



CONTRACTOR APPLICATION

Packard Transport Inc.
24021 S. Municipal Dr.
Channahon, Illinois 60410

ADVERTISING SOURCE _____ DRIVER REFERRAL _____

Driver's Application for Employment
(As required by DOT/FMCSR 391.51 and 391.21)

Owner Not An Employee of Carrier: It is clearly understood and is the considered intent of the parties to this application that the relationship of the party rendering the services is that of independent contractor and not that of employee.

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.

I understand that the information in this application will be used and that prior employers will be contacted for purposes of investigation as required by section 391.23 of the Motor Carrier Safety Regulations.

I understand the Company also may request or obtain investigative consumer report(s) Including information about my character, reputation, personal characteristics and mode of living; that upon my timely written request, the Company will disclose the nature and scope of the investigative report(s) it requested; and that I am entitled to the name and address of the reporting agency making such report(s) if I am denied contract because of such report.

I understand that I must pass a pre-contract drug test. I also understand that, if I am contracted, I will be required to submit to and pass drug and alcohol tests on a reasonable cause and random basis, as well as drug and alcohol testing after any recordable accident or otherwise as may be required or permitted by law or Company policy.

I understand that my contract, if any, can be cancelled with or without cause, and with or without notice, at any time, at the option of either the Company or myself. I understand that no manager or other representative of Packard Transport, Inc. has any authority to enter into any agreement for contract for any specified period of time, or to make any agreement contrary to the foregoing.

I understand that I have the right to review information provided by previous companies, have errors corrected by previous company and resubmitted to Packard Transport, Inc. and/or have a rebuttal statement attached to erroneous information if a previous company and I cannot agree on the accuracy of the information. I understand that I must request past company information obtained by Packard Transport, Inc. in writing within 30-days of contract or denial of contract.

I certify that I am providing this information and submitting this application solely to obtain a contractor position with Packard Transport, Inc., I understand that I will be considered only for a contractor position and that Packard Transport, Inc. will consider this application active for no more than 30 days. If I do not personally renew this application within 30 days, it will signify that I no longer desire to be further considered for contract.

I authorize my past companies/employers and any other person or entity who I have been contracted or who has drug tested me in the past to release to Packard Transport, Inc. the results and information regarding such testing. I further agree that if I am contracted by Packard Transport, Inc. I will submit to physical examinations, blood and urine tests as requested by the Company.

DATE

X APPLICANT'S SIGNATURE

Name _____ Date of Birth _____ Social Security No. _____
 First Middle Last

Phone; (____) _____ Message Phone: (____) _____ Relationship: _____

Present Address: _____ How Long: _____

Previous Address: _____ How Long: _____

Residence for Past 3 Years: _____ How Long: _____

Are you 25 years or older? Yes No

Are you a US Citizen? Yes No If no, do you have a legal right to live and work in the U.S.? _____

Have you worked for this company before? Yes No If yes, when? _____

Have you previously applied for contract with this firm? Yes No If yes, when? _____

CONTRACTOR SELECTION STANDARDS

Packard Transport Inc. selection standards and requirements for contracting drivers include:

1. Must live within the Packard Transport Inc. hiring area.
2. Must be at least 25 years old and have at least 3 years verifiable OTR experience.
3. Must have at least 12 months OTR in the past 18 months.
4. Must have at least 12 month experience operating the trailer type for which you are applying
5. Must have CDL License issued by the state in which you reside.
6. Must be able to meet all applicable D.O.T. regulations. D.O.T. physical administered by Packard Transport Inc. designated doctor at Contractor's expense.
7. No license suspension for moving violations in the past 5 years.
8. No B.A.Cs, D.U.I.s or D.W.I.s in the past five (5) years or more than one (1) in a lifetime.
9. Must pass pre-employment drug test.
10. Must have and maintain neat, clean appearance.
11. Must be able to meet all legal requirements to drive a commercial truck in both USA and Canada.
12. No felony convictions in past 10 years. Cannot be on probation for any reason.
13. No misdemeanor convictions in past 5 years.
14. No drug or sexual crime convictions ever
15. With regard to preventable motor vehicle accidents and moving violations, Packard Transport Inc. reserves the right to judge each applicant on an individual basis.

Discontinuation of the qualification process will be enforced if you fail the drug screen or falsify the application.
I have read and agree to the standards presented above.

DATE

x _____
APPLICANT'S SIGNATURE

To submit an application, you will need to account for the last ten (10) years of your activities.

You will need:

1. Company names, addresses, phone numbers, and name of person to contact.
2. All motor vehicle accidents or incidents listed that you have been involved in for the last three (3) years.
3. All tickets listed in all states and in all vehicles in the last three (3) years.
4. Beginning and ending dates of employment, self-employment or unemployment (month/year).
5. If (1) a company you worked for is out of business, (2) you were self-employed, or (3) you were unemployed and not drawing unemployment, you will need two (2) personal references with specific dates from two separate individuals or businesses (other than a relative)
6. If you received unemployment benefits, a printout of benefits can be obtained from your employment office.

EMPLOYMENT RECORD

Begin with your present or most recent job and work backward in order, listing your employers for the last three years including all full- and part-time employment, self-employment, military service, and any periods of unemployment. Then continue by providing all employers for the previous seven years, following the three-year period mentioned above, for which you were an operator of a commercial motor vehicle (driving jobs only). Use another sheet of paper if necessary.

Current/Most Recent Employer: Name _____ Phone: (____) _____
Are you presently employed? Yes No May we call your current employer? Yes No

Address _____
Street City State/Zip Code

Position Held _____ From _____ To _____
(month/year) (month/year)

Reason For Leaving? _____

Were you subject to the FMCSR's? Yes ___ No ___

Was Job Designated as a Safety Sensitive function in any DOT regulated mode subject to drug and alcohol testing as required by 49 CFR part 40? Yes ___ No ___

Second Last Employer: Name _____ Phone: (____) _____

Address _____
Street City State/Zip Code

Position Held _____ From _____ To _____
(month/year) (month/year)

Reason For Leaving? _____

Were you subject to the FMCSR's? Yes ___ No ___

Was Job Designated as a Safety Sensitive function in any DOT regulated mode subject to drug and alcohol testing as required by 49 CFR part 40? Yes ___ No ___

Third Last Employer: Name _____ Phone: (____) _____

Address _____
Street City State/Zip Code

Position Held _____ From _____ To _____
(month/year) (month/year)

Reason For Leaving? _____

Were you subject to the FMCSR's? Yes ___ No ___

Was Job Designated as a Safety Sensitive function in any DOT regulated mode subject to drug and alcohol testing as required by 49 CFR part 40? Yes ___ No ___

Fourth Last Employer: Name _____ Phone: (____) _____

Address _____
Street City State/Zip Code

Position Held _____ From _____ To _____
(month/year) (month/year)

Reason For Leaving? _____

Were you subject to the FMCSR's? Yes ___ No ___

Was Job Designated as a Safety Sensitive function in any DOT regulated mode subject to drug and alcohol testing as required by 49 CFR part 40? Yes ___ No ___

EMPLOYMENT RECORD (cont)

Fifth Last Employer: Name _____ Phone: (____) _____

Are you presently employed? Yes No May we call your current employer? Yes No

Address _____
Street City State/Zip Code

Position Held _____ From _____ To _____
(month/year) (month/year)

Reason For Leaving? _____

Were you subject to the FMCSR's? Yes ___ No ___

Was Job Designated as a Safety Sensitive function in any DOT regulated mode subject to drug and alcohol testing as required by 49 CFR part 40? Yes ___ No ___

Sixth Last Employer: Name _____ Phone: (____) _____

Address _____
Street City State/Zip Code

Position Held _____ From _____ To _____
(month/year) (month/year)

Reason For Leaving? _____

Were you subject to the FMCSR's? Yes ___ No ___

Was Job Designated as a Safety Sensitive function in any DOT regulated mode subject to drug and alcohol testing as required by 49 CFR part 40? Yes ___ No ___

Seventh Last Employer: Name _____ Phone: (____) _____

Address _____
Street City State/Zip Code

Position Held _____ From _____ To _____
(month/year) (month/year)

Reason For Leaving? _____

Were you subject to the FMCSR's? Yes ___ No ___

Was Job Designated as a Safety Sensitive function in any DOT regulated mode subject to drug and alcohol testing as required by 49 CFR part 40? Yes ___ No ___

Eighth Last Employer: Name _____ Phone: (____) _____

Address _____
Street City State/Zip Code

Position Held _____ From _____ To _____
(month/year) (month/year)

Reason For Leaving? _____

Were you subject to the FMCSR's? Yes ___ No ___

Was Job Designated as a Safety Sensitive function in any DOT regulated mode subject to drug and alcohol testing as required by 49 CFR part 40? Yes ___ No ___

EMPLOYMENT RECORD (cont)

Ninth Last Employer: Name _____ Phone: (____) _____

Address _____
Street City State/Zip Code

Position Held _____ From _____ To _____
(month/year) (month/year)

Reason For Leaving? _____
Were you subject to the FMCSR's? Yes___ No___
Was Job Designated as a Safety Sensitive function in any DOT regulated mode subject to drug and alcohol testing as required by 49 CFR part 40? Yes___ No___

Tenth Last Employer: Name _____ Phone: (____) _____

Address _____
Street City State/Zip Code

Position Held _____ From _____ To _____
(month/year) (month/year)

Reason For Leaving? _____
Were you subject to the FMCSR's? Yes___ No___
Was Job Designated as a Safety Sensitive function in any DOT regulated mode subject to drug and alcohol testing as required by 49 CFR part 40? Yes___ No___

Eleventh Last Employer: Name _____ Phone: (____) _____

Address _____
Street City State/Zip Code

Position Held _____ From _____ To _____
(month/year) (month/year)

Reason For Leaving? _____
Were you subject to the FMCSR's? Yes___ No___
Was Job Designated as a Safety Sensitive function in any DOT regulated mode subject to drug and alcohol testing as required by 49 CFR part 40? Yes___ No___

Twelfth Last Employer: Name _____ Phone: (____) _____

Address _____
Street City State/Zip Code

Position Held _____ From _____ To _____
(month/year) (month/year)

Reason For Leaving? _____
Were you subject to the FMCSR's? Yes___ No___
Was Job Designated as a Safety Sensitive function in any DOT regulated mode subject to drug and alcohol testing as required by 49 CFR part 40? Yes___ No___

LICENSE

List all drivers licenses held in the past three (3) years.

STATE	LICENSE NUMBER	CLASS/ENDORSEMENTS	EXPIRATION DATE

TRAFFIC CITATIONS

Traffic convictions and forfeitures for the past three (3) years on record (if none, write "none")
Truck and Car (other than parking violations)

DATE	LOCATION (STATE)	CHARGE	PENALTY

MOTOR VEHICLE ACCIDENTS

Motor Vehicle Accident Record for last 3 years(if none, write none)
List all involvement with truck and car including property damage, regardless of fault.

DATE	TYPE VEHICLE	NATURE OF ACCIDENT	WHO WAS AT FAULT	FATALITIES	INJURIES

- | | | |
|---|------------------------------|-----------------------------|
| A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| B. Has any license, permit, or privilege been suspended or revoked? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| C. Have you ever been convicted of any alcohol related driving offense? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| D. Have you ever been convicted for possession, sale, or use of a narcotic drug, amphetamine, or other controlled substance? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| E. Have you ever been convicted of a crime? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| F. Have you ever tested positive or refused to test on any pre-employment Drug or Alcohol test administered by an employer to which you applied for, but did not obtain employment during the past two years. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If you answered yes to either A, B, C, D, E, or F please state the circumstances and date

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (Van, Tank, Flat, Etc.)	DATES		APPROX. NO. OF MILES (Total)
		From	/ To	
Straight Truck				
Tractor and Semi-Trailer				
Tractor Two-Trailers				
Other				

List States Operated in for the last 5 Years _____

DO YOU HAVE A D.O.T. PHYSICAL CERTIFICATE? _____
Doctor
Address
Date

CAN YOU DO THE FOLLOWING THINGS?

- Yes No Get in and out of a semi-truck?
- Yes No Get in and out of a semi-trailer?
- Yes No Get under unit to perform duties, such as checking brakes and visual inspection of equipment?
- Yes No Raise and lower trailer dollies when under a load?
- Yes No Unload insulation?
- Yes No Apply enough pressure to release fifth wheel pin?
- Yes No Apply enough force to open and close semi-trailer doors?
- Yes No Repeatedly lift and carry cargo weighing up to 70 lbs. per item?
- Yes No Sit stationary in a driver's seat for long periods of time?
- Yes No Apply enough pressure to trailer tandem lever to release locking pins when sliding tandems?
- Yes No Be on duty the maximum hours allowed by D.O.T. Hours of Service Regulations?

IF ANY "NO" ANSWERS TO ABOVE, COULD YOU DO WITH REASONABLE ACCOMODATION? EXPLAIN _____

EDUCATION

Highest Grade Completed: 4 5 6 7 8 High School: 1 2 3 4 College: 1 2 3 4

Did you graduate High School or College? _____ When? _____

List any other training or schools _____

Truck Driving School _____ Did you graduate? _____ When? _____

Can you read and write the English language? _____

EQUIPMENT (OWNER OPERATORS ONLY):

EQUIPMENT DESCRIPTION – TRACTOR:

TYPE: _____
 YEAR: _____
 MAKE: _____
 MODEL: _____
 COLOR: _____
 COMPLETE VIN: _____

DO YOU OWN A FLATBED OR STEPDECK TRAILER? _____

EQUIPMENT DESCRIPTION – TRAILER:

TYPE: _____
 YEAR: _____
 MAKE: _____

MISCELLANEOUS INFORMATION

Have you ever been discharged or requested to resign from a position? Yes No

How many days were you absent from work during the past year? _____ Three Years _____

I authorize my past employers and any other person or entity who has drug tested me in the past to release to Packard Transport Inc. the results and information regarding such testing. I further agree that if I am contracted by Packard Transport Inc. I will submit to physical examinations, blood and urine tests as requested by the Company.

I understand that if I am contracted by Packard Transport Inc., I will be a contractor at will. Under this arrangement, my contract can be discontinued at any time, with or without cause, and with or without notice, at the option of either the Company or myself. I expressly deny that I am contractually bound to the Company, or that the Company is contractually bound to me.

I understand that the Company may provide me with handbooks, and other written materials intended to help contractors follow and understand the Company's work rules, personnel policies, benefits, etc. I also understand that such materials are not contracts, and that the Company may update, supplement, increase, decrease, eliminate, or otherwise change any policies, rules, or benefits as it deems appropriate. If contracted, I agree to familiarize myself with such materials as to abide by all present and future rules, policies, or procedures of the Company.

I understand that no representative of the company has any authority to make any agreement contrary to the foregoing. I also agree that my employment relationship with the Company should be construed according to the laws of the State of **(Illinois)**.

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 UNDERSTAND THAT ANY MISSTATEMENT OR OMISSION OF INFORMATION IN THIS APPLICATION MAY RESULT IN MY DISMISSAL.

DATE

x _____
APPLICANT'S SIGNATURE