

# United Courier

## INDEPENDENT CONTRACTOR DRIVER QUALIFICATION FORM

By signing below, Driver understands that the information provided on this Qualification Form will be used to determine the Applicant's qualifications. This will include contacting previous employers and lessors for the purposes of investigation as required by 49 C.F.R./391.23.

### GENERAL INFORMATION - PLEASE PRINT AND ANSWER ALL QUESTIONS

Date: \_\_\_\_\_ Vehicle Information: \_\_\_\_\_  
Year Make Model

Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
(First) (Middle) (Last)

Have you been known by another name? If so, what name and when? \_\_\_\_\_

Address: \_\_\_\_\_ Length: \_\_\_\_\_  
(Number/Street)  
(City) (State) (Zip Code) Phone: \_\_\_\_\_  
(Area Code) (Number)

Cell: \_\_\_\_\_

List previous addresses for past 3 years. (Attach additional sheet if necessary):

(1) \_\_\_\_\_ Length: \_\_\_\_\_  
(City) (State) (Zip Code)

(2) \_\_\_\_\_ Length: \_\_\_\_\_  
(City) (State) (Zip Code)

(3) \_\_\_\_\_ Length: \_\_\_\_\_  
(City) (State) (Zip Code)

Are you at least 23 years old? Yes \_\_\_ No \_\_\_ Are you authorized to work in the United States? Yes \_\_\_ No \_\_\_

Can you read English? Yes \_\_\_ No \_\_\_ Speak English? Yes \_\_\_ No \_\_\_ Write English? Yes \_\_\_ No \_\_\_

In case of emergency, notify: \_\_\_\_\_  
(Name) (Address) (Phone)

Are you related to, or know, anyone employed or contracted to this company? \_\_\_\_\_

Have you ever worked for this company before? Yes \_\_\_ No \_\_\_ Date: From \_\_\_\_\_ to \_\_\_\_\_

Reason for leaving: \_\_\_\_\_ Are you now working? Yes \_\_\_ No \_\_\_

If no, how long since you last worked? \_\_\_\_\_ Position desired \_\_\_\_\_

Available: Full time \_\_\_\_\_ Part time \_\_\_\_\_ Weekend \_\_\_\_\_ Weekday \_\_\_\_\_ Dayshift \_\_\_\_\_ Evening shift \_\_\_\_\_

### EDUCATION

Circle the highest grade completed: Grade School: 1 2 3 4 5 6 7 8 High School: 9 10 11 12 College: 1 2 3 4

Other: \_\_\_\_\_ Last School Attended: \_\_\_\_\_

## PHYSICAL HISTORY

Is there any reason that you may not be able to perform all of the duties of the position for which you are applying? Yes  No  If yes, please explain: \_\_\_\_\_

If so, you may volunteer information concerning any accommodation that may be made that would permit you to perform all of the duties of the position for which you are applying.

Doctor's name and address: \_\_\_\_\_

Date of last D.O.T. physical examination: \_\_\_\_\_

## WORK HISTORY

(D.O.T. requires 10 years of work history)

ACCOUNT FOR ALL PAST WORK HISTORY. (USE ADDITIONAL SHEETS IF NECESSARY)

DATES:	PREVIOUS EMPLOYER	POSITION	RATE OF PAY
From: _____	Name: _____		
To: _____	Address: _____		
	Phone: _____	Supervisor: _____	
Reason for Leaving: _____			

DATES:	PREVIOUS EMPLOYER	POSITION	RATE OF PAY
From: _____	Name: _____		
To: _____	Address: _____		
	Phone: _____	Supervisor: _____	
Reason for Leaving: _____			

DATES:	PREVIOUS EMPLOYER	POSITION	RATE OF PAY
From: _____	Name: _____		
To: _____	Address: _____		
	Phone: _____	Supervisor: _____	
Reason for Leaving: _____			

DATES:	PREVIOUS EMPLOYER	POSITION	RATE OF PAY
From: _____	Name: _____		
To: _____	Address: _____		
	Phone: _____	Supervisor: _____	
Reason for Leaving: _____			

## DRIVER QUALIFICATIONS AND EXPERIENCE

Do you presently hold a valid C.D.L. from your state of residency? Yes  No

List driver licenses held in the past 3 years. (Use additional sheets if necessary):

State: \_\_\_\_\_ License No: \_\_\_\_\_ Type: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

State: \_\_\_\_\_ License No: \_\_\_\_\_ Type: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

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

If yes, explain: \_\_\_\_\_

Has your license ever been suspended or revoked? Yes  No

If yes, explain: \_\_\_\_\_

**TRAFFIC CONVICTIONS FOR PAST THREE YEARS**

Name of Court	Locations	Date	Charge	Penalty

Have you ever been convicted of reckless driving, unsafe driving, or DWI? Yes \_\_\_ No \_\_\_

Have you ever been convicted of some drug related offense? Yes \_\_\_ No \_\_\_

Have you ever been convicted of a felony? Yes \_\_\_ No \_\_\_

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**DRIVING EXPERIENCE**

Type of Equipment	Number of Years Experience	Number of Miles
Car/Van		
Straight Truck		
Tractor Trailer		

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**ACCIDENTS FOR PAST THREE YEARS**

(Use Additional Sheets if Necessary)

List in Order of Most Recent	Date	Description	Damage	Injury/Death

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**To Be Read and Signed By Applicant**

It is agreed and understood that United Courier, Inc. and/or its agents may investigate the Applicant's background to ascertain any and all information or concern to Applicant's record; whether same is on record or not. Applicant releases employees, lessors, and persons named herein from all liability for any damages that may result from furnishing such information.

Upon receipt of an offer of a contract opportunity, Applicant agrees to furnish additional information that may be required by federal, state, or local law, upon United Couriers, Inc. request, and submit to a complete examination such as a physical and/or blood and/or urine test to determine the presence of controlled substances, or to determine compliance with all applicable requirements under the Department of Transportation Rules found at 49 C.F.R./391. 41-49.

Applicant understands that nothing contained in this information sheet or in the granting of an interview is intended to create an employment relationship between United Couriers, Inc. and Applicant.

Applicant hereby represents and promises that the answers provided to all questions in this information sheet are true and correct. It is agreed and understood that any misrepresentations of any information, and/or any false statement herein submitted shall constitute an act of dishonesty which shall constitute sufficient grounds for rejection or termination of the contract without regard to the time lapsed before the discovery of such act of dishonesty.

Signature of Driver: \_\_\_\_\_ Date: \_\_\_\_\_

## **DRIVER APPLICANT SCREENING FORM**

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_

1. What is your age? \_\_\_\_\_ Date of Birth: \_\_\_\_\_
2. Have you had any chargeable accidents in the past 5 years? Yes \_\_\_\_ No \_\_\_\_
3. Number of moving violations in the past 5 years? \_\_\_\_\_
4. Have you ever had a DUI or DWI? Yes \_\_\_\_ No \_\_\_\_ Date: \_\_\_\_\_
5. Have you ever been self-employed? Yes \_\_\_\_ No \_\_\_\_
6. Do you have any delivery service experience? Yes \_\_\_\_ No \_\_\_\_
7. What type of vehicle do you own? Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_
8. Does the vehicle have any body damage? Yes \_\_\_\_ No \_\_\_\_
9. How many miles do you have on your vehicle? \_\_\_\_\_
10. How long have you lived in the Cincinnati area? \_\_\_\_\_
11. How well do you know your way around the city? \_\_\_\_\_
12. Can you read a map or street guide? Yes \_\_\_\_ No \_\_\_\_
13. Do you have a good sense of direction? Yes \_\_\_\_ No \_\_\_\_
14. Have you ever worked over a radio? Yes \_\_\_\_ No \_\_\_\_
15. Do you mind long hours? Yes \_\_\_\_ No \_\_\_\_
16. Can you work evenings? Yes \_\_\_\_ No \_\_\_\_
17. Can you work weekends? Yes \_\_\_\_ No \_\_\_\_
18. How would you describe your personality? \_\_\_\_\_
19. Are you presently employed? Yes \_\_\_\_ No \_\_\_\_
20. Do you need to give notice to your present employer? Yes \_\_\_\_ No \_\_\_\_
21. Should you be offered a position, how soon would you be available for training? \_\_\_\_\_
22. What did you like most about your past job? \_\_\_\_\_
23. What did you like least about your past job? \_\_\_\_\_

# DISCLOSURE AND AUTHORIZATION FORM TO OBTAIN CONSUMER REPORTS FOR EMPLOYMENT PURPOSES

*Please Read Carefully Before Signing the Authorization*

## DISCLOSURE

In considering you for employment and, if you are employed, in considering you for subsequent promotion, assignment, reassignment, retention, or discipline, **United Courier, Inc.** (“the Company”) may request and rely upon one or more consumer reports or investigative consumer reports about you that we obtain from a consumer reporting agency, such as IntelliCorp Records, Inc.

For explanation purposes:

- a “consumer report” is a written, oral or other communication of any information by a consumer reporting agency bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or expected to be used or collected in whole or in part for the purpose of serving as a factor in making an employment-related decision about you. Such information may include, for example, credit information, criminal history reports, or driving records; and
- an “investigative consumer report” is a consumer report in which information on your character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with your prior employers, neighbors, friends, or associates, or with others who may have knowledge concerning any such items of information. In the event an investigative consumer report is requested about you, you are entitled to additional disclosures regarding the nature and scope of the investigation requested, as well as a written summary of your rights under the Fair Credit Reporting Act (“FCRA”).

Under the FCRA, before the Company can obtain a consumer report or investigative consumer report about you for employment purposes, we must have your written authorization. Before we take adverse action on the basis, in whole or in part, of information in that report, you will be provided a copy of that report, the name, address, and telephone number of the consumer reporting agency, and a summary of your rights under the FCRA.

## AUTHORIZATION

I have read and understand the foregoing Disclosure, and authorize the Company to obtain and rely upon consumer reports or investigative consumer reports in considering me for employment and, if I am employed, in considering me for subsequent promotion, assignment, reassignment, retention, or discipline. By my signature below, I authorize the Company to obtain any such reports and to share the information received with any person involved in the employment decision about me.

I do \_\_\_\_\_ do not \_\_\_\_\_ authorize you to contact *my current* employer for Employment and Reference Verifications

(This will authorize immediate inquiries to the Human Resources Department and to any listed supervisors or references in the Employment/Reference Section of your application.)

I also agree that this Disclosure and Authorization in original, faxed, photocopied, or electronic (including electronically signed) form will be valid for any consumer reports or investigative consumer reports that may be requested about me by or on behalf of the Company.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

## ***Personal Data***

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Name

\_\_\_\_\_  
Current Address

\_\_\_\_\_  
Dates Lived Here

\_\_\_\_\_  
Addresses for the Past Seven Years: (include street, city, state, zip code)

\_\_\_\_\_  
Dates of Residence:

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Other Names Used (including maiden name)

\_\_\_\_\_  
Years Used

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

\_\_\_\_\_  
Driver's License #

\_\_\_\_\_  
State

\_\_\_\_\_  
Email address (may be used for official correspondence)

I have the right to make a request to **IntelliCorp Records, Inc**, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including sources of information, and the recipients of any reports on me which **IntelliCorp Records, Inc** has previously furnished within the two year period preceding my request.

I certify that all of elements of the person data I have provided are true, accurate and complete. I understand and agree that any omission, false statement, misleading statement, or answer made by me on my application or any supplements to it and in any interviews will be sufficient grounds for rejection of employment and my discharge after employment. I

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**DISCLOSURE UNDER  
FAIR CREDIT REPORTING ACT  
AND  
CONSENT TO PROCUREMENT OF  
CONSUMER REPORT  
FOR EMPLOYMENT PURPOSES**

The undersigned hereby authorizes United Courier or its insurance agent, HTT Agency, or its assigns, to obtain copies of consumer reports, including a motor vehicle report, pertaining to me for the purposes of entering into an independent contractor relationship, and for use in rating and/or underwriting insurance for which United Courier may apply, and any renewal thereof. I understand that in obtaining such consumer reports, a consumer reporting agency may be used, and I hereby authorize such use.

Dated: \_\_\_\_\_ Signed: \_\_\_\_\_

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

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

Date of Birth: \_\_\_\_\_

Driver License Number: \_\_\_\_\_

Driver's License State of Issue: \_\_\_\_\_



# Box Truck Questionnaire

Driver Name: \_\_\_\_\_ Date: \_\_\_\_\_

Have you ever driven a Box Truck? \_\_\_\_\_

If yes, please continue

How many years experience do you have? \_\_\_\_\_

Check all the Truck Sizes you have experience driving.

Cutaway – 14ft.

Box Truck – 18ft.

Box Truck – 24ft.

The following sizes require a CDL license.

Box Truck – 26ft.

Semi

Do you have a currently valid CDL License? \_\_\_\_\_