

APPLICATION

Circle One: **COMPANY** or **OWNER OPERATOR**

APPLICANTS ARE CONSIDERED WITHOUT REGARD TO RACE, CREED, SEX, AGE OR NATIONAL ORIGIN
EXXACT TRANSPORT, INC. PO BOX 95545, LAKELAND, FL 33804

NAME OF CARRIER

ADDRESS

DATE

PERSONAL DESCRIPTION

Last: _____ First: _____ MI: _____ Social Security No: _____

DOB: _____ (mm/dd/yyyy) Address: _____

STREET

CITY

ST

ZIP

Phone No: () _____ Name of Spouse: _____

In Case of Emergency- Notify: _____ At _____ Phone: () _____

Address: _____

STREET

CITY

ST

ZIP

Previous Address: _____

STREET

CITY

ST

ZIP

Last 3 yrs: _____

STREET

CITY

ST

ZIP

PHYSICAL HISTORY

Date of Last Physical: _____ (mm/dd/yyyy) Doctor's Name: _____

Phone No: () _____ Address: _____

STREET

CITY

ST

ZIP

List any Physical Limitations (Heart Disease, Diabetes, etc.): _____

EXPERIENCE AND QUALIFICATIONS

Valid Drivers License	STATE	LICENSE	TYPE	EXPIRATION DATE

Have you ever been denied a Permit, License or Privilege to operate a motor vehicle? _____

Has your License, Permit or Privilege ever been suspended or revoked? _____ If yes, please explain _____

Have you ever been convicted of DUI of alcohol or drugs? _____ Penalty _____

Have you ever been convicted of a crime? _____ Explain _____

DRIVING EXPERIENCE

POWER EQUIP	TYPE OF EQUIPMENT	YEARS	STATES DRIVEN IN
Straight Truck			
Tractor Trailer			
Bus			
Other			

ACCIDENT RECORD (LAST 3 YEARS)

DATE	NATURE OF ACCIDENT	FATALITIES	INJURIES	COMMERCIAL VEHICLE	PERSONAL AUTO

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Traffic Convictions and Forfeitures Last 3 Years) other than Parking)

State	Date	Charge	Penalty	Commercial Vehicle or Automobile

EMPLOYMENT HISTORY

Have you worked for this Company before _____ Where _____ When _____
 From _____ To _____
 Position _____ Reason for leaving _____

EMPLOYMENT HISTORY FOR PAST 10 YEARS (USE SEPARATE SHEET IF NECESSARY)

Last Employer: Name _____ Phone (_____) _____
 Address _____
 From _____ / _____ / _____ To _____ / _____ / _____
 Mo Day Yr Mo Day Yr
 Street City State Zip
 Position _____ Salary _____
 Reason for leaving _____

2nd Name _____ Phone (_____) _____
 Address _____
 From _____ / _____ / _____ To _____ / _____ / _____
 Mo Day Yr Mo Day Yr
 Street City State Zip
 Position _____ Salary _____
 Reason for leaving _____

3rd Name _____ Phone (_____) _____
 Address _____
 From _____ / _____ / _____ To _____ / _____ / _____
 Mo Day Yr Mo Day Yr
 Street City State Zip
 Position _____ Salary _____
 Reason for leaving _____

4th Name _____ Phone (_____) _____
 Address _____
 From _____ / _____ / _____ To _____ / _____ / _____
 Mo Day Yr Mo Day Yr
 Street City State Zip
 Position _____ Salary _____
 Reason for leaving _____

5th Name _____ Phone (_____) _____
 Address _____
 From _____ / _____ / _____ To _____ / _____ / _____
 Mo Day Yr Mo Day Yr
 Street City State Zip
 Position _____ Salary _____
 Reason for leaving _____

Request For Employment and Information Verification From Previous Employer



TO: _____ Requested: EXXACT TRANSPORT, INC
 ATTN: _____ PH #: 863-682-1799
 PH #: _____ FAX #: 863-802-4026
 FAX #: _____

Fill out
only

Applicant Name: _____ **SSN:** _____

You are hereby authorized to give to EXXACT TRANSPORT, INC. all information regarding my services, character, and conduct while in your employ, and you are released from any liability, which may result from giving such information. In order for, EXXACT TRANSPORT, INC. to comply with the requirements of Section 391.23 of the Federal Motor Carrier Safety Regulation and the regulations of 49 C.F.R., Sections 382.405, 382.413 and 391.89. I hereby consent EXXACT TRANSPORT, INC. to obtain from my prior employers the information pertaining to me. I hereby authorize and direct my prior employers to release such information to EXXACT TRANSPORT, INC via personal interviews, telephone interviews, or any other material that ensures confidentiality.

Applicant Signature: _____ **Date:** _____

Type of Work

- Owner/Operator
- Driver for O/O
- Company Driver
- Trip Leaser
- Second Seat
- Trainee
- Casual
- Non-Driving

Equipment Operated

- Dry Van 48' 53'
- Reefer
- Containers
- Tankers
- Flatbed
- Specialized Trailer _____
- Straight Truck
- Other _____

Areas Driven

- 48 States
- Northeast
- Mid-Atlantic
- Mid-West
- Southeast
- Southwest
- Local
- Other _____

Commodities Hauled

- General
- Bulk
- Hazardous
- Household
- Oversized Loads
- Steel
- Refrigerated
- Other _____

Did the applicant have any accidents while employed? No Yes If Yes, please explain.

<u>Dates</u>	<u>Preventable</u>	<u>Description</u>
____/____/____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
____/____/____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
____/____/____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

Drug and Alcohol Test Records

	YES	NO
1.Has this individual had an alcohol test with a confirmed breath alcohol concentration of 0.04 or greater in the past 3 years?	<input type="checkbox"/>	<input type="checkbox"/>
2.Has this individual had a controlled substance test with a positive result in the past 3 years?	<input type="checkbox"/>	<input type="checkbox"/>
3.Has this individual refused a controlled substance test and/or alcohol test in the past 3 years?	<input type="checkbox"/>	<input type="checkbox"/>
4.Has this individual violated other DOT drug and/or alcohol regulations?	<input type="checkbox"/>	<input type="checkbox"/>
5.Have you received information from a previous employer that this individual violated DOT drug and alcohol regulations?	<input type="checkbox"/>	<input type="checkbox"/>

Reason for Leaving

- Resigned w/o Notice
- Resigned with Notice
- No Show
- Terminated/Discharged
- Abandonment
- Quit Under Dispatch
- Laid Off

- Satisfactory
- Outstanding
- Cargo Loss
- Falsified Employment Application
- Log Violation
- Unsatisfactory Safety Record
- Unauthorized use of Co. Funds

Performance

- Superior
- Excessive Complaints
- Equipment Loss
- Late Pickup/Delivery
- Unauthorized Equip. Use
- Unauthorized Passenger
- Other _____

Dates Employed : From: _____ To: _____
 Eligibility for rehire: Yes No Upon Review Other Comments: _____

Person completing this inquiry: _____ Title: _____ Date: _____
 Company Name and Address: _____

*ALCOHOL & CONTROLLED SUBSTANCE TEST INFORMATION
FOR PRE EMPLOYMENT PURPOSES*

I _____, hereby verify that the following information regarding my test result
Print Name
information during the past two year is true and accurate.

1. Positive breath alcohol test which resulted in a breath alcohol concentration of 0.04 or greater in the previous two years.

____NO ____Yes, Date of Test _____.

Dates & Results of Follow-up Test_____

Name & address of S.A.P. _____

2. Positive controlled substance test results, which have occurred in the previous two years.

____NO ____Yes, Date of Test _____.

Dates & Results of Follow-up Test_____

Name & address of S.A.P. _____

3. Refused to submit to a substance or alcohol test in the previous two years.

____NO ____Yes, Date of Test _____.

Dates & Results of Follow-up Test_____

Name & address of S.A.P. _____

Any other use or disclosure of this information is not permitted. I understand that permission to request and obtain this information is required as a condition of employment.

Print

Signature

Date

Expectations from Exxact Transport

Name: _____

(1) What area/region are you looking to run at Exxact Transport?

(2) What are looking to financially make per week through Exxact Transport?

(3) How many days per week are you willing to work? Which days?

Signature

Date