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## **OWNER OPERATOR (INDEPENDENT CONTRACTOR)**

### **DRIVER APPLICATION**

## **INSTRUCTIONS**

### **Minimum Qualifications:**

Please review our minimum qualifications. If you do not meet the following qualifications, do not complete this application:

- 21 years of age or older
- Valid Class A CDL in state of residence
- US Citizen or resident alien
- Hazmat endorsement
- Negative results for drug and alcohol screening
- Three years verifiable Class A experience
- Newer tractor(s) passing certified inspection
- Bobtail insurance at owner operator expense
- Current DOT physical without restrictions
- No felony convictions involving drugs, DUI convictions, or refusal to submit to alcohol test
- Ability to read and speak English well enough to read signs, complete reports and communicate with dispatchers and other authorities.
- No more than one moving violation in the last year and no more than four in the last three years
- No reckless driving in the past three years and no more than one at fault accident in the last three years

### **Independent Contractor Status:**

Note that Buckeye Intermodal does not hire company drivers. You are submitting an application to execute a written agreement as an owner/operator (independent contractor).

### **Documents to Submit with Your Application:**

- ✓ Copy of your CDL (both sides)
- ✓ Copy of your current DOT medical certification card
- ✓ Copy of your current DOT long form physical
- ✓ Copy of your tractor registration or title
- ✓ Copy of your tractor's current year DOT annual inspection

**Places to Sign/Date on This Application:**

- ✓ Last page of application after the acknowledgement
- ✓ Bottom of the “Fair Credit Reporting Act Disclosure Statement
- ✓ Top of the “Past Employment Verification” form

**Applicant’s Consent to Drug and Alcohol Testing**

It is the policy of Buckeye Intermodal to conduct pre-contract drug and alcohol testing for the purpose of detecting drug or alcohol abuse and that satisfactory passing of such tests is a condition of my owner operator agreement with Buckeye Intermodal. By signing the application, you are granting your consent to drug and alcohol testing.

**Applicant’s Consent to Credit Verification**

It is the policy of Buckeye Intermodal to verify employment with previous employers or common carriers that you contracted with as an owner operator. By signing the “Past Employment Verification” in this application, you are granting your consent to Buckeye Intermodal to contact previous employers or carriers for purposes of verifying the information on the enclosed application.

# Buckeye Intermodal Job Application Form

## Owner Operator / Independent Contractor

- To apply for a job at Buckeye, please fill out this form completely and accurately.

### General Information

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

Driver's License No.: \_\_\_\_\_

Issuing State: \_\_\_\_\_

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

Phone No.: \_\_\_\_\_

Social Security No.: \_\_\_\_\_

DOT Physical Exam Exp. Date: \_\_\_\_\_

Restrictions: \_\_\_\_\_

*\*The age Discrimination of Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age.*

Have you worked for this company before? \_\_\_\_\_

If yes, give the dates: \_\_\_\_\_

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

### Current & Three Years Previous Addresses

Address	From (Date)	To (Date)
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Tractor Information**

Year: \_\_\_\_\_

Make: \_\_\_\_\_

Model: \_\_\_\_\_

Mileage: \_\_\_\_\_

**Employment History**

Give a Complete Record of all employment for the past three years, including any unemployment or self-employment, and all commercial driving experience for the past ten years.

**Present or Last Employer**

From (Date): \_\_\_\_\_

To (Date): \_\_\_\_\_

Position Held: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

\_\_\_\_\_

Company Name: \_\_\_\_\_

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

Phone No.: \_\_\_\_\_

Where you subject to the FMCSRs\* while employed here? \_\_\_\_\_

Was your job designated as a safety-sensitive function in any DOT regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? \_\_\_\_\_

*\*The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone who operates a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle:(1) has a GVWR or weighs 10,001 pounds or more, (2) is designed or used to transport nine or more passengers, or (3) is of any size, used to transport hazardous materials in a quantity requiring placarding.*

**Previous Employer**

From (Date): \_\_\_\_\_

To (Date): \_\_\_\_\_

Position Held: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

\_\_\_\_\_

Company Name: \_\_\_\_\_

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

Phone No.: \_\_\_\_\_

Where you subject to the FMCSRs\* while employed here? \_\_\_\_\_

Was your job designated as a safety-sensitive function in any DOT regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? \_\_\_\_\_

*\*The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone who operates a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle:(1) has a GVWR or weighs 10,001 pounds or more, (2) is designed or used to transport nine or more passengers, or (3) is of any size, used to transport hazardous materials in a quantity requiring placarding.*

**Previous Employer**

From (Date): \_\_\_\_\_

To (Date): \_\_\_\_\_

Position Held: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

\_\_\_\_\_

Company Name: \_\_\_\_\_

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

Phone No.: \_\_\_\_\_

Where you subject to the FMCSRs\* while employed here? \_\_\_\_\_

Was your job designated as a safety-sensitive function in any DOT regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? \_\_\_\_\_

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**Apportionment States:**

List all States: \_\_\_\_\_

\_\_\_\_\_

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

List special training completed (Haz Mat, etc.): \_\_\_\_\_

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

**Accident Record (Past Three Years):**

Date of accident: \_\_\_\_\_ Location of Accident: \_\_\_\_\_

Nature of Accident: \_\_\_\_\_

# Of Fatalities: \_\_\_\_\_ # Of Injuries: \_\_\_\_\_

Date of accident: \_\_\_\_\_ Location of Accident: \_\_\_\_\_

Nature of Accident: \_\_\_\_\_

# Of Fatalities: \_\_\_\_\_ # Of Injuries: \_\_\_\_\_

Date of accident: \_\_\_\_\_ Location of Accident: \_\_\_\_\_

Nature of Accident: \_\_\_\_\_

# Of Fatalities: \_\_\_\_\_ # Of Injuries: \_\_\_\_\_

**Traffic Convictions and Forfeitures (Past Three Years)**

*(Do not include parking violations)*

Date	Location	Charge	Penalty (\$)
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_____	_____	_____	_____
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Date	Location	Charge	Penalty (\$)
------	----------	--------	--------------

_____	_____	_____	_____
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Date	Location	Charge	Penalty (\$)
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_____	_____	_____	_____
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**Driver's License**

*List each driver's license held in the past three years*

<u>State</u>	<u>License#</u>	<u>Type</u>	<u>Endorsements</u>	<u>Exp. Date</u>
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_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____
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**Personal References**

<u>Name</u>	<u>Address</u>	<u>Phone</u>
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_____	_____	_____
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_____	_____	_____
-------	-------	-------

_____	_____	_____
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**Have you ever been denied a license, permit, or privilege to operate a motor vehicle?** \_\_\_\_\_

**Has any license, permit, or privilege ever been suspended or revoked?** \_\_\_\_\_

**Have you ever been convicted of a felony?** \_\_\_\_\_

**Disclaimer**

It is agreed and understood that any misrepresentation given on this application for qualification shall be considered an act of dishonesty.

I give the motor carrier and its agents or representatives the right to investigate all references and to secure additional information about my employment background. Buckeye Intermodal Inc. will investigate your safety performance history. I hereby release from all liability for damages the motor carrier and its agents or representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

I agree to furnish such additional information and complete such examinations as may be required to complete my employment file.

It is agreed and understood that this is an application for qualification and in no way obligates the motor carrier to employ me.

It is agreed and understood that if qualified to operate motor carrier equipment, I may be on a probationary period, during which I may be disqualified without recourse.

**I certify 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.**

**Applicant Signature:**

\_\_\_\_\_