



Thank you for your interest in applying for a commercial job at Elite Transportation, Inc/Destiny Transportation. Enclose is an application. Please fill it out completely, including addresses and phone number for previous employer. When you return the application, please include the following requirements;

- 1. Commercial Driver License**
- 2. Social Security or Birth Certificate**
- 3. DMV print out dated within the last 30 (days)**
- 4. Long Forms Physical with Card**

****NOTE if you only have Card that will get approval. Will have to go in for a DOT Physical Examination (Long forms Physical)**

All completed paperwork can be faxed to 831-728-2082 or email to ruthie@elitetransaz.com

Thank you.

Attn: _____ Date: _____

Phone: _____ Fax: _____

DRIVER PRE-QUALIFICATION FORM

Thank you for applying for a driving position with our company. We are committed to providing the highest quality of service to our customers. In order to do this we are seeking the most qualified individuals. The following is a list of minimum qualifications required by our company. **Please read carefully and sign in the space provided if you meet these qualifications.** If you do not meet these qualifications, return this to the person you received it from and explain the reason. If you meet these qualifications, an in-depth background investigation will be conducted and a hiring decision will be made.

1. **Must be at least twenty-five (25) years of age.**
2. **Must have at least one (1) year of recent verifiable all weather tractor-trailer experience in the past three (3) years if applying for a tractor-trailer position. Must have at least one (1) year of verifiable all weather straight-truck experience in the past three (3) years if applying for a straight truck position.**
3. **Must not have had a D.W.I or D.U.I. conviction in the past (5) years. There can be no current pending D.W.I. or D.U.I. charges.**
4. **No major chargeable accidents in the past three (3) years while driving a commercial motor vehicle.**
5. **No more than three (3) minor or two (2) major moving violations in the last three (3) years.**
6. **No more than three (3) minor accidents in the last five (5) years.**
7. **Possess only one (1) driver's license and it must be from the state of residence.**
8. **Fill out the application completely to include ten (10) years of employment history. If you do not have the information at this time return the application and come back when you have the information.**
9. **You will be required to pass a D.O.T. physical. Premium will only accept an applicant's existing physical if there is at least 12 months remaining before expiration. Premium will not accept any physical issued for less than a one (1) year period. Note: All new employees are responsible for payment of their initial DOT physical.**
10. **You will be required to provide a urine sample to be used for our Federally Mandated Drug Screening program. All new and re-hire applicants must pass this drug screen before being employed.**

I, _____ the undersigned, meet the above qualifications and further agree to abide by all company polices. Misrepresentation on the application will result in immediate termination.

DATE _____

SIGNATURE _____

Job Description

Job Title: Driver of Semi Tractor / Trailer

Department / Terminal _____

Report To: Terminal Manager/Dispatcher/Operations Supervisor

General Purpose: Pick up and deliver to assigned locations in compliance with applicable rules and regulations.

This job description may be revised at any time as dictated by customer needs and management decision.

Essential Functions

1. Receive and follow dispatch orders. Call in daily if on the Casual Board and not working.
2. Pre-trip vehicle inspection.
3. Hook up to correct trailer as directed by dispatcher.
4. Drive vehicle on specified route observing DOT and Premium safe driving rules and regulations.
5. Communicate with dispatch as directed.
6. Sleep in sleeper bunk when team driver is driving or during overnight stops.
7. Deliver product and assist in loading and unloading as assigned.
8. Backhaul product or return to domicile location as directed.
9. Communicate with client for direction on breakdowns, accidents, product spills, emergencies, and other problems.
10. Fuel vehicle as needed at approved locations.
11. Prepare trip record and DOT logs daily.
12. Be responsible for advance from company by obtaining receipts for expenses.
13. Participate in safety programs.
14. Comply with all DOT and FMCSR regulations.

Physical and mental requirements:

1. Demonstrate sound judgment in operation of vehicle.
2. Work 60 -70 hours per week, within federal guidelines, including nights and weekends.
3. Pull, twist, bend, and lift 75 pounds to shoulder height as required to perform essential functions.
4. Climb in and out of tractor and to top of trailer for inspection.
5. Sit for up to 11 hours per day.
6. Drive vehicle and load/unload in extreme winter and summer temperatures and conditions.
7. Communicate, read, understand, and write as required to perform essential functions.

Date: _____

Signature: _____

DATE OF APPLICATION: ___/___/___

APPLICATION

COMPANY Destiny Transportation / Elite Transportation

ADDRESS _____

CITY _____ STATE _____ ZIP _____

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

TO BE READ AND SIGNED BY APPLICANT

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 (e).

I also understand that I have the right under 49 CFR 391.23(i)(1) 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

Applicant Signature: X _____ **Date** ___/___/___

DRIVER NAME _____		
(LAST)	(FIRST)	(MIDDLE)
ADDRESS _____		
CITY _____, STATE _____, ZIP _____		
TELEPHONE NUMBER (____) _____ - _____ CELL PHONE NUMBER (____) _____ - _____		
DATE OF BIRTH ___/___/___ SOCIAL SECURITY NUMBER ____ - ____ - _____		

PREVIOUS ADDRESSES FOR THE PAST THREE (3) YEARS

1) ADDRESS _____
CITY _____, STATE _____, ZIP _____ FROM _____ TO _____
2) ADDRESS _____
CITY _____, STATE _____, ZIP _____ FROM _____ TO _____
3) ADDRESS _____
CITY _____, STATE _____, ZIP _____ FROM _____ TO _____

NOTE: COMPANY POLICY STATES THAT THE APPLICANT MUST PROVIDE A COMPLETE 10 YEAR WORK HISTORY AND ACCOUNT FOR ALL GAPS BETWEEN JOBS PRIOR TO BEING CONSIDERED FOR EMPLOYMENT.

EMPLOYMENT HISTORY

PLEASE LIST STARTING WITH MOST RECENT EMPLOYER, USE ADDITIONAL SHEET IF NEEDED.

CURRENT OR LAST EMPLOYER COMPANY NAME: _____

ADDRESS: _____, CITY _____ STATE _____

PHONE: _____ FAX: _____ E-MAIL: _____

SUPERVISOR NAME: _____ REASON FOR LEAVING? _____

JOB DESCRIPTION: _____ FROM: ____/____/____ TO: ____/____/____

Was this job designated as a safety sensitive function in any DOT regulated mode subject to controlled substances and alcohol testing specified by 49 CFR Part 40? YES NO *Was this job subject to FMCSA Regulations? YES NO

**ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month/year) and reason _____

SECOND LAST EMPLOYER COMPANY NAME: _____

ADDRESS: _____, CITY _____ STATE _____

PHONE: _____ FAX: _____ E-MAIL: _____

SUPERVISOR NAME: _____ REASON FOR LEAVING? _____

JOB DESCRIPTION: _____ FROM: ____/____/____ TO: ____/____/____

Was this job designated as a safety sensitive function in any DOT regulated mode subject to controlled substances and alcohol testing specified by 49 CFR Part 40? YES NO *Was this job subject to FMCSA Regulations? YES NO

**ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month/year) and reason _____

THIRD LAST EMPLOYER COMPANY NAME: _____

ADDRESS: _____, CITY _____ STATE _____

PHONE: _____ FAX: _____ E-MAIL: _____

SUPERVISOR NAME: _____ REASON FOR LEAVING? _____

JOB DESCRIPTION: _____ FROM: ____/____/____ TO: ____/____/____

Was this job designated as a safety sensitive function in any DOT regulated mode subject to controlled substances and alcohol testing specified by 49 CFR Part 40? YES NO *Was this job subject to FMCSA Regulations? YES NO

**ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month/year) and reason _____

* The Federal Motor Carrier Safety Regulations apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: 1) weighs or has a GVWR of 10,001 pounds or more, 2) is designed or used to transport 9 or more passengers, or 3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

**Any gaps in employment and/or unemployment must be explained.

EMPLOYMENT HISTORY (ADDENDUM PAGE 1)

Driver Applicant Name: _____

Social Security Number: _____

FOURTH LAST EMPLOYER COMPANY NAME: _____

ADDRESS: _____, CITY _____ STATE _____

PHONE: _____ FAX: _____ E-MAIL: _____

SUPERVISOR NAME: _____ REASON FOR LEAVING? _____

JOB DESCRIPTION: _____ FROM: ____/____/____ TO: ____/____/____

Was this job designated as a safety sensitive function in any DOT regulated mode subject to controlled substances and alcohol testing specified by 49 CFR Part 40? YES NO *Was this job subject to FMCSA Regulations? YES NO

**ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month/year) and reason _____

FIFTH LAST EMPLOYER COMPANY NAME: _____

ADDRESS: _____, CITY _____ STATE _____

PHONE: _____ FAX: _____ E-MAIL: _____

SUPERVISOR NAME: _____ REASON FOR LEAVING? _____

JOB DESCRIPTION: _____ FROM: ____/____/____ TO: ____/____/____

Was this job designated as a safety sensitive function in any DOT regulated mode subject to controlled substances and alcohol testing specified by 49 CFR Part 40? YES NO *Was this job subject to FMCSA Regulations? YES NO

**ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month/year) and reason _____

SIXTH LAST EMPLOYER COMPANY NAME: _____

ADDRESS: _____, CITY _____ STATE _____

PHONE: _____ FAX: _____ E-MAIL: _____

SUPERVISOR NAME: _____ REASON FOR LEAVING? _____

JOB DESCRIPTION: _____ FROM: ____/____/____ TO: ____/____/____

Was this job designated as a safety sensitive function in any DOT regulated mode subject to controlled substances and alcohol testing specified by 49 CFR Part 40? YES NO *Was this job subject to FMCSA Regulations? YES NO

**ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month/year) and reason _____

* The Federal Motor Carrier Safety Regulations apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: 1) weighs or has a GVWR of 10,001 pounds or more, 2) is designed or used to transport 9 or more passengers, or 3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

**Any gaps in employment and/or unemployment must be explained.

WORK EXPERIENCE (ADDENDUM PAGE 2)

Driver Applicant Name: _____

Social Security Number: _____

SEVENTH LAST EMPLOYER COMPANY NAME: _____
ADDRESS: _____, **CITY** _____ **STATE** _____
PHONE: _____ **FAX:** _____ **E-MAIL:** _____
SUPERVISOR NAME: _____ **REASON FOR LEAVING?** _____
JOB DESCRIPTION: _____ **FROM:** ____/____/____ **TO:** ____/____/____

Was this job designated as a safety sensitive function in any DOT regulated mode subject to controlled substances and alcohol testing specified by 49 CFR Part 40? YES NO *Was this job subject to FMCSA Regulations? YES NO

**ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month/year) and reason _____

EIGHTH LAST EMPLOYER COMPANY NAME: _____
ADDRESS: _____, **CITY** _____ **STATE** _____
PHONE: _____ **FAX:** _____ **E-MAIL:** _____
SUPERVISOR NAME: _____ **REASON FOR LEAVING?** _____
JOB DESCRIPTION: _____ **FROM:** ____/____/____ **TO:** ____/____/____

Was this job designated as a safety sensitive function in any DOT regulated mode subject to controlled substances and alcohol testing specified by 49 CFR Part 40? YES NO *Was this job subject to FMCSA Regulations? YES NO

**ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month/year) and reason _____

NINTH LAST EMPLOYER COMPANY NAME: _____
ADDRESS: _____, **CITY** _____ **STATE** _____
PHONE: _____ **FAX:** _____ **E-MAIL:** _____
SUPERVISOR NAME: _____ **REASON FOR LEAVING?** _____
JOB DESCRIPTION: _____ **FROM:** ____/____/____ **TO:** ____/____/____

Was this job designated as a safety sensitive function in any DOT regulated mode subject to controlled substances and alcohol testing specified by 49 CFR Part 40? YES NO *Was this job subject to FMCSA Regulations? YES NO

**ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month/year) and reason _____

* The Federal Motor Carrier Safety Regulations apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: 1) weighs or has a GVWR of 10,001 pounds or more, 2) is designed or used to transport 9 or more passengers, or 3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.
**Any gaps in employment and/or unemployment must be explained.

ATTACH EXTRA SHEETS IF NEEDED

COMMERCIAL DRIVER'S LICENSE INFORMATION

LICENSE # _____ TYPE _____ STATE _____ EXP. DATE ____/____/____
(A,B, OR C)

ENDORSEMENTS (check all that apply): DOUBLE/TRIPLE TRAILERS TANK VEHICLES
 PASSENGER VEHICLES HAZARDOUS MATERIALS

LIST ANY ADDITIONAL LICENSE(S) HELD IN THE PAST 3 YEARS:

STATE ____ TYPE ____ LICENSE # _____ EXP. DATE: ____/____/____
STATE ____ TYPE ____ LICENSE # _____ EXP. DATE: ____/____/____

HAS YOUR PERMIT, CDL, OR PRIVILEGE TO OPERATE A MOTOR VEHICLE EVER BEEN DENIED, SUSPENDED, OR REVOKED? NO YES IF YES, EXPLAIN _____

COLLISIONS

PLEASE LIST ALL MOTOR VEHICLE COLLISIONS IN WHICH YOU WERE INVOLVED (BOTH COMMERCIAL AND PRIVATE VEHICLE) DURING THE PAST THREE YEARS PRIOR TO THE APPLICATION DATE. **IF NONE, WRITE "NONE"**

<u>DATE</u>	<u>DESCRIPTION</u>	<u>STATE</u>	<u># OF INJURIES</u>	<u># OF FATALITIES</u>	<u>HAZ.MAT.SPILL</u>
____/____/____	_____	_____	_____	_____	<input type="checkbox"/> NO <input type="checkbox"/> YES
____/____/____	_____	_____	_____	_____	<input type="checkbox"/> NO <input type="checkbox"/> YES
____/____/____	_____	_____	_____	_____	<input type="checkbox"/> NO <input type="checkbox"/> YES

TRAFFIC CONVICTIONS AND FORFEITURES

PLEASE LIST ALL TRAFFIC CONVICTIONS AND/OR FORFEITURES (BOTH COMMERCIAL AND PRIVATE VEHICLE) FOR THE PAST THREE YEARS (OTHER THAN PARKING). **IF NONE, WRITE "NONE"**

<u>DATE</u>	<u>LOCATION</u>	<u>CHARGE</u>	<u>PENALTY</u>
____/____/____	_____	_____	_____
____/____/____	_____	_____	_____
____/____/____	_____	_____	_____
____/____/____	_____	_____	_____

DRIVING EXPERIENCE

<u>EQUIPMENT CLASS</u>	<u>TYPE OF EQUIPMENT</u> (VAN, TANK, FLAT, ETC.)	<u>DATES</u> FROM TO or	<u>APPROX. MILES</u> <u>DRIVEN</u>
STRAIGHT TRUCK	_____	_____ TO _____ or _____	_____
TRACTOR & SEMI TRAILER	_____	_____ TO _____ or _____	_____
OTHER	_____	_____ TO _____ or _____	_____
LIST COMMODITIES HAULED: _____			

EDUCATION

PLEASE CIRCLE THE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 9 10 11 12 COLLEGE: 1 2 3 4

OTHER TRAINING : _____

HAVE YOU RECEIVED ANY SAFETY AWARDS OR SPECIAL TRAINING? _____

DO YOU HAVE FULL KNOWLEDGE OF THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS? YES NO

GENERAL

HAVE YOU BEEN A DRIVER FOR THIS COMPANY BEFORE? YES NO

IF SO, WHEN? ____/____/____ WHERE? _____

IS THERE ANY REASON YOU MIGHT BE UNABLE TO PERFORM THE FUNCTIONS OF THE JOB FOR WHICH YOU HAVE APPLIED? YES NO

HAVE YOU EVER BEEN CONVICTED FOR DUI, DWI OR OUI? YES NO

HAVE YOU EVER TESTED POSITIVE OR REFUSED A DOT DRUG OR ALCOHOL TEST? YES NO

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES NO

IF YES, PLEASE EXPLAIN _____

IN CASE OF EMERGENCY, CONTACT: _____ (____) _____
Name Telephone number Relationship

MUST BE READ AND SIGNED BY THE APPLICANT

- It is agreed and understood that the employer or its 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 furnishing such information.
- In accordance with the provision so Section 604(b)(2)(a) of the Fair Credit Reporting Act Public Law 9f-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter 1, of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on you for employment purposes. These reports are required by Sections 382.413, and 391.25 of the Federal Motor Carrier Safety Regulations.
- The applicant agrees to furnish such additional information and complete such examinations as necessary to complete applicant's employment file.
- It is agreed and understood that this application for employment in no way obligates the employer to employ the applicant.
- It is agreed and understood that if hired, the applicant may be on a probationary period during which time applicant may be discharged without recourse. Further, any false statement herein submitted will be deemed sufficient reason for rejection or termination of the applicant's employment, irrespective of time lapsed before discovery.
- In connection with my application for employment with you, I understand that an investigative consumer report is being requested from Hire Right Services that will include information as to my character, work habits, performance, and experience, along with reasons for termination of past employment obtained from previous employers. Further, I understand that you will be requesting information concerning my driving record and/or information from various state agencies which maintain records concerning traffic offenses, accidents, etc., as well as information from Hire Right Services concerning (1) previous driving record requests made by others from such stage agencies and (2) claims involving me in the files of insurance companies. I have a right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of this investigation. I hereby consent to your obtaining the above described information from Hire Right Services, and agree that such information which Hire Right Services has or obtains, and my employment history with you, if I am hired, will be supplied by Hire Right Services to other companies which subscribe to Hire Right Services.
- IF HIRED BY YOU, I FURTHER CONSENT TO YOUR FURNISHING TO HIRE RIGHT SERVICES INFORMATION CONCERNING MY CHARACTER, WORK HABITS, PERFORMANCE DRIVING RECORD AND EXPERIENCE, AS WELL AS ANY REASONS FOR TERMINATION OF MY EMPLOYMENT, AND FURTHER CONSENT TO HIRE RIGHT SERVICES FURNISHING SUCH INFORMATION IN THE FUTURE TO OTHER COMPANIES WHICH SUBSCRIBE TO HIRE RIGHT SERVICES FROM WHICH I MAY BE SEEKING EMPLOYMENT, AND TO INSURANCE COMPANIES OR THEIR AGENTS IN CONNECTION WITH ISSUANCE OR MAINTENANCE OF INSURANCE COVERAGE.
- The applicant agrees to conform to the rules and regulations of the Company, and understands that employment and compensation can be terminated with or without cause, at any time, at the option of either the Company or the individual.
- The applicant further understands that no personnel recruiter or interviewer or other representative of the Company other than the President, has any authority to enter into any agreement for employment for any specified period of time.
- If requested to do so, I agree to submit to physical and psychological testing prior to employment, or at any time during my employment, including but not limited to a polygraph and/or urine analysis to test for drugs or alcohol. It is agreed and understood that the answers to the foregoing questions are true and correct, and that any misrepresentations of information given above shall be considered an act of dishonesty. Further, 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.

X _____
Applicant Signature

_____/_____/_____
Date

PREMIUM TRANSPORTATION STAFFING, INC.

Phone: 800-367-2875

Fax: 866-312-0542

Richmond, IN

Applicant: _____	Subject: <u>EMPLOYMENT VERIFICATION</u>
Social Security # _____	Dates per applicant: _____
Name of Company: _____	Phone: _____ Fax: _____
City, State: _____	Contact: _____

Dates of employment: _____ Full time Part time

Position with your company: _____ Type of Cargo Hauled _____

Type of Vehicle Operated: Tractor/Trailer Straight Truck Other _____

Type of Trailer: Van Flatbed Dump Other _____

Type of Driving: Local Regional Over the Road Haz-Mat? Yes No

Quit Discharged please explain _____ Eligible for rehire? Yes No Upon review

Total # of accidents while with your company in the last 3 years: Preventable _____ Non Preventable _____

List all DOT accidents driver had while with your company in the past 3 years and provide details as required by FMCSR §390.15(b)

Date	Description	# Fatalities	# Injuries	Hazmat Spill?

Pursuant to §391.23 of FMCSR, please provide information concerning the following questions. Within the last 3 years has this driver ever: Please circle Yes or No.

- Had an alcohol test with a concentration level result of 0.04 or greater? Yes No
- Tested positive, adulterated or substituted test specimen for controlled substances? Yes No
- Refused to submit to any mandated alcohol or controlled substance test? Yes No
- Have you ever received information from a previous employer that this person violated DOT drug or alcohol regulations? Yes No
- Violated any DOT Drug & Alcohol Return-To-Duty requirements (including follow-up testing) requiring successful completion from a SAP rehabilitation referral? Yes No

If answering yes to any of the above questions, please give the following SAP information further reference. Name _____ Address: _____ Phone: _____

Completed By: Name: _____ Title: _____ Date: _____

Authorization/Liability Release

I hereby authorize the company stated below to release all record of employment, including assessments of my job performance, ability and fitness to include drug and alcohol test results and accidents to Premium Transportation Staffing, Inc. (or their authorized agents), which may request such information in connection with my application for employment with them. I hereby release this company from any and all liability of any type as a result of providing this information to Premium Transportation Staffing, Inc. This information is being requested in compliance with §40.25 and §391.23 "Information about HireRight's privacy practices is available at www.hireright.com/Privacy-Policy.aspx

Applicant Signature: _____ Company: _____

Date: _____