in employment From: _____ To: _____ Explain _____
Were you subject to compliance with DOT FMCSR? Yes _____ No _____ Were you enrolled and subject to Random Drug Screen? Yes _____ No _____

SIXTH PRIOR CONTRACT/EMPLOYER

Name _____ From: _____ Mo Day Yr To: _____ Mo Day Yr
Address _____ Phone # (_____) _____
Street City State zip code
Position Held _____ Supervisor _____
Reason for Leaving _____ Type of Equip. Driven _____
Gap in employment From: _____ To: _____ Explain _____
Were you subject to compliance with DOT FMCSR? Yes _____ No _____ Were you enrolled and subject to Random Drug Screen? Yes _____ No _____

EMPLOYMENT and or CONTRACTOR RECORD FOR PAST 10 YEARS

SEVENTH CONTRACT/EMPLOYER

May We Call? Yes _____ No _____

Name _____ From: Mo Day Yr _____ To: Mo Day Yr _____
Address _____ Phone # (_____) _____
Street City State zip code
Position Held _____ Supervisor _____
Reason for Leaving _____ Type of Equip. Driven _____
Gap in employment From: _____ To: _____ Explain _____
Were you subject to compliance with DOT FMCSR? Yes _____ No _____ Were you enrolled and subject to Random Drug Screen? Yes _____ No _____

EIGHTH PRIOR CONTRACT/EMPLOYER

Name _____ From: Mo Day Yr _____ To: Mo Day Yr _____
Address _____ Phone # (_____) _____
Street City State zip code
Position Held _____ Supervisor _____
Reason for Leaving _____ Type of Equip. Driven _____
Gap in employment From: _____ To: _____ Explain _____
Were you subject to compliance with DOT FMCSR? Yes _____ No _____ Were you enrolled and subject to Random Drug Screen? Yes _____ No _____

NINTH PRIOR CONTRACT/EMPLOYER

Name _____ From: Mo Day Yr _____ To: Mo Day Yr _____
Address _____ Phone # (_____) _____
Street City State zip code
Position Held _____ Supervisor _____
Reason for Leaving _____ Type of Equip. Driven _____
Gap in employment From: _____ To: _____ Explain _____
Were you subject to compliance with DOT FMCSR? Yes _____ No _____ Were you enrolled and subject to Random Drug Screen? Yes _____ No _____

TENTH PRIOR CONTRACT/EMPLOYER

Name _____ From: Mo Day Yr _____ To: Mo Day Yr _____
Address _____ Phone # (_____) _____
Street City State zip code
Position Held _____ Supervisor _____
Reason for Leaving _____ Type of Equip. Driven _____
Gap in employment From: _____ To: _____ Explain _____
Were you subject to compliance with DOT FMCSR? Yes _____ No _____ Were you enrolled and subject to Random Drug Screen? Yes _____ No _____

ELEVENTH PRIOR CONTRACT/EMPLOYER

Name _____ From: Mo Day Yr _____ To: Mo Day Yr _____
Address _____ Phone # (_____) _____
Street City State zip code
Position Held _____ Supervisor _____
Reason for Leaving _____ Type of Equip. Driven _____
Gap in employment From: _____ To: _____ Explain _____
Were you subject to compliance with DOT FMCSR? Yes _____ No _____ Were you enrolled and subject to Random Drug Screen? Yes _____ No _____

TWELTH PRIOR CONTRACT/EMPLOYER

Name _____ From: Mo Day Yr _____ To: Mo Day Yr _____
Address _____ Phone # (_____) _____
Street City State zip code
Position Held _____ Supervisor _____
Reason for Leaving _____ Type of Equip. Driven _____
Gap in employment From: _____ To: _____ Explain _____
Were you subject to compliance with DOT FMCSR? Yes _____ No _____ Were you enrolled and subject to Random Drug Screen? Yes _____ No _____

DRIVING EXPERIENCE				
CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, CARHAUL, ETC)	FROM (date)	TO (date)	APPROX # OF MILES
Straight Truck				
Tractor and semi-trailer				
Tractor and two trailers				
Auto Transport				

LICENSE INFORMATION
LIST ALL DRIVERS LICENSES HELD IN THE PAST FIVE YEARS (Note: A Copy of your license/CDL and MVR within 30 days, must be attached for your application to be considered)

STATE OF ISSUE	LICENSE NUMBER	TYPE	ENDORSEMENTS	EXPIRATION DATE

TRAFFIC CONVICTIONS AND VIOLATIONS
LIST ALL TRAFFIC CITATIONS/CONVICTIONS FOR THE PAST FIVE (5) YEARS (other than parking) INCLUDING PASSENGER AND COMMERCIAL VEHICLES

DATE OF CONVICTION	LOCATION (STATE)	CHARGE	PENALTY

ACCIDENT RECORD
LIST ALL ACCIDENTS/INCIDENTS FOR THE LAST FIVE (5) YEARS REGARDLESS OF SEVERITY OR FAULT
-Include all passenger car and Commercial Vehicle incidents and accidents even if they do not appear on your driving abstract-

DATE	Type of vehicle	BRIEF DESCRIPTION (i.e. backing, head on, lane change, rear end, upset, etc)	Preventable or Non-Preventable	# of Fatalities	# of Injured	\$ Amount of Property Damage

PERSONAL REFERENCES
List 2 people able to verify your employment, contract and personal history (such as co-workers, neighbors, customers, or friends). DO NOT LIST RELATIVES

1. Name _____ Relationship _____
Address _____ Phone # _____

2. Name _____ Relationship _____
Address _____ Phone # _____

ACKNOWLEDGEMENT—PLEASE READ CAREFULLY BEFORE SIGNING

As part of our procedure for processing your application, an investigation report may be made whereby information is obtained through a personal interview with you or with third parties, such as family members, business associates, financial sources, friends, neighbors or others to whom you are acquainted. This inquiry includes information as to your character, general reputation, personal characteristics and mode of living, whichever may be applicable. Upon written request, additional information as to the nature and scope of the inquiry, if one is made, will be provided.

By my signature below I hereby authorize Hansen and Adkins Auto Transport . or their subsidiaries or agents to investigate my previous record of employment to ascertain any and all information which may concern my record whether same is of record or not and I release my former employers from all liability for any damages resulting from their furnishing such information. I understand that information that I provide regarding current and/or previous employers may be used and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(D) and (e).

- It is agreed and understood that:
- My completing this application will in no way assure my being contracted.
 - All Contractors are contracted on an "at-will" basis. The contract "at-will" means that the contract relationship may be terminated, with or without notice, at any time by either the contractor or the Company.
 - My answers to the foregoing questions are true and correct, and that any misrepresentation of information given shall be considered an act of dishonesty.
 - If contracted I will submit to a physical examination and tests as may be required by the Company and I will furnish freely such information or documents that may be required to complete my Driver Qualification file.
 - Companies must make accommodations to disabled applicants and employees and contractors where the accommodation does not impose an undue hardship on the company. Disabled applicants, employees and contractors must request an accommodation of their disability to the Company in writing within 182 days of the date the disabled individual knows or should know that an accommodation is needed. Failure to properly notify the Company will preclude any claim that the employer failed to accommodate the disabled individual.
 - I agree that any action or suit against the Company arising out of my contract or termination of contract including, but not limited to, claims arising under State or Federal civil rights statutes must be brought within 180 days of the event giving rise to the claims or be forever barred. I waive any limitation periods to the contrary. If, however, a State or Federal statute creating or governing my right to bring a claim, suit or action against the Company contains within its provisions a limitations period for bringing such a claim, suit or action, the statutory limitations period shall apply. I further agree that if I should bring any non-statutory action or claim arising out of my contract against the Company, in which the Company prevails, I will pay the Company any and all such costs incurred by the Company in defense of said claims or actions, including attorney fees.
 - **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.**

Applicant's Signature Date of application