

DRIVER QUALIFICATION FORM

(Answer all questions - please print)

The information is requested for purposes of complying with Federal Regulations.

Position(s) Desired: _____ Date of Contract Info. Form: _____

Full Name: _____ Social Security No.: _____
Last First Middle or Maiden

List your addresses of residency for the past three years:

Current Address: _____
Street City
State Zip Code Phone Number How Long
yr. / mo.

Previous Address: _____
Street City State Zip Code How Long
yr. / mo.

Previous Address: _____
Street City State Zip Code How Long
yr. /mo.

Date of Birth (Required for Commercial Drivers) _____

CDL No.: _____ Class A ___ B ___ C ___ State _____

Endorsements: Hazardous Material (HAZMAT) Endorsement? (Circle One) YES / NO TWIC? (Circle One) YES / NO

Other Endorsements (Please specify) _____

Have you contracted to this company before? (Circle One) YES / NO If yes, what division / location? _____

Are you now under contract? (Circle One) YES / NO If no, how long since leaving last company? _____

Who referred you? _____ Percentage expected _____

Type of Contract Desired: LOCAL ___ OTR ___

Contract Operation Desired: LTL ___ FLATBED ___ INTERMODAL ___

Have you ever been convicted of a felony? (Circle One) YES / NO

Have you ever been convicted of driving under the influence of alcohol? (Circle One) YES / NO

If you answered yes to the question above, please explain fully on a separate piece of paper. Conviction of a crime is not an automatic bar to entering into an Independent Contractor Agreement. By company policy any person convicted of driving under the influence of alcohol will not be considered for an Independent Contractor Position involving operating a vehicle owned or leased by Palletized Trucking Inc.

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 and was not hired during the past three (3) years? (Circle One) YES / NO

DRIVERS EXPERIENCE & QUALIFICATIONS

Name: _____ Date of Driver Qual. Form: _____

Have you been denied a license, permit or a privilege to operate a motor vehicle? (Circle One) YES / NO

Has any license, permit or privilege been suspended or revoked? (Circle One) YES / NO

Have you been disqualified from operating a Commercial Motor Vehicle (CMV) in any of the following circumstances?

CIRCUMSTANCE	YES	NO
Driving a CMV when your Blood Alcohol Concentration (BAC) was 0.04 or greater?		
Driving under the influence of alcohol, as prescribed by State Law?		
Refusal to undergo such alcohol testing as required any State or Jurisdiction?		
Driving a CMV while under the influence of a controlled substance?		
For the transportation, possession or unlawful use of a controlled substance while on duty as a driver of a commercial Motor vehicle?		
Because you left the scene of an accident while you were operating a commercial motor vehicle?		
Because of a felony involving the use of a commercial motor vehicle?		

How long have you operated the following?

TYPE:	TIME OPERATED:	TYPE:	TIME OPERATED:
Straight Trucks		Tractor & Semi Trailers	
Oil Field Winch Trucks		Tractor & Full Trailers	
Tractor & Twins		Pickups / Gooseneck	

What is the length of time you have transported the following?

TYPE:	LENGTH OF TIME TRANSPORTED:	TYPE:	LENGTH OF TIME TRANSPORTED:
General Freight		Machinery & Heavy Cargo	
Perishables		Hazardous Materials	
LTL Freight		Other (Specify)	

List all states in which you have operated in the last five (5) years: _____

ACCIDENT RECORD:

Please list all accidents in which you were involved in as a driver during the preceding three (3) years.

DATE	EMPLOYER / LESSOR	NATURE OF ACCIDENT	FATALITIES	HAZMAT SPILL

TRAFFIC VIOLATION RECORD:

Please list all violations of motor vehicle law or ordinances (other than parking violations) of which you were convicted or forfeited bond or collateral during the preceding three (3) years.

DATE	TYPE OF VIOLATION	LOCATION (CITY & STATE)

DRIVERS EXPERIENCE & QUALIFICATIONS

Name: _____ Date of Contract Info. Form: _____

List any courses or training that will help you as a driver: _____

What Safe Driving awards do you hold and from whom? _____

Show any trucking, transportation or other experience that may help in your work for Palletized Trucking Inc. _____

List courses and training not shown elsewhere in this application _____

List any equipment or technical materials you can work with (other than those already shown) _____

DRIVERS VEHICLE INFORMATION

Registered Owner: _____

Vehicle Type: Truck-Tractor _____ Straight Truck _____ No. of Axles _____ Sleeper _____ Conventional _____ COE _____

Year _____ Make _____ Model _____ VIN No. _____

Diesel _____ Gas _____ Odometer Reading _____ Date of State MVI Sticker _____

Is your vehicle registered in Texas? (Circle One) YES / NO

Do you have a clear title to your vehicle? (Circle One) YES / NO

Are your Road-Use Tax (RUT) payments current? (Circle One) YES / NO

Do you have collision insurance? (Circle One) YES / NO If yes, Company _____ Policy No. _____

Do you have bobtail insurance? (Circle One) YES / NO If yes, Company _____ Policy No. _____

Insurance Agent Name: _____ Phone No. _____

Insurance Agent Address _____

Have you been bonded? (Circle One) YES / NO If yes, Name of bonding company _____

DRIVERS WORK HISTORY

Pursuant to Federal Regulations, list all previous employers and/or lessors for which you have worked for the past 10 years.

NOTE: List employers and/or lessors in reverse order starting with the most recent. Add another sheet if necessary.

EMPLOYER or LESSOR INFORMATION			
NAME		DATES	
ADDRESS		START DATE:	MONTH ____ YEAR ____
CITY, STATE, ZIP		END DATE:	MONTH ____ YEAR ____
POSITION HELD			
REASON FOR LEAVING			
CONTACT PERSON		CONTACT PHONE NO.:	
IN MY POSITION, I WAS SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS? (Circle One) YES / NO			
MY POSITION WAS A SAFETY SENSITIVE FUNTION SUBJECT TO ALCOHOL AND CONTROLLED SUBSTANCE TESTING AS REQUIRED BY 49 CFR PART 40 (Circle One) YES / NO			
EMPLOYER or LESSOR INFORMATION			
NAME		DATES	
ADDRESS		START DATE:	MONTH ____ YEAR ____
CITY, STATE, ZIP		END DATE:	MONTH ____ YEAR ____
POSITION HELD			
REASON FOR LEAVING			
CONTACT PERSON		CONTACT PHONE NO.:	
IN MY POSITION, I WAS SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS? (Circle One) YES / NO			
MY POSITION WAS A SAFETY SENSITIVE FUNTION SUBJECT TO ALCOHOL AND CONTROLLED SUBSTANCE TESTING AS REQUIRED BY 49 CFR PART 40 (Circle One) YES / NO			
EMPLOYER or LESSOR INFORMATION			
NAME		DATES	
ADDRESS		START DATE:	MONTH ____ YEAR ____
CITY, STATE, ZIP		END DATE:	MONTH ____ YEAR ____
POSITION HELD			
REASON FOR LEAVING			
CONTACT PERSON		CONTACT PHONE NO.:	
IN MY POSITION, I WAS SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS? (Circle One) YES / NO			
MY POSITION WAS A SAFETY SENSITIVE FUNTION SUBJECT TO ALCOHOL AND CONTROLLED SUBSTANCE TESTING AS REQUIRED BY 49 CFR PART 40 (Circle One) YES / NO			

EMPLOYER or LESSOR INFORMATION			
NAME		DATES	
ADDRESS		START DATE:	MONTH ____ YEAR ____
CITY, STATE, ZIP		END DATE:	MONTH ____ YEAR ____
POSITION HELD			
REASON FOR LEAVING			
CONTACT PERSON		CONTACT PHONE NO.:	
IN MY POSITION, I WAS SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS? (Circle One) YES / NO			
MY POSITION WAS A SAFETY SENSITIVE FUNTION SUBJECT TO ALCOHOL AND CONTROLLED SUBSTANCE TESTING AS REQUIRED BY 49 CFR PART 40 (Circle One) YES / NO			
EMPLOYER or LESSOR INFORMATION			
NAME		DATES	
ADDRESS		START DATE:	MONTH ____ YEAR ____
CITY, STATE, ZIP		END DATE:	MONTH ____ YEAR ____
POSITION HELD			
REASON FOR LEAVING			
CONTACT PERSON		CONTACT PHONE NO.:	
IN MY POSITION, I WAS SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS? (Circle One) YES / NO			
MY POSITION WAS A SAFETY SENSITIVE FUNTION SUBJECT TO ALCOHOL AND CONTROLLED SUBSTANCE TESTING AS REQUIRED BY 49 CFR PART 40 (Circle One) YES / NO			
EMPLOYER or LESSOR INFORMATION			
NAME		DATES	
ADDRESS		START DATE:	MONTH ____ YEAR ____
CITY, STATE, ZIP		END DATE:	MONTH ____ YEAR ____
POSITION HELD			
REASON FOR LEAVING			
CONTACT PERSON		CONTACT PHONE NO.:	
IN MY POSITION, I WAS SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS? (Circle One) YES / NO			
MY POSITION WAS A SAFETY SENSITIVE FUNTION SUBJECT TO ALCOHOL AND CONTROLLED SUBSTANCE TESTING AS REQUIRED BY 49 CFR PART 40 (Circle One) YES / NO			

A "Commercial Motor Vehicle" is defined as one having a gross vehicle weight of 10,001 pounds or more; designed to transport more than 9 people (including the driver); or transporting hazardous materials in quantities requiring the vehicle to be placarded.

DRIVER CERTIFICATION

(MUST BE READ AND SIGNED BY APPLICANT FOR INDEPENDENT CONTRACT)

This certifies that I personally completed this application to provide services as an Independent Contractor/Driver and that all entries on it and information contained in it are true and correct to the best of my knowledge.

I hereby authorize Palletized Trucking Inc. to seek information about my alcohol and controlled substance testing history as required by 49 CFR 391.23 (D) and of my personal employment / leases, financial and / or medical history and other related matters as may be necessary in arriving at a contract decision. I hereby release employers, lessors, schools, health care providers and other persons from all liability in responding to the requests for information and releasing said information in connection for my application to provide Independent Contractor Services to Palletized Trucking Inc.

As an applicant to provide services as an Independent Contractor to Palletized Trucking Inc., the information I provide regarding current and/or previous employment / leases may be used and those previous employers / lessors will be contacted for the purpose of investigating my safety performance history as required by 49 CFR 391.23 (d) & (e).

I understand that I have the following rights regarding the investigative information my former employees and / or lessors must provide Palletized Trucking Inc.

- 1. The right to review information provided by former employers and / or lessors.*
- 2. The right to have errors corrected and that for the previous employer and / or lessor to re-send corrected information to Palletized Trucking Inc.*
- 3. The right to have a rebuttal statement attached to the alleged erroneous information if the previous employer and / or lessor and I cannot agree on the accuracy of the information.*

In the event of my Contract with Palletized Trucking Inc., I understand that false and / or misleading information given on this information sheet or interview(s) may result in termination of my Independent Contract. I understand also, that when I am providing services as a driver, I am required to abide by all rules and regulations of Palletized Trucking Inc.

Signature _____ Date _____

TO BE COMPLETED BY AUTHORIZED PERSONNEL ONLY

NOTES: _____

To: _____

From: SoniaMendez, Palletized Trucking Inc. Safety Dept.

Attn: _____

Phone: 713-490-6816

Fax: _____

Return Fax: 713-220-9804

Name: _____	SS#: _____
-------------	------------

I authorize Palletized Trucking Inc. to make such investigations of my employment / lease and personal history and other related matters as may be necessary in arriving at a contract decision. I hereby release all employers and other persons from any liability in responding to inquiries and releasing information in connection with my application to provide Independent Contractor Services. In the event of a contract, I understand that false or misleading information given by me may result in the termination of my contract. In compliance with 49CFR 40.25(g) and 391.23(h), I authorize release of this information to Palletized Trucking Inc. for the purpose of entering into an Independent Contractor Agreement.

Signature: _____	Date: _____
------------------	-------------

Employment/Lease Dates: _____ to _____ & _____ to _____ & _____ to _____

Eligible for Re-Hire Yes No Upon Review

<u>Type of Work</u>	<u>Equipment Operated</u>	<u>Experience/Areas Driven</u>	<u>Commodities Hauled</u>
<input type="checkbox"/> Company Driver	<input type="checkbox"/> Tanker <input type="checkbox"/> Pneumatic	<input type="checkbox"/> Local	<input type="checkbox"/> Hazmat
<input type="checkbox"/> Owner Operator	<input type="checkbox"/> Reefer <input type="checkbox"/> Double Trailer	<input type="checkbox"/> Regional	<input type="checkbox"/> General
<input type="checkbox"/> Driver for O/O	<input type="checkbox"/> Dry Van <input type="checkbox"/> Dump Trailer	<input type="checkbox"/> Mountain	<input type="checkbox"/> Refrigerated
<input type="checkbox"/> Trainee	<input type="checkbox"/> Container <input type="checkbox"/> End/Belly Dump	<input type="checkbox"/> Over the road	<input type="checkbox"/> Oversized Loads
<input type="checkbox"/> Non-Driver	<input type="checkbox"/> Straight <input type="checkbox"/> Flat Bed	<input type="checkbox"/> Driver Trainer/Instructor	<input type="checkbox"/> Household Goods
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

Did the driver have any accidents in the past 3 years? No Yes, please explain below

<u>Dates</u>	<u>Preventable?</u>	<u>DOT Reportable?</u>	<u>Description</u>
___/___/___	<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	_____

<u>Reason for leaving</u>	<u>Work Record</u>	
<input type="checkbox"/> Resigned with Notice	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Company Policy Violation _____
<input type="checkbox"/> Resigned W/out Notice	<input type="checkbox"/> Above Average	<input type="checkbox"/> Late Pickup/Delivery
<input type="checkbox"/> No Show	<input type="checkbox"/> Unsatisfactory	<input type="checkbox"/> Excessive Complaints
<input type="checkbox"/> Quit Under Dispatch	<input type="checkbox"/> Log Violations	<input type="checkbox"/> Insubordination
<input type="checkbox"/> Terminated/Disqualified	<input type="checkbox"/> Unauthorized Use	<input type="checkbox"/> Personal Contact Required Below:
<input type="checkbox"/> Other _____	<input type="checkbox"/> Tardiness/Absenteeism	Name: _____ Phone: _____

If the driver was not subject to FMCSR alcohol and controlled substance testing requirements while employed by this employer, please check here _____.

1. Has this person had an alcohol test with a result of 0.04 or higher alcohol concentration? Yes__ No__
2. Has this person tested positive or adulterated or substituted a test specimen for controlled substance? Yes__ No__
3. Has this person refused to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test? Yes__ No__
4. Has this person committed other violations of FMCSR that pertain to alcohol and controlled substance testing? Yes__ No__

Completed by: (Signature) _____ Date: _____

Print Name: _____ Title: _____

**AUTHORIZATION TO OBTAIN DRIVING AND SAFETY INSPECTION
HISTORY FROM THE FMCSA**

In connection with your Independent Contractor contract with Palletized Trucking Inc., Palletized Trucking Inc. may obtain one or more reports regarding your driving and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA). If Palletized Trucking Inc. uses any information from the FMCSA in a decision not to offer you a Independent Contractor contract or to make any other adverse contract decision regarding you, Palletized Trucking Inc. will provide you 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. Palletized Trucking Inc. cannot obtain such background reports without your written consent. If you consent for Palletized Trucking Inc. to obtain such background reports, please read the following and sign below.

I hereby authorize Palletized Trucking Inc. 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 date 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 Palletized Trucking Inc. to make a determination regarding my suitability as an Independent Contractor.

I further understand that neither Palletized Trucking Inc. nor the FMCSA contractor supplying the crash and safety inspection data has the capability to correct any safety data that appears to be incorrect. I understand that 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 DataQ system to the appropriate State for adjudication.

I have read the above notice regarding background reports provided to me by Palletized Trucking Inc. and I understand that if sign this consent form, Palletized Trucking Inc. may obtain a report of my crash and inspection history. I hereby authorize Palletized Trucking Inc. and its employees, authorized agents and/or affiliates to obtain the information authorized above.

SIGNATURE: _____ DATE: _____

PRINT NAME: _____

Motor Vehicle Driver Certification

I certify that the following is a true and complete listing of traffic violations (other than parking violations) for which I have been convicted or forfeited bond or collateral during the past 12 months.

DATE	OFFENSE	LOCATION	VEHICLE TYPE OPERATED

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violations required to be listed during the past 12 months.

Independent Contractor Signature: _____ Certification Date: _____

Reviewed By: _____ Title: _____

Annual Review of Driving Record [Part 391.25]

This day I reviewed the driving record of the above named Independent Contractor driver in accordance with 391.25 of the Federal Motor Carrier Safety Regulations. I considered any evidence that the Independent Contractor driver has violated applicable provisions of the Federal Motor Carrier Safety Regulations and the Hazardous Material Regulations. I considered the Independent Contractor drivers accident record and any evidence that he/she has violated laws governing the operation of motor vehicles, and gave great weight to violations, such as speeding, reckless driving and operation while under the influence of alcohol or drugs, that indicate that the Independent Contractor driver has exhibited a disregard for the safety of the public.

**PALLETIZED TRUCKING INC.
2001 COLLINGSWORTH ST.
HOUSTON, TX 77009**

Safety Dept. Rep. Signature: _____ Date: _____

DOT D/A Release and Disclosure-Trucking Industry
Fax #: 800.267.4093 (Manual Service)
Fax#: 800.257.8069 (Database Retrieval)
Send to Fax#: 800.257.8069

From: Sonia Mendez, Safety Dept.
Company Name: Palletized Trucking Inc.
Company Fax #: 713.220.9804
HireRight Account Code: **PALLE**

**Part I-DISCLOSURE & AUTHORIZATION FOR RELEASE OF INFORMATION FOR EMPLOYMENT /
INDEPENDENT CONTRACTOR PURPOSES – 49 CFR 391.23, DOT DRUG & ALCOHOL TESTING**

I AUTHORIZE, PER 49 CFR Part 391.23, the release of information from my DOT regulated drug and alcohol testing records by the carriers (company/school) listed below to USIS for the sole purpose of transmitting such records to the above listed Carrier. I authorized 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 test; (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.

The information that I have authorized USIS to review involves tests required by DOT. If any carrier (company/school) listed below furnished USIS 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.

Previous DOT-Regulated Employer	City	State	Phone Number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Print Name: _____ Signature: _____

Social Security #: _____ Date: _____

PART II- CONSUMER REPORT DISCLOSURE AND RELEASE

In connection with your Independent Contractor Contract, consumer reports may be requested from USIS Commercial Services (“USIS”). 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, criminals records, etc., from federal, state and other agencies which maintain such records; as well as information from USIS concerning previous driving record requests made by others from such state agencies & state provided driving records.

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

I AUTHORIZE, WITHOUT RESERVATION, USIS, AND ANY PARTY OR AGENCY CONTACTED BY USIS, 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 USIS, and I agree that such information which USIS 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 USIS to other companies, which subscribe to USIS. I hereby authorize procurement of consumer report(s). If hired or contracted this authorization, for Part II reports 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.

Print Name: _____ Signature: _____

Social Security #: _____ Date: _____



RELEASE OF CDL HOLDER'S REPORTED POSITIVE ALCOHOL OR CONTROLLED SUBSTANCE TEST RESULTS



Use this form to obtain the CDL holder's reported positive alcohol or controlled substance test results information.

This form should ONLY be used if you wish to inquire whether or not a prospective driver (CDL Holder) has had a positive alcohol or controlled substance test result reported to the Texas Department of Public Safety in compliance with state law.

THIS FORM IS NOT REQUIRED FOR REPORTING A POSITIVE ALCOHOL OR CONTROLLED SUBSTANCE TEST.

1. This form must be completed in full and include the driver's original signature.
2. Deliver, mail or FAX the completed form to:

**Texas Department of Public Safety
Motor Carrier Bureau, MSC# 0521
6200 Guadalupe, Building P
Austin, Texas 78752-4019
Facsimile: 512-424-5310**

I, _____ ,
Print Name of CDL Holder

of _____ ,
Print Address of CDL Holder

authorize release of the CDL holder's reported positive alcohol or controlled substance test results reported under state law

to _____ ,
Print Name

of _____ ,
Print Address

Driver License Number: _____ State: _____ Date of Birth: _____

If you would like information about how to receive responses by e-mail in the future, please check this box:

Signature of Driver:

Date:

X

If you wish to request and receive this information by electronic mail, submit a completed and notarized Electronic Mail Verification Form (MCS-32), available at the following web address: <http://www.txdps.state.tx.us/forms/index.htm>.