

McCLELLAN ENTERPRISES, INC. d/b/a  
**McCLELLAN TRUCK LINES**



## Qualification Application For Independent Contractors and Their Drivers

(For D.O.T. Compliance With Title 49 CFR 319)

The Civil Rights Act of 1964 prohibits discrimination because of race, color, religion, sex or national origin. PL 90-202 prohibits discrimination because of age.

Note: Read and complete all portions of this proposal in your own handwriting (legible) in ink. (Please print.) Applications that are incomplete, inaccurate, false or filled out in pencil may be rejected.

Date \_\_\_\_\_

Name \_\_\_\_\_ Social Security # \_\_\_\_\_  
LAST FIRST MIDDLE

Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ Age \_\_\_\_\_ Place of Birth \_\_\_\_\_  
 (Not discriminated against due to age.)

Have you ever been known by any name other than the one appearing on this application (including Maiden Name)? \_\_\_\_\_

If yes, what name? \_\_\_\_\_ When: \_\_\_\_\_

Present Address \_\_\_\_\_ Phone \_\_\_\_\_

How long have you lived there? \_\_\_\_\_ Own Home? \_\_\_\_\_ Rent? \_\_\_\_\_

How were you referred here?  Newspaper Ad – Name of Paper \_\_\_\_\_  Personally Referred by \_\_\_\_\_

Truck Stop Poster – Location \_\_\_\_\_  Other \_\_\_\_\_

Miles per week expected? \_\_\_\_\_ Rate of pay expected? \_\_\_\_\_

Have you ever qualified to drive with McClellan before? \_\_\_\_\_ Dates: From \_\_\_\_\_ to \_\_\_\_\_ Position: \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Have you ever made application with McClellan before? \_\_\_\_\_ If so, when? \_\_\_\_\_

Have you ever filed bankruptcy proceedings or had your wages garnished? \_\_\_\_\_

When? \_\_\_\_\_ To Whom? \_\_\_\_\_

Have you ever been bonded? \_\_\_\_\_ Name of Bonding Company \_\_\_\_\_

Previous Address \_\_\_\_\_ How Long? \_\_\_\_\_

LAST 5 YEARS STREET CITY STATE

STREET CITY STATE How Long? \_\_\_\_\_

Circle highest grade completed? 1 2 3 4 5 6 7 8 High School: 1 2 3 4 College: 1 2 3 4

Last school attended \_\_\_\_\_

NAME CITY STATE

Have you ever attended a truck driving school? \_\_\_\_\_ Date \_\_\_\_\_

List below current drivers licenses and any other license you had in the past 10 years (even if expired):

	State	License No.	Type	Expiration Date
Operators License				

Have you ever been discharged or suspended from any job? \_\_\_\_\_ If yes, explain when and why: \_\_\_\_\_

**ACCIDENT RECORD (If None, Write None)**



List all accident involvements with any motor vehicle for past 5 years (even if not at fault):

	Date	Type of Vehicle	Nature of Accident (Head-on, Rear-end, Upsat, Etc.)	Were You At Fault?	Were You Ticked?	Number of Fatalities	Number of Injuries	Amount of Property Damage
LAST ACCIDENT								
NEXT PREVIOUS								
NEXT PREVIOUS								
NEXT PREVIOUS								
NEXT PREVIOUS								

(Attach Sheet if More Space is Needed)

Were you ever discharged by an employer because of an accident? \_\_\_\_\_ If so, when and by whom? \_\_\_\_\_

Has your license ever been suspended because of an accident? \_\_\_\_\_ Please explain: \_\_\_\_\_

**DRIVING EXPERIENCE**

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES		APPROX. NO. OF MILES (TOTAL)
		FROM	TO	
STRAIGHT TRUCK				
TRACTOR & SEMI TRAILER				
TRACTOR - TWO TRAILERS				
OTHER				

List States operated in for last 5 years \_\_\_\_\_

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? \_\_\_\_\_
- B. Has any license, permit or privilege ever been suspended or revoked? \_\_\_\_\_
- C. Have you ever been charged with driving under the influence of alcohol, drugs, etc.? \_\_\_\_\_
- D. Have you ever been convicted for possession, sale or use of a narcotic drug, amphetamine, or derivative thereof? \_\_\_\_\_
- E. Have you ever been refused auto liability insurance? \_\_\_\_\_
- F. Have you ever been convicted of a crime or felony? \_\_\_\_\_
- G. Have you ever been ordered to prove that you had insurance in order to obtain a license? \_\_\_\_\_

If answer to either A, B, C, D, E, F, or G is yes, state circumstances and date \_\_\_\_\_

Have you ever been trained in flatbed operation? \_\_\_\_\_ By Whom? \_\_\_\_\_

Which safe driving awards do you hold and from whom? \_\_\_\_\_

**This is a most IMPORTANT part of application. It must be answered ACCURATELY and IN DETAIL.** List any and all tickets or arrests for any Motor Vehicle Law violations with any type vehicle in past 5 years (other than parking tickets).

Violation	Date	Place	Fine or Bond	Type of Vehicle

(Attach Sheet if More Space is Needed)

Please Give Complete Addresses

PERSONAL HISTORY FOR PAST 10 YEARS

Please Give Complete Addresses

Begin with your present experience and work backward in order, listing all of your employer, driving school, and other training programs, periods of military service, self-employment, and periods of unemployment for at least 10 years. All time must be accounted for. Use supplementary sheet if necessary. Fill in all blanks. If discharged from any job, please explain.

Leave NO blanks or gaps in time for past 10 years.

DATES: From Month / Year \_\_\_\_\_ to Present

Table with 8 rows and 2 columns: Company, Address, City, Telephone, Supervisor, Full or Part-Time, Type of Trailer Pulled, Type of Equip. Driven, Number of Accidents, States You Drove In, Position Held, Compensation / Pay, Reason For Leaving.

DATES: From Month / Year \_\_\_\_\_ to \_\_\_\_\_

Table with 8 rows and 2 columns: Company, Address, City, Telephone, Supervisor, Full or Part-Time, Type of Trailer Pulled, Type of Equip. Driven, Number of Accidents, States You Drove In, Position Held, Compensation / Pay, Reason For Leaving.

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**IN THE EVENT OF AN ACCIDENT OR EMERGENCY, WHOM SHOULD WE NOTIFY?**

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NAME	RELATIONSHIP	ADDRESS	
CITY	STATE	WORK TELEPHONE	HOME TELEPHONE

Friend: \_\_\_\_\_

NAME	ADDRESS	WORK PHONE	HOME PHONE
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**TO BE READ AND SIGNED BY APPLICANT**

It is agreed and understood that any misrepresentations of information given shall be considered an act of dishonesty.

It is agreed and understood that the carrier or its agents may investigate the applicant's background to ascertain any and all information of concern to the applicant's record, whether same is of record or not, and applicant releases carrier and persons named herein from all liability for any damages on account of his furnishing such information.

It is also agreed and understood that under the Fair Credit Reporting Act, Public Law 91-508, I have been told that this investigation may include an investigative Consumer Report, including information regarding my character, general reputation, personal characteristics, and mode of living.

I agree to furnish such additional information and complete such examinations as may be required to complete my application for qualification file.

It is agreed and understood that this application for qualification under the D.O.T. Regulations in no way obligates the carrier to qualify me, and it is understood that if qualified, I may be on a probationary period during which time I may be disqualified without recourse.

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.

DATE _____	APPLICANT'S SIGNATURE _____
	SOCIAL SECURITY NUMBER _____

**FOR OFFICE USE – DO NOT WRITE IN THIS SPACE  
PROCESS RECORD**

Applicant Contracted? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Birth _____ (month/day/year)
Date Contracted _____	Point Contracted _____
Department _____	Classification _____

(If not contracted, summary report of reasons should be placed in file.)

**THIS SECTION TO BE FILLED IN BY OFFICER OR COMPANY REPRESENTATIVE**

	Superior	Good	Fair	Below Average	Poor	Written Record on File
1. Application	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Interview	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Physical Exam*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Past Employment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Written Exam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Police & Traffic Record	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\*Driver Applicants Only

Signature of Interviewing Officer \_\_\_\_\_ Date \_\_\_\_\_

**TERMINATION OF CONTRACT**

Date Terminated \_\_\_\_\_ Department Released From \_\_\_\_\_

Dismissed \_\_\_\_\_ Voluntarily Quit \_\_\_\_\_ Other \_\_\_\_\_

Termination Report Placed in File \_\_\_\_\_ Supervisor \_\_\_\_\_

INQUIRY TO PREVIOUS EMPLOYER

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Prospective Employer: McClellan Truck Lines P. O. Box 1327 Tifton, GA 31793 Phone 229-386-5944

Previous Employer: \_\_\_\_\_ Attn: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Name of Driver: \_\_\_\_\_ Soc. Sec. #: \_\_\_\_\_

The person identified above is seeking employment with this company as a commercial driver and has listed your firm as a previous employer. Please reply to this inquiry regarding this applicant. Please note that the applicant has signed a waiver statement below and has waived any claim of liability against your company (and it's agents) for information submitted to this inquiry.

THANK YOU FOR YOUR HELP

Please list dates of employment with your firm: From \_\_\_\_\_ To \_\_\_\_\_

What type of work did he/she do? Driver YES / NO Dock / Office / Shop / Other \_\_\_\_\_

Please indicate type of equipment driven: Tractor-Trailer / Straight Truck / Twins / Bus / Other \_\_\_\_\_

Accident information: # Reportable \_\_\_\_\_ # Ticketed \_\_\_\_\_ # At Fault \_\_\_\_\_

Dates and details of above: \_\_\_\_\_

To your knowledge, was this person's license suspended while in your employment? YES / NO

Did the applicant pose either repeated and/or severe disciplinary problems? YES / NO

This applicant will be operating a vehicle weighing more than 26,000 pounds and is subject to the alcohol and controlled substance testing provisions of the Federal Motor Carrier Safety Regulations of 49 CFR Part 382. Pursuant to 49 CFR 382.413, we must request the results of such testing of this individual while in your service.

FEDERAL REGULATIONS REQUIRE THAT WE RECEIVE YOUR REPLY WITHIN 30 DAYS!

To your knowledge, at any time within the preceding three years, did this person ever:

(a) Have an alcohol test (as described in 49 CFR Part 382, sub-part C) with a concentration result of 0.04 or greater? YES / NO

Date of last alcohol test: \_\_\_\_\_

(b) Test positive for a Controlled Substance (as described in 49 CFR 40.40.85)? YES / NO

Date of last controlled substance test: \_\_\_\_\_

(c) Refuse to be tested for Alcohol or Controlled Substances? YES / NO

(d) Violate other DOT drug/alcohol regulations? YES / NO

(e) Has your Company received information from a previous employer that this person violated DOT drug/alcohol regs? YES / NO

Why did this employee leave your company? Resigned / Discharged / Laid Off

Would you re-employ this person? YES / NO If NO please explain \_\_\_\_\_

Remarks: \_\_\_\_\_

Signature of person supplying information \_\_\_\_\_ Date \_\_\_\_\_

PLEASE RETURN THIS PAGE VIA FAX TO (229) 386-5378

WAIVER

«Date»  
DATE

FORMER EMPLOYER

I hereby authorize you to release all information concerning my employment, including oral assessments of my job performance, ability and fitness, and alcohol and controlled substance testing to each and every company (or their authorized representative) which may request such information in connection with my application with said company. I hereby release you from any and all liability of any type as a result of providing the above mentioned information to the above mentioned person.

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APPLICANT'S SIGNATURE

WITNESS

Sign here only

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DISCLOSURE TO EMPLOYMENT APPLICANT AND STAFF REGARDING  
INITIAL AND ANNUAL PROCUREMENT OF INVESTIGATIVE AND  
DRIVERS  
LICENSE REPORTS

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Please be advised that we may obtain an investigative report including information as to your character, general reputation and personal characteristics. This information may be obtained by contacting your previous employers or references supplied by you. Please be advised that you have the right to request, in writing, within a reasonable time, that we make a complete and accurate disclosure of the nature and scope of the information requested. Such disclosure will be made to you within 5 business days of the date on which we receive the request from you or within 5 business days of the time the report was first requested.

By your signature below, you hereby authorize us to obtain a driver's license report and /or a investigative report about you in order to consider you for employment.

Applicant's Name \_\_\_\_\_

Aplicant's Signature \_\_\_\_\_

Applicant's address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Social Security Number \_\_\_\_\_

Birthdate \_\_\_\_\_

Drivers license # \_\_\_\_\_ State Issued \_\_\_\_\_