



Owner Operator Application

Name: _____
(first) (middle) (last)

Current Address: _____
(street /city) (state, zip) (how long?)

Previous Addresses: _____
(street /city) (state, zip) (how long?)

(street /city) (state, zip) (how long?)

Phone: _____ Date of Birth ____ / ____ / ____ Social Security ____ - ____ - ____

Cell Phone: _____ Emergency Contact: _____ Relation: _____

Driver's License Information:

License No: _____ State: _____ Type / Class: _____ Expiration: ____ / ____ / ____

License No: _____ State: _____ Type / Class: _____ Expiration: ____ / ____ / ____

License No: _____ State: _____ Type / Class: _____ Expiration: ____ / ____ / ____

Driver Experience:

Type of Equipment: _____ Start Date: _____ End Date: _____ Approx. # of Miles _____

1) _____

2) _____

3) _____

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

Have you ever had any licenses, permits or privileges suspended or revoked? Yes: _____ No: _____

Please Explanation: _____

Accident record for past 3 years:

Description	# of Injuries / Fatalities
_____	_____
_____	_____
_____	_____

Traffic convictions & forfeitures for past 3 years:

Location	Date	Charge	Penalty
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Employment Record:

Note: DOT requires employment for 3 years previous and/or commercial driving experience for past 10 years be shown.

Employer: _____ Start Date: ____ / ____ / ____ End Date: ____ / ____ / ____

Address: _____

Phone: _____ Supervisor: _____

Position: _____ Reason for Leaving: _____

Were you subject to the FMCSRs while employed? Yes: _____ No: _____

Was this job designated as a safety function in any DOT regulated mode subject to the drug & alcohol testing requirements of 49 CFR Part 40? Yes: _____ No: _____

Employer: _____ Start Date: ____ / ____ / ____ End Date: ____ / ____ / ____

Address: _____

Phone: _____ Supervisor: _____

Position: _____ Reason for Leaving: _____

Were you subject to the FMCSRs while employed? Yes: _____ No: _____

Was this job designated as a safety function in any DOT regulated mode subject to the drug & alcohol testing requirements of 49 CFR Part 40? Yes: _____ No: _____

Employer: _____ Start Date: ____ / ____ / ____ End Date: ____ / ____ / ____

Address: _____

Phone: _____ Supervisor: _____

Position: _____ Reason for Leaving: _____

Were you subject to the FMCSRs while employed? Yes: _____ No: _____

Was this job designated as a safety function in any DOT regulated mode subject to the drug & alcohol testing requirements of 49 CFR Part 40? Yes: _____ No: _____

Supplemental Employment Record

Note: DOT requires employment for 3 years previous and/or commercial driving experience for past 10 years be shown.

Employer: _____ Start Date: ____ / ____ / ____ End Date: ____ / ____ / ____

Address: _____

Phone: _____ Supervisor: _____

Position: _____ Reason for Leaving: _____

Were you subject to the FMCSRs while employed? Yes: _____ No: _____

Was this job designated as a safety function in any DOT regulated mode subject to the drug & alcohol testing requirements of 49 CFR Part 40? Yes: _____ No: _____

Employer: _____ Start Date: ____ / ____ / ____ End Date: ____ / ____ / ____

Address: _____

Phone: _____ Supervisor: _____

Position: _____ Reason for Leaving: _____

Were you subject to the FMCSRs while employed? Yes: _____ No: _____

Was this job designated as a safety function in any DOT regulated mode subject to the drug & alcohol testing requirements of 49 CFR Part 40? Yes: _____ No: _____

Employer: _____ Start Date: ____ / ____ / ____ End Date: ____ / ____ / ____

Address: _____

Phone: _____ Supervisor: _____

Position: _____ Reason for Leaving: _____

Were you subject to the FMCSRs while employed? Yes: _____ No: _____

Was this job designated as a safety function in any DOT regulated mode subject to the drug & alcohol testing requirements of 49 CFR Part 40? Yes: _____ No: _____

*If more space is needed, please request another sheet to complete history.

My signature certifies that this application was completed by me, and all entries and information provided are true and complete to the best of my knowledge.

Applicant Signature

____ / ____ / ____
Date

Declaration of Employment Status

I understand that I must provide my complete employment history for the past 3 years, and all CDL required employment for the 7 years preceding that. Any gaps in employment longer than 1 month are explained as follows:

Between _____ (date) and _____ (date) , I was engaged in the following activity:

In addition:

_____ I was not employed by an company or individual.

_____ I was not convicted of any criminal act involving the use of a commercial motor vehicle or while driving a commercial motor vehicle.

To Be Read and Signed By Applicant

I authorize you to make such investigations and inquires 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, school, health care providers and other persons from all liability in responding to inquires 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 interviews may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Skypoint Transit, LLC.

I understand that information I provide regarding current and/or previous employers may be used, and those employers wil 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:

- Review information provided by the 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 employer; 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.

Applicant Signature

____ / ____ / ____
Date

Fair Credit Reporting Act Disclosure Statement

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 I, 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 and required be Sections 382.413 and 391.25 of the Federal Motor Carrier Safety Regulations.

Applicant Signature

____ / ____ / ____
Date

Print Name

____ - ____ - ____
Social Security Number

Employer Witness

Company Name

Alcohol and Controlled Substance Consent and Release

Have you ever refused to be tested for drugs or alcohol at any time in the last 2 years?

Yes: _____ No: _____

Have you ever tested positive for drugs or alcohol at any time in the last 2 years?

Yes: _____ No: _____

Have you ever tested positive on any pre-employment drug or alcohol test for a job which you applied for but did not obtain?

Yes: _____ No: _____

If you have answered yes to any of the above questions, attach a statement of explanation and provide proof of return to duty process.

I understand that, as requested by the Federal Motor Carrier Safety Regulations and company policy, all drivers must submit to alcohol and controlled substance testing as a condition of employment. I am understand that any offer of employment will be contingent upon the results of an alcohol and controlled substance test.

Therefore, I agree to submit to the following alcohol and controlled substance tests in accordance and as defined by the Federal Motor Carrier Safety Regulation and Skypoint Transit, LLC policies:

- Pre-Employment, to determine employment eligibility
- Random
- Reasonable Suspicion
- Post Accident

I certify that I have read, understand, and agree to abide by the condition of this consent and release form.

Applicant Signature

____ / ____ / ____
Date

Print Name

____ - ____ - ____
Social Security Number

Employer Witness

Company Name

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 1st, 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 1st, 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 carrier and the state that issued your license within 30 days.

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

The following license is the only one I will possess:

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

Driver's Signature: _____ Date: ____ / ____ / ____

Notes: _____

Truck Information Sheet

Truck Details:

Truck Year _____ Make _____ Model _____

5th Wheel Hitch Size: 16K 18K 20K 24K or ABOVE

Color _____ Tire Size _____ GVWR _____

Serial Number (VIN) _____

License Plate # _____ State _____ Expiration Date ____/____/____

Truck purchase price \$ _____ Date purchased ____/____/____

Owner / Contractor Information:

Truck Owner's Name _____

Address _____

City _____ State _____ Zip Code _____

Date of Birth ____/____/____ Social Security ____-____-____

Home Phone _____ Cell Phone _____

Driver Info (if not Owner / Contractor):

Driver's Name _____

Address _____

City _____ State _____ Zip Code _____

Date of Birth ____/____/____ Social Security ____-____-____

Home Phone _____ Cell Phone _____