



**OWNER OPERATOR APPLICATION FOR CONTRACT SERVICES**

Applicants are considered for positions without regard to race, color, religion, creed, age, sex, handicap, or national origin.

**I. GENERAL**

PLEASE PRINT PLAINLY AND COMPLETE ALL BLANKS.

Name _____ Date: _____ <small>FIRST MIDDLE LAST</small> Home Phone #: ( ) _____	
Current Address: _____ <small>NUMBER STREET CITY STATE ZIP CODE</small>	
Other Addresses (past 3 years): _____ How Long? _____ <small>STREET CITY STATE</small> _____ How Long? _____ <small>STREET CITY STATE</small>	
Social Security No.: _____	Do you have the right to legally remain and work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No In the event of an offer of employment, all persons are required to provide documentation in compliance with the immigration control and reform act.
Are you 25 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No Date of birth _____	Is there any reason you might be unable to perform the functions of the job for which you have applied? _____ If yes, explain: _____
In case you cannot be located at your current address, whom may we contact? Name: _____ Relationship: _____ Address: _____ Phone #: ( ) _____ <small>STREET CITY STATE</small>	
Do you have any friends and/or relatives employed by this company? <input type="checkbox"/> Yes <input type="checkbox"/> No Name: _____ Relationship: _____	
Name an individual, other than a relative, who can verify periods of unemployment. Name: _____ Workday Phone #: _____	
Have you worked here before? <input type="checkbox"/> Yes <input type="checkbox"/> No In what capacity? _____	
How did you hear about this company? <input type="checkbox"/> Advertisement <input type="checkbox"/> Friend <input type="checkbox"/> Relative <input type="checkbox"/> Other _____ Referred by: Company Employee: _____ ID #: _____	

## IV. EDUCATIONAL BACKGROUND

TYPE OF SCHOOL	NAME AND CITY/STATE	GRADUATED	HOW MANY YEARS ATTENDED	MAJOR
Grade		<input type="checkbox"/> Yes <input type="checkbox"/> No		
High School		<input type="checkbox"/> Yes <input type="checkbox"/> No		
College		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Graduate		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Business or Trade		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Driving School		<input type="checkbox"/> Yes <input type="checkbox"/> No	Start Date:	Graduation Date:

## V. MILITARY STATUS

Have you served in the U.S. Armed Forces?  Yes  No Branch \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_

Do you have a DD214?  Yes  No Where did you file your DD214? \_\_\_\_\_ COUNTY / STATE DISCHARGED

## VI. AGREEMENT

### TO BE READ AND SIGNED BY APPLICANT

In connection with my application for contract for services with you, I understand that an investigative consumer report is being requested from DAC Services, Tulsa Oklahoma, that will include information as to my character, work habits, performance and experience, along with reasons for termination of past employment from previous employers. Further, I understand that you will be requesting information concerning my driving record and/or information from various federal, state, and other agencies which maintain records concerning traffic offenses, accidents, etc., as well as information from DAC concerning (1) previous driving record requests made by others from such state agencies; (2) state provided driving records; (3) claims involving me in the files of insurance companies.

**I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY DAC TO FURNISH THE ABOVE-MENTIONED INFORMATION.**

I have a right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of this investigation. I hereby consent to your obtaining the above information from DAC, and agree that such information which DAC has or obtains, and my employment history with you if I am hire, will be supplied by DAC to other companies which subscribe to DAC's services.

To Applicant: READ THIS INFORMATION CAREFULLY BEFORE SUBMITTING THIS APPLICATION.

The Civil Rights Act of 1964 and 1991 prohibits discrimination in employment because of race, color, religion, sex or national origin. Federal law also prohibits discrimination on the basis of age and disability. The laws of most States also prohibit some or all of the above types of discrimination as well as some additional types such as discrimination based upon ancestry, sexual preference or marital status.

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

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

The applicant agrees to furnish such additional information and complete such examinations as may be required to complete his/her DOT Qualification file.

It is agreed and understood that this application for contract services in no way obligates Combined Transport to lease the applicant.

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.

**I hereby authorize former employers to release to Combined Transport Inc. any positive controlled substances test results; alcohol test of .04 or greater; evidence of refusals to be tested; and information on any required substance abuse professional evaluation, determination of driver's need for assistance, and driver's compliance with these recommendations for the three years preceding today's date. I request that such records be released immediately.**

This authorization is valid until withdrawn by me in writing.

Date: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

Call 1-800-290-2327

Corporate Office: P.O. Box 3667 • Central Point, OR 97502 • Fax (541) 826-3459

## II. EMPLOYMENT RECORD FOR PAST 10 YEARS

Begin with your present or most recent job and work backward in order, listing your employer for at least 10 years including all full-time and part-time employment. All time must be accounted for including military service, self-employment and periods of unemployment. Use supplementary sheet if necessary. **WE MUST HAVE TELEPHONE NUMBERS. INCLUDE PERIODS OF UNEMPLOYMENT.**

<b>Current or most recent employer:</b> Name: _____ Supervisor: _____		
Are you presently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No      May we call your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Address: _____ <small>STREET CITY STATE &amp; ZIP CODE</small>		Phone #: (    ) _____
Position Held: _____		From: _____ To: _____ <small>MONTH/YEAR MONTH/YEAR</small>
Did you operate motor vehicle weighing 26,001 pounds or more? <input type="checkbox"/> Yes <input type="checkbox"/> No		Type of Equipment: _____ % of Loads Tarped: _____ Number of states driven in: _____ <small>(VAN, TANK, FLAT, ETC.)</small>
Why do you want to change employers? _____		
<b>Second last employer:</b> Name: _____ Supervisor: _____		
Are you presently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No      May we call your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Address: _____ <small>STREET CITY STATE &amp; ZIP CODE</small>		Phone #: (    ) _____
Position Held: _____		From: _____ To: _____ <small>MONTH/YEAR MONTH/YEAR</small>
Did you operate motor vehicle weighing 26,001 pounds or more? <input type="checkbox"/> Yes <input type="checkbox"/> No		Type of Equipment: _____ % of Loads Tarped: _____ Number of states driven in: _____ <small>(VAN, TANK, FLAT, ETC.)</small>
Why do you want to change employers? _____		
<b>Third last employer:</b> Name: _____ Supervisor: _____		
Are you presently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No      May we call your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Address: _____ <small>STREET CITY STATE &amp; ZIP CODE</small>		Phone #: (    ) _____
Position Held: _____		From: _____ To: _____ <small>MONTH/YEAR MONTH/YEAR</small>
Did you operate motor vehicle weighing 26,001 pounds or more? <input type="checkbox"/> Yes <input type="checkbox"/> No		Type of Equipment: _____ % of Loads Tarped: _____ Number of states driven in: _____ <small>(VAN, TANK, FLAT, ETC.)</small>
Why do you want to change employers? _____		
<b>Fourth last employer:</b> Name: _____ Supervisor: _____		
Are you presently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No      May we call your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Address: _____ <small>STREET CITY STATE &amp; ZIP CODE</small>		Phone #: (    ) _____
Position Held: _____		From: _____ To: _____ <small>MONTH/YEAR MONTH/YEAR</small>
Did you operate motor vehicle weighing 26,001 pounds or more? <input type="checkbox"/> Yes <input type="checkbox"/> No		Type of Equipment: _____ % of Loads Tarped: _____ Number of states driven in: _____ <small>(VAN, TANK, FLAT, ETC.)</small>
Why do you want to change employers? _____		
<b>Fifth last employer:</b> Name: _____ Supervisor: _____		
Are you presently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No      May we call your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Address: _____ <small>STREET CITY STATE &amp; ZIP CODE</small>		Phone #: (    ) _____
Position Held: _____		From: _____ To: _____ <small>MONTH/YEAR MONTH/YEAR</small>
Did you operate motor vehicle weighing 26,001 pounds or more? <input type="checkbox"/> Yes <input type="checkbox"/> No		Type of Equipment: _____ % of Loads Tarped: _____ Number of states driven in: _____ <small>(VAN, TANK, FLAT, ETC.)</small>
Why do you want to change employers? _____		
<b>Sixth last employer:</b> Name: _____ Supervisor: _____		
Are you presently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No      May we call your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Address: _____ <small>STREET CITY STATE &amp; ZIP CODE</small>		Phone #: (    ) _____
Position Held: _____		From: _____ To: _____ <small>MONTH/YEAR MONTH/YEAR</small>
Did you operate motor vehicle weighing 26,001 pounds or more? <input type="checkbox"/> Yes <input type="checkbox"/> No		Type of Equipment: _____ % of Loads Tarped: _____ Number of states driven in: _____ <small>(VAN, TANK, FLAT, ETC.)</small>
Why do you want to change employers? _____		
<b>Seventh last employer:</b> Name: _____ Supervisor: _____		
Are you presently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No      May we call your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Address: _____ <small>STREET CITY STATE &amp; ZIP CODE</small>		Phone #: (    ) _____
Position Held: _____		From: _____ To: _____ <small>MONTH/YEAR MONTH/YEAR</small>
Did you operate motor vehicle weighing 26,001 pounds or more? <input type="checkbox"/> Yes <input type="checkbox"/> No		Type of Equipment: _____ % of Loads Tarped: _____ Number of states driven in: _____ <small>(VAN, TANK, FLAT, ETC.)</small>
Why do you want to change employers? _____		
<b>Eighth last employer:</b> Name: _____ Supervisor: _____		
Are you presently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No      May we call your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Address: _____ <small>STREET CITY STATE &amp; ZIP CODE</small>		Phone #: (    ) _____
Position Held: _____		From: _____ To: _____ <small>MONTH/YEAR MONTH/YEAR</small>
Did you operate motor vehicle weighing 26,001 pounds or more? <input type="checkbox"/> Yes <input type="checkbox"/> No		Type of Equipment: _____ % of Loads Tarped: _____ Number of states driven in: _____ <small>(VAN, TANK, FLAT, ETC.)</small>
Why do you want to change employers? _____		

### III. DRIVING RECORD/EXPERIENCE

#### LICENSE:

List ALL drivers licenses/permits held in past three (3) years.

STATE	LICENSE NUMBER	TYPE	EXPIRATION DATE

Is your current license a CDL?  Yes  No State \_\_\_\_\_

Endorsements: 1) Combination vehicles over 26,001 lbs.  Yes  No  
 2) Hazardous material  Yes  No  
 3) Air brakes  Yes  No  
 4) Doubles / Triples  Yes  No

#### TRAFFIC CONVICTIONS/FORFEITURES:

List ALL car and truck moving convictions and forfeitures for the past three (3) years. (IF NONE, WRITE NONE.)

DATE	LOCATION (STATE)	CHARGE	PENALTY

#### ACCIDENT RECORD:

List ALL accidents with truck and car for past three years, include preventable and non-preventable, whether or not on MVR. (IF NONE, WRITE NONE.)

DATE	TYPE OF VEHICLE	NATURE OF ACCIDENT (HEAD ON, REAR-END, UPSET, ETC.)	INDICATE PREVENTABLE OR NON-PREVENTABLE	FATALITIES	INJURIES	AMOUNT OF PROPERTY DAMAGE
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

#### NATURE AND EXTENT OF EXPERIENCE:

TYPE	TRAILER LENGTH	DATES		APPROX. NUMBER OF MILES	STATES OPERATED
		FROM	TO		
Tractor with Flatbed					
Tractor with Van					
Tractor with Reefer					
Tractor with Tank					
Heavy Haul					
Glass Hauling					
Other (specify)					

Show special courses or training that will help you as a Driver: \_\_\_\_\_

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

- A. Have you **EVER** been denied a license, permit or privilege to operate a motor vehicle?  Yes  No
- B. Have you **EVER** had license, permit or privilege suspended or revoked?  Yes  No
- C. Have you **EVER** been convicted for driving while under the influence of alcohol or drugs?  Yes  No
- D. Have you **EVER** been refused liability insurance?  Yes  No
- E. Have you **EVER** been convicted of a crime?  Yes  No
- F. Have you **EVER** been disqualified to drive by Federal Regulations?  Yes  No
- G. Have you **EVER** been arrested?  Yes  No

If answer to **ANY** question is yes, state details, circumstances, and date: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

COMBINED TRANSPORT  
OWNER OPERATOR INFORMATION GUIDE  
IN PREPARATION TO LEASE ON

The following information will serve as a checklist of details to make sure you are well informed and fully prepared for leasing on.

Please do not hesitate to call for answers to any questions you may have concerning our lease, our company, or our procedures.

SETTLEMENTS

- COMBINED TRANSPORT pays the Owner Operator 83% of the gross billing on every load. After 5 years of continuous driving for us, we will raise your percentage to 84%! After 10 years... 85%! And after 15 years... 86%!
- Settlement checks are paid each Friday. Paperwork Deadline for loads to be included on the next settlement is 2:00 p.m. the previous Friday. We now Trip - Pak express at no charge to you.
- Settlement checks can be Regular Mailed or Fed-Ex'd to your bank or your home. We also have electronic (direct) deposit available.
- We DO NOT make the Owner Operator wait until we are paid by the customer before issuing payment on the load. Rather, we pay the Owner Operator for all loads according to the Paperwork Deadline listed above!

OPERATING MONEY

OPTION # 1 -

- You may, of course, operate your rig on your own money.

OPTION # 2 -

- COMDATA Fuel Card: Allows you to take up to \$ 600.00/day in fuel, and 1 gallon of oil/day. You may also take up to \$ 150.00/week in cash from this card. The transaction fee will be either sero. .35 or .70 depending on the stop. Al Pilot truck stops have zero fee. In addition you will receive 100% of the fuel surchage.

Another privilege you have as a COMDATA Fuel Card holder is that we can advance money on your card for emergency repairs and/or National Account tire replacement, after you have been with us for several months. (This is at management discretion on a case by case basis.)

EQUIPMENT REQUIREMENTS
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- Owner Operators are required to have Tractor, Trailer, and All Associated Equipment necessary for operation of that unit.
- No year model limitation is placed on any equipment. However, dependability and reliability, as well as a neat, clean, and professional appearance, is mandatory. This is a requirement for both equipment and driver(s)!
- Your unit must have:
  - The Tractor must have a Headache Rack. We do not work with Bulkheads on Trailers.
  - A Full Set of Lumber Tarps with 8' Drop Sides
  - 16 Straps (4 inch) and Winches (Winches are required to be either permanent or portable on both sides of trailer)
  - 8 Chains and Binders
  - [V-Boards and Steel Tarps are optional]
- Both Tractor and Trailer must have passed (or be able to pass) an Annual Federal DOT Inspection within the last 12 months. We will need a photocopy of both longform Inspection Reports.
- Your equipment must also pass the inspection we perform when you arrive in our Central Point Oregon yard.
- Flatbed units will be pulling for the General Commodity Dispatch, and must be able to scale 48,000 pounds (50,000 pounds preferred) on every load. Therefore, the combined light weight of Tractor (including 1/2 Tank of Fuel), the Headache Rack, Trailer, Lumber Tarps, Chains and Binders, Straps and Winches, etc., CANNOT exceed 32,000 pounds.
- Step-Deck (5 Axle units) will be pulling for the Heavy-Haul Dispatch. However, when a Heavy-Haul load is not available, the Step-Deck needs to move General Commodity freight. Therefore a light weight of 32,000 pounds maximum is required.
- Step-Deck (6 Axle units) will be pulling for the Heavy-Haul Dispatch and General Commodity Dispatches as well. 35,000 pound light weight is maximum allowable.
- Double Drop Removeable Goose Necks (5 Axle units) will be pulling for the Heavy-Haul Dispatch. 35,000 pound light weight is maximum allowable.
- Double Drop Removeable Goose Necks (6 Axle units) will be pulling for the Heavy-Haul Dispatch. 42,000 pound light weight is the maximum allowable.
- Multi-Axle units (Jeep/Trailer/Booster) approved only upon review.

LEASE ON LOCATION
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- All Owner Operators are required to come to our Corporate Headquarters in Central Point, Oregon to lease on with COMBINED TRANSPORT. Central Point is located adjacent to Medford, Oregon on Interstate 5 - approximately 35 miles north of California.
- It is preferred that you break your lease with your current carrier while you are on the West Coast. If this is not possible, then we recommend that you allow our dispatch to coordinate a Brokered Load through your current carrier that will get you as close to our Corporate Headquarters as possible.
- We can NOT provide you with temporary plates to run on.
- If you do NOT have any plates on your equipment currently, you can buy an inexpensive "Hunter's Permit" that will get you from where you are to our yard. However, this permit requires you to travel empty. You should be able to get this through your local DMV office.

START UP COSTS FOR LICENSING, ETC.
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- A \$ 1,000.00 Performance and Security Deposit is required for each unit an Owner Operator leases to our company. This money is due upon arrival in our Central Point, OR yard.
- A Pre-Employment Drug Screen is required for all Drivers. The cost of this Drug Screen is currently \$ 51.00, and can be paid for in cash, or deducted from the 1st Settlement.
- The set of Company Logos and ICC Authority Decals costs \$ 50.00, and will be deducted from the 1st Settlement. The Logos MUST be applied to the Tractor's DOORS. You may apply the Logos yourself, or you may want a local sign shop to do it for you. The cost for this can be paid for at the time of decal application, or deducted from your 1st Settlement. If custom decal work or painting is desired, it can be arranged.
- A set of Unit Numbers for the Tractor and Trailer must be purchased and applied. The cost for these numbers is minimal.
- If you desire that the Logo and numbers color coordinate with your units color scheme, a local vendor can supply vinyl cut, color-coordinated Logos and numbers.
- Each unit must have IFTA/SSR Fuel Permits for the 48 States and Canada. The annual cost of these permits at this time is \$ 254.95 and is deducted from the 1st Settlement.

**LICENSING AND PRORATE PAPERWORK**

- Owner Operators who have Base Plates which are adequately prorated for the states our company runs in, will be allowed to run out the remainder of 2000 using their current plates. However, at renewal time for 2001, each Owner Operator will be required to take Combined Transport's Oregon Base Plate. Combined Transport will purchase these plates, and the cost will be reimbursed to us through deductions of \$ 100.00 from each settlement (about \$ 400.00 per month) until the plates are paid for.
- We will Prorate each unit for all 48 states and Canada.
- To begin your Licensing and Prorate, we need the following:
  - Separate certified light weights on the Tractor, the Trailer, and the Combination of both.
  - A photocopy of your Tractor Title.
  - A photocopy of your Trailer title. There are additional forms that Oregon will require if you do not plan to title your trailer in this state. We have that paperwork here at our office, so you can complete it after your arrival. A prorated Trailer plate is needed to avoid having to buy a \$10 permit in advance every time you go into California. You do NOT NEED to title your trailer in Oregon in order to obtain an Oregon prorated Trailer plate.
  - A clear photocopy of your IRS Form 2290 (Heavy Vehicle Use Tax - HVUT) that shows the serial number of your Tractor, and the IRS's stamp that shows the date it was received and paid.
  - If an Owner Operator is Leasing the Tractor or Trailer from a 3rd Party, it will be necessary to have a document from that 3rd Party stating that they will allow the Owner Operator to lease on with COMBINED TRANSPORT using the 3rd Party's equipment.
- NOTE: We have a Longevity Licensing Program for Owner-Operators. After you have driven with us for 1 full year, COMBINED TRANSPORT will pay 20% of your Prorate License (IRP) renewal costs the next January. Each January thereafter, we pay an additional 20% until in January of the 6th year and thereafter, we pay 100% of the Plate Renewal cost. Additionally, beginning in the 7th year, we will pay the Single State Registration (SSR/IFTA) permit fees for you.

**TAXES**

- Highway Fuel and Road Taxes (PUC) are deducted as you are paid for each load. This eliminates your need to make monthly or quarterly tax payments; we file and pay them for you as part of the fleet.



**DRIVER QUALIFICATIONS**

- Driver(s) must have a minimum of 3 years verifiable driving experience OTR including 1 year with Flatbeds, have a valid CDL; and be at least 25 years old.
- Current MVR(s) run within 30 days prior to arriving to lease on must be brought with you. The MVR must be acceptable. Discuss the specifics of this with your recruiter. If possible, please send in a copy of your MVR with the application.
- Drivers must provide a photocopy of their Long Form Physical. If the Physical will expire within the next 3 months, we request that you recertify your Physical before leasing on.

**INSURANCE**

- Owner Operators are required to carry the following insurances:
  - Cargo and Liability: All trucks on the fleet are covered under our \$ 1,000,000.00 policy. We furnish this insurance to you through our fleet insurance program, and bill you for it after each trip (deducted on each settlement check). The current rate is 5.3/4 cents per mile for ALL miles traveled, and carries a deductible of \$2500.00 for liability & \$2500.00 for cargo.
  - Bobtail: Bobtail insurance is required and you will need to purchase it on your own.
  - Worker's Compensation - Owner Operators are considered to be Independent Contractors, thus, no Worker's Comp is available for you. However, if you employ a driver on your truck, you are responsible to carry Worker's Comp on your driver. Be sure to read the sheet enclosed in this packet that explains the Worker's Comp requirements.
- Physical Damage Insurance for Tractor and Trailer is NOT available through Combined Transport. However you may purchase Physical Damage Insurance through Tec Equipment Inc. and have premiums deducted from your settlements. You may also purchase through an insurance provider of your choice. A certificate must be provided to us for your file.
- Health and Disability Insurance can also be obtained through the associations listed above. We also have information on a few other health and life insurance plans available to owner operators and their families. We are happy to furnish their fliers to you upon request.

[End]

# REQUEST/CONSENT FOR ALCOHOL AND CONTROLLED SUBSTANCE INFORMATION FROM PREVIOUS EMPLOYERS

## SECTION 1: To be completed by prospective employee

I, (Print Name) \_\_\_\_\_, hereby authorized that:  
First, M.I., Last Social Security Number

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

Street: \_\_\_\_\_ Telephone: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Fax: \_\_\_\_\_

May release and forward all information requested by Section 2 (below) of this document concerning my Alcohol and Controlled Substances Testing records to:

*Attn: Cheryl Bagley*

Prospective Employer: Combined Transport Inc. Attn: Recruiting

Address: 5656 Crater Lake Avenue P.O. Box 3667 Telephone: 541-734-7418

City, State, Zip: Central Point, OR 97502 Fax: 800-867-3459

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

This request is in compliance with 49 CFR Part 40.25, which states: Records shall be made available to a subsequent employer upon receipt of a written request from an employee.

## SECTION 2: To be completed by previous employer

If the employee was not subject to 49 CFR Part 40 testing requirements while employed by you, please check here \_\_\_\_\_, sign below and return.

Under 49 CFR Part 391.23e:	YES	NO	N/A
1. Has this person within the previous three years violated the alcohol and controlled substances prohibitions under subpart B of part 381, or 49 CFR Part 40?	_____	_____	_____
2. If this person violated the alcohol and controlled substances prohibitions did they fail to undertake or complete a rehabilitation program prescribed by a substance abuse professional?	_____	_____	_____
3. If this person violated the alcohol and controlled substances prohibitions did they successfully complete a rehabilitation program?	_____	_____	_____
4. If this person completed a substance abuse program and remained in your employ, did they have any of the following testing violations:			
a. Alcohol tests with a result of 0.04 or higher alcohol concentration?	_____	_____	_____
b. Verified positive drug tests?	_____	_____	_____
c. Refusals to be tested (including verified adulterated or substituted drug test results)?	_____	_____	_____

## PLEASE INCLUDE INFORMATION RECEIVED FROM PREVIOUS EMPLOYERS

If **YES** to any of the above questions, please provide the name, address, and phone number of the Substance Abuse Professional (SAP) for further reference.

Name: \_\_\_\_\_

Street: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Completed by (Signature):** \_\_\_\_\_ **Date:** \_\_\_\_\_

Corporate Office:  
5656 Crater Lake Avenue • P.O. Box 3667  
Central Point, OR 97502  
(541) 734-7418 • Fax (541) 826-3459

## Employment Verification

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

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

You are hereby authorized to give Combined Transport all information concerning records of employment, including oral assessments of my job performance, ability, and fitness, to each and every company (or their authorized agents) which may request such information in connection with my application for DOT qualification. You are released from any liability, which may result from giving such information; I understand that the information in this 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 Regulation. I authorize the release of any information related to my alcohol and controlled substance testing and training records, by any former employers and hold them harmless of any liability from release of said information.

I understand that I have the right to review information provided by previous employers, have errors corrected by previous employer and resubmitted to Combined Transport and/or have a rebuttal statement attached to erroneous information if my previous employer and I cannot agree on the accuracy of the information. I understand that I must request past employer information obtained by Combined Transport in writing within 30-days of employment or denial of employment.

\_\_\_\_\_  
Applicant's Signature

Company Name: \_\_\_\_\_

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

Dates of Employment: from \_\_\_\_\_ to \_\_\_\_\_

Please circle all that apply:

Company Driver	Over the Road	Single	Tractor Trailer	Van/Reefer
Owner Operator	Regional	Team	Straight Truck	Flat Bed
Other _____	Local	Trainee	Tanker	Other _____

Type of Commodities hauled: \_\_\_\_\_

States operated in: \_\_\_\_\_

**Accident Information:**

Date	Location	# of Injuries	Fatalities	H/M Involved	Description

Why did the employee leave your company? Resigned \_\_\_ Discharged \_\_\_ Laid Off \_\_\_ Other \_\_\_\_\_

Explanation: \_\_\_\_\_

Would you rehire this person? Yes \_\_\_ No \_\_\_ Upon Review \_\_\_ Is this company policy? \_\_\_\_\_

Verified by: \_\_\_\_\_ Signature: \_\_\_\_\_

Job Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Measurements Required

Tractor Number \_\_\_\_\_

Length \_\_\_\_\_ Width \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_

Trailer Number \_\_\_\_\_

Suspension: Air Ride Spring

Length \_\_\_\_\_

KingPin Measurement \_\_\_\_\_ (From KingPin to center of last trailer axle)

Front Deck Length \_\_\_\_\_ Height \_\_\_\_\_

Rear Deck Length \_\_\_\_\_ Height \_\_\_\_\_

Well Length \_\_\_\_\_

Width \_\_\_\_\_

Out-riggers available? Yes / No Width with Out-riggers \_\_\_\_\_

Deck Height under load \_\_\_\_\_

Weight \_\_\_\_\_

Axle Measurements	Tire Type
1-2 _____	_____
2-3 _____	_____
3-4 _____	_____
4-5 _____	_____
5-6 _____	_____
6-7 _____	_____
7-8 _____	_____
8-9 _____	_____
9-10 _____	_____
10-11 _____	_____
11 _____	_____

Make Measurements from Front to rear. Measure from axle center to axle center.

All measurements MUST be accurate, you could get a ticket for incorrect measurements.

Overall Length from front bumper to rear bumper \_\_\_\_\_

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