

Christenson Transportation, Inc.
 2001 West Old Route 66
 Strafford MO 65757
 Tel: 800-318-8200
 Fax: 417-447-0864

DRIVER APPLICATION

() Over the Road () Shuttle
 () Company () Lease
 () Full Time () Casual

TO THE APPLICANT

As an Applicant for a position as a CMV Driver, we are required to advise you that this company is required to seek Safety Performance History information for a three (3) year period from your previous employers whom you have identified as having driven CMV's as a part of your duties as an employee. This investigation is required by 49 CFR Part 391.23(d) and (e). As a condition of employment the applicant must sign a waiver/release allowing this company to seek this information from your previous employers.

Name: _____ Telephone: (____) _____
First Middle Last Area Code

Present Address: _____
Street City State Zip Code

If at the above residence less than three (3) years, list below all residences for the past three (3) years. Attach a separate sheet if necessary (show all).

Street City State Zip Code

Street City State Zip Code

The following information required on all DOT qualified OTR and Local Drivers (show all).

Social Security Number: _____ - _____ - _____ Date of Birth ____/____/____ (FMCSR 319.21(b)(2))

Applicant list the states and license numbers of all licenses held for the past three (3) years.

Current Drivers License: _____
Number State Class Endorsements Expiration Date

Previous Licenses Held: _____
Number State Class Endorsements Expiration Date

Number State Class Endorsements 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

(C.) Have you ever been disqualified for violations of the Federal Motor Carrier Safety Regulations? [] Yes [] No

(D.) Have you ever been convicted of any alcohol related driving offenses? [] Yes [] No

Please detail any "Yes" answers above: _____

Driving Experience / Complete / Explain

Class of Equipment	Equipment Type (reefer, Van, Flat, etc.)	Dates	Approximate Miles
Straight Truck		To	
Tractor-Trailer		To	
Twin Trailers		To	
Other		To	

List States operated in during the last three (3) years:

 Date

 Applicant's Signature

SHOW ALL EMPLOYMENT: PERSONAL HISTORY FOR PAST 10 YEARS FROM THIS DATE

Begin with your present experience and work backward in order, listing all employers, military, self-employment, driving school, and other training programs for at least ten (10) years. Use a supplementary sheet if necessary. Leave NO gaps in time for past 10 years. All time must be accounted for. We must have complete addresses and telephone numbers (please include FAX number if available).

Employment Dates: From _____ To _____	Position Held: _____
Current Company: _____	Phone: (____) _____
Address: _____	FAX: (____) _____
Presently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	May we contact current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for leaving? _____	
Number of Accidents: _____ Comments: _____	
<hr/>	
Employment Dates: From _____ To _____	Position Held: _____
Company: _____	Phone: (____) _____
Address: _____	FAX: (____) _____
Reason for leaving? _____	
Number of Accidents: _____ Comments: _____	
<hr/>	
Employment Dates: From _____ To _____	Position Held: _____
Company: _____	Phone: (____) _____
Address: _____	FAX: (____) _____
Reason for leaving? _____	
Number of Accidents: _____ Comments: _____	
<hr/>	
Employment Dates: From _____ To _____	Position Held: _____
Company: _____	Phone: (____) _____
Address: _____	FAX: (____) _____
Reason for leaving? _____	
Number of Accidents: _____ Comments: _____	
<hr/>	
Employment Dates: From _____ To _____	Position Held: _____
Company: _____	Phone: (____) _____
Address: _____	FAX: (____) _____
Reason for leaving? _____	
Number of Accidents: _____ Comments: _____	
<hr/>	
Employment Dates: From _____ To _____	Position Held: _____
Company: _____	Phone: (____) _____
Address: _____	FAX: (____) _____
Reason for leaving? _____	
Number of Accidents: _____ Comments: _____	

****Ten (10) years are accounted for and there are no gaps between any of the above dates. Yes No**
If answered "No," please explain: _____

Date

Applicant's Signature

Christenson Transportation, Inc.
 230 N. Belcrest Avenue
 Springfield, MO 65802
 Tel: 800-318-8200

**SAFETY PERFORMANCE HISTORY INQUIRY
 CONFIDENTIAL AUTHORIZATION TO RELEASE INFORMATION**

TO: _____ ATTN: _____

PLEASE PRINT

APPLICANT'S NAME: _____ SS# _____

The person listed above has applied for a position with _____ as an over-the-road driver. Pursuant to 49 CFR Part 391, 382, 40 and other DOT regulations, please provide the following information.

Dates of employment: _____ to _____ Type of equipment driven: _____

Type of freight: _____ States / Area driven: _____

Company driver: _____ O/O: _____ Driver for O/O _____

Voluntary quit: _____ Terminated: _____ Why? _____

Eligible for rehire: _____ If no, please explain: _____

1. Has this driver had any out-of-service for Hours of Service violations in the past 12 months YES or NO
2. Has the above-mentioned individual had any DOT recordable accidents as defined in 390.5? YES or NO
3. Has the above mentioned applicant had any accidents pursuant to your internal policies for minor accidents? If so, please supply information. YES or NO

Accidents (Attach separate sheet if necessary)

If none, state NONE. (Effective 4-29-04)

Date	Type / Nature of Accident / Description / Explain Example: Head-on, Rear-end, Overturn	Tow	EMS	Location: Street / Highway City / State

Cargo loss: _____ Equipment loss: _____

I hereby authorize my previous employer to release all records related to my employment, job performance, safety related situations or accidents. I hereby release the above-listed employer from any and all liability of any type occurring as a result of providing the above information, which is done at my request. I have been offered opportunity to ask any questions, and to have those questions answered to my satisfaction and that I have executed this release voluntarily and with the knowledge that the information being released could affect my being hired.

 Applicant's Signature Date

 Information Supplied by Date

Received by FAX _____ Phone _____ Mail _____

 SENDER Date Date FAXED, PHONED, OR MAILED

Christenson Transportation, Inc.
230 N. Belcrest Avenue
Springfield, MO 65802
Tel: 800-318-8200

ALCOHOL AND CONTROLLED SUBSTANCES HISTORY INQUIRY

PLEASE PRINT

Driver's Name:
SSN:

I hereby authorize and request

Name	DBA
Address	City, State
Phone	Fax
Attn:	

(prior employer company name and address, telephone and fax number)

to release ALCOHOL and CONTROLLED SUBSTANCES information as listed in 49 CFR Section 40.25(b) to the above named company. You are released from any and all liability, which may result from releasing such information. Per 49 CFR Section 40.25(h) you are required to immediately release this information.

Driver Signature: _____ Date: _____

Witnessed: _____

Required information from Section 382.413 and 40.25(b)

	YES	NO
1. Has this person ever tested positive for controlled substances in the past three (3) years during employment with your company?	_____	_____
2. Has this person ever had a breath alcohol test result .04 or greater in the past three (3) years during employment with your company?	_____	_____
3. Has this person ever refused a required test, including a verified adulterated substituted result, for drugs or alcohol testing in the past three (3) years with your company?	_____	_____
4. Have you received any information from prior employers regarding violations of drug/alcohol testing regulations?	_____	_____
5. Any other violations of DOT agency drug and alcohol testing regulations including not hiring due to pre-employment positive results?	_____	_____
6. Any documentation of the employee's DOT return to duty qualification?	_____	_____

With reference to question number 6, please identify the Substance Abuse Professional you referred the driver to if he/she tested positive or refused testing.

Name: _____
Address: _____
City, State: _____
Phone #: _____

Signed by: _____ Date: _____

By prior employer official title:

NOTE: Failure to furnish information as required by 49 CFR 382.413 and 40.25 will result in the above named individual being removed from any CDL driving position

You are required to release this information immediately per 49 CFR 382.405(f) and 40.25(h).

We reserve the right to notify the US DOT Federal Motor Carrier Safety Administration in the event the above information is not received.**NOTICE OF DRIVER INVESTIGATION HISTORY FILE**

I understand that as a requirement by Federal Motor Carrier Safety Administration regulations, **Christenson Transportation, Inc.** will maintain a Driver Investigation History File (DIHF) on my employment, safety, and drug and alcohol tests.

I understand that my DIHF will contain my complete and full employment application, previous employment investigation, previous employer(s) drug / alcohol test results, and all drug / alcohol tests of my current employer, a current Motor Vehicle Record, any roadside inspection reports which deal with traffic violations as well as citations or warnings I may receive for operation of a Commercial Motor Vehicle.

I further understand that any previous employment responses or previous drug alcohol testing results that I may not agree with can be disputed to that employer with five (5) days of receipt of the previous employer's response. I also understand that the previous employer may not reply but my appeal will remain with the disputed information as a complaint to correct that information.

When I leave and go to another motor carrier, this DIHF will be photo copied and given to me upon request.

After understanding my rights, appeals, and complaints process, I give written permission for **Christenson Transportation, Inc.** to create a Driver Investigation History File. I understand that if I do not give written permission, I may not be hired by this motor carrier.

Driver's Name

Driver's Signature

Date

Company Representative

Representative's Signature

Date

Employment Termination Receipt

I do hereby acknowledge receipt of my Driver Investigation History File. I understand it must be given to the next motor carrier I am employed by.

Driver's Name

Driver's Signature

Date

Company Representative

Representative's Signature

Date

BUSINESS PLANNING INFORMATION

Because of the way we view owner operators, Christenson Transportation is looking for business partners. It has been said by many of our successful independent contractors that we provide opportunity for reaching your goals and creating success, not just a driving job. Our experience tells us that everyone has different goals and needs. Some individuals are in current situations (financial obligations) that make it very difficult for us to provide the opportunity for success. Having a poor credit rating is not a determining factor of whether a person can succeed in being an owner operator. Many of us have been in that situation. However, having a large monthly financial need for a household budget can affect the time frame in which success occurs, or whether it can occur at all. Your expectations of:

- (1) Monthly take home money: _____ (2) Miles per week or month: _____
 (3) Time off needed, how often: _____ (4) Length of haul desired: _____
 (5) Where you like to run: _____ (6) Do you understand that at times you drop/hook, other times live load/unload? _____

MONTHLY HOUSEHOLD BUDGET OR NEEDS

Rent/Mortgage	\$ _____
Vehicle payments	\$ _____
Car Insurance	\$ _____
Personal Insurance (Health, Life, etc)	\$ _____
Personal Loan/Credit card	\$ _____
Furniture/Appliances	\$ _____
Utilities (including telephone, cable, etc)	\$ _____
Medical/Dental/Prescriptions	\$ _____
Educational expenses/loans	\$ _____
Gasoline/Auto repairs	\$ _____
Food (for meals prepared at home)	\$ _____
Entertainment (going out to eat, movies, etc)	\$ _____
TOTAL	\$ _____

Questions:

Any judgments against you? _____ How much do you owe in past due bills? _____
 Any tax liens against you? _____ If yes, what are the monthly payments? _____
 Any child support or alimony payments? _____ Monthly amount? _____
 How much monthly household expense do you think you have, not related to truck and road expenses? _____

Have you ever owned a truck (owner operator)? _____ Ever Lease Purchased? _____
 Why do you want to own one again? _____

It is agreed and understood that under the Fair Credit Reporting Act, Public Law 91-508, our evaluation may include an Investigative Consumer Report (Credit Report) for the purposes of verifying the above information.

_____ (signature) _____ (date)

OWNER / OPERATOR COMPENSATION PACKAGE

- **\$.88 cents per mile on all loaded miles PC Practical version.**
- **Fuel surcharge on all loaded miles based on current FSC Table listed in the ICOA contract.**
- **\$.40 cents per mile on miles 1 - 200 for deadhead, no fuel surcharge.**
- **Company paid tolls by E-Z Pass, Pikepass or cash receipts.**
- **Owner Operator pays road and fuel taxes. (these average less than \$0.01 cent per mile)**
- **Layover pays \$100 dollars after the third day counting the day of unloading.**
- **Extra stop-off and pick-up pay will be \$40 dollars.**
- **Long Island pay for loads unloading \$100 dollars, this does not include loads that pick-up on the island.**
- **Local pay will be loaded miles from origin to destination and to next load \$.88 cents per mile plus FSC plus \$50 dollars.**