

PRONTO COURIER SERVICE, LLC
7420 S Cooper St
Arlington, Texas 76001
(817) 261-0035

<u>Office Use Only</u>	
Vehicle Type: _____	Orientation Date: _____
Driver Number: _____	Radio number: _____
Cargo insurance? _____	CDL? ___ HAZMAT? ___

INDEPENDENT CONTRACTOR'S DRIVER'S APPLICATION

I. PERSONAL BACKGROUND INFORMATION

Date of Application _____

Name _____
Last First Middle

Current Address _____
Street

City State & Zip Code Phone

Prior Addresses
Within the Past Three (3) years

_____ (Street)	_____ (City)	_____ (State)	_____ (Zip Code)
_____ (Street)	_____ (City)	_____ (State)	_____ (Zip Code)
_____ (Street)	_____ (City)	_____ (State)	_____ (Zip Code)

Date of Birth _____ Social Security # _____

Are you legally authorized to work in the United States? Yes No

In Case of Emergency Notify _____
(Name) (Phone) (Relationship)

Have you worked for this company before? Yes No Dates: From _____ To _____

Position _____ Reason for Leaving _____

Are you currently employed? Yes No If not, how long since leaving last job? _____

Who referred you? _____ Amount of Compensation Expected? _____

During the past 10 years, have you ever been convicted of, or have you pled guilty or no contest to, a felony offense? If yes, please explain in the space provided below.

Yes No

If yes, please explain _____

II. EMPLOYMENT HISTORY CONTINUED

EMPLOYER		DATES	
Name		From MO. YR	To MO. YR
Address		Position Held	
City	State Zip	Salary/Wage	
Contact Person	Phone # ()	Reason For Leaving	
Did you operate a commercial motor vehicle? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Were you subject to the Federal Motor Carrier Safety (FMCSR) ** while employed? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Was your job designated as a safety sensitive function in any DOT related mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> YES <input type="checkbox"/> NO			

EMPLOYER		DATES	
Name		From MO. YR	To MO. YR
Address		Position Held	
City	State Zip	Salary/Wage	
Contact Person	Phone # ()	Reason For Leaving	
Did you operate a commercial motor vehicle? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Were you subject to the Federal Motor Carrier Safety (FMCSR) ** while employed? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Was your job designated as a safety sensitive function in any DOT related mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> YES <input type="checkbox"/> NO			

EMPLOYER		DATES	
Name		From MO. YR	To MO. YR
Address		Position Held	
City	State Zip	Salary/Wage	
Contact Person	Phone # ()	Reason For Leaving	
Did you operate a commercial motor vehicle? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Were you subject to the Federal Motor Carrier Safety (FMCSR) ** while employed? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Was your job designated as a safety sensitive function in any DOT related mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> YES <input type="checkbox"/> NO			

* Includes vehicles having a GVWR of 26,001 lbs or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

** The Federal Motor Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 lbs. or more, (2) is designed or used to transport 9 or more passengers, OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

III. DRIVING RECORD

State your accident record for the past 5 years (Attach additional sheets if more space is needed). Indicate "None" if not applicable.

STATE	DATE	NATURE OF ACCIDENT (Overturn, jack knife, rear end, etc.)	# INJURED	# FATALITIES	Commercial Vehicle?	Personal Vehicle?

List all traffic convictions or forfeitures in the past 5 years (other than parking violations). (Attach additional sheets if more space is needed). Indicate "None" if not applicable.

STATE	DATE OF VIOLATION	CHARGE	PENALTY (PTS)	Commercial Vehicle?	Personal Vehicle?

(ATTACH ADDITIONAL SHEET IF MORE SPACE IS NEEDED)

IV. EDUCATION

Mark which of the following you have received: High School Diploma
 GED
 None

Have you ever attended a college or technical school? (This includes withdrawing from a college or university without obtaining a diploma or grade). Yes No

If yes, please list the following information regarding all previous colleges or technical schools attended:

College/School	City/State	Dates Attended	Graduated?

Do you have knowledge of the Federal Motor Carrier Safety Regulations? YES NO

V. DRIVER'S LICENSE INFORMATION

	State	License No.	Type	Expiration Date	Endorsements
Current License					
Other's held in the last 10 years					

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

B. Has your license, permit or privilege to operate a motor vehicle ever been denied, suspended or revoked?
Yes No

C. If the answer to either A or B is yes, give please explain in detail below.

I hereby certify that I do not have more than one driver's license.

Applicant's Signature

VI. DRIVING EXPERIENCE

Type of Equipment	Dates		Approximate Total Miles	States
Buses	From	To		
Trucks	From	To		
Truck Trailers	From	To		
Semi Trailers	From	To		
Full Freight	From	To		
Pole Trailers	From	To		
Other	From	To		

List States operated in for the last five (5) years:

List special courses or training:

List safe driving awards you have received:

Show any trucking, transportation or other experience that may help you in your work for the company:

List of courses and training other than shown elsewhere in this application:

FAIR CREDIT REPORTING ACT DISCLOSURE & AUTHORIZATION

As an applicant for an independent contractor relationship or as a current contractor with PRONTO, you are a consumer with rights under the Fair Credit Reporting Act. When any of the following circumstances exist, PRONTO may choose to obtain and use information contained in either a consumer report or an investigative consumer report from a consumer reporting agency about you: (1) when considering your application for employment, (2) when making a decision whether to offer you employment, (3) when deciding whether to continue your employment (if you are hired), or (4) when making other employment related decisions directly affecting you.

In conjunction with your application, PRONTO may obtain Consumer Report and/or Investigative Consumer Reports (hereinafter “Reports”) about you, as defined in the Fair Credit Reporting Act.

These Reports may include information concerning your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, motor vehicle record, employment history, work history, educational background, credentials, academic background, work experience, civil litigation and/or criminal background or mode of living which is used or expected to be used or collected in whole or in part for the purpose of serving as a factor in establishing your eligibility for employment.

This is to advise you that PRONTO may request the foregoing consumer reports. You may request, in writing and within a reasonable time, additional disclosures regarding the nature and scope of the investigation, as well as any of your other rights under the Fair Credit Reporting Act.

AUTHORIZATION

By signing below, I, _____, hereby voluntarily authorize PRONTO to obtain a consumer report, an investigative consumer report, and/or motor vehicle check about me from a consumer reporting agency and to consider this information when making decisions regarding my relationship with PRONTO. I understand that I have rights under the Fair Credit Reporting Act, including the rights set forth in the attached Summary of Your Rights under the Fair Credit Reporting Act.

NAME _____

DATE _____

CONTRACTOR’S
SIGNATURE _____

A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT

The federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every "consumer reporting agency" (CRA). Most CRAs are credit bureaus that gather and sell information about you -- such as if you pay your bills on time or have filed bankruptcy -- to creditors, employers, landlords, and other businesses. You can find the complete text of the FCRA, 15 U.S.C. §§ 1681-1681u, at the Federal Trade Commission's web site (<http://www.ftc.gov>). The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

- **You must be told if information in your file has been used against you.** Anyone who uses information from a CRA to take action against you -- such as denying an application for credit, insurance, or employment -- must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.
- **You can find out what is in your file.** At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You also are entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.
- **You can dispute inaccurate information with the CRA.** If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRAs -- to which it has provided the data -- of any error.) The CRA must give you a written report of the investigation, and a copy of your report if the investigation results in any change. If the CRA's investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.
- **Inaccurate information must be corrected or deleted.** A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. **However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified.** If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.
- **You can dispute inaccurate items with the source of the information.** If you tell anyone -- such as a creditor who reports to a CRA -- that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you've notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.
- **Outdated information may not be reported.** In most cases, a CRA may not report negative information that is more than seven years old; ten years for bankruptcies.
- **Access to your file is limited.** A CRA may provide information about you only to people with a need recognized by the FCRA -- usually to consider an application with a creditor, insurer, employer, landlord, or other business.
- **Your consent is required for reports that are provided to employers, or reports that contain medical information.** A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.

- **You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers.** Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll free phone number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.
- **You may seek damages from violators.** If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court.

DRIVER APPLICANT DRUG AND ALCOHOL STATEMENT

(See Section 40.25(b)(5) and (e).)

Applicant Name: _____ Social Security Number _____
(Please Print)

As an applicant applying to perform safety-sensitive functions for our company, you are required by CFR Part 40.25(j) to respond to the following questions.

1. Have you tested positive, or refused to test, on any pre-employment 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 during the past two years?

Yes No

2. If you answered yes to the above question, can you provide proof that you have successfully completed the DOT return-to-duty requirements?

Yes No

My signature below certifies that the information provided is true and correct.

Applicant Signature: _____ Date: _____

PRONTO COURIER SERVICE, LLC

2106 W. Pioneer Parkway, Suite 135
Arlington, Texas 76013
(817) 461-3562

INQUIRY TO PAST EMPLOYERS

Applicant, please fill out ONLY Part B.

Part A – To be completed by Pronto Courier Service, LLC

From: Prospective Hirer	To: Previous Employer
Company	Company
Sender	Addressee:
Street	Street
City State Zip	City State Zip

Personnel Manager: The person named below has submitted an application to this company. Your firm is listed by the applicant as a past employer. Please reply to this inquiry (Part C). As you will note from the waiver stated below, the applicant has waived any claims of liability against your company for information submitted in response to this inquiry.

Part B – To be completed by Applicant:

WAIVER

I, _____ Social Security Number _____
(Print Name)
authorize Pronto Courier Service, LLC to obtain any information from all my previous employers, including oral assessments of my job performance, ability, fitness, and drug screen results, I hereby release Pronto Courier Service, LLC and my former employers from any and all liability of any type as a result of providing the information below (Part C) about myself.

Signature of Applicant _____ **Date** _____

Part C – To be completed by Former Employer

- This applicant lists dates of employment with your firm from _____ to _____. Is this correct? Yes No
- What kind of work did this employee do? Driver Dock Office Shop
Other _____.
- If employed as a driver, please indicate type of equipment driven: Tractor Trailer Straight Truck
Twin Trailers Bus
- Number of reportable accidents ____; number of accidents in which applicant was ticketed ____;
number of accidents which the applicant was at fault ____.
- Why did this employee leave your company? Resigned Discharged Laid off
- Would you re-hire this person? Yes No
- Has this person ever tested positive for controlled substances? Yes No
- Has this person ever refused being tested for drugs or alcohol? Yes No

9. Has this person ever had a breath alcohol test with a result of .04 or greater? Yes No
If YES to questions 7, 8, and/or 9 (relevant to the past two years) please release any documentation relating to the SAP evaluation, determination, and compliance, and complete the information below:

SAP name _____	SAP phone _____ () _____
SAP address _____	City _____ State _____ Zip _____
Name of person releasing information _____	
Signature of person releasing information _____	Date _____

*This information is to be obtained to fulfill the requirement of §382.413 of the Federal Motor Safety Carrier Regulations (FMCSR).

Verification:

Faxed: _____ / _____ Mailed: _____ / _____ 2nd Attempt: _____ / _____