

Application for Lease Prime Transport, Inc.

P.O. Box 238, Bristol, IN 46507

Phone(800)295-1886 Fax(574) 295-6906

E-mail operations@primetransportinc.com

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

(answer all questions - please print)

Date of Application: _____

DOB _____

Name _____ Phone _____
Last First Middle

Address _____

City/State _____ Zip _____

Social Security # _____ Can you provide proof of age? _____

ADDRESS FOR THE PAST THREE YEARS:

_____ How Long? _____
Street City/State Zip

_____ How Long? _____
Street City/State Zip

Do you have the legal right to work in the United States? _____

Have you worked for this company before? _____ If so, what dates? _____

What was the reason for leaving? _____

Are you employed now? _____ If not, how long since leaving last employment? _____

Who referred you to Prime Transport, Inc.? _____

Are you willing to travel in all 48 states? _____ If no, please explain _____

Is there any reason you might be unable to perform the functions of the job for which you have applied? _____

Is chaining and securing a load impossible for you? _____ If so, why? _____

EMPLOYMENT HISTORY-PLEASE FILL OUT COMPLETELY

List employers in reverse order starting with the most recent. Add another sheet if necessary. Please provide the following information on all employers during the preceding 10 years. Please include a phone number and an address.

EMPLOYER			DATE	
NAME			FROM	TO
ADDRESS				
CITY		STATE	ZIP	
CONTACT PERSON			PHONE NUMBER	
			REASON FOR LEAVING	
			POSITION:	

EMPLOYER			DATE	
NAME			FROM	TO
ADDRESS				
CITY		STATE	ZIP	
CONTACT PERSON			PHONE NUMBER	
			REASON FOR LEAVING	
			POSITION:	

EMPLOYER			DATE	
NAME			FROM	TO
ADDRESS				
CITY		STATE	ZIP	
CONTACT PERSON			PHONE NUMBER	
			REASON FOR LEAVING	
			POSITION:	

EMPLOYER			DATE	
NAME			FROM	TO
ADDRESS				
CITY		STATE	ZIP	
CONTACT PERSON			PHONE NUMBER	
			REASON FOR LEAVING	
			POSITION:	

EMPLOYER			DATE	
NAME			FROM	TO
ADDRESS				
CITY		STATE	ZIP	
CONTACT PERSON			PHONE NUMBER	
			REASON FOR LEAVING	
			POSITION:	

ACCIDENT RECORD FOR THE PAST 3 YEARS OR MORE

DATES	NATURE OF ACCIDENT	FATALITIES	INJURIES
LAST ACCIDENT			
NEXT PREVIOUS			
NEXT PREVIOUS			

TRAFFIC CONVICTIONS & FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

DATES	LOCATION	CHARGE	PENALTY

EDUCATION

LAST SCHOOL ATTENDED: _____
NAME CITY/STATE

HIGHEST GRADE COMPLETED: _____ COLLEGE? _____

EXPERIENCE AND QUALIFICATIONS

Drivers operating vehicles and combinations of vehicles with a gross weight over 26,000 lbs., or any vehicle transporting hazardous materials, may possess only one driver's license.

CURRENT DRIVER'S LICENSE	STATE	LICENSE NUMBER	TYPE/CLASS	EXPIRATION DATE

I certify that I possess only one driver's license and I have surrendered the following licenses to the state(s) indicated.
 Enter NONE if applicable.

PREVIOUS DRIVER'S LICENSES (if applicable)	STATE	ID NUMBER	TYPE/CLASS

Have you ever been denied a license, permit, or privilege to operator a motor vehicle? _____

Has any license, permit, or privilege ever been suspended or revoked? _____

If yes please explain: _____

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC)	DATES	
		FROM:	TO:
STRAIGHT TRUCK			
TRACTOR & SEMI-TRLR			
TRACTOR - TWO TRLRS			
OTHER			

List states operated in for last five years: _____

List any 'safe driving awards' you have received and from whom: _____

TRACTOR INFORMATION

YEAR OF TRACTOR: _____ MODEL: _____

Do you have your own straps and chains?	YES	NO	
Have you ever used straps and chains?	YES	NO	
Do you have a headache rack?	YES	NO	
Do you have a long slide?	YES	NO	
Are you doubles qualified?	YES	NO	Tankers qualified? YES NO
Do you have a cellular phone or pager?	YES	NO	
Do you have a TWIC card	YES	NO	

TO BE READ AND SIGNED BY APPLICANT

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 authorize you to make such investigations and inquiries of my personal, employment, financial, or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers, and other persons from all liability in responding to inquiries and releasing information in connection with my application. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of this company.

"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 understand that I have the right to: 1) Review information provided by current/previous employers. 2) Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer. 3) 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.

_____ Date

_____ Applicant's Signature

CONFIDENTIAL EMPLOYER INQUIRY

**Prime Transport, Inc
P.O. Box 238
Bristol, IN 46507**

TO BE READ AND SIGNED BY APPLICANT:

I, _____, authorize Prime Transport, Inc. to make such investigations and inquiries as described below as necessary to complete my application for employment as an owner/operator.

I understand that information I provide regarding my 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 understand that I am consenting to the release of safety performance information, including crash data from the previous 5 years and inspection history from the previous 3 years. I hereby authorize past employers to release information to Prime Transport, Inc. for the purpose of investigation as required by Section 391.23 and 382.413 of the Federal Motor Carrier Safety Regulations. I hereby release the same past employer and its employees from any and all liability of any type as a result of providing the requested information to Prime Transport, Inc.

In accordance with the provisions of Section 604(b)(2)(A) of the Fair Credit Reporting Act, Public Law 91-508, 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, 391.23, and 391.25 of the Federal Motor Carrier Safety Regulations.

It is agreed and understood that any misrepresentation given on this application shall be considered an act of dishonesty.

I agree to furnish such additional information and complete such examinations as may be required to complete my job qualification file.

I authorize you to make such investigations and inquire of my personal, employment, financial, or medical history and other related matters to arrive at a qualification decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of qualification has been extended.) I hereby release employers, schools, and any others persons in responding to inquiries and releasing information in connection with my application.

It is agreed and understood that this application for qualification in no way obligates the motor carrier to employ or hire the applicant.

It is agreed and understood that if qualified, I may be on a probationary period during which time I may be disqualified without recourse.

This signature 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.

Applicant's Signature

Date

