Pioneer Transport, Inc.

P.O. Box 11388
Lancaster, PA 17605
Phone: (717) 735-0560
Fax: (717) 735-0592

APPLICATION FOR INDEPENDENT CONTRACTOR DRIVER POSITION

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 non-job related medical conditions or handicaps.

As part of the application process, I am aware that certain pre-qualification procedures are involved, including a driving test, classroom attendance and other pre-leasing examinations. I understand and agree that during this period, I am not an Independent Contractor Driver of the Motor Carrier and I am not entitled to receive any pay or other compensation for my time spent in these procedures. No such testing by the Motor Carrier shall be deemed to be a leasing decision until such time as I receive a written notification from a Motor Carrier official that I have been leased on as an Independent Contractor Driver. My position is that of an applicant.

PLEASE PRINT

NAME _____ **SS#** _____

LAST **FIRST** **MI**

ADDRESS _____

STREET **CITY** **STATE** **ZIP**

HOME PHONE ( ) _____ **EMAIL:** _____

ADDRESSES FOR PAST THREE (3) YEARS – STATE HOW LONG AT EACH

_____

_____

_____

DATE OF BIRTH ___/___/___

IF YOU HAVE WORKED FOR THIS COMPANY BEFORE, PLEASE FURNISH DATES:

FROM ___/___/___ **TO** ___/___/___ **REASON FOR LEAVING** _____

_____

HOW DID YOU FIND OUT ABOUT OUR COMPANY? _____

INSERT NAME OF DRIVER OR PAPER

DRIVER LICENSE

STATE	**LICENSE NUMBER**	**TYPE OF LICENCSE**	**EXPIRATION**

WORK HISTORY
EXPERIENCE AND QUALIFICATIONS

In the spaces below give a complete and consecutive work history covering the last 10-years of employment. Show all periods of unemployment and explain reasons for leaving each job. Begin with your present employer and work backwards down the page. Be sure to account for each month of your work experience and explain all periods of unemployment along with dates of unemployment.

From ___/___ To ___/___	Comp City State Phone	Duties Supervisor	Annual Mileage Type of Equipment Driven	Reasons for Leaving Was this a safety-sensitive position requiring drug/alcohol testing? Yes ____ No ____

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TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST FIVE (5) YEARS (OTHER THAN PARKING)

DATE	LOCATION	OFFENSE	PENALTY

ACCIDENT RECORD FOR PAST FIVE (5) YEARS

DATE	TYPE OF ACCIDENT: HEAD-ON, BACKING ETC.	FATALITIES	INJURIES

In consideration of my leasing, I agree to the rules and regulations of this motor carrier and my lease can be terminated subject to the terms of my lease. I understand that no manager or representative of the company other than the President or Vice Presidents of the motor carrier has any authority to enter into any agreements for leasing for any special period of time or to make any agreement contrary to the foregoing.

I hereby authorize this motor carrier the right to make a thorough investigation of my past employment, education and activities and I release from all persons, companies and corporations supplying information. I indemnify this company against any liability that may result from making such investigations. I understand that any false answer or statement or implication made by me in this application or other required document shall be considered sufficient cause for denial of lease or termination of lease.
Additionally, I understand that nothing contained in this application, the granting of an interview, or being invited to take a physical, be road tested or allowed to attend a training class is intended to create a lease contract between this motor carrier and myself for leasing or for the providing of any benefit. No promises regarding leasing have been made to me and I understand that no such promise or guarantee is binding upon this motor carrier unless made in writing. If an Independent Contract Driver relationship is established, I understand that I have the right to terminate my relationship subject to the terms of my lease and that the company has the same right.

My signature below certifies that I completed this application, and that all entries on it and information in it are true, correct and complete.

In connection with my application with you, I understand that an investigative consumer report is being requested from DAC Services or another provider, which will include information as to my character, work habits, performance and experience, along with reasons for termination of past employment from my previous employers. Further, I understand that you will be requesting information regarding my driving record and or information from various federal, state and other agencies which maintain records concerning traffic offenses, accidents, etc., as well as information from DAC or other sources concerning: (1) previous driving record requests made by others from such state agencies; (2) state provided driving records; (3) claims involving me in the files of insurance companies; (4) employment histories. I have the right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of this investigation. I hereby consent to your obtaining the above information from DAC or other sources and agree that such information, which these sources has or obtains, and my employment history with you, if leased, will be supplied to DAC or other companies that subscribe to their services. If you desire, you can review any of this information received when processing my application.

DRUG AND ALCOHOL TEST RESULTS

Section 382.413 of the Federal Motor Carrier Safety Regulations states: "An employer shall obtain, pursuant to a driver's consent, information on the driver's alcohol tests with a concentration result of 0.04 or greater, positive controlled substance test results, and refusals to be tested, within the preceding three-years, which are maintained by the driver's previous employers under Section 382.401(b)(1)(i) through (iii)."

I hereby authorize and give my consent to all former employers to release such information, as specified in Section 382.413(b) of the Federal Motor Carrier Safety Regulations, to this Motor Carrier.

Section 382.405(h) of the Federal Motor Carrier Safety Regulations states: "An employer shall release information regarding a driver's records as directed by the specific, written consent of the driver authorizing release of the information to an identified person."

I AUTHORIZE WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY THIS MOTOR CARRIER TO FURNISH THE ABOVE MENTIONED INFORMATION.

Applicants Name (Signature) Date

Applicant's Name (Please Print)

		Yes	No
A.	Have you ever been denied a license, permit or privilege to operate a motor vehicle?		
B.	Has any license, permit or privilege been suspended or revoked?		
C.	Have you ever been convicted for driving while intoxicated?		
D.	Have you ever been convicted for possession, sale or use of a narcotic drug?		
E.	Have you ever been refused auto liability insurance?		
F.	Have you ever been arrested or convicted of a crime?		

If answer to A, B, C, D, E or F is yes, state circumstances and dates:

APPLICANT CERTIFICATION STATEMENT

I understand that per DOT requirements the motor carrier must obtain certain information from me for compliance with their applicable DOT Controlled Substance and Alcohol Testing Program. This includes information on any violations of the prohibitions I may have had. If you are unsure about how to complete this portion of the application ask for assistance.

☐ No, I do not have information to report on any violations of the DOT Drug and Alcohol testing regulations.

If you have no information to report, check the above statement and proceed to the certification statement.

☐ Yes, I have information to report on my drug and alcohol history

If while in a DOT mandated drug and alcohol testing program for any employer who had to meet the requirements for any DOT operating agency (FMCSA, FAA, FTA, Coast Guard, RSPA, or FRA) it was determined that you violated drug and alcohol regulations within the prior two-years from the date of application, or if you have not completed the return-to-duty process for any prior violation, you need to complete the following two sections.

I was deemed to have violated one or more of the following DOT prohibitions	Date of violation
I had a verified positive drug test for a prior employer or as a pre-employment test	
I had an a alcohol test with an alcohol concentration of 0.04 or greater for a prior employer	
I refused to be tested (includes submitting a substituted or adulterated specimen)	
I performed a safety-sensitive function within four hours after using alcohol	
I used alcohol while performing safety-sensitive functions	
I was involved in an accident that required post-accident testing and I used alcohol prior to being tested	
I used controlled substances while performing a safety-sensitive function	
I was deemed to have violated a drug or alcohol regulation under any mandated program which I have not listed above	

Below I have indicated where the violation took place either as an applicant or employee of said company:

I have ☐ have not ☐ completed the return to duty requirements

Prior employer (or company which I applied to) Company Name
Employers Designated Employer Representative
Employers Address
Employer Telephone Number
Substance Abuse Professional information

"Certification: I CERTIFY THAT ALL INFORMATION IS COMPLETE AND ACCURATE.
I UNDERSTAND THAT FAILURE TO ACCURATELY REPORT INFORMATION MAY RESULT IN MY NOT BEING LEASED OR TERMINATION OF MY LEASE IF I AM LEASED ON."

Date of application: ___/___/_____

Print Full Name: _____

Signature: _____

To: _____

(Name of Former Employer)

I hereby authorize this company the right to make a thorough investigation of my past employment, education and activities and I release from all persons, companies and corporations supplying information. I indemnify this company against any liability that may result from making such investigations. I understand that any false answer or statement or implication made by me in this application or other required document shall be considered sufficient cause for denial of leasing or discharge. Additionally, I understand that nothing contained in this application, the granting of an interview, or being invited to take a physical, be road tested or allowed to attend training class is intended to create a lease contract between this company and myself for either leasing or for the providing of any benefit. No promises regarding leasing have been made to me and I understand that no such promise or guarantee is binding upon this company unless made in writing. If a leasing relationship is established, I understand that I have the right to terminate my relationship subject to the terms of my lease and that the company has the same right.

My signature below certifies that I completed this release, and that all entries on it and information in it are true, correct and complete.

In connection with my application with you I understand that an investigative consumer report is being requested from DAC Services, or another provider, which will include information as to my character, work habits, performance and experience, along with reasons for termination of past employment from the previous employers. Further I understand that you will be requesting information regarding my driving record and or information from various federal, state and other agencies which maintain records concerning traffic offenses, accidents, etc. as well as information from DAC or other sources concerning: (1) previous driving record requests made by others from such state agencies; (2) state provided driving records; (3) claims involving me in the files of insurance companies; (4) employment histories. I have a right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of this investigation. I hereby consent to your obtaining the above information from DAC or other companies or sources and agree that such information which these sources has or obtains, and my employment history with you, if leased will be supplied to DAC or other companies that subscribe to their/these services. If you desire, you can review any of this information we receive when processing your application.

INVESTIGATIONS AND INQUIRIES

By my signature below, I authorize this company to conduct an investigation as required by 391.23. The release of information as required by Federal Motor Carrier Safety regulations is granted to the carrier named above. I hereby grant you the authority to release the following information:

General driver identification and employment verification information including dates of employment, duties and type of equipment driven.

Accident information for all DOT recordable accidents as defined by 390.5 of the regulations, and information regarding any additional accidents (DOT or Non-DOT) that you wish to provide to the prospective employers.

DRUG AND ALCOHOL TEST RESULTS

Section 382.413 of the Federal Motor Carrier Safety Regulations states: "An employer shall obtain, pursuant to a driver's consent, information on the driver's alcohol tests with a concentration result of 0.04 or greater, positive controlled substance test results, and refusals to be tested, within the preceding three-years, which are maintained by the driver's previous employers under Section 382.401(b)(1)(i) through (iii), Section 40 of the Federal Motor Carrier Safety Regulations"

I hereby authorize and give my consent to all former employers to release such information, as specified in Section 382.413(b) of the Federal Motor Carrier Safety Regulations to this Company.

Section 382.405(h) of the Federal Motor Carrier Safety Regulations states: "An employer shall release information regarding a driver's record as directed by the specific, written consent of the driver authorizing the release of the information to an identified person."

I AUTHORIZE WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY THIS COMPANY TO FURNISH THE ABOVE MENTIONED INFORMATION.

_____

Applicants Name (Signature) Date

_____

Applicants Name (Please Print) Date

THE BELOW DISCLOSURE AND AUTHORIZATION LANGUAGE IS FOR MANDATORY USE BY ALL ACCOUNT HOLDERS

IMPORTANT DISCLOSURE
REGARDING BACKGROUND REPORTS FROM THE *PSP Online Service*

In connection with your application for employment with Pioneer Transport, Inc. ("Prospective Employer"), Prospective Employer, its employees, agents or contractors may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

When the application for employment is submitted in person, if the Prospective Employer uses any information it obtains from FMCSA 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 your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report.

When the application for employment is submitted by mail, telephone, computer, or other similar means, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer must provide you within three business days of taking adverse action oral, written or electronic notification: that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

Neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. You may challenge the accuracy of the data by submitting a request to https://dataqs.fmcsa.dot.gov. If you challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. Your request will be forwarded by the DataQs system to the appropriate State for adjudication.

Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with Federal Motor Carrier Safety Regulations (FMCSR) violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

The Prospective Employer cannot obtain background reports from FMCSA without your authorization.

AUTHORIZATION

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

I authorize Pioneer Transport, Inc. ("Prospective Employer") 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 authorizing the release of safety performance information including crash data 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 the Prospective Employer to make a determination regarding my suitability as an employee.

I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to https://dataqs.fmcsa.dot.gov. If I challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

I understand that any crash or inspection in which I was involved will display on my PSP report. Since the PSP report does not report, or assign, or imply fault, I acknowledge it will include all CMV crashes where I was a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, I understand all inspections, with or without violations, will appear

on my PSP report, and State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on my PSP report. I have read the above Disclosure Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this Disclosure and Authorization, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Date: _____ _____

Signature

_____

Name (Please Print)

NOTICE: This form is made available to monthly account holders by NIC on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain an Applicant's written or electronic consent prior to accessing the Applicant's PSP report. Further, account holders are required by FMCSA to use the language contained in this Disclosure and Authorization form to obtain an Applicant's consent. The language must be used in whole, exactly as provided. Further, the language on this form must exist as one stand-alone document. The language may NOT be included with other consent forms or any other language.

LAST UPDATED 12/22/2015

PIONEER TRANSPORT INC.

Independent Contractor and Driver Notice Regarding Federal Ban on Use of Hand-Held Mobile Telephones

Effective January 3, 2012, the Federal Motor Carrier Safety Regulations will prohibit the use of a hand-held mobile telephone by drivers operating commercial motor vehicles (CMV). The Rule prohibits the following actions while driving a CMV.

1. Using at least one hand to hold a mobile telephone to conduct a voice communication.
2. Dialing or answering a hand-held mobile telephone by pressing more than a single button.
3. Reaching for a mobile telephone in a manner that requires a driver to maneuver so that he or she is no longer in a seated driving position, restrained by a seat belt that is installed in accordance with the manufacturer's instructions.

Part 392 Using a Hand-Held Mobile Phone
Sec. 392.82

(a)(1) No driver shall use a hand-held mobile telephone while driving a CMV.
(2) No motor carrier shall allow or require its drivers to use a hand-held mobile telephone while driving a CMV.
(b) Definitions. For the purposes of this section only, driving means operating a commercial motor vehicle on a highway, including while temporarily stationary because of traffic, a traffic device, or other momentary delays. Driving does not include operating a commercial motor vehicle when the driver has moved to the side of, or off, a main highway and has halted in a location where the vehicle can safely remain stationary.
(Please note however, that pulling to the side of a highway may not, in some instances, be allowed under applicable law). This rule is in addition to the existing Federal ban on texting while driving a CMV.

Violations can result in a civil penalty against the driver of up to $2750, and against the carrier of up to $11,000. In addition, drivers convicted of violating this rule twice in a three year period are subject to disqualification by state or federal authorities from driving a CMV for 60 days. Three violations of this rule in any three year period will result in disqualification for 120 days.
Additionally, violation of state or local rules restricting or prohibiting the use of hand-held mobile telephones while driving can also result in disqualification

Acknowledgement: In order to ensure compliance with 49 C.F.R 390.3(e)(2), drivers will not be dispatched until the driver acknowledges below with date and signature.

BY SIGNING BELOW, THE UNDERSIGNED CONTRACTOR ACKNOWLEDGES RECEIPT OF THIS NOTICE. AGREES THAT CONTRACTOR WILL REQUIRE THAT ITS DRIVERS COMPLY WITH THE LIMITATIONS SET FORTH HEREIN, AND AGREES THAT CONTRACTOR AND/OR CONTRACTOR'S DRIVERS WILL COMPLY WITH ANY AND ALL APPLICABLE FEDERAL, STATE AND LOCAL LAWS REGARDING USE OF MOBILE TECHNOLOGY WHILE OPERATING A CMV. CONTRACTOR FURTHER ACKNOWLEDGES THAT VIOLATION OF THE FEDERAL, STATE AND LOCAL LAWS, RULES, REGULATIONS OR ORDINANCES REGARDING THE USE OF MOBILE TECHNOLOGY WHILE OPERATING A CMV MAY TRIGGER OBLIGATIONS UNDER THE CONTRACTOR'S LEASE AGREEMENT. INCLUDING BUT LIMITED TO, HOLD HARMLESS AND INDEMNITY OBLIGATIONS. IN ADDITION TO THE FOREGOING, FAILURE TO COMPLY WITH SUCH PROHIBITIONS OR LIMITATIONS WILL RESULT IN DISQUALIFICATION OF THE DRIVER INVOLVED AND/OR TERMINATION OF LEASE CONTRACT.

_____ _____
Independent Contractor/Driver Name **Date**

_____
Independent Contractor/Driver Signature