



APPLICATION FOR INDEPENDENT CONTRACTOR

(Answer all questions – please print)

In compliance with Federal equal employment opportunities laws, qualified applicants are considered for all positions without regard to race, colour, religion, sex, national origin, age, marital status or non-job related disability.

Position(s) Applied For: INDEPENDENT CONTRACTOR Location Applied for: _____

Name: _____
LAST FIRST MIDDLE

Phone #: _____ Cell Phone #: _____ Fax #: _____

Email: _____ Preferred Method: _____ Best time to Contact: _____

List addresses for past 3 years beginning with most recent:

Address: _____
and STREET CITY STATE ZIP CODE FROM (YR) – TO (YR)

Address: _____
and STREET CITY STATE ZIP CODE FROM (YR) – TO (YR)

Address: _____
and STREET CITY STATE ZIP CODE FROM (YR) – TO (YR)

Do you have the legal right to work in United States? _____

Date of Birth: _____ / _____ / _____ SSN# _____ - _____ - _____
(Required for Commercial Drivers) Month Day Year

Have you worked for TransNoble before? _____ Where / In what capacity?

Dates: From: _____ To: _____ Position: _____

Reason for Leaving: _____

Are you now employed? _____ If not, how long since leaving last employment? _____

Who referred you? _____

Applicant's Signature: _____ **Date:** _____

EXPERIENCE AND QUALIFICATIONS

ACCIDENT RECORD FOR THE PAST 3 YEARS OR MORE
(ATTACH SHEET IF MORE SPACE IS NEEDED)

DATES	NATURE OF ACCIDENT (Head-on, Rear-end, Upset, etc.)	CHARGES	INJURIES/FATALITIES
Last Accident:			
Next Previous:			
Next Previous:			

TRAFFIC CONVICTIONS, CITATIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)
(ATTACH SHEET IF MORE SPACE IS NEEDED)

LOCATION	DATE	CHARGE	PENALTY

EDUCATION

CIRCLE THE 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

EXPERIENCE AND QUALIFICATIONS – DRIVER

DRIVER LICENCES	STATE	LICENCE NO.	TYPE	EXPIRATION DATE	

A: Have you ever been denied a licence, permit or privilege to operate a motor vehicle? YES [] NO []

B: Has any licence, permit or privilege ever been suspended or revoked? YES [] NO []

If the answer to either A or B is YES, attach a statement giving details.

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (Van, Tank, Flat, etc.)	DATES		APPROX # OF MILES (Total)
		FROM	TO	
STRAIGHT TRUCK				
TRACTOR & SEMI-TRAILER				
TRACTOR – TWO TRAILERS				
OTHER				

LIST STATES OPERATED IN FOR LAST FIVE YEARS:

SHOW SPECIAL COURSES OR TRAINING TAKEN THAT WILL HELP YOU AS A DRIVER:

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM?

EQUIPMENT INFORMATION (TRACTOR):

Type: _____ Year: _____ Make: _____
Model: _____ Color: _____ VIN: _____
Weight: _____ Mileage: _____ 5th Wheel Height: _____

EXPERIENCE AND QUALIFICATIONS – OTHER

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY:

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION:

TO BE READ AND SIGNED BY APPLICANT

This certifies that this application was completed by me and that all entries on it and information in it are true and complete to the best of my knowledge. I authorize you to make such investigations and enquiries of my personal, employment, financial, or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, enquiries regarding medical history will be made only if and after a conditional offer of employment has been extended). I hereby release employers, schools, healthcare providers, and other persons from all liability in responding to enquiries and releasing information in connection with my application. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I further understand that I am required to abide by all rules and regulations of the company.

Date

Signature

EMPLOYMENT HISTORY

All driver applicants must provide the following information on all employers during the preceding 5 years.

NOTE: Add another sheet if necessary.

EMPLOYER			DATE			
Name:			From: Mo.	Yr.	To: Mo.	Yr.
Address:			Position Held:			
City:	St:	Zip:	Salary/Wage:			
Tel #:			Reason for Leaving:			

EMPLOYER			DATE			
Name:			From: Mo.	Yr.	To: Mo.	Yr.
Address:			Position Held:			
City:	St:	Zip:	Salary/Wage:			
Tel #:			Reason for Leaving:			

EMPLOYER			DATE			
Name:			From: Mo.	Yr.	To: Mo.	Yr.
Address:			Position Held:			
City:	St:	Zip:	Salary/Wage:			
Tel #:			Reason for Leaving:			

EMPLOYER			DATE			
Name:			From: Mo.	Yr.	To: Mo.	Yr.
Address:			Position Held:			
City:	St:	Zip:	Salary/Wage:			
Tel #:			Reason for Leaving:			

EMPLOYER			DATE			
Name:			From: Mo.	Yr.	To: Mo.	Yr.
Address:			Position Held:			
City:	St:	Zip:	Salary/Wage:			
Tel #:			Reason for Leaving:			

EMPLOYER			DATE			
Name:			From: Mo.	Yr.	To: Mo.	Yr.
Address:			Position Held:			
City:	St:	Zip:	Salary/Wage:			
Tel #:			Reason for Leaving:			

EMPLOYER			DATE			
Name:			From: Mo.	Yr.	To: Mo.	Yr.
Address:			Position Held:			
City:	St:	Zip:	Salary/Wage:			
Tel #:			Reason for Leaving:			

MAY WE CONTACT THE EMPLOYERS LISTED ABOVE? Y [] N []
IF NO, INDICATE WHICH ONE(S) YOU DO NOT WISH US TO CONTACT AND STATE REASON BELOW.

TRAFFIC VIOLATION REPORT

MOTOR CARRIER INSTRUCTIONS: Each motor carrier shall, at least once every 12 months, require each driver it employs to prepare and furnish it with a list of all violations of motor vehicle traffic laws and ordinances (other than violations involving only parking) of which the driver has been convicted or on account of which he/she has forfeited bond or collateral during the preceding 12 months. **(Section 391.27)**

Drivers who have provided information required by Section 383.31 need not complete this section.

DRIVER REQUIREMENTS: Each driver shall furnish the list as required by the motor carrier below. If the driver has not been convicted of, or forfeited bond or collateral on account of, any violation which must be listed he/she shall so certify. (Section 391.27)

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

Date of Conviction	Offense	Location	Type of Vehicle Operated

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

(Driver's License No.)	(Expiration Date)
(Date of certification)	(Drivers signature)
TransNoble Logistics, Inc.	
(Motor Carrier's Name)	
33 Appletree Lane, Pipersville, PA 18947	
(Motor carrier's address)	
(Reviewed by: Signature)	(Title)

EMPLOYEE AUTHORIZATION: REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER

I hereby authorize you to release the following information to TransNoble Logistics, Inc. for purposes of investigation as required by Section 391.23 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information.

APPLICANT'S NAME: _____ **SSN #:** _____

APPLICANT'S SIGNATURE: _____ **DATE:** _____

EMPLOYEE THREE YEAR HISTORY DISCLOSURE

As required by the USDOT, please indicate if you have tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you have applied for but did not obtain safety-sensitive transportation work covered by DOT in the past three years.

STATEMENT OF COMPLIANCE

I, _____, have not tested positive or refused any pre-employment Print Driver's Name	
drug or alcohol test for a position I have applied but did not obtain a safety-sensitive position covered by DOT, as described above, in the past two years.	
_____ Signature of Driver	_____ Date

STATEMENT OF NON-COMPLIANCE

I, _____, have tested positive or refused any pre-employment drug or Print Driver's Name			
alcohol test for a position I have applied but did not obtain a safety-sensitive position covered by DOT, as described above, in the past three years. I understand that I must comply with the USDOT regulations in order to qualify to drive a commercial motor vehicle in the USA as well as comply with TransNoble Logistics' policy in order to work in any safety-sensitive position for the company.			
Company Applied	Date Applied	Contact Name	Contact Phone
_____ Signature of Driver		_____ Date	

REQUEST FOR CHECK OF DRIVING RECORD

I hereby authorize you to release the following information to TransNoble Logistics Inc., for purposes of investigation as required by Section 391.23 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information.

Applicant's Signature: _____ **Date:** _____