



Dart Trucking Company, Inc.
P.O. Box 60
41738 Esterly Drive
Columbiana, OH 44408
800-541-8206
www.dartamerica.com

INDEPENDENT CONTRACTOR QUALIFICATION QUESTIONNAIRE INSTRUCTIONS

1. Fill out **ALL** of the information on the Independent Contractor Qualification Questionnaire.
2. **IMPORTANT:** When filling out the employment/contracting history, you must list **ALL** full and part-time employment/contracting including military service, self-employment and non-CDL jobs during the last ten (10) years. **ALL TIME MUST BE ACCOUNTED.** Please list all gaps in the employment/contracting history, including periods of unemployment, illness, injury, etc., in the space provided under Explanation of Gaps in Prior Employment/Contracting on page three (3).
3. If you have had no accidents or traffic violations or suspensions, please write "**None**" for the Accident History and Traffic Violations sections.
4. Be sure to sign and date page five (5) of the Independent Contractor Qualification Questionnaire.
5. On the Request for Previous Employment Information page, please fill out the top portion of the form **ONLY** (Applicant's Signature, Date, Printed Name, Social Security # and Date of Birth). Your previous employers will fill out the rest of the form.
6. For all applicants to the Dump/Roll-Off Division, Hazardous Waste Division and Calgon Carbon Division, you must fill out **ALL** of the information on the Notice, Authorization and Release for the Procurement of a Consumer and/or Investigative Consumer Report form, including the information below the line. This form is separate from the Independent Contractor Qualification Questionnaire and should be included in the information sent to you. This form allows Dart Trucking Company to conduct a criminal background check, which is required for all Dart Trucking Company drivers and independent contractors hauling hazardous materials or hazardous waste.
7. The following items must be on file with Dart Trucking Company before employment or contracting begins:
 - Clean copy of your valid Commercial Drivers' License (CDL)
 - Clean copy of your Social Security Card or Certificate of Birth
 - Clean copy of a current DOT Medical Certificate
 - Clean copy of the matching DOT Medical Examiner's Report

Return Completed Questionnaire to:
Chris Knupp, Driver Recruiting Manager
Dart Trucking Company, Inc.
P.O. Box 60
Columbiana, OH 44408
Via Fax: 330-482-7065
Via E-mail: cknupp@dartamerica.com
Questions? Call 800-368-3457

EMPLOYMENT/CONTRACTING HISTORY

Please list all full and part-time employment/contracting including military service and self-employment during the preceding ten (10) years. All time must be accounted for during the last ten (10) years. Use a separate sheet of paper if necessary. All periods of unemployment will be listed on the next page.

Present or Last Employer/Contracting Position

Company Name: _____ Telephone: () _____
Address: _____ City: _____ State: _____ Zip: _____
Position: _____ From: _____ To: _____
Reason for Leaving: _____
Type of Equipment Operated, if applicable: _____
Approximate Number of Miles Driven: _____ Number of Accidents: _____

(2) Prior Employer/Contracting Position

Company Name: _____ Telephone: () _____
Address: _____ City: _____ State: _____ Zip: _____
Position: _____ From: _____ To: _____
Reason for Leaving: _____
Type of Equipment Operated, if applicable: _____
Approximate Number of Miles Driven: _____ Number of Accidents: _____

(3) Prior Employer/Contracting Position

Company Name: _____ Telephone: () _____
Address: _____ City: _____ State: _____ Zip: _____
Position: _____ From: _____ To: _____
Reason for Leaving: _____
Type of Equipment Operated, if applicable: _____
Approximate Number of Miles Driven: _____ Number of Accidents: _____

(4) Prior Employer/Contracting Position

Company Name: _____ Telephone: () _____
Address: _____ City: _____ State: _____ Zip: _____
Position: _____ From: _____ To: _____
Reason for Leaving: _____
Type of Equipment Operated, if applicable: _____
Approximate Number of Miles Driven: _____ Number of Accidents: _____

(5) Prior Employer/Contracting Position

Company Name: _____ Telephone: () _____
Address: _____ City: _____ State: _____ Zip: _____
Position: _____ From: _____ To: _____
Reason for Leaving: _____
Type of Equipment Operated, if applicable: _____
Approximate Number of Miles Driven: _____ Number of Accidents: _____

(6) Prior Employer/Contracting Position

Company Name: _____ Telephone: () _____
Address: _____ City: _____ State: _____ Zip: _____
Position: _____ From: _____ To: _____
Reason for Leaving: _____
Type of Equipment Operated, if applicable: _____
Approximate Number of Miles Driven: _____ Number of Accidents: _____

(7) Prior Employer/Contracting Position

Company Name: _____ Telephone: () _____
Address: _____ City: _____ State: _____ Zip: _____
Position: _____ From: _____ To: _____
Reason for Leaving: _____
Type of Equipment Operated, if applicable: _____
Approximate Number of Miles Driven: _____ Number of Accidents: _____

(8) Prior Employer/Contracting Position

Company Name: _____ Telephone: () _____
Address: _____ City: _____ State: _____ Zip: _____
Position: _____ From: _____ To: _____
Reason for Leaving: _____
Type of Equipment Operated, if applicable: _____
Approximate Number of Miles Driven: _____ Number of Accidents: _____

EXPLANATION OF GAPS IN PRIOR EMPLOYMENT/CONTRACTING

Please provide an explanation for all times during the preceding ten (10) years for which you have not listed an employer or contracting position, above or on the previous page.

Employment/Contracting Gap From: _____ To: _____
Explanation: _____

Employment/Contracting Gap From: _____ To: _____
Explanation: _____

Employment/Contracting Gap From: _____ To: _____
Explanation: _____

Employment/Contracting Gap From: _____ To: _____
Explanation: _____

Accident Record

List all accidents you were involved in during the last five (5) years. If there are none, write "None."

Date	Nature of Accident (Head-On, Roll Over, Struck Fixed Object, Etc.)	Were You Cited?	Fatalities	Injuries	Type of Vehicle

Traffic Violations

List all traffic violations and forfeitures/suspensions during the last five (5) years. If there are none, write "None."

Date	Charge or Violation	Location	Type of Vehicle

Driver's License History

List all driver's licenses held during the last three (3) years. Start with your current license.

State	License Number	Class	Endorsements	Expiration Date

Have you ever been denied a license, permit or privilege to operate a motor vehicle?	Yes	No
Has any license, permit or privilege ever been suspended or revoked?	Yes	No
Have you ever been convicted of a major moving violation?	Yes	No
Have you ever been convicted of a crime?	Yes	No
Have you ever refused to undergo a drug screen?	Yes	No

If you answered YES to any of the above, please explain fully. _____

Driving Experience

Class of Equipment	Type of Trailers (Vans, Dumps, Tankers, Flatbeds, Etc.)	Number of Years	Number of Miles
Tractor and Semi-Trailer			
Tractor and Two Trailers			
Straight Truck			

Educational Training

List any educational courses or special training you have had as a driver, including training in the transportation of hazardous materials.

Type of Educational Training	Company or Location	Date

ESSENTIAL JOB FUNCTIONS

Job Position:

Over the road, commercial, combination Class A vehicle driver.

Specification:

1. Must possess a valid Commercial Driver's license, Class A with necessary endorsement in your state of residence.
2. Must have an acceptable motor vehicle record and possess verifiable experience or acceptable training.
3. Must meet all Federal and State requirements for certification including a pre-employment alcohol and controlled substances screen and meet the medical standards of the U.S. Department of Transportation.
4. Must possess the ability to read, write in English, perform mathematical calculations to accurately and legibly complete required paperwork including freight bills receipts, maintain logs, read maps, road signs.
5. Must possess good oral communication skills, and be able to follow instructions and take direction by various means of communication such as telephone, two way radio and computer.
6. Must be at least 23 years old.

Physical Requirements:

1. Must be able to perform duties that require bending at the wrist, neck, waist and shoulders; twisting and rotating hands, elbows and forearms; frequent squatting and crouching.
2. Must have the ability to grip and grasp to shift manual transmission and operate foot pedals.
3. Must be able to sit and remain alert while driving for up to 11 hours, including night driving and be able to spend time standing and walking on surfaces such as concrete, wood, metal, and sometimes on slippery and wet surfaces.
4. Must be able to properly load, unload and secure cargo including all related duties. Must be able to lift up to 50 lbs. containers, over four feet high. Must be able to stow cartons or maneuver tarps overhead that weight as much as 50 lbs.
5. Must be able to climb to height of 13 feet. Driver may enter and exit the vehicle's cab and/or trailer 8-10 times a day. Cab level is generally from 36" to 66" from ground level, with entry and exit achieved by the assistance of one or two steps or hand-holds.

Duties:

1. Must be able to operate a commercial vehicle safely and legally, transport freight timely, safely hook and unhook trailers from tractors, inspect tractors and trailers for defects, secure all shipments by tying down or bracing cargo on or within trailer as required, perform frequent lifting, pulling, pushing and carrying of varying weight, load and unload without causing damage to cargo or danger to persons, properly handle and complete all necessary paperwork and maintain professional relationships with customers.
2. Must be able to work: (i) irregular schedules, (ii) in extreme temperatures and weather conditions, and (iii) while exposed to noise and vibrations.

Driver Must Sign and Read Below:

I certify that I have read and understand all of this Independent Contractor Questionnaire. I agree and understand that Dart Trucking Company, Inc. or its agents may investigate my background to ascertain any and all information of concern to my employment/contracting history, whether same is of record or not and I release employers, lessees and other persons named herein from all liability for any damages on account of furnishing such information. I also understand that any contract will be conditioned on my passing a physical examination, drug screen and medical approval to wear a respirator.

I understand that this questionnaire is being submitted solely for the purpose of becoming qualified as an independent contractor for Dart Trucking Company, Inc. and for no other reason.

I also agree and understand that under the Fair Credit Reporting Act, Public Law 91-508, I have been told that Dart Trucking Company, Inc.'s investigation may include an investigative 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 qualification as a driver.

I also understand that misrepresentation or omission of information or facts may result in termination of any contractual relationship with Dart Trucking Company, Inc.

If engaged as an independent contractor, I agree to abide by all rules and policies of Dart Trucking Company, Inc.

I understand that I am not now, nor will I become, an employee of Dart Trucking Company, Inc.

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

Date: _____

Signature of Driver: _____

Disclosure and Release

I understand that consumer reports which may contain public record information may be requested from HireRight DAC Trucking Solutions, Tulsa, Oklahoma. These reports may include the following information: names and dates of previous employers, reasons for terminating employment, work experience, accidents, driving record, and workers' compensation claims from previous sources including federal, state and other agencies which maintain such records.

I authorize without reservation, any party or agency contacted by Dart Trucking Company, Inc. or its agents, including HireRight DAC Trucking Solutions, Inc. to furnish the above information.

I have the right to make a request of HireRight DAC Trucking Solutions, Inc., upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including the sources of information and the receipts of any reports on me, which HireRight DAC Trucking Solutions, Inc. has previously furnished within the two-year period preceding my request. I hereby consent to Dart Trucking Company, Inc. obtaining the above information from HireRight DAC Trucking Solutions, Inc. and agree that such information which HireRight DAC Trucking Solutions, Inc. has or obtains and my history with Dart Trucking Company, Inc. if I am contracted will be supplied by HireRight DAC Trucking Solutions, Inc. to other companies, which subscribe to HireRight DAC Trucking Solutions.

I hereby authorize procurement of the above mentioned consumer reports. This authorization shall remain on file and shall serve as ongoing authorization for Dart Trucking Company, Inc. to procure the above mentioned consumer reports at any time during my contract period.

Print Name: _____

Social Security Number: _____ - _____

Signature: _____

Date: _____

DART TRUCKING COMPANY, INC.

41738 Esterly Drive, P.O. Box 60

Columbiana, OH 44408

Phone: (800) 541-8206 Fax: (330) 482-7065

REQUEST FOR PREVIOUS EMPLOYMENT INFORMATION

I AUTHORIZE YOU TO RELEASE ALL PREVIOUS EMPLOYMENT INFORMATION TO DART TRUCKING COMPANY, INC. FOR THE SOLE PURPOSE OF INVESTIGATION AS REQUIRED BY SECTION 391.23 OF THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS. IN ADDITION, I AUTHORIZE YOU TO RELEASE ALL INFORMATION RELATED TO MY ALCOHOL AND CONTROLLED SUBSTANCE TESTING, WHICH IS IN COMPLIANCE WITH 49 CFR PART 40.25, WHICH STATES: RECORDS SHALL BE MADE AVAILABLE TO SUBSEQUENT EMPLOYER UPON RECEIPT OF A WRITTEN REQUEST FROM AN EMPLOYEE.

APPLICANT'S SIGNATURE: _____ DATE: _____

PRINTED NAME: _____ SS#: _____ DOB: _____

APPLICANTS-PLEASE DO NOT WRITE BELOW THIS LINE

PREVIOUS EMPLOYER-PLEASE COMPLETE THE FOLLOWING INFORMATION

1. APPLICANT'S DATES OF EMPLOYMENT: FROM _____ TO _____
2. REASON FOR LEAVING (CIRCLE ONE): RESIGNED DISCHARGED LAID OFF OTHER _____
3. ELIGIBLE FOR REHIRE (CIRCLE ONE): YES NO UPON REVIEW
4. TYPE OF DRIVER (CIRCLE ALL THAT APPLY): COMPANY DRIVER OWNER/OPERATOR
TEAM LOCAL REGIONAL OVER-THE-ROAD
5. TYPE OF VEHICLE/TRAILER DRIVEN (CIRCLE ALL THAT APPLY): TRACTOR-TRAILER STRAIGHT TRUCK
VAN TRAILERS TANKERS FLATBEDS DUMP TRAILERS ROLL-OFF TRAILERS
TIPPER TRAILERS WALKING FLOORS OTHER _____
6. ACCIDENT INFORMATION (LIST ALL ACCIDENTS THAT OCCURRED IN THE PAST 3 YEARS)

DATE	LOCATION	# OF INJURIES	DOT REPORTABLE	DESCRIPTION

7. DRUG AND ALCOHOL TESTING (CIRCLE YES OR NO, DATING BACK THE LAST 3 YEARS):

1. WAS THIS INDIVIDUAL SUBJECT TO DRUG AND ALCOHOL TESTING? YES NO NA
2. IF YES, HAS THIS PERSON EVER TESTED POSITIVE FOR OR ALTERED A SPECIMAN FOR ANY CONTROLLED SUBSTANCE? YES NO NA
3. HAS THIS PERSON EVER HAD A POSITIVE ALCOHOL TEST OF 0.04 OR HIGHER? YES NO NA
4. HAS THIS PERSON EVER REFUSED TO SUBMIT TO A POST-ACCIDENT, RANDOM, REASONABLE SUSPICION OR FOLLOW UP DRUG OR ALCOHOL SUBSTANCE TEST? YES NO NA
5. HAS THIS PERSON VIOLATED YOUR DRUG AND ALCOHOL POLICY AND COMPLETED A SAP REHABILITATION PROGRAM WHILE EMPLOYED? YES NO NA
6. AFTER COMPLETING A SAP PROGRAM, DID THIS PERSON REMAIN EMPLOYED BUT VIOLATE YOUR DRUG AND ALCOHOL POLICY AGAIN OR REFUSE TO BE TESTED? YES NO NA
7. HAS THIS PERSON COMMITTED OTHER DOT VIOLATIONS OR SUBPART B OF PART 382 OR PART 40? YES NO NA

8. PREVIOUS EMPLOYER NAME, ADDRESS AND CONTACT INFORMATION:

COMPANY NAME: _____ ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____ PHONE: _____

COMPLETED BY (SIGNATURE): _____ TITLE: _____ DATE: _____

