



**Gold Star Transport**  
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PH: (210) 355-5453  
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## INDEPENDENT CONTRACTOR APPLICATION

Contractor Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(Print)

### TO BE READ AND SIGNED BY APPLICANT

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand also that I am required to abide by all rules and regulations of the Company I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

- Review information provided by previous employers
- Have errors in the information corrected by previous employers and for those previous to re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

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

**PLEASE BE SURE TO PRINT CLEARLY AND COMPLETE ALL INFO ON THIS APPLICATION**

Truck Make & Year : \_\_\_\_\_

Trailer Make & Year : \_\_\_\_\_

Ready to start work date : \_\_\_\_\_

# APPLICANT TO COMPLETE

Answer all questions; Please Print or Type Carefully.

Name: \_\_\_\_\_ Social Security # \_\_\_\_\_

Phone: \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Can you provide proof of age?      YES      NO

## Addresses for the last 3 years (starting with current)

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Street	City	State	Zip	How Long
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Street	City	State	Zip	How Long
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Street	City	State	Zip	How Long
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Do you have the legal right to work in the United States?      YES      NO

Have you worked for this company before?      YES      NO      Where? \_\_\_\_\_

Dates: From \_\_\_\_\_ To \_\_\_\_\_      Position: \_\_\_\_\_

Reason for leaving:

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Is there any reason you might be unable to perform the functions of the job for which you have applied [as described in the attached job description]?      YES      NO

If yes, explain if you wish:

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# EMPLOYMENT HISTORY

Contractor applicants operating in interstate commerce must provide the following information on all employers during the previous 3 years. Enter the information for your previous employers providing as much detail as possible. Failure to provide adequate or required detail will inhibit the ability to obtain the necessary background information.

**CDL holders are required to list a total of 10 years of previous employment history.**

Account for any breaks in employment by indicating any time not working as a result of lay off, personal leave, unemployment, medical leave, etc. NOTE: Self Employment may require tax records to verify your employment for the period of time indicated as self-employed. Begin by entering your most recent employer. Enter in reverse order beginning with the most recent. Add another sheet of paper if necessary.

EMPLOYER #1		
Name:	_____	Date (From M/Y to M/Y): _____
Address:	_____	
City:	_____	State: _____ Zip: _____
Position:	_____	Contact Name: _____ Contact #: _____
Type of Trailer Hauled:	_____	Reason for Leaving: _____
Were you subject to the FMCSRs while employed?	YES	NO
Was your job designated as a safety-sensitive function in any dot-regulated mode subject to the drug & alcohol testing requirements of 49 CFR Part 40?	YES	NO

EMPLOYER #2		
Name:	_____	Date (From M/Y to M/Y): _____
Address:	_____	
City:	_____	State: _____ Zip: _____
Position:	_____	Contact Name: _____ Contact #: _____
Type of Trailer Hauled:	_____	Reason for Leaving: _____
Were you subject to the FMCSRs while employed?	YES	NO
Was your job designated as a safety-sensitive function in any dot-regulated mode subject to the drug & alcohol testing requirements of 49 CFR Part 40?	YES	NO

**EMPLOYER #3**

Name: \_\_\_\_\_ Date (From M/Y to M/Y): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Position: \_\_\_\_\_ Contact Name: \_\_\_\_\_ Contact #: \_\_\_\_\_

Type of Trailer Hauled: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Were you subject to the FMCSRs while employed?      YES      NO

Was your job designated as a safety-sensitive function in any dot-regulated mode subject to the drug &amp; alcohol testing requirements of 49 CFR Part 40?      YES      NO

**EMPLOYER #4**

Name: \_\_\_\_\_ Date (From M/Y to M/Y): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Position: \_\_\_\_\_ Contact Name: \_\_\_\_\_ Contact #: \_\_\_\_\_

Type of Trailer Hauled: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Were you subject to the FMCSRs while employed?      YES      NO

Was your job designated as a safety-sensitive function in any dot-regulated mode subject to the drug &amp; alcohol testing requirements of 49 CFR Part 40?      YES      NO

**EMPLOYER #5**

Name: \_\_\_\_\_ Date (From M/Y to M/Y): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Position: \_\_\_\_\_ Contact Name: \_\_\_\_\_ Contact #: \_\_\_\_\_

Type of Trailer Hauled: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Were you subject to the FMCSRs while employed?      YES      NO

Was your job designated as a safety-sensitive function in any dot-regulated mode subject to the drug &amp; alcohol testing requirements of 49 CFR Part 40?      YES      NO

**EMPLOYER #6**

Name: \_\_\_\_\_ Date (From M/Y to M/Y): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Position: \_\_\_\_\_ Contact Name: \_\_\_\_\_ Contact #: \_\_\_\_\_

Type of Trailer Hauled: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Were you subject to the FMCSRs while employed?      YES      NO

Was your job designated as a safety-sensitive function in any dot-regulated mode subject to the drug & alcohol testing requirements of 49 CFR Part 40?      YES      NO

**EMPLOYER #7**

Name: \_\_\_\_\_ Date (From M/Y to M/Y): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Position: \_\_\_\_\_ Contact Name: \_\_\_\_\_ Contact #: \_\_\_\_\_

Type of Trailer Hauled: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Were you subject to the FMCSRs while employed?      YES      NO

Was your job designated as a safety-sensitive function in any dot-regulated mode subject to the drug & alcohol testing requirements of 49 CFR Part 40?      YES      NO

**EMPLOYER #8**

Name: \_\_\_\_\_ Date (From M/Y to M/Y): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Position: \_\_\_\_\_ Contact Name: \_\_\_\_\_ Contact #: \_\_\_\_\_

Type of Trailer Hauled: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Were you subject to the FMCSRs while employed?      YES      NO

Was your job designated as a safety-sensitive function in any dot-regulated mode subject to the drug & alcohol testing requirements of 49 CFR Part 40?      YES      NO

# DRIVING AND EDUCATION HISTORY

(ADD ADDITIONAL PAGES IF NEEDED)

**ACCIDENT RECORD FOR THE PAST 3 YEARS OR MORE.  
IF NONE, WRITE "NONE".**

Dates	Nature of Accident (Head-On, Rear-End, Upset, Etc.)	Fatalities	Injuries	Hazardous Materials Spilled
Last Accident:				
Next Previous:				
Next Previous:				
Next Previous:				
Next Previous:				

**TRAFFICE CONVICTIONS AND/OR FOREFEITURES FOR THE PAST 3 YEARS.  
(OTHER THAN PARKING VIOLATIONS)  
IF NONE, WRITE "NONE".**

Location	Date	Charge	Penalty

## EXPERIENCE AND QUALIFICATIONS

	State	License No	Class	Endorsements	Expiration Date
Driver licenses or permits held in the last 3 years.					

## DRIVING EXPERIENCE

Check Type of Equipment	Dates From (M/Y) To (M/Y)		Approx. Total Miles
Van   Tank   Flat   Dump   Refer			
Van   Tank   Flat   Dump   Refer			
Van   Tank   Flat   Dump   Refer			
Van   Tank   Flat   Dump   Refer			
Van   Tank   Flat   Dump   Refer			

List states operated in for the last five years: \_\_\_\_\_

List any special driver related courses or training: \_\_\_\_\_

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

List special equipment or technical materials you can work with (other than those already shown):

\_\_\_\_\_

\_\_\_\_\_

## EDUCATION

TYPE	NAME OF SCHOOL / ISSUING AGENCY - CITY & STATE WHERE LOCATED	DEGREE RECEIVED	DATE DEGREE RECEIVED	MAJOR/MINOR FIELD OF STUDY
<i>High School/ Equivalent</i>				
<i>College</i>				
<i>Other</i>				

**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.**

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

# Motor Vehicle Driver's CERTIFICATE OF COMPLIANCE WITH DRIVER LICENSE REQUIREMENTS

**MOTOR CARRIER INSTRUCTIONS:** The requirements in Part 385 apply to every driver who operates in intrastate, interstate, or foreign commerce and operates a vehicle weighing 26,001 pounds or more, can transport more than 15 people, or transport hazardous materials that require placarding.

The requirements in Part 391 apply to every driver who operates in interstate commerce and operates a vehicle weight 10,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

**DRIVER REQUIREMENTS:** Parts 383 and 391 of the Federal Motor Carrier Safety Regulations contain some requirements that you as a driver must comply with. These requirements are in effect as of July 1, 1987. They are as follows:

**1. POSSESSES ONLY ONE LICENSE:** You as a commercial vehicle driver may not possess more than one motor vehicle operator's license. If you have more than one license, keep the license from your state of residency and return the additional licenses to the states that issued them. DESTROYING a license does not close the record in the state that issued it; you must notify the state. If a multiple license has been lost, stolen, or destroyed, close your record by notifying the state of issuance that you no longer want to be licensed by that state.

**2. NOTIFICATION OF LICENSE SUSPENSION, REVOCATION OR CANCELLATION:** Sections 391.15(b) (2) and 383.33 of the Federal Motor Carrier Safety Regulations require that you notify your employer the NEXT BUSINESS DAY of any revocation or suspension of your driver's license. In addition, Section 383.31 requires that any time you violate a state or local traffic law (other than parking), you must report it within 30 days to: 1) your employing motor carrier, 2) the state that issued your license (If the violation occurs in a state other than the one which issued your license). The notification to both employer and state must be in writing.

The following license is the only one I possess:

Driver's License No: \_\_\_\_\_ State: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

**DRIVER CERTIFICATION: I certify that I have read and understood the above requirements.**

Driver's Name (Printed): \_\_\_\_\_

Driver's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Notes:

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## PREVIOUS PRE-EMPLOYMENT ALCOHOL AND DRUG TEST STATEMENT

Sec 40.25(i) As the Company, you must also ask the Contractor whether he or she has tested positive, or refused test, on any pre-employment drug or alcohol test administered by an employer to which the Contractor applied for but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years. If the Contractor admits that he or she had a positive test or a refusal to test, you must not use the Contractor to perform safety-sensitive functions for you, until and unless the Contractor documents successful completion of the return-to-duty process (see Sec 40.25(b)(5) and (e)).

Contractor Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

The prospective Contractor is required by Sec 40.25(i) to respond to the following questions.

1) Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years?

Check One:      Yes      No

2) If you answered yes, can you provide/obtain proof that you've successfully completed the DOT return-to-duty requirements?

Check One:      Yes      No

I certify that the information provided on this document is true and correct.

Contractor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Motor Carrier Representative: \_\_\_\_\_ Date: \_\_\_\_\_

### Record Retention

If "yes" was the response to question 1, you must retain this document and related documents for 5 years.

If "no" was the answer to question 1, this document is discarded at the end of the DQ File retention period (at termination but not less than 2 years from the date of termination). DQ files are maintained throughout the Contractor's service and for a full 2 year period following the Contractor's termination date.

## **FAIR CREDIT REPORTING/DISCLOSURE REGARDING BACKGROUND INVESTIGATION**

Gold Star Transport may obtain information about you from a third-party consumer reporting agency for employment purposes. Thus, you may be the subject of a “consumer report” and/or an “investigative consumer report” which may include information about your character, general reputation, personal characteristics, and/or mode of living and which can involve personal interviews with sources such as your neighbors, friends or associates. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records, verification of your education or employment history, or other background checks.

You have the right, upon written request made within a reasonable time, to request whether a consumer report has been run about you and disclosure of the nature and scope of any investigative consumer report and to request a copy of your report. Please be advised that the nature and scope of the most common form of investigate consumer report is an employment history or verification. These searches will be conducted by iiX-FCRA, 1716 Briarcrest Dr., Ste 200, Bryan, Texas 77802, 1-800-683-8553. The scope of this disclosure is all-encompassing, however, allowing Gold Star Transport to obtain from any outside organization all manner of consumer reports throughout the course of your employment to the extent permitted by law.

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