



APPLICATION FOR LEASE CONTRACT OR DRIVER QUALIFICATION SECTION A - GENERAL INFORMATION

1475 Boettler Road • Uniontown, OH 44685

Social Security Number input fields

(This is NOT an application for employment) PLEASE PRINT AND COMPLETE ALL BLANKS AND RETURN ALL PAGES TO SAFETY FAILURE TO DO SO WILL DELAY PROCESSING OF YOUR APPLICATION

Date Email

Name Date of Birth

Home Telephone () Cell Phone ()

Present Address Street How Long? YR MO

City State Zip Code

Other addresses during the last seven years Street How Long? YR MO

City State Zip Code

Street How Long? YR MO

City State Zip Code

(ATTACH SHEET IF MORE SPACE IS NEEDED)

Are you a U.S. Citizen? Yes No

Have you ever pled guilty or been convicted of any FELONY under your current name or any other name? Yes No

If YES, explain and include when convicted, city, state and county.

Have you ever pled guilty or been convicted of a misdemeanor or any criminal offense? Yes No

If YES, explain and include when convicted, city, state and county.

Have you ever pled guilty or been convicted for driving while intoxicated or driving under the influence? Yes No

Have you ever pled guilty or been convicted for making, distributing, possessing, or using a controlled substance (such as marijuana, LSD, cocaine, etc.)? Yes No

Have you ever had any license, permit or privilege suspended or revoked? Yes No

Have you ever been refused auto liability insurance? Yes No

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

Have you ever been the driver in a motor vehicle accident that resulted in a fatality? Yes No

Have you ever been the driver in a motor vehicle accident that resulted in damages exceeding \$25,000? Yes No

If you answered Yes to any of the above, go to the last page and write a detailed explanation of the circumstances and date for each incident.

If you answered Yes to an accident involving a fatality or damages exceeding \$25,000, you must submit a police report of the accident.



SECTION B - PREVIOUS DRUG TESTING INFORMATION

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Social Security Number

Name _____

Date of Birth _____

Have you **ever** failed or refused any type of alcohol or controlled substance test? Yes No

Have you **ever** failed or refused a DOT pre-employment controlled substance test from an employer who did not hire you?

Yes No

If yes, to any of the above, explain the situation and whether it was a refusal or tested positive. _____

If yes, to refusal or tested positive, list the company/companies it took place at:

1st Company _____

Address _____

City, State, Zip _____

2nd Company _____

Address _____

City, State, Zip _____

If refused or failed DOT pre-employment controlled substance test, did you complete a Substance Abuse Program? Yes No

Please give the name, address and phone number of the Substance Abuse Professional for further information.

Name _____

Address _____

Phone _____

This certifies that the information above is true and complete to the best of my knowledge. Any false, misleading, or incomplete statement of information requested above shall be sufficient grounds for FedEx Custom Critical to immediately disqualify this applicant.

Applicant's Signature _____



SECTION C - EMPLOYMENT RECORD FOR PAST 10 YEARS

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Social Security Number

Begin with your present or most recent job and work backwards. Include all FULL AND PART-TIME employment, DRIVING SCHOOL, ACTIVE MILITARY SERVICE, SELF-EMPLOYMENT and periods of UNEMPLOYMENT. All time must be accounted for during the past 3 years, and ALL positions driving a commercial motor vehicle must be included for the past 10 years. Use additional sheets if necessary. You must fill out all blanks or you will delay the application process.

May we contact your current employer? Yes No

Current Employer Name _____ Telephone (____) _____

or Lessee:

Address _____
Street City State Zip Code

From _____ To _____ Position Held _____ Type of Business _____
(mon/yr) (mon/yr)

Number of Accidents or Incidents _____ Reason for Leaving _____

For positions held within the last 3 years:

Did job duties make you subject to the Federal Motor Carrier Safety Regulations? Yes No

Were you subject to alcohol and controlled substance testing requirements because the job was designated a safety sensitive function by the DOT (for example: operating a vehicle or equipment)? Yes No

Second Employer Name _____ Telephone (____) _____

or Lessee:

Address _____
Street City State Zip Code

From _____ To _____ Position Held _____ Type of Business _____
(mon/yr) (mon/yr)

Number of Accidents or Incidents _____ Reason for Leaving _____

For positions held within the last 3 years:

Did job duties make you subject to the Federal Motor Carrier Safety Regulations? Yes No

Were you subject to alcohol and controlled substance testing requirements because the job was designated a safety sensitive function by the DOT (for example: operating a vehicle or equipment)? Yes No

Third Employer Name _____ Telephone (____) _____

or Lessee:

Address _____
Street City State Zip Code

From _____ To _____ Position Held _____ Type of Business _____
(mon/yr) (mon/yr)

Number of Accidents or Incidents _____ Reason for Leaving _____

For positions held within the last 3 years:

Did job duties make you subject to the Federal Motor Carrier Safety Regulations? Yes No

Were you subject to alcohol and controlled substance testing requirements because the job was designated a safety sensitive function by the DOT (for example: operating a vehicle or equipment)? Yes No



SECTION C - EMPLOYMENT RECORD FOR PAST 10 YEARS

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Social Security Number

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Fourth Employer Name _____ Telephone (____) _____

or Lessee:

Address _____
Street City State Zip Code

From _____ To _____ Position Held _____ Type of Business _____
(mon/yr) (mon/yr)

Number of Accidents or Incidents _____ Reason for Leaving _____

For positions held within the last 3 years:

Did job duties make you subject to the Federal Motor Carrier Safety Regulations? Yes No

Were you subject to alcohol and controlled substance testing requirements because the job was designated a safety sensitive function by the DOT (for example: operating a vehicle or equipment)? Yes No

Fifth Employer Name _____ Telephone (____) _____

or Lessee:

Address _____
Street City State Zip Code

From _____ To _____ Position Held _____ Type of Business _____
(mon/yr) (mon/yr)

Number of Accidents or Incidents _____ Reason for Leaving _____

For positions held within the last 3 years:

Did job duties make you subject to the Federal Motor Carrier Safety Regulations? Yes No

Were you subject to alcohol and controlled substance testing requirements because the job was designated a safety sensitive function by the DOT (for example: operating a vehicle or equipment)? Yes No

Sixth Employer Name _____ Telephone (____) _____

or Lessee:

Address _____
Street City State Zip Code

From _____ To _____ Position Held _____ Type of Business _____
(mon/yr) (mon/yr)

Number of Accidents or Incidents _____ Reason for Leaving _____

For positions held within the last 3 years:

Did job duties make you subject to the Federal Motor Carrier Safety Regulations? Yes No

Were you subject to alcohol and controlled substance testing requirements because the job was designated a safety sensitive function by the DOT (for example: operating a vehicle or equipment)? Yes No



**SECTION D - NOTICE TO DRIVERS AND
CERTIFICATE OF COMPLIANCE**

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Social Security Number

NOTICE TO DRIVERS

The Commercial Motor Vehicle Safety Act of 1986 applies to all drivers operating vehicles and combinations with a Gross Vehicle Weight Rating over 26,000 pounds, and to any vehicle, regardless of weight, transporting hazardous materials requiring placards. The following provisions of this legislation became effective July 1, 1987:

1. No driver may possess more than one license, and no motor carrier may use a driver having more than one license.
2. A driver convicted of a traffic violation (other than parking) must notify the motor carrier AND the state which issued the license to that driver of such conviction within 30 days.
3. A driver who loses any privilege to operate a commercial vehicle or who is disqualified from operating a commercial vehicle must advise the motor carrier the next business day after receiving notification of such action.
4. Any person applying for a position as a commercial vehicle driver must inform the prospective carrier of all previous employment as the driver of a commercial vehicle for the past 10 years, in addition to any other required information about the applicant's employment history.
5. Any violation is punishable by a fine not to exceed \$2,500.

LIST ALL TYPES AND CLASSES OF DRIVER LICENSES HELD IN THE PAST 3 YEARS

STATE	LICENSE NUMBER	TYPE/CLASS	EXPIRATION/SURRENDER DATE

Have you ever held a driver's license in any name other than the one on this application? Yes No

If yes, indicate name & state. _____

Have you ever had your own operating authority? Yes No If Yes, list DOT# _____

Do you now or have you ever had a D.O.D. Secret Clearance? Yes No If Yes, last effective date _____

CERTIFICATION BY DRIVER

I hereby certify that I have read and understand the driver provisions of the Commercial Motor Vehicle Safety Act of 1986, which became effective on July 1, 1987. I further certify that the above commercial vehicle license is the only one held; or that I have surrendered the aforementioned license(s) to the state(s) indicated.

Driver's Signature _____

COMMERCIAL DRIVING EXPERIENCE

(For any equipment experience, all fields require a response. If no experience, write "none".)

CLASS OF EQUIPMENT	GVW	DATE FROM	DATE TO	APPROX. TOTAL MILES (If unsure, use best estimate)
STRAIGHT TRUCK				
TRACTOR-TRAILER: 53 ft				
TRACTOR-TRAILER: Other				
TRACTOR-TRAILER: Flat Bed				
OTHER TRUCK TYPES				



SECTION E - SIGNATURE PAGE

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Social Security Number

ACCIDENT RECORD FOR PAST THREE (3) YEARS

LIST BELOW ALL ACCIDENTS YOU HAVE HAD WHILE OPERATING ANY TYPE (PERSONAL OR COMMERCIAL) OF MOTOR VEHICLE DURING THE PAST THREE (3) YEARS: IF NONE, WRITE "NONE".

DATE	NATURE OF ACCIDENT	EXTENT OF DAMAGE	#DEATHS	#INJURED	HAZ. SPILL	VEH. TYPE	PREVENTABLE OR
							NONPREVENTABLE
					<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Prev <input type="checkbox"/> Non-prev
					<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Prev <input type="checkbox"/> Non-prev
					<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Prev <input type="checkbox"/> Non-prev
					<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Prev <input type="checkbox"/> Non-prev
					<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Prev <input type="checkbox"/> Non-prev

If you listed any accidents, you must go to the last page and write a detailed explanation for each accident.

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST THREE (3) YEARS

LIST BELOW ALL CONVICTIONS OR FORFEITED BONDS OR COLLATERAL FOR VIOLATION OF MOTOR VEHICLE LAWS OR ORDINANCES (OTHER THAN PARKING) DURING THE PAST THREE (3) YEARS: IF NONE, WRITE "NONE".

DATE	NATURE OF VIOLATION (LIST SPEED FOR SPEEDING VIOLATIONS)	VEH. TYPE	STATE	PENALTY	POINTS

*** Ensure you have read the information on the AUTHORIZATION TO RELEASE INFORMATION form regarding background checks and your rights.

This certifies that this application was completed by me, and that all entries on it and information on it are true and complete to the best of my knowledge. It is understood by presenting the application for Lease Contract or driver qualification that any false, misleading, or incomplete statement of information requested in this application shall be sufficient grounds for FedEx Custom Critical to either (a) not contract with me or (b) not qualify me as a driver for an owner-operator under contract to FedEx Custom Critical. I further understand that this application is required by U.S. Department of Transportation and does NOT constitute an application for an employment relationship. This application is to be issued exclusively to obtain information as a potential independent contractor or driver for an independent contractor. A direct relationship, if any, with FedEx Custom Critical will be subject to the relationship that is described in a separate written agreement.

Date _____ Applicant's Signature _____



DISCLOSURE AND CONSENT TO RELEASE

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1475 Boettler Road • Uniontown, OH 44685

Please read carefully and completely before signing. If there is any portion of this document that you do not clearly understand, please consult your independent legal advisor.

Disclosure:

A consumer report and a criminal background report may be procured by FedEx Custom Critical, Inc., or any of its affiliates (collectively, "FXCC") to consider my application to operate as a contractor directly for FXCC or as an employee of a contractor already under contract with FXCC and to periodically obtain updated reports. These reports will be reviewed by FXCC, and I hereby authorize FXCC to share and provide this information to any person or entity with whom I am seeking a relationship as a contractor of FXCC or as an employee of a contracted contractor of FXCC.

I have been provided with the disclosure as required by the Fair Credit Reporting Act (the "FCRA") that a consumer report, including information as to character, general reputation, personal characteristics, and mode of living, whichever are applicable, may be procured from time to time. Such reports may contain public information concerning my driving record, workers' compensation claims, credit, bankruptcy proceedings, criminal records, etc. from federal, state and other agencies which maintain such records.

Consent:

This signed Consent to Release is my authorization and consent for FXCC to procure consumer and criminal background reports from time to time as required by FXCC. I understand and agree that I am subject to a consumer and criminal background report to determine my eligibility, and continued eligibility, and I specifically authorize the release, without any liability to FXCC whatsoever, of any findings for those purposes only.

I further understand and agree that consumer and criminal background reports are an absolute and unconditional condition that must be satisfied prior to any acceptance or approval by FXCC of my application to operate as a contractor or as an employee of a FXCC contracted contractor, and the results of those reports may also, in the sole and absolute discretion of FXCC, constitute grounds for rejection or termination. However, should the information received in the consumer report be adverse and the reason in whole or in part for denial, a copy of the adverse report will be provided to me. Should I dispute the information obtained from the Consumer Reporting Agency, I have the right to obtain a free disclosure of the consumer report if the report is requested within 60 days. Should I dispute the accuracy or completeness of any information provided by the Consumer Reporting Agency, I can dispute the inaccurate items with the source of the information.

I acknowledge and confirm that obtaining the reports and information are reasonable and necessary in order to determine my qualifications and competency to work for FXCC.

This authorization shall remain on file and shall serve as on-going authorization for FXCC to procure consumer and criminal background reports at any time during my relationship with FXCC and the qualification process with respect thereto. I understand that upon termination of my relationship with FXCC for any reason, this authorization shall be destroyed and of no further effect.

I hereby certify that I have read the foregoing and understand the contents of the Disclosure and Consent to Release. I also understand the remedies available to me should I disagree with the Consumer Reporting Agency with respect to the consumer report.

Print Name

Date

Applicant's Signature



AUTHORIZATION TO RELEASE INFORMATION

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1475 Boettler Road • Uniontown, OH 44685

Previous Employer: _____

Address: _____
Street

_____ City State Zip

I hereby authorize my previous employers for the past three years to release and forward to FedEx Custom Critical all information regarding my:

- 1. Record of Alcohol and Controlled Substance Testing/Training, in accordance with Section 382 of the Federal Motor Carrier Safety Regulations.
- 2. Record of safety performance history, including employment dates, work history and accidents, in accordance with Section 391 of the Federal Motor Carrier Safety Regulations.

Print Name: _____

To Be Read And Signed By Applicant For Independent Contractor or Driver Qualification

It is understood that the information in this Authorization to Release Information form will be used and that prior employers will be contacted for purposes of investigation as required by 391.23 of the Motor Carrier Safety Regulations.

It is agreed and understood that FedEx Custom Critical and/or its designee(s) or agent(s) may investigate the applicant's background, including **but not limited** to criminal and credit history, to ascertain any and all information of concern to applicant's record, whether same is of record or not, and applicant releases prior employers and all others named from all liability for any damages on account of furnishing such information.

It is further understood an investigative report may be made whereby information is obtained through personal interviews with third parties, such as family members, business associates, financial sources, friends, neighbors, or others with whom you are acquainted. This inquiry includes information as to your character, general reputation, personal characteristics, and mode of living, whichever may be applicable.

Per Section 391.23(i)(1) of the Federal Motor Carrier Safety Regulations:

- 1. You have the right to make a written request, within 30 days of qualification or notice of denial, for any information provided by previous employers.
- 2. You have the right to have errors in the information corrected by the previous employer and for that employer to re-send the corrected information.
- 3. You have the right to have a rebuttal statement attached to the alleged erroneous information if the previous employer and you cannot agree on the accuracy of the information.

Date: _____ Applicant's Signature: _____