

EDUCATION

Name and Location of School		Circle Last Year Completed	Did You Graduate?	Subjects Studies and Degree(s) Received
Grammar School		1 2 3 4	<input type="checkbox"/> Yes	
			<input type="checkbox"/> No	
High School		1 2 3 4	<input type="checkbox"/> Yes	
			<input type="checkbox"/> No	
College		1 2 3 4	<input type="checkbox"/> Yes	
			<input type="checkbox"/> No	
Trade, Business or Correspondent/School		1 2 3 4	<input type="checkbox"/> Yes	
			<input type="checkbox"/> No	

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (c). I understand that I have the right to:

- Review information provided by previous employers
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer: and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

WORK HISTORY: Past 10 years:

Begin with your present or most recent job and work backward in order, listing your employers/lessors for at least **10 years** including all full and part-time employment. All time must be accounted for, including military service, self-employment, and periods of unemployment. Use supplementary sheet if necessary. List period of unemployment on line below.

Current Employer: May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Address	Telephone
Name and Title of Supervisor	Starting Position	Starting Salary
Date Started (Month, Date & Year)	Description of job & duties	Reason for leaving
Date Left (Month, Date & Year)		Position/Salary on Leaving
Previous Employer: May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Address	Telephone
Name and Title of Supervisor	Starting Position	Starting Salary
Date Started (Month, Date & Year)	Description of job & duties	Reason for leaving
Date Left (Month, Date & Year)		Position/Salary on Leaving
Previous Employer: May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Address	Telephone
Name and Title of Supervisor	Starting Position	Starting Salary
Date Started (Month, Date & Year)	Description of job & duties	Reason for leaving
Date Left (Month, Date & Year)		Position/Salary on Leaving
Previous Employer: May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Address	Telephone
Name and Title of Supervisor	Starting Position	Starting Salary
Date Started (Month, Date & Year)	Description of job & duties	Reason for leaving
Date Left (Month, Date & Year)		Position/Salary on Leaving

Work History (Continued)		
Previous Employer: May we contact? ___ Yes ___ No	Address	Telephone
Name and Title of Supervisor	Starting Position	Starting Salary
Date Started (Month, Date & Year)	Description of job & duties	Reason for leaving
Date Left (Month, Date & Year)		Position/Salary on Leaving

Explain any gaps in your employment history set forth above. _____

REFERENCES: List 3 people not related to you who have known you for one year or more.

Name	Address	Business	Years Acquainted	Telephone

DRIVING QUALIFICATIONS AND EXPERIENCE:
Licenses Held

State	License No.	Type	Expiration Date

EQUIPMENT EXPERIENCE:

Equipment & Semi-Trailer (Please Check)	Equipment Type (Van, Flat, Tank, Reefer)	For How Long?	Total Miles
Tractor & Semi-Trailer			
Tractor w/Two Trailers			
Straight Truck			
Other			

In what States have you operated – past 3 years? _____

Have you ever had your license revoked or suspended? _____ If so, when and where? _____

Why? (please explain) _____

VIOLATIONS

ACCIDENTS PAST 3 YEARS (list most recent first – attach additional sheet if necessary)

Date	Injuries?	Fatalities?	Type of Vehicle?	Describe

TRAFFIC CONVICTIONS PAST 3 YEARS (not parking violations)

Date	Where	Violation?	Penalty

DRUG AND ALCOHOL

Have you ever had a positive result for a pre-employment or random drug or alcohol test?

_____ Yes _____ No

Have you ever refused to take a pre-employment or random drug and alcohol test?

_____ Yes _____ No

If you answered yes, to either of the above questions, can you provide proof that you have successfully completed the DOT return-to-duty requirements?

_____ Yes _____ No

Use this space to list any experience or knowledge you have, not covered previously, or to make any comments you wish.

PLEASE READ THE FOLLOWING APPLICANT CERTIFICATION & AUTHORIZATION BEFORE SIGNING!

It is agreed and understood that any misrepresentation given on this application shall be considered an act of dishonesty.

It is agreed and understood that the motor carrier or his agents may investigate the applicant's background to ascertain any and all information of concern to applicant's record, whether same is of record or not, and applicant releases 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 application file.

It is agreed and understood that this Application for Qualification in no way obligates the motor carrier to employ or hire the applicant.

It is agreed and understood that if qualified and hired, I may be on a probationary period during which time I may be disqualified without recourse.

It is agreed and understood that Independent Contractors (O/O) and drivers retained by independent contractors are not considered employees of Heritage Dedicated Services, Inc.

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

Date _____ Driver/
Applicant _____

INDEPENDENT CONTRACTOR (O/O) INFORMATION

Year of Truck _____ Make _____ Model _____ Weight _____ Wheel Base _____

Contractors: Please provide a copy of the following items with this questionnaire:

- Proof of ownership (title, recent bill of sale, etc.)
- Current Federal Heavy Use Tax Payment (IRS Form 2290)
- Current D.O.T. Annual Inspection

Date: _____ Owner: _____

DO NOT WRITE BELOW THIS LINE – OFFICE USE ONLY

Interviewed By: _____ Signature: _____

REMARKS: _____

Date Hired: _____ Dept: _____ Position _____ Report On _____ Salary _____

Approved By: _____
Supervisor

President

REQUEST AND CONSENT FOR INFORMATION FROM PREVIOUS EMPLOYER

I hereby authorize my former employer to release the information requested in regard to my employment and controlled substance testing to **Heritage Dedicated Services, Inc., 3220 Gholson Road, Waco, Tx. 76705** as dictated by the Federal Motor Carrier Safety Regulations and DOT Regulation 49 CFR Part 391.23. You are released from any and all liability, which may result from furnishing such information.

Applicants Name (Please Print)

Applicants Signature

Social Security Number

Date

Office use only – do not write below this line.

Previous Employer _____

Address _____ Contact _____

City _____ State _____ Zip _____ Phone _____

Please reply to our inquiry concerning the above referenced applicant. He is seeking employment with our company as a _____ and states that he held a position with your company as _____ from _____ to _____. Your reply will be held in strict confidence. Thank you for your assistance.

Company Representative and Title

Phone/Fax

Employed from _____ to _____

Did applicant operate a motor vehicle _____ Tractor-Trailer _____ Straight Truck _____

Other _____

Number of Accidents _____ Number Preventable _____

Reason for leaving your company _____ Resigned _____ Laid off _____ Discharged

If discharged, please give reason _____

Did applicant ever test positive for any controlled substance? _____

Did applicant ever test positive for alcohol? _____

Did applicant ever refuse a drug/alcohol test? _____

Signature of Person Providing Information

Date