



BACKGROUND INFORMATION FOR INDEPENDENT CONTRACTOR LEASE

PLEASE NOTE: THIS BACKGROUND INFORMATION MUST BE FILLED OUT COMPLETELY OR IT WILL NOT BE PROCESSED.

DATE SUBMITTED _____

TRUCK DRIVING SCHOOL _____ GRADUATION DATE _____

GENERAL INFORMATION

NAME _____ PHONE _____ SS# _____

CURRENT ADDRESS _____ HOW LONG _____ DATE OF BIRTH _____

RESIDENCES IN THE PAST 3 YEARS

ADDRESS _____ HOW LONG _____

ADDRESS _____ HOW LONG _____

ADDRESS _____ HOW LONG _____

IN CASE OF EMERGENCY NOTIFY: _____
(NAME) (RELATIONSHIP)

(ADDRESS) (PHONE)

ARE YOU A U.S. CITIZEN, A LAWFUL PERMANENT RESIDENT, OR OTHERWISE AUTHORIZED TO WORK IN THE UNITED STATES? _____

SERVICES YOU ARE OFFERING CLASSIC TRANSPORTATION: _____ TEMPORARY OR PERMANENT _____

HAVE YOU PERFORMED SERVICES FOR THIS COMPANY BEFORE? _____ WHERE? _____

DATES: FROM _____ TO _____ WHAT SERVICES WERE PERFORMED? _____

REASON FOR LEAVING _____

NAMES OF RELATIVES IN OUR EMPLOYMENT _____

ARE YOU NOW WORKING? _____ IF NOT, HOW LONG SINCE LEAVING THE LAST POSITION? _____

WHO REFERRED YOU? _____ RATE OF PAY EXPECTED? _____

HAVE YOU EVER BEEN CONVICTED OF ANY CRIME? _____ DATE: _____

ARE THERE CURRENTLY ANY FELONY CHARGES PENDING AGAINST YOU? _____ DATE: _____

ARE YOU CURRENTLY QUALIFIED UNDER CURRENT FEDERAL & STATE GUIDELINES TO OPERATE A COMMERCIAL VEHICLE? _____

DRIVING INFORMATION**ACCIDENT RECORD FOR PAST 3 YEARS OR MORE.** (Attach sheet if more space is needed)

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES
LAST ACCIDENT			
NEXT PREVIOUS			
NEXT PREVIOUS			

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (Other than parking violations)

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

DRIVER'S LICENSES AND/OR PERMITS FOR THE PAST 3 YEARS

DRIVER'S LICENSES PAST 3 YEARS	STATE	LICENSE NO.	TYPE	EXPIRATION DATE

A. HAVE YOU EVER BEEN DISQUALIFIED UNDER FEDERAL MOTOR CARRIER SAFETY REGULATIONS GUIDELINES? YES ☐ NO ☐ DATE: _____B. HAVE YOU EVER BEEN DENIED A LICENSE, PERMIT OR PRIVILEGE TO OPERATE A MOTOR VEHICLE? YES ☐ NO ☐ DATE: _____C. HAS ANY LICENSE, PERMIT OR PRIVILEGE EVER BEEN SUSPENDED OR REVOKED? YES ☐ NO ☐ DATE: _____**IF THE ANSWER TO EITHER A, B OR C IS "YES," EXPLAIN UNDER COMMENTS SECTION ON PAGE 4**D. HAVE YOU EVER BEEN CONVICTED OR ARE ANY CHARGES PENDING FOR DRIVING WHILE UNDER THE INFLUENCE OF ALCOHOL, A NARCOTIC DRUG, AMPHETAMINES OR DERIVATIVES THEREOF? YES ☐ NO ☐ DATE: _____**DRIVING EXPERIENCE**

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES		APPROX. NO. OF MILES (TOTAL)
		FROM	TO	
STRAIGHT TRUCK				
TRACTOR AND SEMITRAILER				
TRACTOR - TWO TRAILERS				
OTHER				

LIST STATES OPERATED IN FOR THE LAST FIVE YEARS _____

TRUCK DRIVING SCHOOL: NAME _____ GRADUATION DATE _____

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM? _____

MILITARY STATUSU.S. MILITARY OR
NAVAL SERVICE _____ RANK _____ PRESENT MEMBERSHIP IN
NATIONAL GUARD OR RESERVES _____**EDUCATION**

CIRCLE 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)

WORK EXPERIENCE HISTORY

Attach sheet if more space is needed

NOTE: D.O.T. REQUIRES THAT PREVIOUS WORK HISTORY FOR THE LAST 10 YEARS BY SHOWN
INFORMATION MUST BE COMPLETE FOR THE APPLICATION PROCESS

If former employer is no longer in business, in addition to information below, please provide W-2's and/or 1099's and references.

Last Employer or Position: _____ Phone: (____) _____ Supervisor's Name: _____
Address: _____ City/State: _____ Zip Code: _____
Position Held: _____ Date Hired: _____ Date Left: _____
Salary: _____ Reason for Leaving: _____

*If you were a **DRIVER/INDEPENDENT CONTRACTOR**, complete this section*

Number of Accidents _____ Number of Chargeable _____
Equipment: Straight Truck _____ Semi _____ Dump _____ Other _____
Division: General Commodities _____ Steel _____ Other _____
Position: Owner - Operator _____ Fleet Driver _____ Other _____
What States did you drive in? _____

Second Last Employer or Position: _____ Phone: (____) _____ Supervisor's Name: _____
Address: _____ City/State: _____ Zip Code: _____
Position Held: _____ Date Hired: _____ Date Left: _____
Salary: _____ Reason for Leaving: _____

*If you were a **DRIVER/INDEPENDENT CONTRACTOR**, complete this section*

Number of Accidents _____ Number of Chargeable _____
Equipment: Straight Truck _____ Semi _____ Dump _____ Other _____
Division: General Commodities _____ Steel _____ Other _____
Position: Owner - Operator _____ Fleet Driver _____ Other _____
What States did you drive in? _____

Third Last Employer or Position: _____ Phone: (____) _____ Supervisor's Name: _____
Address: _____ City/State: _____ Zip Code: _____
Position Held: _____ Date Hired: _____ Date Left: _____
Salary: _____ Reason for Leaving: _____

*If you were a **DRIVER/INDEPENDENT CONTRACTOR**, complete this section*

Number of Accidents _____ Number of Chargeable _____
Equipment: Straight Truck _____ Semi _____ Dump _____ Other _____
Division: General Commodities _____ Steel _____ Other _____
Position: Owner - Operator _____ Fleet Driver _____ Other _____
What States did you drive in? _____

Fourth Last Employer or Position: _____ Phone: (____) _____ Supervisor's Name: _____
Address: _____ City/State: _____ Zip Code: _____
Position Held: _____ Date Hired: _____ Date Left: _____
Salary: _____ Reason for Leaving: _____

*If you were a **DRIVER/INDEPENDENT CONTRACTOR**, complete this section*

Number of Accidents _____ Number of Chargeable _____
Equipment: Straight Truck _____ Semi _____ Dump _____ Other _____
Division: General Commodities _____ Steel _____ Other _____
Position: Owner - Operator _____ Fleet Driver _____ Other _____
What States did you drive in? _____

Fifth Last Employer or Position: _____ Phone: (____) _____ Supervisor's Name: _____
Address: _____ City/State: _____ Zip Code: _____
Position Held: _____ Date Hired: _____ Date Left: _____
Salary: _____ Reason for Leaving: _____

*If you were a **DRIVER/INDEPENDENT CONTRACTOR**, complete this section*

Number of Accidents _____ Number of Chargeable _____
Equipment: Straight Truck _____ Semi _____ Dump _____ Other _____
Division: General Commodities _____ Steel _____ Other _____
Position: Owner - Operator _____ Fleet Driver _____ Other _____
What States did you drive in? _____

Sixth Last Employer or Position: _____ Phone: (____) _____ Supervisor's Name: _____
Address: _____ City/State: _____ Zip Code: _____
Position Held: _____ Date Hired: _____ Date Left: _____
Salary: _____ Reason for Leaving: _____

If you were a **DRIVER/INDEPENDENT CONTRACTOR**, complete this section

Number of Accidents _____ Number of Chargeable _____
Equipment: Straight Truck _____ Semi _____ Dump _____ Other _____
Division: General Commodities _____ Steel _____ Other _____
Position: Owner - Operator _____ Fleet Driver _____ Other _____
What States did you drive in? _____

Seventh Last Employer or Position: _____ Phone: (____) _____ Supervisor's Name: _____
Address: _____ City/State: _____ Zip Code: _____
Position Held: _____ Date Hired: _____ Date Left: _____
Salary: _____ Reason for Leaving: _____

If you were a **DRIVER/INDEPENDENT CONTRACTOR**, complete this section

Number of Accidents _____ Number of Chargeable _____
Equipment: Straight Truck _____ Semi _____ Dump _____ Other _____
Division: General Commodities _____ Steel _____ Other _____
Position: Owner - Operator _____ Fleet Driver _____ Other _____
What States did you drive in? _____

Eighth Last Employer or Position: _____ Phone: (____) _____ Supervisor's Name: _____
Address: _____ City/State: _____ Zip Code: _____
Position Held: _____ Date Hired: _____ Date Left: _____
Salary: _____ Reason for Leaving: _____

If you were a **DRIVER/INDEPENDENT CONTRACTOR**, complete this section

Number of Accidents _____ Number of Chargeable _____
Equipment: Straight Truck _____ Semi _____ Dump _____ Other _____
Division: General Commodities _____ Steel _____ Other _____
Position: Owner - Operator _____ Fleet Driver _____ Other _____
What States did you drive in? _____

COMMENTS: _____

TO BE READ AND SIGNED BY INDEPENDENT CONTRACTOR

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 also agree that any false information, misrepresentations, or omissions may disqualify me from further consideration for execution of lease or may result in discharge of existing lease agreement, without regard to either my knowledge of the inaccuracy, the length of my lease agreement, or the seriousness of the inaccuracy.

I authorize Classic Transportation Services, Inc., to conduct such background investigations as it deems necessary in arriving at a decision, I release Classic Transportation Services, Inc., and all companies, agencies, schools, and persons contacted from all liability and responsibility for providing, receiving, or acting on such information. I further agree to cooperate in any such investigation.

I hereby give my consent for Classic Transportation Services, Inc., through an authorized testing service of its choice, to collect blood, urine, hair, or saliva samples, or other fluid or tissue samples from me and to conduct any other necessary medical tests to determine the presence of alcohol, drugs, or controlled substances, and I hereby release Classic Transportation Services, Inc., from any liability arising out of such tests or its results. Further, I give my consent for the release of the test results and other relevant medical information to authorized Classic Transportation Services, Inc., management for appropriate review. If Classic Transportation Services, Inc., accepts my services, I hereby consent to be tested in the above manner during my services when, in Classic Transportation Services, Inc.'s judgement, such testing is appropriate. I acknowledge that remaining free of illegal drug use is a condition of my lease agreement.

Date

Signature