



OWNER/OPERATOR & FLEET DRIVER EMPLOYMENT APPLICATION INSTRUCTIONS

1. Fill out **ALL** of the information on the Driver Employment Application.
2. **IMPORTANT:** When filling out the Employment History, you must list **ALL** full and part-time employment/contracting including military service, self-employment and non-CDL driving jobs during the **last ten (10) years**. **All time must be accounted**. Please list all gaps in employment history including periods of unemployment, illness, injury, etc. in the spaces provided on page three (3) of the application.
3. If you have had no accidents or traffic violations, please write "NONE" for the Accident and Traffic History.
4. Be sure to sign and date page five (5) of the Driver Employment Application.
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 Haz Waste, Dump/Roll-Off and Calgon Carbon Divisions, 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 allows us to conduct a criminal background check, which is required for all Dart Trucking Company drivers hauling hazardous materials or hazardous waste.
7. The following items must be on file with Dart Trucking Company before employment begins: clean copy of a valid CDL, clean copy of a Social Security Card **OR** Birth Certificate, clean copy of a current DOT Medical Certificate (card) and DOT Medical Examiner's Report (longform).

Return Completed Application to:

Chris Knupp, Driver Recruiting Manager
P.O. Box 60
Columbiana, OH 44408
Via Fax: 330-482-7065
Via E-mail: cknupp@dartamerica.com
Questions? Call 1-800-368-3457

Please list all full and part-time employment/contracting including military service and self-employment during the preceding 10 years. All time must be accounted for including periods of unemployment. Use a separate sheet if necessary.

Present or last Employer/Contracting Position

Company Name: _____ Telephone (____) _____
Address _____ City _____ St. _____ Zip _____
Position _____ From: _____ To: _____
Reason for leaving _____
If applicable: Type of equipment operated _____
Miles Driven _____ Number of Accidents _____

(2) Prior Employer/Contracting Position

Company Name: _____ Telephone (____) _____
Address _____ City _____ St. _____ Zip _____
Position _____ From: _____ To: _____
Reason for leaving _____
If applicable: Type of equipment operated _____
Miles Driven _____ Number of Accidents _____

(3) Prior Employer/Contracting Position

Company Name: _____ Telephone (____) _____
Address _____ City _____ St. _____ Zip _____
Position _____ From: _____ To: _____
Reason for leaving _____
If applicable: Type of equipment operated _____
Miles Driven _____ Number of Accidents _____

(4) Prior Employer/Contracting Position

Company Name: _____ Telephone (____) _____
Address _____ City _____ St. _____ Zip _____
Position _____ From: _____ To: _____
Reason for leaving _____
If applicable: Type of equipment operated _____
Miles Driven _____ Number of Accidents _____

(5) Prior Employer/Contracting Position

Company Name: _____ Telephone (____) _____
Address _____ City _____ St. _____ Zip _____
Position _____ From: _____ To: _____
Reason for leaving _____
If applicable: Type of equipment operated _____
Miles Driven _____ Number of Accidents _____

(6) Prior Employer/Contracting Position

Company Name: _____ Telephone (____) _____
Address _____ City _____ St. _____ Zip _____
Position _____ From: _____ To: _____
Reason for leaving _____
If applicable: Type of equipment operated _____
Miles Driven _____ Number of Accidents _____

(7) Prior Employer/Contracting Position

Company Name: _____ Telephone (____) _____
Address _____ City _____ St. _____ Zip _____
Position _____ From: _____ To: _____
Reason for leaving _____
If applicable: Type of equipment operated _____
Miles Driven _____ Number of Accidents _____

(8) Prior Employer/Contracting Position

Company Name: _____ Telephone (____) _____
Address _____ City _____ St. _____ Zip _____
Position _____ From: _____ To: _____
Reason for leaving _____
If applicable: Type of equipment operated _____
Miles Driven _____ Number of Accidents _____

EXPLANATION OF GAPS IN PRIOR EMPLOYMENT/CONTRACTING

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

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 past 5 years.

IF NONE WRITE NONE

Dates	Nature of Accident (Head-On, Rear-End, Upset, etc.)	Were you cited?	Fatalities	Injuries	Type of Vehicle

List all traffic convictions and forfeitures for the past 5 years (other than parking violations).

IF NONE WRITE NONE

Date	Charge	Location	Type of Vehicle

List all driver's licenses held in the past 3 years. Start with your current license.

State	License Number	Class	Endorsement	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 a drug test? Yes No

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

DRIVING EXPERIENCE

Class of Equipment	Type of Equipment (van, tank dump, walking floor, etc.)	Number of Years	Approximate Number of Miles
Tractor and semi-trailer			
Tractor-two trailers			
Straight Truck			

Date of last D.O.T. Physical _____

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	Date

Driver Must Read and Sign Below:

I certify that I have read and understand all of this Independent Contractor Qualification 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 test, 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 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.

Date _____

Signature of Driver _____

Disclosure and Release

I understand that consumer reports which may contain public record information may be requested from DAC Services, 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 various 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 DAC TO FURNISH THE ABOVE INFORMATION.

I have the right to make a request of DAC 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 recipients of any reports on me, which DAC has previously furnished within the two-year period preceding my request. I hereby consent to Dart Trucking Company, Inc. obtaining the above information from DAC and agree that such information which DAC has or obtains and my history with Dart Trucking Company, Inc. if I am contracted will be supplied by DAC to other companies, which subscribe to DAC Services.

I hereby authorize procurement of the above mentioned consumer report(s). 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 _____

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. Dept. 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 10 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 10 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.

DART TRUCKING COMPANY, INC.

41738 Esterly Drive P.O. Box 60
Columbiana, Ohio 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 LOCAL REGIONAL OVER THE ROAD TEAM

5. TYPE OF VEHICLE/TRAILER DRIVEN (CIRCLE ALL THAT APPLY):

TRACTOR-TRAILER STRAIGHT TRUCK TANKERS FLATBEDS VAN TRAILERS 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	# OF FATALITIES	BRIEF DESCRIPTION

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

- | | | | |
|---|---|---|----|
| a) THIS INDIVIDUAL WAS SUBJECT TO DRUG AND ALCOHOL TESTING. | Y | N | NA |
| b) IF YES, HAS THIS PERSON EVER TESTED POSITIVE FOR OR ALTERED A SPECIMAN FOR ANY CONTROLLED SUBSTANCE? | Y | N | NA |
| c) HAS THIS PERSON EVER HAD A POSITIVE ALCOHOL TEST OF 0.04 OR HIGHER? | Y | N | NA |
| d) HAS THIS PERSON EVER REFUSED TO SUBMIT TO A POST-ACCIDENT, RANDOM, REASONABLE SUSPICION OR FOLLOW UP DRUG OR ALCOHOL SUBSTANCE TEST? | Y | N | NA |
| e) HAS THIS PERSON VIOLATED YOUR DRUG AND ALCOHOL POLICY AND COMPLETED A SAP REHABILITATION PROGRAM WHILE EMPLOYED? | Y | N | NA |
| f) AFTER COMPLETING A SAP PROGRAM, DID THIS PERSON REMAIN EMPLOYED BUT VIOLATE YOUR DRUG AND ALCOHOL POLICY AGAIN OR REFUSE TO BE TESTED? | Y | N | NA |
| g) THIS PERSON COMMITTED OTHER DOT VIOLATIONS OR SUBPART B OF PART 382 OR PART 40. | Y | N | NA |

8. PREVIOUS EMPLOYER NAME, ADDRESS AND CONTACT INFORMATION:

COMPANY NAME: _____ ADDRESS: _____

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

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



Print Form

NOTICE, AUTHORIZATION AND RELEASE FOR THE PROCUREMENT OF A CONSUMER AND/OR INVESTIGATIVE CONSUMER REPORT

I, the undersigned consumer, do hereby authorize DART TRUCKING CO. INC by and through its independent contractor, J.J. KELLER & ASSOCIATES INC. ("JJKA") and KROLL BACKGROUND AMERICA, INC. ("KBA"), to procure a consumer report and/or investigative consumer report on me. I understand that this authorization and release shall be valid for subsequent consumer and/or investigative consumer reports during my period of employment with DART TRUCKING CO., INC. for the purpose of investigating any incidents of workplace misconduct or criminal activity for which I am alleged to have been involved during my employment.

These above-mentioned reports may include, but are not limited to, information as to my character, general reputation, and personal characteristics, discerned through employment and education verifications (to include GPA); personal references; personal interviews; my personal credit history based on reports from any credit bureau; my driving history, including any traffic citations; a social security number trace; present and former addresses; criminal and civil history/records; any other public record.

I further authorize any person, business entity or governmental agency who may have information relevant to the above to disclose the same to DART TRUCKING CO., INC. by and through JJKA and KBA, including, but not limited to any and all courts, public agencies, law enforcement agencies and credit bureaus, regardless of whether such person, business entity or governmental agency compiled the information itself or received it from other sources.

I understand that I am entitled to a complete and accurate disclosure of the nature and scope of any investigative consumer report of which I am the subject upon my written request to JJKA and KBA, if such is made within a reasonable time after the date hereof. I also understand that I may receive a written summary of my rights under 15 U.S.C. § 1681et. seq.

Signature: _____ Date: _____

IDENTIFYING INFORMATION FOR CONSUMER REPORTING AGENCY

Printed Name: _____
First Middle Last

Other Names Used (alias, maiden, nickname) _____

YEARS USED _____

Current Address: _____
Street /P. O. Box City State Zip Code County Dates

Former Address: _____
Street /P. O. Box City State Zip Code County Dates

Social Security Number: _____ Daytime Telephone Number: _____

Driver's License Number: _____ State of Issuance: _____ *Date of Birth: _____ *Gender: _____

* This information will enable us to properly identify you in the event we find adverse information during the course of our background search.

DART TRUCKING COMPANY, INC.

THE FOLLOWING ITEMS MUST BE ON FILE BEFORE EMPLOYMENT BEGINS:

1. Copy of valid Class A CDL
2. Copy of Social Security Card **OR** Birth Certificate
3. Copy of current DOT Medical Certificate (Card)
4. Copy of current DOT Medical Examiners Report (Longform)
5. Copy of current PFT/Respirator Evaluation for drivers in the Dump/Roll-Off Division, Haz Waste Division and Calgon Carbon Division