

GRID-LINE TRANSPORTATION, INC.

CONTRACTOR APPLICATION

CONTINUED

All applicants to drive in intra/interstate commerce must provide the following information on all companies worked for during the preceding 10 years. (Add another sheet as necessary.)

From: _____ **To:** _____ **Employer Name:** _____
MO YR MO YR
 Employer Address: _____ Position: _____
 Supervisor: _____ Telephone: () - Reason for Leaving: _____
 Description of Duties: _____
 Commodity Hauled (Check all that apply): Steel Coils ☐ General ☐ Other: _____

Were you subject to FMCSR's? Yes ☐ No ☐ Was this job safety sensitive subject to drug and alcohol testing? Yes ☐ No ☐

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GENERAL INFORMATION

What position are you applying for? ☐ Owner Operator ☐ Driver for Owner Operator: _____

EQUIPMENT (OWNER/OPERATORS ONLY)

Equipment Description (Tractor): _____

Type (Sleeper, Day Cab): _____

Year: _____

Make: _____

Model: _____

Color: _____

VIN: _____

Is this tractor ELD Exempt? ☐ No ☐ Yes, Engine year (1999 or older): _____

Are you legally eligible for employment in the United States? ☐ No ☐ Yes

Do you read, write, and speak English? ☐ No ☐ Yes

Have you ever worked for this company before? ☐ No ☐ Yes

Do you have a current TWIC Card? ☐ No ☐ Yes, Expiration Date: _____

DRIVING EXPERIENCE

For each class of equipment, select years of experience. If no experience in a class, select "None".

<u>Straight Truck:</u>	<input type="checkbox"/> None	<input type="checkbox"/> 1-2 years	<input type="checkbox"/> 3-4 years	<input type="checkbox"/> 5+ years
<u>Tractor and Semi-Trailer:</u>	<input type="checkbox"/> None	<input type="checkbox"/> 1-2 years	<input type="checkbox"/> 3-4 years	<input type="checkbox"/> 5+ years
<u>Tractor – Two Trailers:</u>	<input type="checkbox"/> None	<input type="checkbox"/> 1-2 years	<input type="checkbox"/> 3-4 years	<input type="checkbox"/> 5+ years
<u>Flatbed:</u>	<input type="checkbox"/> None	<input type="checkbox"/> 1-2 years	<input type="checkbox"/> 3-4 years	<input type="checkbox"/> 5+ years
<u>Hauling Steel Coils:</u>	<input type="checkbox"/> None	<input type="checkbox"/> 1-2 years	<input type="checkbox"/> 3-4 years	<input type="checkbox"/> 5+ years
<u>Other:</u>	<input type="checkbox"/> None	<input type="checkbox"/> 1-2 years	<input type="checkbox"/> 3-4 years	<input type="checkbox"/> 5+ years

TRUCKING SCHOOL

Start Date: _____

End Date: _____

School: _____

City, State/Province: _____

Country: _____

Phone: _____

Did you graduate? ☐ Yes ☐ No

Did you perform any safety sensitive functions at this truck school, regulated by DOT, and subject to drug and alcohol testing?

☐ Yes ☐ No

Hours of Instruction: _____

Border Crossing: ☐ Yes ☐ No

Log Books: ☐ Yes ☐ No

Federal Motor Carrier Regulations: ☐ Yes ☐ No

Hazardous Materials: ☐ Yes ☐ No



OWNER OPERATORS PLEASE FILL OUT

Driver Name: _____

Tractor Vin #: _____

Trailer Vin #: _____

Overall Height	Overall Width	Overall Length	Laden Weight	Distance from Kingpin to last Axle

Axle's	Axle Spacing
1 to 2	
2 to 3	
3 to 4	
4 to 5	
5 to 6	

Axle	Tire Width (Inches)
1	
2	
3	
4	
5	
6	

GRID-LINE TRANSPORTATION, INC.

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PREVIOUS 3 YEARS DRIVING RECORD – Please list any accidents within the prior 3 years (391.27)

MONTH/YEAR	TYPE OF ACCIDENT	TYPE OF VEHICLE	INJURIES/FATALITIES

TRAFFIC CONVICTIONS & FORFEITURES for previous 3 years (other than parking violations):

MONTH/YEAR	LOCATION	CHARGE	PENALTY

Has your license been revoked or suspended during the previous 3 years? Yes ☐ No ☐

If yes, give circumstances:

EDUCATION AND MILITARY STATUS:

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

Have you ever served in the U.S. Armed Forces? Yes ☐ No ☐ Branch: _____

Reserve Status:

Rank at Discharge:

From:

To:

MO YR

MO YR

ADDITIONAL INFORMATION & EDUCATION:

Add any addition information you regard as pertinent to the position for which you have applied for:

GRID-LINE TRANSPORTATION, INC.

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CLASS OF EQUIPMENT	TYPE OF EQUIPMENT	DATES:	APPROX # OF MILES
TRACTOR/TRAILER			
OTHER			

CFR 49 PART 382.413 – This information will be verified with all previous employers for the prior three years, in accordance with Department of Transportation regulations:

Have you ever tested positive for controlled substances? Yes ☐ No ☐

Have you ever tested at .02 or higher alcohol concentration? Yes ☐ No ☐

Have you ever refused to submit to a controlled substance or alcohol test? Yes ☐ No ☐

Have you ever tested positive or refused a pre-employment drug or alcohol test? Yes ☐ No ☐

If you have answered YES to any of the above questions, please provide documentation from the Substance Abuse Professional of your release.

Have you ever been convicted of, forfeited bond, or collaborated upon, any of the following charges:

A felony? Yes ☐ No ☐

A felony, the commission of which involved the use of a motor vehicle? Yes ☐ No ☐

A crime involving the manufacturing, knowing transportation, possession, sale or habitual use of amphetamines, a narcotic drug, a formulation of an amphetamine, or a derivative of a narcotic drug? Yes ☐ No ☐

Operating a motor vehicle under the influence of drugs or alcohol? Yes ☐ No ☐

Leaving the scene of an accident resulting in personal injury or death? Yes ☐ No ☐

If the answer to any of the above is "YES", explain in detail, giving dates, etc:

TO BE READ AND SIGNED BY THE APPLICANT:

This certifies the application above, was completed by myself, and that all entries within are true and complete to the best of my knowledge.

I authorize GRID-LINE TRANSPORTATION, INC. (including DAC and Bureau of Motor Vehicles) to make such investigations and inquiries of my personal, work, financial driving and medical history and other related matters as may be necessary in arriving at a leading decision. I hereby authorize employers, schools or persons to release all records of employment including assessments of my job performance, ability, fitness, driving history alcohol testing and controlled substance history to each and every company or authorized agent which may request such information in connection with my application with said company. I hereby release employers, schools or persons from all liability in responding to inquiries in connection with my application.

In the event of qualification, I understand that false or misleading information given in this application or interview(s) may result in disqualification and or cancellation of my lease agreement. I further understand that I am required to abide by all rules and regulations of the Company and Department of Transportation as permitted by law.

In accordance with DOT regulations 391.23 the driver has the right to review information provided by previous employers; the right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information; the right to have a rebuttal statement attached to the alleged erroneous information. This must be requested in writing within 30 days of contracting or denial of contracting. This application for an Independent Contractor position with GRID-LINE TRANSPORTATION, INC. is pending the results of my Motor Vehicle Report, results of any Controlled Substance/Alcohol testing and inquiries to previous employers.

DATE

APPLICANT'S SIGNATURE

**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 _____ (“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 _____ (“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

MVR RELEASE CONSENT FORM

In conjunction with my potential employment at GRID-LINE TRANSPORTATION, INC. _____

("the company"), I _____ (applicant) consent to the release of my Motor Vehicle Records (MVR) to the company. I understand the company will use these records to evaluate my suitability to fulfill driving duties that may be related to the position for which I am applying. I also consent to the review, evaluation, and other use of any MVR I may have provided to the company.

This consent is given in satisfaction of Public Law 18 USC 2721 et. Seq., "Federal Drivers Privacy Protection Act", and is intended to constitute "written consent" as required by this Act..

Signed (applicant) _____

Date: _____

Drivers' License Number: _____ State: _____

Motor Vehicle Driver's Certification of Compliance with Driver License Requirements

Driver Requirements: Parts 383 and 391 of the Federal Motor Carrier Safety Regulations contain some requirements that you as a driver must comply with. The requirements are in effect as of July 1, 1987. They are as follows:

1. **§391.11(b)(5) - POSSESS ONLY ONE LICENSE:** You, as a commercial vehicle driver, may not possess more than one motor vehicle operator's license.
2. **§383.31(b) & (c) – NOTIFICATION OF CONVICTIONS FOR DRIVER VIOLATIONS:** If you are convicted of violating, in any type of motor vehicle, a State or local law relating to motor vehicle traffic control (other than a parking violation), you must notify your current employer of such conviction. The notification must be made within 30 days of your conviction date. The notification must be made in writing and contain the following information:
 - a. Driver's full name
 - b. Driver's license number
 - c. Date of conviction
 - d. The specific criminal or other offense(s), serious traffic violation(s), and other violation(s) of State or local law relating to motor vehicle traffic control, for which the person was convicted and any suspension, revocation, or cancellation of certain driving privileges which resulted from such conviction(s)
 - e. Indication whether the violation was in a commercial motor vehicle
 - f. Location of offense
 - g. Driver's signature
3. **§383.33 – NOTIFICATION OF LICENSE SUSPENSION, REVOCATION OR CANCELLATION:** Each employee who has a driver's license suspended, revoked, or cancelled by a State or jurisdiction, who loses the right to operate a commercial motor vehicle in a State or jurisdiction for any period, or who is disqualified from operating a commercial motor vehicle for any period, shall notify his/her current employer of such suspension, revocation, cancellation, lost privilege, or disqualification. The notification must be made before the end of the business day following the day the employee received notice of suspension, revocation, cancellation, lost privilege, or disqualification.

DRIVER CERTIFICATION: I hereby certify that I have read and understand the above requirements and that the following license is the only one I possess:

Driver's License #: _____ State: _____ Exp. Date: _____

Driver's Name (printed): _____

Driver's Signature: _____ Date: _____