

INDEPENDENT CONTRACTOR QUALIFICATION QUESTIONNAIRE

Contractors Name: _____ Date of Application (MM/DD/YY) ____ / ____ / ____

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. Please answer all questions. If the answer to any question is "No" or "None", do not leave the item blank, but write "No" or "None".

Last Name _____ First Name _____ Middle _____

SSN _____ Date of Birth (MM/DD/YY) ____ / ____ / ____

Driver's License # _____ State _____ Expiration Date ____ / ____ / ____

Medical Card: Date of Issue: ____ / ____ / ____ Expiration Date ____ / ____ / ____

List current address and all addresses at which you have resided during the past 10 years:

Current
Address _____ City _____ State _____ Zip _____
From ____ / ____ to ____ / ____

Address _____ City _____ State _____ Zip _____
From ____ / ____ to ____ / ____

Address _____ City _____ State _____ Zip _____
From ____ / ____ to ____ / ____

Home Phone # (____) _____ - _____ Cell Phone # (____) _____ - _____

Emergency Contact Name _____ Phone # (____) _____ - _____

Have you worked or previously been contracted with Total Transportation & Distribution before? Yes__ No__
What Position? _____.

If Yes, Please provide the dates: From _____ to _____

Are you authorized to work in the United States? _____

Are you at least 23 years old? _____

If contracted as an independent contractor (or hired by an independent contractor to drive), would you have reliable means of transportation to and from work? _____

Education

High School Attended _____ City _____ State _____ Graduated?
YES NO

College/Trade School Attended _____ City _____ State _____ Graduated?
YES NO

Driving School Attended _____ City _____ State _____ Completion Date: _____

Work History

Please start with most recent employer.

In accordance with FMCSR 391.21 & .23, an applicant must list all previous work experience for the three (3) years prior to the date of the application shown on page one, as well as all commercial driving experience for the seven (7) year period prior to those three years, for a total of 10 years. Include your job description, date of employment, reason for leaving and whether you were subject to FMCSA & U.S. DOT alcohol and controlled substance testing requirements for each job listed. Please start with the most recent employer. Include self-employment or time leased to another carrier. Use an additional sheet if needed. Any gaps in employment (including unemployment or retirement) must be explained.

Employer/Lessee _____ From _____ to _____

Address _____ City _____ State _____
Zip _____

Telephone Number _____ Fax Number _____

Equipment Operated _____ Materials Hauled _____

Position Held _____ Reason for Leaving _____

Were you subject to FMCSA & US DOT alcohol and controlled substances testing requirements? YES ___ NO ___

.....

Employer/Lessee _____ From _____
to _____

Address _____ City _____ State _____
Zip _____

Telephone Number _____ Fax Number _____

Equipment Operated _____ Materials Hauled _____

Position Held _____ Reason for Leaving _____

Were you subject to FMCSA & US DOT alcohol and controlled substances testing requirements? YES ___ NO ___

.....

Employer/Lessee _____ From _____ to _____

Address _____ City _____ State ____
Zip _____

Telephone Number _____ Fax Number _____

Equipment Operated _____ Materials Hauled _____

Position Held _____ Reason for Leaving _____

Were you subject to FMCSA & US DOT alcohol and controlled substances testing requirements? YES ___ NO ___

.....

Employer/Lessee _____ From _____ to _____

Address _____ City _____ State ____
Zip _____

Telephone Number _____ Fax Number _____

Equipment Operated _____ Materials Hauled _____

Position Held _____ Reason for Leaving _____

Were you subject to FMCSA & US DOT alcohol and controlled substances testing requirements? YES ___ NO ___

.....

Employer/Lessee _____ From _____ to _____

Address _____ City _____ State ____
Zip _____

Telephone Number _____ Fax Number _____

Equipment Operated _____ Materials Hauled _____

Position Held _____ Reason for Leaving _____

Were you subject to FMCSA & US DOT alcohol and controlled substances testing requirements? YES ___ NO ___

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Commercial Driver's License Information

Driver licenses: List each driver's license held in the past 3 years. List the issuing state, number and expiration date of each unexpired commercial motor vehicle operator's license or permit that has been issued to you.

State	License Number	Type	Endorsements	Expiration Date

1. Have you ever been denied a license, permit or privilege to operate a motor vehicle?
Yes _____ No _____
2. Has a license, permit or privilege ever been suspended or revoked? Yes _____ No _____
3. Have you ever been disqualified for violations of the Federal Motor Carrier Safety Regulations? Yes _____ No _____

If you answered "Yes" to any of the above, please give details:

List each type of commercial motor vehicle you have operated and for how long.

Class of Equipment	Types of Equip. (Van, Flatbed, Tanker, etc.)	From	To	Approximate Miles
Straight Truck				
Tractor & Semi Trailer				
Tractor 2-Trailers				
Other				

List states operated in during the last 5 years _____

List special courses or training completed _____

City, State, Zip: _____

Telephone: _____

Section 2 Completed by (Signature): _____ **Date:** _____

SECTION 3: TO BE COMPLETED BY PROSPECTIVE EMPLOYER/MOTOR CARRIER

This form (check one): _____ Faxed to previous employer. _____ Mailed _____ Date: _____

Complete below when information is obtained.

Information received from: _____

Recorded by: _____ Method: _____ Fax _____ Mail _____ Phone

Date: _____ _____ Personal Interview

INQUIRY TO PAST EMPLOYERS

FROM: Total Transportation & Distribution, Inc. **TO:** Previous Employer: _____

Individual: _____

Individual: _____

9278 Charles Smith Ave.

Street: _____

Rancho Cucamonga, CA. 91730

City: _____ State: _____ Zip: _____

Personnel Manager:

The person named below has applied to this company for employment. Your firm is listed by the applicant as a past employer, Kindly reply to this inquiry respecting the applicant. As you will note from the waiver stated below, the applicant has waived any claim of liability against your company (and its agents) for information submitted in response to this inquiry. For your convenience in replying by return mail, we have enclosed a stamped, self - addressed envelope.

Sincerely,

Name of applicant: _____ Social Security No: _____

Job applied for: _____

This applicant lists dates of employment with your company from: _____ to _____ is that Correct: Yes ___ No ___

1. Did he a motor/she drive vehicle for you? Yes No If so, what type? _____

2. Was he/she a safe and efficient driver? Yes No

3. Was his/her general conduct satisfactory? Yes No

4. Reason for leaving your employ? Discharged Resignation Layoff Military Duty

5. Please note that you are now required to provide the past three (3) years of accident history. Use additional pages if necessary.

6. Please indicate your opinion by checking the appropriate boxes.	Excellent	Good	Fair	Poor
Disposition, Tact, Ability to get along with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative, Resourcefulness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safety Habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Driving Skill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Loyalty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you know of any physical condition or handicap, which may limit his/her ability to perform the job applied for?

Yes No

If so, please comment _____

Signature: _____ Date: _____ Title: _____

**Driver Applicant Pre-Contracting
Alcohol and Controlled Substances Statement**

Section 40.25(j) of the Federal Motor Carrier Safety Regulations requires each motor carrier to inquire of prospective drivers and prospective drivers are required to respond to the information in the question below.

Applicant Name _____

Social Security # _____

During the past three (3) years, have you, the applicant, tested positive, or refused to test, on any pre-employment or pre-contracting drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules?

YES _____ NO _____

If the answer to the above question is YES, please list the motor carrier(s) below:

Name of Motor Carrier _____

Address _____ City _____ State _____ Zip _____

AQ

Telephone Number (____) _____ - _____

In addition, if the answer to the above question is "Yes", please list the name and contact information for the Substance Abuse Professional (SAP) who completed your evaluation. If you answered "Yes" to the question above, please provide documentation of your successful completion of the return to duty process required by Part 40 Subpart O.

Name of SAP _____

Address _____ City _____ State _____ Zip _____

Phone (____) _____ - _____

Date _____

Witness _____

Part I: Release of Information Form - 49 CFR Part 40 and 49 Part 382 Drug and Alcohol Testing

I authorize, per 49 CFR Part 40, the release of information from my DOT regulated drug and alcohol testing records for the sole purpose of transmitting such records to the carrier/employer listed below. I authorize release of the following information concerning drug and alcohol tests: DOT drug and alcohol testing violations including pre-employment tests during the past three years; (i) Alcohol tests with a result of 0.04 or higher; (ii) verified positive drug tests; (iii) refusals to be tested (including verified adulterated or substituted results); (iv) other violations of DOT drug and alcohol testing regulations; (v) information obtained from previous employers of a drug and alcohol rule violation(s) and (vi) documents, if any, of completion of a return-to-duty process following a rule violation.

The information that I have authorized involves tests required by DOT. If any carrier/company furnishes information concerning items (i) through (vi) above, I also authorize that carrier/company to release and furnish the dates of my negative drug and/or alcohol tests and/or tests with results below 0.04 during the three-year period and the name and phone number of any substance abuse professional who evaluated me during the past three years.

Print Name: _____ Signed: _____
(Applicant Name) (Applicant Signature Required)

Social Security No: _____ Date: _____

Total Transportation & Distribution, Inc.
11310 Harrel St
Mira Loma, CA 91752

Phone: (951) 801-7200
Fax: (951)801-7201

Part II: Consumer Report Disclosure and Release

In connection with my application for employment and/or review of my driving record, I understand that consumer reports which may contain public record information may be requested by Total Transportation & Distribution, Inc., Rancho Cucamonga, CA. These reports may include the following types of information: names and dates of previous employers, reason for termination of employment, work experience, accidents, etc. I further understand that such reports may contain public record information concerning my driving record, workers' compensation claims, credit, bankruptcy proceedings, criminal records, etc., from federal, state and other agencies which maintain such records, as well as information from DAC concerning previous driving record requests made by others from such state agencies; and state provided driving records.

DRIVER DECLARATION

Federal Motor Carrier Safety Regulations
Section 40.25 (j)

Name of Driver

Social Security Number

Signature of Driver

Driver's License Number

_____ I CERTIFY THAT **I HAVE NOT FAILED OR REFUSED** A DOT DRUG AND ALCOHOL PRE-EMPLOYMENT TEST WITHIN THE PAST TWO YEARS FROM AN EMPLOYER WHO DID NOT HIRE OR USE ME.

_____ I CERTIFY THAT **I HAVE FAILED OR REFUSED** A DOT DRUG AND ALCOHOL PRE-EMPLOYMENT TEST WITHIN THE PAST TWO YEARS FROM AN EMPLOYER WHO DID NOT HIRE OR USE ME.

IF SO, LIST MOTOR CARRIER

Name of Motor Carrier

Address of Motor Carrier

City, State Zip Code