



# Education History

Please circle the highest grade completed:

Grade School: 1 2 3 4 5 6 7 8 9 10 11 12

College: 1 2 3 4      Post-Graduate: 1 2 3 4

# Driving Experience

Class of Equipment	Dates		Approximate Number of Miles (Total)
	From	To	
<i>Straight Truck</i>			
<i>Tractor and Semi-trailer</i>			
<i>Tractor-two trailers</i>			
<i>Tractor-three trailers (triples)</i>			
<i>Other</i>			

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

List special courses/training completed (PTD/DDC, Hazmat, etc.): \_\_\_\_\_

List any Safe Driving Awards you hold and from whom: \_\_\_\_\_

**Accident Record for past three years (attach sheet if more space is needed)**

Date of Accident	Nature of Accidents (Head on, rear end, upset, etc.)	Location of Accident	# of Fatalities	# of People Injured

**Traffic Convictions and Forfeitures for the last three years (other than parking violations)**

Date	Location	Charge	Penalty

**Driver's License (list each driver's license held in the past three years)**

State	License #	Type	Endorsements	Expiration Date

# Previous Employment or Owner-Operator History

All Owner-Operator applicants to drive commercial motor vehicles weighing at least 10,000 lbs. must provide the following information on all previous employers or entities with which the applicant contracted during the past 3 years. Applicants to drive commercial motor vehicle with a gross combination weight rating 26,001 lbs. or more shall also provide an additional 7 years information on those previous employers or entities for whom the applicant operated such vehicle.

Entity Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_

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

City

State

Zip

Phone Number: \_\_\_\_\_ Salary/Wage: \_\_\_\_\_ Position: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Contract/Employment Termination Date: \_\_\_\_\_

Contract/Employment Start Date: \_\_\_\_\_

Entity Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_

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

City

State

Zip

Phone Number: \_\_\_\_\_ Salary/Wage: \_\_\_\_\_ Position: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Contract/Employment Termination Date: \_\_\_\_\_

Contract/Employment Start Date: \_\_\_\_\_

Entity Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_

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

City

State

Zip

Phone Number: \_\_\_\_\_ Salary/Wage: \_\_\_\_\_ Position: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Contract/Employment Termination Date: \_\_\_\_\_

Contract/Employment Start Date: \_\_\_\_\_

## Personal References

List three persons for references, other than family members, who have knowledge of your safety habits.

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_



## To Be Read and Signed by Applicant

*By affixing my signature below, I understand and agree that as part of the procedure for processing this application, the Company may investigate all facts and statements presented here. This inquiry may include information as to my character, general reputation, and prior work habits, whichever may be applicable. My signature below releases from liability all persons and/or organizations supplying or collecting such information. I hereby authorize a representative of the Company to inquire as to my record with any and all of my former employers or companies I have previously contracted with. I further understand and agree that any false statements or answers made by me on this application or supplement thereto, will be grounds for the company to dissolve any agreements. I understand and agree that my contract and compensation can be dissolved, with or without cause, and with or without notice, at any time, at my option or the option of the Company, and that no manager or supervisor other than the President of the Company or his duly authorized representative has any authority to enter into any other agreement for any specified period of time, or to make any agreement contrary to the foregoing.*

---

Date

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Owner-Operator's Signature

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## NOTICE

*In compliance with the Department of Transportation, and before entering into an agreement with MEADtrans LLC, you may be required to have physical examination by a licensed physician. The cost of the physical is solely the responsibility of the Owner-Operator.*

*Included in the examination is a hearing test, vision test, a comprehensive medical and occupational history questionnaire, vital signs, height, weight, a general physical examination and a urine drug screen. Additionally, if you are offered a run or route, which requires the ability to lift, you may be administered relevant tests.*

*Results of the physical will be submitted under confidential cover to a Company representative. Where test results indicate the presence of illicit drugs and/or undeclared pharmaceutical and/or alcoholic substances, or other conditions, which the Department of Transportation has deemed to be unacceptable, the offer of a contract must be rescinded without penalty to the Company.*

*By affixing your signature below, you can certify that you have been advised, via this notice, of the test which may be conducted and that you voluntarily agree to submit to such testing, if required, following an offer of a contract. Furthermore, you will authorize release of the test results to the responsible agent of our Company, and acknowledge that you understand and agree to all conditions state above.*

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Date

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Owner-Operator's Signature



# EMPLOYMENT INQUIRY RELEASE

In conjunction with my application for employment (including contract services) with you, my prospective employer, I understand that you intend to hire Selection.com to obtain Consumer Reports and / or Investigative Consumer Reports (hereinafter called "Reports") about me as defined in the Fair Credit Reporting Act (FCRA). These "Reports" may include information concerning my credit worthiness, credit standing, credit capacity, character, academic background, credentials, work habits, work performance, work experience, reasons for work termination, general reputation, personal characteristics or mode of living. You also may seek information concerning my employment history, workers' compensation history, motor vehicle record, education background, civil litigation history and/or criminal record.

I understand that you may rely on any or all of the above referenced information in determining whether to extend an offer of employment to me. If you contemplate making an adverse employment-related decision that will affect me based, in whole or in part, upon a "Report" obtained from Selection.com, I will be provided with a copy of the "Report" and a written summary of my Consumer Rights under the FCRA before you finalize that decision.

I have read the above disclosure and I hereby authorize you, Selection.com or its authorized agents to obtain the above referenced information about me. I also authorize all agencies, bureaus, employers, information service organizations and individuals to provide any of the above referenced knowledge or information they have concerning me. If I am hired, this authorization shall remain on file and shall serve as an ongoing authorization for you to obtain "Reports" about me from Selection.com at any time during my employment with you. A photocopy or facsimile of this authorization shall be as valid as the original. I agree that any and all disputes arising from this "Report" shall be brought only in state or federal court in the State of Ohio and shall be governed by, and construed in accordance with, the laws of the State of Ohio.

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

## THE FOLLOWING INFORMATION IS REQUIRED TO CONDUCT THE BACKGROUND INVESTIGATION

PRINT NAME \_\_\_\_\_  
Last Name First Name Middle Initial Social Security Number

PREVIOUS OR MAIDEN NAME (if applicable) \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

DRIVER'S LICENSE NUMBER \_\_\_\_\_ STATE ISSUED \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

List states and counties of residence, other than above, for the past seven (7) years:

COUNTY \_\_\_\_\_ STATE \_\_\_\_\_; COUNTY \_\_\_\_\_ STATE \_\_\_\_\_; COUNTY \_\_\_\_\_ STATE \_\_\_\_\_

**FOR IDENTIFICATION PURPOSES ONLY: Date of birth** \_\_\_\_\_

**My prospective employer understands age to be a protected characteristic and the information requested will not be used as the basis for any employment decision.**

### Notice to Applicants Living in CA, OK or MN

By checking this box, I request to receive a free copy of any Report ordered on me.

Email address: \_\_\_\_\_ \*\* \*\* By entering my email address, I authorize Selection.com to deliver my Report via email.

### Notice to California Residents:

Under section 1786.22 of the California Civil Code, you may view the file maintained on you by Selection.com during normal business hours. You may also obtain a copy of this file, either in person or by mail, by submitting proper identification and paying the costs of duplication services. You may also receive a summary of the file by telephone by being able to provide adequate identification as to allow Selection.com to determine with reasonable certainty that you are the subject of the report. Selection.com is required to have personnel available to explain your file to you and must explain to you any coded information appearing in your file. If you appear in person, another person of your choice may accompany you, providing that this additional person furnishes proper identification. Selection.com's Privacy Policy can be viewed at [www.Selection.com](http://www.Selection.com).

IF FAXING OR EMAILING REQUEST, THIS SECTION **MUST** BE COMPLETED BY EMPLOYER FOR PROCESSING

Customer Number \_\_\_\_\_ Location or Store Number \_\_\_\_\_ Date Submitted \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone Number \_\_\_\_\_ Position Applied For \_\_\_\_\_

Information Requested:

Combined Report: \_\_\_\_\_ Individual \_\_\_\_\_

Reports: \_\_\_\_\_  
Criminal Convictions  County(s) and state(s) \_\_\_\_\_

Other: \_\_\_\_\_

This Form Provided By: Selection.com 155 Tri County Boulevard; Suite 150 Cincinnati, OH 45246 Telephone - 800.325.3609 Fax - 888.767.2435 For

background check entry, send to [requests@selection.com](mailto:requests@selection.com).

For employment or education verification purposes, email to [releases@selection.com](mailto:releases@selection.com) with the applicant's full name in the subject line.

# Driver/Applicant Authorization to Release Drug and Alcohol Test Information

In conformity with sections 382.405(f), 382.413, and 382.401(b) of Title 49 of the Code of Federal Regulations, I hereby authorize the companies listed below to furnish Selection.com the following information concerning drug and alcohol tests, including pre-employment tests: all company tests conducted during the past 2 years: (i) the dates on which I had a confirmed positive test for drugs, and the drug(s) involved; (ii) the dates on which I had a confirmed alcohol test result of 0.04 or greater, and the blood alcohol content (BAC) recorded; (iii) the dates on which I refused to be tested for drugs and/or alcohol.

I understand that I am authorizing each company listed below to furnish the results from all tests each company was required to conduct by DOT and, except as I may otherwise direct a company in writing, to furnish results from all (non-DOT tests) which the company conducted under its own authority. Additionally, in the event any company listed below furnishes Selection.com with information concerning the above referenced items (i), (ii) or (iii), I also authorize that company to release and furnish: (iv) the dates of my negative drug and/or alcohol tests during the past two years; and (v) the name and phone number of any substance abuse professional (SAP) who evaluated me during the past two years, in accordance with section 382.413(g).

I fully understand that my authorization to release such information does not guarantee or commit the company to which I have applied to obtain from Selection.com all, or any, of the information that I have authorize to be released.

Company _____	Phone _____
City _____	State _____ Zip _____
Company _____	Phone _____
City _____	State _____ Zip _____
Company _____	Phone _____
City _____	State _____ Zip _____
Company _____	Phone _____
City _____	State _____ Zip _____

(Attach additional forms if needed)

By signing below, I certify that I have read and fully understand this release form. I further certify that all of the information I have furnished on this form is true and complete. I also certify I have listed every company I worked for as a driver during the past two years, every company I took a pre-employment drug test for during the past two years, and every company I took a pre-employment alcohol test for during the past two years.

Print Name \_\_\_\_\_ Applicant Signature \_\_\_\_\_

Social Security Number \_\_\_\_\_ Today's Date \_\_\_\_\_

### For Employer Use Only

Administrator \_\_\_\_\_ Company Name \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_



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Fax To: (513) 728-4420

## FAIR CREDIT REPORTING ACT DISCLOSURE

*In conjunction with my application for employment (including contract services) with you, my prospective employer, I understand that you intend to hire Selection.com to obtain Consumer Reports and / or Investigative Consumer Reports (hereinafter called "Reports") about me as defined in the Fair Credit Reporting Act (FCRA). These "Reports" may include information concerning my credit worthiness, credit standing, credit capacity, character, academic background, credentials, work habits, work performance, work experience, reasons for work termination, general reputation, personal characteristics or mode of living. You also may seek information concerning my employment history, workers' compensation history, motor vehicle record, education background, civil litigation history and/or criminal record.*

*I understand that you may rely on any or all of the above referenced information in determining whether to extend an offer of employment to me. If you contemplate making an adverse employment-related decision that will affect me based, in whole or in part, upon a "Report" obtained from Selection.com, I will be provided with a copy of the "Report" and a written summary of my Consumer Rights under the FCRA before you finalize that decision.*

*I have read the above disclosure and I hereby authorize you, Selection.com or its authorized agents to obtain the above referenced information about me. I also authorize all agencies, bureaus, employers, information service organizations and individuals to provide any of the above referenced knowledge or information they have concerning me. If I am hired, this authorization shall remain on file and shall serve as an ongoing authorization for you to obtain "Reports" about me from Selection.com at any time during my employment with you. A photocopy or facsimile of this authorization shall be as valid as the original. I agree that any and all disputes arising from this "Report" shall be brought only in state or federal court in the State of Ohio and shall be governed by, and construed in accordance with, the laws of the State of Ohio.*

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

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

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By checking this box, I request to receive a free copy of any consumer report ordered on me.

Email address: \_\_\_\_\_ \*\*

\*\* By entering my email address, I authorize Selection.com to deliver my report via email.

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THIS FORM IS FOR PERMANENT RETENTION IN PERSONNEL FILE.





\_\_\_\_\_  
Date

Attention: MEADtrans

*I am aware that consumer and motor vehicle reports may be obtained as part of MEADtrans' evaluation of my Owner-Operator agreement execution. The reports may be procured by MEADtrans or its insurance company representative(s), and may include personal information obtained from state motor vehicle departments, my driving record, an assessment of my insurability for the insurance program, or other consumer reports.*

*Be signing this letter, I hereby provide my authorization for MEADtrans or their insurance company representative(s) to procure such information and reports, as well as additional report about me from time-to-time as deemed appropriate, to evaluate my insurability or for other permissible purposes.*

Sincerely,

\_\_\_\_\_  
Owner-Operator's Signature

\_\_\_\_\_  
Owner-Operator #

\_\_\_\_\_  
Name as it appears on Driver's License

\_\_\_\_\_  
Driver's License Number

\_\_\_\_\_  
State Issuing License

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

\_\_\_\_\_  
Gender

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

## **POLICY AND PROCEDURES FOR OWNER-OPERATORS**

*The company has various types of runs or services, which may be offered to you on a regular basis. Our dispatchers determine who is available to handle a given run based on the availability of owner-operators.*

*When a run is offered to you, you have the right under your contract with us to refuse the run. If you choose to do so, you must notify dispatch immediately so that the run can be offered to another owner-operator.*

*The company does not set service hours for owner-operators. As an owner-operator, you have the flexibility of setting your own service hours and are a master of your own time. At the same time, however, the Company knows when runs are available and what our customer' time requirements are. Therefore, to maximize your income and to assist in facilitating run assignments, it is advisable that you work with dispatch to determine the hours you will be available for service each day or each week. If you intend to take an extended period of non-service for any reason, it is requested that you provide dispatch with a minimum of five (5) days notice of this activity so that we can make arrangements with other owner-operators.*

**I have read, understand, and agree to comply with the above Policy and Procedures.**

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*Owner-Operator's Signature*

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*Date*

## Anti-Harassment Policy

*MEADtrans LLC is committed to providing all owner-operators the opportunity to pursue excellence and profitability in their professional driving careers. As a condition to a continual contractual relationship, MEADtrans LLC expects owner-operators, doing business on behalf of MT and their customers, to conduct themselves in a professional manner at all times. This can only be achieved when there is a mutual respect for all individuals with whom owner-operators may come into contact with daily. MEADtrans LLC has a zero tolerance policy regarding any form of harassment. Comments, words, jokes, suggestive gestures or actions made to any individual, or that may be overheard or seen by them based on an individual's sex, race, ethnicity, age, religion, veteran status or any other legally protected characteristic will not be tolerated. Any form of harassment (both overt and subtle) is a form of misconduct that demeans another person and undermines the integrity of the business relationship established between MT and the owner-operators and customers. Thus, it is strictly prohibited. This policy is applicable to all owner-operators at all times they are in performance of their duties on behalf of MT.*

**I have read and understand the above Anti-Harassment Policy.**

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*Owner-Operator's Signature*

---

*Date*

# CONFIDENTIALITY STATEMENT

## CONFIDENTIALITY REQUIREMENTS - PROTECTING THE PRIVACY OF PATIENTS' HEALTH INFORMATION

### 1. INFORMATION REQUIRED TO BE PROTECTED

*The privacy of all medical records and other individually identifiable health information must be protected at all times. Information relating to a patient's health care history, diagnosis, treatment, or evaluation shall be considered individually identifiable health information. Confidentiality of their health information must be maintained at all times, and may only be disclosed with the express written consent of the patient.*

*Non-individually identifiable health information (e.g. health information that cannot be linked to a specific patient) is not included with in the definition of protected health information.*

### 2. BOUNDARIES ON HEALTH INFORMATION USE AND RELEASE

*An individual's health information can be used for health purposes only.*

**a. Protect individually identifiable health information.** *MEADtrans LLC shall not publish or otherwise make generally available any information or data that identifies a patient for purposes other than treatment, payment or other health care operations, without his or her express written consent. This does not restrict the internal use of such information or data that is required in the MEADtrans LLC also maintains physical, electronic and procedural safe guards to protect safeguards and expect to make ongoing improvements to maintain and enhance our level of security for individually identifiable health information.*

**b. Ensure that health information is not used for non-health purposes.** *Patient information can be used or disclosed only for purposes of health care treatment, payment, and operations. Health information cannot be used for purposes not related to health care without explicit authorization from the patient.*

*For example, MEADtrans LLC may not access the personal health information obtained by a MEADtrans LLC affiliate for any purpose other than to perform the services for which we were engaged, unless MEADtrans LLC first obtains the explicit authorization of the patient.*

**c. Maintain health information in a manner to protect confidentiality.** *All individually identifiable health information shall be maintained by MEADtrans LLC in a confidential manner which prevents unauthorized or inadvertent disclosure to third parties.*

*For example, MEADtrans LLC may share confidential information with a third party under contract or affiliated with MEADtrans LLC for the same purpose of performing the services which we were engaged, providing that the information shall remain confidential at all times and shall be shared with only those persons that have authority to receive such information.*

## PENALTIES FOR MISUSE OF PERSONAL HEALTH INFORMATION

*There are serious penalties for violation of the confidentiality of health information. Please be advised of the following:*

**a. State Penalties.** *Various state laws impose criminal and civil penalties on individuals who misuse or disclose individually identifiable health information without explicit consent by the patient.*

**b. Federal Penalties.** *HIPAA (Health Insurance Portability and Accountability Act) is a piece of federal legislation that directly addresses the protection of confidential health information. This law is being phased in over a two-year period. Once effective, HIPAA will provided civil money penalties up to \$25,000 per person, per year for violations of patient confidentiality. HIPAA also provides for federal criminal penalties.*

**c. MEADtrans' Penalties.** *Any owner-operator who violated the privacy and confidentiality of patient health information, though disclosure or otherwise, may be subject to contract termination with MEADtrans LLC.*

*I understand and agree that in the performance of my duties as an Owner-Operator of MEADtrans LLC, I must hold medical information in confidence. Further, I understand that intentional or involuntary violation of customer confidentiality may result in punitive action including possible fine or imprisonment.*

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Owner-Operator's Signature

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Date