Starwood Transport, LLC:
Independent Contractor / Owner-Operator Truck Driver Application

Applicant Information

First Name: _____ Middle Name _____ Last Name: _____

Email: _____ Phone: (_____) _____

Date of Birth: _____ Social Security Number: _____

Date of Application: _____ Position Appling For: _____

Date Available For Work: _____ Do you have the legal right to work in the United States? ◯ Yes ◯ No

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Previous Three (3) Years Residency

1. Current Address: _____

City: _____ State: AL p Code: _____ No. of Years At Address: _____

2. Previous Address: _____

City: _____ State: AL p Code: _____ No. of Years At Address: _____

3. Previous Address: _____

City: _____ State: AL p Code: _____ No. of Years At Address: _____

License Information

No person who operates a commercial motor vehicle at any time have more than one driver's license (49 CFR 383.21). I certify that I do not have more than one motor vehicle license, the information for which is listed below, includes all licenses held for the past 3 years; attach additional sheets if needed.

Current License

State: _____ License Number: _____ Expiration Date: _____

Type/Class: _____ Endorsements: _____

Previously Held License(s)

1. State: _____ License Number: _____ Expiration Date: _____

Type/Class: _____ Endorsements: _____

2. State: _____ License Number: _____ Expiration Date: _____

Type/Class: _____ Endorsements: _____

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Driving Experience

Class of Equipment	Type of Equipment (Van, Truck, Flat, Etc.)	Date From	Date To	Approx # of Miles (Total)

Accident Record for the Past Three (3) Years

Check this box if None				
Dates (Most Recent First)	Nature of Accident (Head-on, rear-end, upset, etc.)	# Fatalities	# Injuries	Chemical Spills (Y/N)

Traffic Convictions and Foreitures for the Past Three (3) Years (Other Than Parking Violations)

Check this box if None			
Dates Convicted (Month/Year)	Violoation	State of Violoation	Penalty (Forfeited bond, collateral and/or points)

Have you ever been denied a license, permit, or privilege to operate a motor vehicle? ◯ Yes ◯ No

If yes, please explain: _____

Has any license, permit, or privilege ever been suspended or revoked? ◯ Yes ◯ No

If yes, please explain: _____

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Employment History

The Federal Motor Carrier Safety Regulations (49 CFR 391.21) require that all applicants wishing to drive a commercial vehicle list all employment for the last three (3) years. In addition, if you have driven a commercial vehicle previously, you must provide employment history for an additional seven (7) years (for a total of ten (10) years). Any gaps in employment in excess of one (1) month must be explained.

Start with the last or current position, including any military experience, and work backwards (attach separate sheets if necessary). You are required to list the complete mailing address, including street number, city, state, zip; and complete all other information.

Current (Most Recent) Employer

Company Name: _____ Phone: (_____) _____

Address: _____

Position Held: _____ From Month/Year _____ To Month/Year _____

Reason for Leaving: _____ Salary: _____

While employed here, were you subject to the Federal Motor Carrier Safety Regulations? ◯ Yes ◯ No

Was the job designated as a safety-sensative function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40? ◯ Yes ◯ No

Second (Most Recent) Employer

Company Name: _____ Phone: (_____) _____

Address: _____

Position Held: _____ From Month/Year _____ To Month/Year _____

Reason for Leaving: _____ Salary: _____

While employed here, were you subject to the Federal Motor Carrier Safety Regulations? ◯ Yes ◯ No

Was the job designated as a safety-sensative function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40? ◯ Yes ◯ No

Third (Most Recent) Employer

Company Name: _____ Phone: (_____) _____

Address: _____

Position Held: _____ From Month/Year _____ To Month/Year _____

Reason for Leaving: _____ Salary: _____

While employed here, were you subject to the Federal Motor Carrier Safety Regulations? ◯ Yes ◯ No

Was the job designated as a safety-sensative function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40? ◯ Yes ◯ No

Explain any gaps in employement (include month/year & reason): _____

_____

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Education

School	Name & Location	Course of Study	Years Completed	Graduated		Details
High School				◯ Yes	◯ No	
College				◯ Yes	◯ No	
Other				◯ Yes	◯ No	

Other Qualifications

Please list any other qualifications that you have and which you believe should be considered.

_____

_____

_____

To be read and signed by the applicant

I authorize you to make investigations (including contacting current and prior employers) into my personal, employment, financial, medical history, and other related matters as may be necessary in arriving at an employment decision. 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 also understand that I am required to abide by all rules and regulations of the Company, Starwood Transport, LLC.

I understand that the information I provide regarding my current and/or prior 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. I understand that I have the right to:

- Review information provided by current/previous employers;
- Have errors in the information corrected by previous employers, and for those previous employers to resend 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.

This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge. Note: A motor carrier may require an applicant to provide more information than that required by the Federal Motor Carrier Safety Regulations.

Applicant's Signature: _____

Applicant's Name (Printed): _____

Today's Date: _____