

APPLICATION FOR CONTRACT
SEAGATE TRANSPORTATION SERVICES, INC
555 F STREET, PERRYSBURG, OH 43551

NAME: _____

ADDRESS: _____
(STREET) (CITY) (STATE & ZIP)

DATE OF BIRTH: _____ SOCIAL SECURITY NO. _____

CONTRACT DATE: _____ MOBILE #: _____ EMAIL: _____

PREVIOUS 3 YEARS OF RESIDENCY:

_____ #YEARS _____

_____ #YEARS _____

_____ # YEARS _____

LICENSE INFORMATION: SECTION 383.21 FMCSR STATES "NO PERSON WHO OPERATES A COMMERCIAL VEHICLE SHALL AT ANY TIME HAVE MORE THAN ONE DRIVER'S LICENSE". I CERTIFY I DO NOT HAVE MORE THAN ONE MOTOR VEHICLE LICENSE

STATE: _____ LICENSE: _____ TYPE: _____ EXP DATE: _____

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT VAN, TANK, FLAT, ETC	DATES FROM TO	APPROXIMATE NUMBER OF MILES(TOTAL)
STRAIGHT TRUCK			
TRACTOR-SEMI TRAILER			
TRACTOR-DOUBLES			
OTHER			

ACCIDENT RECORD FOR THE PAST 3 YEARS OR MORE(ATTACH SHEET IF NEEDED)

DATE	NATURE OF ACCIDENT (REAR- END, UPSET, ETC)	FATALITIES NUMBER	INJURIES NUMBER	CHEMICAL SPILL YES OR NO

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS OTHER THAN PARKING

DATE CONVICTED	VIOLATION	STATE OF VIOLATION	PENALTY

A. HAVE YOU EVER BEEN DENIED A LICENSE, PERMIT OR PRIVILEGE TO OPERATE A MORTH VEHICLE? YES ____ NO ____

IF YES, EXPLAIN _____

B. HAS ANY LICENSE, PERMIT OR PRIVILEGE EVER BEEN SUSPENDED OR REVOKES? YES _____ NO _____

IF YES, EXPLAIN _____

EMPLOYMENT RECORD: ATTACH SHEETS IF MORE SPACE IS NEEDED, CMV DRIVERS MUST PROVIDE THE FOLLOWING FOR ALL EMPLOYERS DURING THE PREVIOUS THREE (3) YEARS AND ALL CMV DRIVING FOR THE SEVEN (7) YEARS PRIOR TO THE INITIAL THREE (3) YEARS FOR A TOTAL OF TEN (10) YEARS EMPLOYMENT.

LAST EMPLOYER: _____

ADDRESS: _____ PHONE: _____

POSITION: _____ FROM _____ TO _____ REASON FOR LEAVING: _____

WERE YOU SUBJECT TO FEDERAL MOTOR CARRIER SAFETY REGULATIONS (FMCSR) WHILE EMPLOYED? YES _____ NO _____

WAS THE PREVIOUS JOB POSITION DESIGNATED AS A SAFETY SENSITIVE FUNCTION IN ANY DOT REGULATED MODE, SUBJECT TO ALCOHOL AND CONTROLLED SUBSTANCES TESTING REQUIREMENTS AS REQUIRED BY 49 CFR, PART 40? YES _____ NO _____

SECOND LAST EMPLOYER: _____

ADDRESS: _____ PHONE: _____

POSITION: _____ FROM _____ TO _____ REASON FOR LEAVING: _____

WERE YOU SUBJECT TO FEDERAL MOTOR CARRIER SAFETY REGULATIONS (FMCSR) WHILE EMPLOYED? YES _____ NO _____

WAS THE PREVIOUS JOB POSITION DESIGNATED AS A SAFETY SENSITIVE FUNCTION IN ANY DOT REGULATED MODE, SUBJECT TO ALCOHOL AND CONTROLLED SUBSTANCES TESTING REQUIREMENTS AS REQUIRED BY 49 CFR, PART 40? YES _____ NO _____

THIRD LAST EMPLOYER: _____

ADDRESS: _____ PHONE: _____

POSITION: _____ FROM _____ TO _____ REASON FOR LEAVING: _____

WERE YOU SUBJECT TO FEDERAL MOTOR CARRIER SAFETY REGULATIONS (FMCSR) WHILE EMPLOYED? YES _____ NO _____

WAS THE PREVIOUS JOB POSITION DESIGNATED AS A SAFETY SENSITIVE FUNCTION IN ANY DOT REGULATED MODE, SUBJECT TO ALCOHOL AND CONTROLLED SUBSTANCES TESTING REQUIREMENTS AS REQUIRED BY 49 CFR, PART 40? YES _____ NO _____

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES AND REASON.

TO BE READ AND SIGNED BY APPLICANT

I AUTHORIZE YOU TO MAKE INVESTIGATIONS AND INQUIRIES TO MY PERSONAL, EMPLOYMENT, FINANCIAL OR MEDICAL HISTORY AND OTHER RELATED MATTERS AS MY BE NECESSARY IN ARRIVING AT A CONTRACT DECISION. I HEREBY RELEASE EMPLOYERS, SCHOOLS, HEALTH CARE PROVIDER AND OTHER PERSONS FROM ALL LIABILITY IN RESPONDING TO INQUIRIES AND RELEASING INFORMATION IN CONNECTION WITH MY APPLICATION.

IN THE EVENT OF CONTRACT, I UNDERSTAND THAT FALSE OR MISLEADING INFORMATION GIVEN IN MY APPLICATION OR INTERVIEW(S) MY RESULT IN TERMINATION OF MY CONTRACT(S). I UNDERSTAND ALSO, I AM REQUIRED TO ABIDE BY ALL RULES AND REGULATIONS OF THE COMPANY.

I UNDERSTAND PREVIOUS EMPLOYERS WILL BE CONTACTED FOR THE PURPOSE OF INVESTIGATING MY SAFETY PERFORMANCE HISTORY AS REQUIRED BY FMCSR. I ALSO UNDERSTAND I HAVE THE RIGHT TO: REVIEW INFORMATION PROVIDED, HAVE ERRORS CORRECTED BY PREVIOUS EMPLOYERS AND HAVE A REBUTTAL STATEMENT ATTACHED TO THE ALLEGED ERRONEOUS INFORMATION, IF THE PREVIOUS EMPLOYER AND I CANNOT AGREE ON THE ACCURACY.

DATE: _____ SIGNATURE: _____

THIS CERTIFIES THAT I HAVE COMPLETED THIS APPLICATION AND THAT ALL ENTRIES ON IT AND INFORMATION IN IT ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.