1099 DRIVER APPLICATION

NEELY SPECIALTY SERVICES GROUP LLC

PERSONAL DETAILS:

Full Name: Today's Date:

Email Address:

Phone Number: Date Of Birth:

Home Address: Social Security Number (optional - required upon hire) :

City: State: Zip:

LICENSE INFORMATION:

Drivers License Number:

License Type: CLASS A / CLASS B TWIC Card?: YES / NO Expiration Date:

CDL License Number:

DOT & COMPLIANCE:

DOT Medical Card #:

DOT Card Expiration:

Any physical limitations that affect driving or job duties?: Yes / No Years driving CDL: ____years

State of license issued: Restriction(s):

DRIVING EXPERIENCE? :

Please check all that apply:

- ☐ Tractor Trailer
- ☐ Dump Truck
- ☐ Roll-off
- ☐ Vacuum Truck / Trailers
- ☐ Flatbed / Float
- ☐ Tankers
- ☐ Lowboy
- ☐ Heavy Haul
- ☐ Tanker
- ☐ Hazardous Hauling
- ☐ Equipment Transport
- ☐ Automatic Transmission
- ☐ Manual transmission
- ☐ Dewatering Operations
- ☐ Off-road / oilfield driving
- ☐ Winch Truck
- ☐ Bulk Water / Chemical

DRIVING RECORD (LAST 3 YEARS):

List any moving violations, accidents, suspensions, or DUI/DWI. If none, write NONE.

DATE	TYPE (TICKET/ACCIDENT/ SUSPENSION)	LOCATION

DRIVER AVAILABILITY:

- ☐ Available Days
- ☐ Available Nights (If needed)
- ☐ Available Weekends
- ☐ Available week days

Are there any scheduling restrictions (if any)

Expected Rate of Pay::

EMPLOYMENT HISTORY:

Company Name:

Job Title:

Dates of Employment: From: To: Was this a DOT regulated position? YES / NO

Responsibilities & Achievements:

Equipment Operated:

Address:

Phone Number:

EMPLOYMENT HISTORY:

Company Name:

Job Title:

Dates of Employment: From: To: Was this a DOT regulated position? YES / NO

Responsibilities & Achievements:

Equipment Operated:

Address:

Phone Number:

REFERENCES:

Please provide two professional references who are familiar with your work.

Reference 1:

Name: Relationship to Applicant:

Phone Number: Email:

Reference 2:

Name: Relationship to Applicant:

Phone Number: Email:

EMERGENCY CONTACT:

Name: Relationship to Applicant:

Phone Number: Email:

APPLICANT DECLARATION & CONSENT:

I certify that all information provided in this application is true, complete, and accurate to the best of my knowledge. I understand that any false statements, omissions, or misrepresentations may result in disqualification from consideration as an independent contractor or termination of any contractor relationship if discovered after engagement. I authorize NSSG to investigate and verify all information provided, including my work history, driving record (MVR), DOT safety performance history, background information, and any other records necessary to determine my qualifications to perform services. I understand that any opportunity to provide services for NSSG is contingent upon meeting all applicable company, customer, and regulatory requirements, including completion of any required DOT drug and alcohol testing, DOT physical examinations, and other screenings as applicable. I acknowledge that I have read and understand this declaration and consent, and I agree to comply with all applicable company safety policies, customer requirements, and DOT/FMCSA regulations while performing services for NSSG.

Print Name: _____ Date: _____

Applicant Signature: _____

DOT SAFETY PERFORMANCE HISTORY RELEASE (PREVIOUS EMPLOYER RELEASE / CONTRACTOR RELEASE):

In accordance with the Federal Motor Carrier Safety Administration (FMCSA) regulations, I authorize NSSG to contact my previous employers, contracting companies, and other applicable entities for the purpose of obtaining information related to my safety performance history. This includes, but is not limited to, verification of my work history, driving experience, accident history, safety performance, and any DOT drug and alcohol testing information as required under 49 CFR Part 40 and 49 CFR §391.23. I understand that this information may be used to determine my qualifications to provide commercial motor vehicle driving services for NSSG as an independent contractor. I release NSSG, its representatives, and all parties providing such information from any and all liability resulting from the release or use of this information, provided it is furnished in good faith and in compliance with applicable federal regulations.

Print Name: _____ Date: _____

Applicant Signature: _____

MVR / BACKGROUND / CLEARINGHOUSE CONSENT:

I authorize NSSG to obtain and review my Motor Vehicle Record (MVR) from any state in which I have held a driver's license, and I understand that this information will be used to evaluate my qualifications to provide services as an independent contractor commercial driver. I also authorize NSSG to conduct any background investigation deemed necessary to verify the information I have provided, including work history, driving history, and other records related to my qualifications. Additionally, I consent to NSSG conducting a query of the FMCSA Drug & Alcohol Clearinghouse to determine whether any information exists regarding my DOT drug and alcohol testing history, as required by applicable federal regulations. I understand that this consent applies to any pre-engagement queries and any future queries that may be required while I am providing services for NSSG. I certify that I have read and understand this authorization and agree to cooperate fully with all required processes, policies, and regulatory requirements.

Print Name: _____ Date: _____

Applicant Signature: _____

DOT DRUG & ALCOHOL TESTING CONSENT:

I understand that as a condition of providing services for NSSG in a DOT-regulated capacity, I must comply with all Federal Motor Carrier Safety Administration (FMCSA) and Department of Transportation (DOT) drug and alcohol testing requirements. I consent to submit to any required DOT drug and alcohol testing and understand that a negative test result may be required prior to performing any safety-sensitive functions. I further acknowledge that while providing services for NSSG, I may be subject to random, post-accident, reasonable suspicion, return-to-duty, and follow-up drug and alcohol testing in accordance with 49 CFR Part 40 and applicable DOT/FMCSA regulations. I understand that refusal to test, tampering with a test, failure to comply with testing requirements, or providing false information may result in disqualification from consideration as an independent contractor or termination of any contractor relationship with NSSG.

Print Name: _____ Date: _____

Applicant Signature: _____

INSURANCE & BENEFITS ACKNOWLEDGMENT

I understand that as an independent contractor, I am not eligible for employee benefits provided by NSSG, including but not limited to health insurance, workers' compensation coverage, unemployment benefits, paid time off, or retirement benefits. I acknowledge that I am solely responsible for obtaining and maintaining any personal insurance coverage, including health, disability, life, occupational accident, or other insurance coverage I deem necessary. I further understand that I am responsible for my own taxes and other obligations associated with independent contractor status.

Print Name: _____ Date: _____

Applicant Signature: _____

COMPANY VEHICLE & INSURANCE ACKNOWLEDGMENT

I understand that vehicles and equipment provided by NSSG are insured under policies maintained by NSSG. I agree to operate all company vehicles and equipment in a safe and responsible manner and to comply with all company policies, DOT/FMCSA regulations, and applicable laws. I understand that any accident, incident, damage, citation, or violation involving company vehicles or equipment must be reported to NSSG immediately. I acknowledge that failure to comply with safety, insurance, or reporting requirements may result in disqualification from consideration as an independent contractor or termination of any contractor relationship with NSSG.

Print Name: _____ Date: _____

Applicant Signature: _____