



PO Box 6 Coal City, IL 60416

Phone: 800-435-9302 Fax: 815-634-3254

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered 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: _____

Position Applied For: APPLYING FOR QUALIFICATION AS A LEASED DRIVER

NAME: _____ DATE OF BIRTH: _____
first middle last

ADDRESS: _____ SOCIAL SECURITY # _____
street

PHONE # () _____
city state zip

ADDRESS FOR PAST THREE YEARS | _____ HOW LONG? _____
street city state,zip

| _____ HOW LONG? _____
street city state,zip

In case of emergency, please contact: _____ Phone#() _____

Do you have the legal right to work in the United States? _____ Can you provide proof of age? _____

Have you driven with Cardinal Transport, Inc? _____

If yes, dates: From _____ to _____ Reason for Leaving _____

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

Who referred you to Cardinal Transport, Inc? _____

In the past 3 years have you tested positive or refused to test on any drug/alcohol including pre-employment test? YES NO (if yes, the company's name, address, and phone #)

Is there any reason you might be unable to perform the functions as a Leased Driver for which you have applied for qualification?

If yes, explain

Have you ever been convicted of a felony? YES NO
(If yes, explain on a separate sheet of paper)

EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. Applicants to drive a commercial motor vehicle* in intrastate commerce shall also provide an additional 7 years information on those employers for whom the applicant operated such vehicle.

(NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary)

**ALL EMPLOYMENT INFORMATION MUST BE COMPLETED TO BE ACCEPTED
ANY GAPS IN EMPLOYMENT/UNEMPLOYMENT MUST BE EXPLAINED!**

EMPLOYER		DATE	
NAME		FROM	TO
ADDRESS		mo yr	mo yr
CITY/STATE/ZIP		Position:	
CONTACT PHONE # ()		Salary/Wage:	
Were you subject to the Federal Motor Carrier Safety Regulations while employed here? YES NO		Reason for Leaving:	
Was employment designated as a "safety sensitive function in regard to alcohol and drug testing required by 49 CFR Part 40? YES NO			
EMPLOYER		DATE	
NAME		FROM	TO
ADDRESS		mo yr	mo yr
CITY/STATE/ZIP		Position:	
CONTACT PHONE # ()		Salary/Wage:	
Were you subject to the Federal Motor Carrier Safety Regulations while employed here? YES NO		Reason for Leaving:	
Was employment designated as a "safety sensitive function in regard to alcohol and drug testing required by 49 CFR Part 40? YES NO			
EMPLOYER		DATE	
NAME		FROM	TO
ADDRESS		mo yr	mo yr
CITY/STATE/ZIP		Position:	
CONTACT PHONE # ()		Salary/Wage:	
Were you subject to the Federal Motor Carrier Safety Regulations while employed here? YES NO		Reason for Leaving:	
Was employment designated as a "safety sensitive function in regard to alcohol and drug testing required by 49 CFR Part 40? YES NO			
EMPLOYER		DATE	
NAME		FROM	TO
ADDRESS		mo yr	mo yr
CITY/STATE/ZIP		Position:	
CONTACT PHONE # ()		Salary/Wage:	
Were you subject to the Federal Motor Carrier Safety Regulations while employed here? YES NO		Reason for Leaving:	
Was employment designated as a "safety sensitive function in regard to alcohol and drug testing required by 49 CFR Part 40? YES NO			
EMPLOYER		DATE	
NAME		FROM	TO
ADDRESS		mo yr	mo yr
CITY/STATE/ZIP		Position:	
CONTACT PHONE # ()		Salary/Wage:	
Were you subject to the Federal Motor Carrier Safety Regulations while employed here? YES NO		Reason for Leaving:	
Was employment designated as a "safety sensitive function in regard to alcohol and drug testing required by 49 CFR Part 40? YES NO			

* the Federal Motor Carrier Safety Regulations apply to anyone operating a motor vehicle on a highway in interstate commerce to transport property when the vehicle: weighs or has a GVWR of 10,001 pounds or more, is of any size and is used to transport hazardous materials in a quantity requiring placarding.

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF NEEDED)

(if none state "NONE")

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-ENDED, UPSET, ETC.)	NUMBER OF FATALITIES	NUMBER OF INJURIES	HAZARDOUS?
Month/Year				YES NO
Month/Year				YES NO
Month/Year				YES NO

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

(if none state "NONE")

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE NEEDED)

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 HIGHSCHOOL: 1 2 3 4 COLLEGE: 1 2 3 4

LAST SCHOOL ATTENDED: _____
NAME CITY/STATE

EXPERIENCE AND QUALIFICATIONS

DRIVER'S LICENSES	STATE	LICENSE #	TYPE	EXPIRATION DATE

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES NO

B. Has any license, permit, or privilege ever been suspended or revoked? YES NO

IF THE ANSWER TO EITHER OF THESE IS "YES", ATTACH A STATEMENT GIVING FULL DETAILS!

DRIVING EXPERIENCE

DATES	TYPE OF EQUIPMENT (circle all that apply)	DATES:		APPROXIMATE # OF MILES (TOTAL)
		FROM:	TO:	
Straight Truck	Van, Reefer, Tank, Flat			
Tractor & Semi-Trailer	Van, Reefer, Tank, Flat			
Tractor & Two Trailers	Van, Reefer, Tank, Flat			
OTHER	Van, Reefer, Tank, Flat			

LIST STATE OPERATED IN FOR LAST FIVE YEARS: _____

SHOW SPECIAL COURSES OR TRAINING THAT WILL YOU AS A DRIVER: _____

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

EXPERIENCE AND QUALIFICATIONS

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK WITH CARDINAL TRANSPORT, INC

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION.

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOUR CAN WORK WITH (other than those already shown)

TO READ AND SIGNED BY APPLICANT

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.

As a condition of my qualification, I agree to pre-employment controlled substance testing, as per Federal Motor Carrier Safety Regulations, Section 391.103. I understand a "positive" test will medically disqualify me from the operation of a commercial motor vehicle for this company. The Medical Review Officer will maintain results. Negative and positive results will be reported to CARDINAL TRANSPORT, INC.

I authorize CARDINAL TRANSPORT, INC to make such investigations and inquiries or my personal, employment, financial or medical history and other related matters as may be necessary in arriving 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, 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 my qualification, I understand that false or misleading information given in my application or interview(s) may result in disqualification. I understand, also, that I am required to abide by all policies of CARDINAL TRANSPORT, INC and by all Federal and State Regulations regarding Commercial Vehicle Driver's and the Operation of Commercial Motor Vehicles.

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contracted for the purpose of investigating my safety performance history required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

Review information provided by current/previous employers;

Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employers; and

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

REQUEST FOR INFORMATION
From Previous Employer on Past Driver Qualification
& Alcohol/Controlled Substance Testing

I hereby authorize you to release the following information to: CARDINAL TRANSPORT, INC for purposes of investigation as required by Section 391.23 and in compliance with 382.405 (Alcohol & Controlled Substances Testing) of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information.

_____ (Date) _____ (Applicant's Signature)

CARDINAL TRANSPORT, INC

Attn: Recruiting

PO Box 6

Coal City, IL 60416

PHONE #
800-435-9302

FAX#
815-634-3254

Phone #

Fax #

Dear Sir/Madam:

The below named individual has made application to **CARDINAL TRANSPORT, INC** for a position as a Leased Qualified Driver and states that he/she was qualified by you as a Driver and/or Owner/Operator from _____ to _____

We appreciate your time in completing, in confidence, the information requested below. Enclosed is a business reply envelope for your convenience or return by fax/E-Mail to the above number/address. Thank you for your courtesy.

Sincerely,

Safety Department

Name of Applicant:

S.S#

Date of Birth:

1. Dates Qualified: _____ Job Title: _____

2. Type of Equipment: Straight Truck Tractor/Trailer Other: _____

3. Type of Trailer: Flat Van Dump Other: _____

4. Type of Driving: OTR Local Single Team

5. Areas Operated: All 48 East Mid-West West

6. Commodities Hauled: _____

7. Were Logs and Paperwork kept properly? YES NO

8. Any problems with Shippers or Consignees? YES NO

9. Would you consider Driver Safe and Efficient? YES NO

10. Does your company have 48 state authorities? YES NO if no, what area: _____

Motor Vehicle Driver's

**CERTIFICATION OF COMPLIANCE
WITH DRIVER LICENSE REQUIREMENTS**

MOTOR CARRIER INSTRUCTIONS: The requirements in Part 383 apply to every driver who operates in intrastate, interstate, or foreign commerce and operates a vehicle weighing 26,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

The requirements in Part 391 apply to every driver who operates in interstate commerce and operates a vehicle weighing 10,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

DRIVER REQUIREMENTS: Parts 383 and 391 of the Federal Motor Carrier Safety Regulations contain some requirements that you as a driver must comply with. These requirements are in effect as of July 1, 1987. They are as follows:

- 1) You, as a commercial vehicle driver, may not possess more than one license. The only exception is if a state requires you to have more than one license. This exception is allowed until January 1, 1990.

If you currently have more than one license, you should keep the license from your state of residence and return the additional licenses to the states that issued them. DESTROYING a license does not close the record in the state that issued it; you must notify the state. If a multiple license has been lost, stolen, or destroyed, you should close your record by notifying the state of issuance that you no longer want to be licensed by that state.

- 2) Sections 392.42 and 383.33 of the Federal Motor Carrier Safety Regulations require that you notify your employer the NEXT BUSINESS DAY of any revocation or suspension of your driver's license. In addition, Section 383.31 requires that any time you violate a state or local traffic law (other than parking), you must report it to your employing motor vehicle carrier and the state that issued your license within 30 days.

DRIVER CERTIFICATION: I certify that I have read and understood the above requirements.

The following license is the only one I will possess:

Driver's License No. _____ State _____ Exp. Date _____

Driver's Signature: _____

Notes: _____

RECRUITING FAX 815-634-3254



TRUCKING INDUSTRY:
DOT D/A Disclosure and Authorization

Send to Fax# (800) 475-5987

HireRight Customer:	
Company Name:	<u>CARDINAL TRANSPORT, INC</u>
Company Contact Name:	_____
Fax #:	(<u>815</u>) <u>634</u> - <u>4607</u>
HireRight Customer #:	<u>4731</u>
Sub-account:	_____

PART I – DISCLOSURE AND AUTHORIZATION FOR RELEASE OF INFORMATION FOR EMPLOYMENT PURPOSES – 49 CFR PART 391.23, DOT DRUG AND ALCOHOL TESTING

In accordance with DOT Regulation 49 CFR Part 391.23, I hereby authorize release of my DOT-regulated drug and alcohol testing records by the DOT-regulated employer(s) listed below to HireRight for the purpose of HireRight transmitting such records to the HireRight customer listed above. I understand that information/documents released pursuant to this Part I is limited to the following DOT-regulated testing items, including pre-employment testing results, occurring during the previous **three (3) years**: (i) alcohol tests with a result of 0.04 or higher; (ii) verified positive drug tests; (iii) refusals to be tested (including adulterated and/or substituted tests); (iv) other violations of DOT drug and alcohol testing regulations (i.e., violations of 49 CFR 382 Subpart B); (v) information obtained from previous employers of a drug and alcohol rule violation; and (vi) any documentation of completion of the return-to-duty process following a rule violation.

If any company listed below furnishes HireRight with information concerning items (i) through (vi) above, I also authorize such company to furnish the following information to HireRight, if applicable: (i) dates of my negative drug and/or alcohol tests and/or tests with results below 0.04 during the previous **three (3) years**; and (ii) the name and phone number of any substance abuse professional who evaluated me during the previous **three (3) years**.

List all DOT-regulated employers you have applied with and/or worked for in a safety-sensitive function during the previous **three (3) years**. If necessary, attach additional pages, including the date, your name, social security number and signature.

Previous DOT-Regulated Employer	City	State	Phone Number
_____	_____	_____	(____) _____ - _____
_____	_____	_____	(____) _____ - _____
_____	_____	_____	(____) _____ - _____
_____	_____	_____	(____) _____ - _____
_____	_____	_____	(____) _____ - _____
_____	_____	_____	(____) _____ - _____

By signing below, I certify that: (i) all information provided herein is complete and accurate; (ii) I have read and fully understand this Part I disclosure and authorization for release as well as the attached FMCSA Notification of Driver Rights and any applicable state law notices; (iii) prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction; (iv) I execute this authorization voluntarily and with the knowledge that the information obtained pursuant to this authorization could affect my eligibility for employment, promotion, retention or other lawful purpose; (v) I understand I may review this document with legal counsel prior to signing; and (vi) facsimile or photographic copies of this authorization are as valid as an original.

Print Applicant Name: _____ Social Security #: _____

Applicant Signature: _____ Date: _____



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Phone: 800-435-9302 Fax: 815-634-3254

DISCLOSURE AND ALCOHOL/DRUG RELEASE

In connection with my application for employment (including contract for services) with CARDINAL TRANSPORT, INC, 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 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.

I AUTHORIZE WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY DAC TO FURNISH THE ABOVE MENTIONED INFORMATION TO THE EXTENT AUTHORIZED BY STATE AND FEDERAL LAW.

I have the right to make a request to 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 two year period preceding my request. I hereby consent to your obtaining the above information from DAC, and I agree that such information which DAC has or obtains, and my employment history with you if I am hired will be supplied by DAC to other companies which subscribe to DAC services.

In conformity with 49 C.F.R. Part 40, I hereby authorize my previous employers/carriers to furnish to DAC Services (DAC) on behalf of CARDINAL TRANSPORT, INC the following information concerning drug and alcohol tests. DOT drug and alcohol testing violations including pre-employment tests during the past two years: (i) the dates on which I tested positive for drugs, and the drug(s) involved, (ii) the dates on which I tested 0.04 or greater for alcohol and the test result levels, (iii) the dates on which I refused (including a verified adulterated or substituted result) to be tested for drugs and/or alcohol, (iv) and other violations of DOT drug and alcohol testing regulations; and (v) any information the carriers have received regarding violations of drug/alcohol testing regulations from my previous employers covered by DOT.

I fully understand that the information I authorize DAC to receive involves tests which were required by the Department of Transportation (DOT). If any previous employers/carriers furnishes DAC with information concerning items (i) through (v) above, I also authorize that carrier to release and furnish (vi) the dates of my negative and/or alcohol test and/or tests with results below 0.04 during the two-year period; and (vii) the name and phone number of any substance abuse professional who evaluated me during the past two years.

List all information indicated below for every employer (carrier) which a Pre-Employment Drug and/or Alcohol test was performed during the past two years (even if you did not drive for them)! Please write NONE if there were none.

Company Name City State Phone #

Please Print

LAST FIRST MIDDLE

DATE OF BIRTH SOCIAL SECURITY # LICENSE # ISSUING STATE

I hereby authorize procurement of consumer report(s). If hired (or contracted), this authorization shall remain on file and shall serve as on going authorization for you to procure consumer reports at any time during my employment (or contract) period.

By signing below, I certify that I have read and fully understand this release, that prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction, and that I executed this release voluntarily and with the knowledge that the information being released could affect my being hired. I further certify that all of the information that I have furnished on this form is true and complete and that I have listed every company for which I took a pre-employment drug and/or alcohol test during the past two years.

_____ APPLICANT'S SIGNATURE

_____ DATE

**IMPORTANT NOTICE
REGARDING BACKGROUND REPORTS
FROM THE *PSP Online Service***

In connection with your application for employment with Cardinal Transport, Inc. ("Prospective Employer"), it may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA). If the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report. The Prospective Employer cannot obtain background reports from FMCSA unless you consent in writing. If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below.

I authorize Cardinal Transport, Inc. ("Prospective Employer") to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am consenting to the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.

I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I am challenging crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate Stat for adjudication.

I have read the above Notice Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this consent form, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents and /or affiliates to obtain the information authorized above.

Date: _____

Signature

Name (Please Print)

NOTICE: This form is made available to monthly account holders by NICT solely for the use as an example of template content. NICT assumes no legal liability or responsibility for the accuracy, completeness or currency of the information disclosed in this example. The intent of the template example is to illustrate for a monthly account holder an example of a drive consent form related to PSP, but all monthly account holders and third party information providers should consult their own legal counsel with respect to the proper format and content of this notice.

CHECK SHEET FOR EQUIPMENT LEASE**1. please print**

Owner Name _____
DBA (If applicable) _____
Street Address _____
City _____ State _____ Zip _____
Phone # _____ - _____ - _____
Social Security # _____ - _____ - _____
Federal ID# _____ - _____

Must have **Legible** Copies of:**2.**

- Supplement "A" Equipment Schedule filled out completely (see attached)
- Title and Bill of Sale for Tractor (if purchasing plates from Cardinal, see item #3 below)
- Title and Bill of Sale for Trailer (minimum 48') (if purchasing plates from Cardinal, see item #3 below)
- Form 2290 showing proof of payment (*Schedule of Highway Vehicle Tax Paid*)
(Form 2290 must be submitted if plating for 54,999 lbs. or more)
- Registration for Plates on Tractor (if purchasing plates from Cardinal, see item #3 below)
- Registration for Plates on Trailer
- Annual DOT Inspection on Tractor State or Certified Tractor Photo
- Annual DOT Inspection of Trailer State or Certified Trailer Photo
- Certificate of Non-Trucking Insurance **namimg** Cardinal Transport, Inc. as certificate holder
- Proof of Workmen's Compensation (*for your hired drivers*)

3.

If purchasing a Cardinal Base Plate, HALF down on Plate & ALL Permit costs are due before lease on. The temporary plate expires in 45 days and the remaining balance of plate cost must be completed before plate is issued, balance of plate may be taken out of settlements until paid in full.

Anyone furnishing their own plates and buying our permits must pay the full Permit cost up-front.

All moneys due must be in the form of Cash, Certified Check or Money Order made payable to Cardinal Transport, Inc.. Cardinal will also accept Visa, Discover and MasterCard. (3½% fee for using credit cards)

4.

ALL TRACTORS MUST HAVE EITHER A CELL PHONE OR PAGER IN TRUCK BEFORE A LEASE WILL BE ISSUED!

CELL PHONE # _____ - _____ - _____

Or

PAGER # _____ - _____ - _____ **PIN#** _____

5.

Agent: _____ Date _____

Unit # Assigned: _____



PO Box 6 Coal City, IL 60416
FAX 815-634-3254

Owner's Name _____
Address _____
Phone _____
SS# or Fed ID# _____

"SUPPLEMENT A" EQUIPMENT SCHEDULE

TRACTOR

TRAILER

CARDINAL UNIT#...	_____	_____
TERMINAL...	_____	_____
MAKE... ..YEAR ...	_____	_____
MODEL...NUMBER...	_____	_____
TYPE...	_____	_____
COLOR...	_____	_____
SERIAL NUMBER...	_____	_____
FUEL TYPE...	_____	_____
EMPTY WEIGHT...	_____	_____
GROSS WEIGHT...	_____	_____
HEIGHT...	_____	_____
LENGTH... .. WHEELBASE...	_____	_____
NUMBER OF AXLES...	_____	_____
AXLE SPACINGS... .. 1. ___'___" 2. ___'___" 3. ___'___" 4. ___'___" 5. ___'___"	_____	_____
DECK SIZE... .. 1. ___'___" 2. ___'___" 3. ___'___"	_____	_____
TIRE SIZE...	_____	_____
LICENSE NUMBER... STATE...	_____	_____
DATE OF PURCHASE...	_____	_____
PURCHASE PRICE...	_____	_____
ACCESSORIES:SLEEPER BIRTH...	_____	**N/A**
SLIDING 5TH WHEEL...	_____	**N/A**
SLIDING TANDEM...	**N/A**	_____
SIDE KIT...	**N/A**	_____
BINDERS...	**N/A**	_____
TARP...	**N/A**	_____