

OWNER OPERATOR

DRIVER

CERTIFICATION RECORD FOLDER

A DOT DRUG TEST WILL BE REQUIRED OF ALL APPLICANTS

Applicant: READ AND SIGN BEFORE SUBMITTING THIS APPLICATION.

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 391.23 of the Motor Carrier Safety Regulations.

Signature of Applicant _____

Date _____

Company AMERI-CO CARRIERS, INC. Street Address 1702 EAST OVERLAND
City, State, and Zip Code SCOTTSBLUFF NEBRASKA 69361

Name _____ Phone _____

Address _____ How Long? _____
(Street) (City) (State & Zip Code)

Address _____ How Long? _____
for past (Street) (City) (State & Zip Code)

three years _____ How Long? _____
(Street) (City) (State & Zip Code)

(ATTACH SHEET IF MORE SPACE IS NEEDED)

Social Security # _____ Date of Birth (not discriminated against due to age) _____
(Must answer if applying for driving position)

Are you a citizen of the United States? Yes No If no, do you possess a valid work permit? Yes No

Do you have any physical, mental, or medical impairment or disability that would limit your ability to perform the position(s) for which you are applying? Yes No If yes, please explain _____

In case of emergency, notify _____
(Name) (Address) (Phone)

Position applied for _____ Temporary Permanent

Have you been certified for this company before? Yes No

Dates: From _____ To _____ Rate of pay _____ Position _____

Reason for leaving _____

Names of relatives in our employ, or leased to company _____

Are you now employed? Yes No If not, how long since leaving last employment? _____

Who referred you _____ Rate of pay expected _____

PHYSICAL HISTORY

Date of last DOT physical examination _____ Doctor's name and address _____

Ever injured on the job? Yes No Give nature and degree of such injuries _____

How much time lost from work on past three years for illness _____

Have you received workmen's compensation Yes No When? _____

EDUCATION

Circle highest grade completed: 1 2 3 4 5 6 7 8 High School: 1 2 3 4 College: 1 2 3 4

Last school attended _____
(Name) (City)

GENERAL

Have you ever been bonded Yes No Name of bonding company _____

Have you ever been refused bond? Yes No If yes, why? _____

Have you ever been convicted of any crime or felony? Yes No _____

Have you ever been known by any name other than the one on this application? Yes No _____

Name: _____

Company No. _____

FORMER EMPLOYERS

LIST ALL EMPLOYERS OR PERIODS OF UNEMPLOYMENT FOR THE LAST 10 YEARS, STARTING WITH THE MOST RECENT. LIST ALL EMPLOYMENT AS A COMMERCIAL MOTOR VEHICLE OPERATOR FOR THE LAST 10 YEARS.

Date, Month & Year	Name, Address, and Phone Number	Position	Reason for Leaving
Started _____ Left _____	Name of Co. _____ Street Address _____ City, State _____ Supervisor's Name _____ Phone # _____		
Started _____ Left _____	Name of Co. _____ Street Address _____ City, State _____ Supervisor's Name _____ Phone # _____		
Started _____ Left _____	Name of Co. _____ Street Address _____ City, State _____ Supervisor's Name _____ Phone # _____		
Started _____ Left _____	Name of Co. _____ Street Address _____ City, State _____ Supervisor's Name _____ Phone # _____		
Started _____ Left _____	Name of Co. _____ Street Address _____ City, State _____ Supervisor's Name _____ Phone # _____		
Started _____ Left _____	Name of Co. _____ Street Address _____ City, State _____ Supervisor's Name _____ Phone # _____		

Name: _____

DRIVER LICENSES	State	License No.	Type	Expiration Date

Have you ever been denied a license, permit, or privilege to operate a motor vehicle? q Yes q No
 Has any license, permit, or privilege ever been suspended or revoked? q Yes q No
 IF THE ANSWER TO EITHER OF THE ABOVE QUESTIONS IS YES, ATTACH STATEMENT GIVING DETAILS

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 last five years _____

 Show special courses or training that will help you as a driver _____

 Which safe driving awards do you hold and from whom? _____

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (Attach sheet if more space is needed)

Dates	Nature of Accident (Head-On, Rear-End, Upset, Etc.)	Fatalities	Injuries
Last Accident			
Next Previous			
Next Previous			

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (Other than parking violations)

Location	Date	Charge	Penalty

EXPERIENCE AND QUALIFICATIONS - MAINTENANCE

List types of maintenance experience and years of each _____

Show Equipment You Can Operate	Check	Years of Experience	Equipment	Check	Years of Experience
Woodworking Equipment			Electric Welder		
Sheet Metal Equipment			Oxyacetylene Welder		
Clutch Rebuilding			Paint Spray Gun		
Differential Rebuilding			Wheel & Tire Balancing Machine		
Transmission Rebuilding			Tire Recapping Mold		
Body Work			Engine Dynamometer		
Frame & Axle Straightening Equipment			Chassis Dynamometer		
Electrical & Ignition Repair			Magnetic Crack Tester		
Engine Rebuilding Equipment			Vacuum &* Air Brakes		
Diesel Injection Equipment			Other:		

List courses and training in maintenance work _____

Company No. _____

EXPERIENCE AND QUALIFICATIONS - PLATFORM

LIST TYPES OF PLATFORM EXPERIENCE AND YEARS OF EACH _____

LIST PLATFORM EQUIPMENT YOU CAN OPERATE (LIFT TRUCK, ETC.) _____

SHOW COURSES OR TRAINING IN PLATFORM WORK _____

INFORMATION REQUIRED FROM ALL APPLICANTS

PLEASE PRINT ALL INFORMATION. ALL INFORMATION MUST BE COMPLETE WITH DATES, NAMES OF EMPLOYERS, NAMES OF SUPERVISORS AND LEGIBLE. WE CANNOT PROCESS YOUR APPLICATION IF WE DO NOT HAVE THIS INFORMATION.

1. DOT requires a minimum of ten years past employment and company requires ten years past employment. **ALL TIME MUST BE ACCOUNTED FOR.**
 2. Photo-copy of C.D.L. license held by applicant.
 3. Photo-copy of long form physical. **A must.**
 4. Photo-copy of current certification cards.
 5. Motor Vehicle Drivers Record
 6. Release forms for request for previous employment furnished with this application **must be signed and dated only.** If you do not want your present employer contacted **please note so in writing.**
 7. Owner/Operator applicants are required to furnish photo-copy of title and lease/purchase agreement that prove ownership of equipment. Also required is current proof of payments of Federal Heavy Vehicle Tax Form 2290.
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TO BE READ AND SIGNED

It is agreed and understood that any misrepresentations of information given above shall be considered an act of dishonesty.

It is agreed and understood that the employer or his agents may investigate the background information to ascertain any and all information of this record, whether same is of record or not, and I release employers and persons named herein from all liability for any damages on account of his furnishing such information.

It is also agreed and understood that under the Fair Credit Reporting Act. , Public Law 91-508, I have been told that this investigation may include an investigating Consumer Report, including information regarding my character, general reputation, personal characteristics, and mode of living.

I agree to furnish such additional information and complete such examinations as may be required to complete my file.

(Massachusetts, Georgia & Kansas only) - I understand that, as a condition, I will obtain from the Registry of Motor Vehicles, within my probationary period, a copy of my motor vehicle violations record.

(Pennsylvania only) - I give authorization to obtain from the Registry of Motor Vehicles a copy of my Motor Vehicle Violations Record.

It is agreed and understood that I may be on a probationary period during which I may be discharged without recourse.

This certifies that this form was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

Date

Signature