



400 13th Street
 Albany, MN 56307
 Ph: 320-845-4500
 Fax: 1-320-845-7245

Application for Qualification for Independent Contractors

Applicant: read and sign before submitting this application.

The Age Discrimination in Employment 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. I understand that the information in this application will be used and that prior employers will be contacted for the purpose of investigating is required by 391.23 of the Federal Motor Carrier Safety Regulations.

 Signature of Applicant Date Signed

Name _____ Phone _____
 (First) (Middle) (Last)

*Emergency Contact _____
 (Name) (Relationship) (Phone)

Social Security Number _____ Date of Birth _____

Address _____
 (Street / P.O. Box)

 (City) (State) (Zip)

How long have you resided at this residence? _____

Email Address _____

Driver's License No. _____ State _____ Type/Class _____

Date of DOT Physical _____ N/A: How long have you had your CDL? _____

Has your license ever been suspended or revoked? Yes No If yes, please explain: _____

Have you ever been convicted of a felony or misdemeanor which resulted in imprisonment? Yes No

If yes, please explain: _____

A yes to the above questions does not necessarily disqualify an applicant from employment.

Is there any reason you might not be able to perform the functions of this job for which you have applied?

Including lifting in excess of 20 pounds on a daily basis. Yes No

If yes, please explain: _____

Personal References

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

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____



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Employment Record for Past 3 Years

Last or Present Employer Name: _____

Phone No. _____ Fax No. _____

Address: _____ City: _____ State: _____ Zip: _____

Position Held: _____ From: _____ To: _____ Salary: _____

Reason for leaving: _____

May we contact your present employer for references? Yes No

Second Last Employer Name: _____

Phone No. _____ Fax No. _____

Address: _____ City: _____ State: _____ Zip: _____

Position Held: _____ From: _____ To: _____ Salary: _____

Reason for leaving: _____

May we contact your present employer for references? Yes No

Third Last Employer Name: _____

Phone No. _____ Fax No. _____

Address: _____ City: _____ State: _____ Zip: _____

Position Held: _____ From: _____ To: _____ Salary: _____

Reason for leaving: _____

May we contact your present employer for references? Yes No

Education Background

Highest Grade Completed: _____ High School: _____ College: _____

Last School Attended _____
(Name) (Address)

Please list any additional information you feel might help us in choosing you as an employee. Why you over any other applicants? If you need more space feel free to add more pages, send any other information, job skills or resumes you may have.



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Accident Review for Past 3 Years:

	Nature of Accident		
(Date)	(Head-on, rear-end, upset, etc.)	Fatalities	Injuries
Last Accident _____	_____	_____	_____
Next Previous _____	_____	_____	_____
Next Previous _____	_____	_____	_____

Traffic Convictions and Forfeitures for the past 3 years other than parking:

Location	Date	Charge	Penalty
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Owner Operator Equipment List

Name: _____
 Make/Model: _____
 Year: _____
 Miles: _____
 Tire Size: _____
 Truck Number: _____



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**THE BELOW DISCLOSURE AND AUTHORIZATION LANGUAGE IS FOR MANDATORY USE BY ALL ACCOUNT HOLDERS
IMPORTANT DISCLOSURE**

REGARDING BACKGROUND REPORTS FROM THE PSP ONLINE SERVICE

In connection with your application for employment with Ramler Trucking Inc. ("Prospective Employer"), Prospective Employer, its employees, agents or contractors may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA). When the application for employment is submitted in person, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report.

When the application for employment is submitted by mail, telephone, computer, or other similar means, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer must provide you within three business days of taking adverse action oral, written or electronic notification: that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business day of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

Neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. You may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If you challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. Your request will be forwarded by the DataQs system to the appropriate state for adjudication.

Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with the Federal Motor Carrier Safety Regulations (FMCSR) violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

The Prospective Employer cannot obtain background reports from FMCSA without your authorization.

AUTHORIZATION

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

I authorize **Ramler Trucking, Inc.** ("Prospective Employer") to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.

I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate state for adjudication.

I understand that any crash or inspection in which I was involved will display on my PSP report. Since the PSP report does not report, or assign, or imply fault, I acknowledge it will include all CMV crashes where I was a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, I understand all inspections, with or without violations, will appear on my PSP report, and State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on my PSP report.

I have read the above Disclosure Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this Disclosure and Authorization, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Signature

Name (Please Print)

Date

NOTICE: This form is made available to monthly account holders by NIC on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain an Applicant's written or electronic consent prior to accessing the Applicant's PSP report. Further, account holders are required by FMCSA to use the language contained in this Disclosure and Authorization form to obtain an Applicant's consent. The language must be used in whole, exactly as provided. Further, the language on this form must exist as one stand-alone document. The language may NOT be included with other consent forms or any other language.

NOTICE: The prospective employment concept referenced in this form contemplates the definition of "employee" contained at 49 C.F.R. 383.5. Last Updated 12/22/2015



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Request for Driver's Safety Performance History Information from DOT Regulated Previous Employer(s)

Carrier Name: Ramler Trucking, Inc.
Address: 400 13th Street
Phone #: 320-845-4500

Contact Person: Chelsea Buerman
City, State, Zip: Albany, MN 56307
Confidential Fax #: 320-845-7245

Driver to Complete This Section

As a Commercial Motor Vehicle (CMV) Driver, I understand that per, the Federal Motor Carrier Safety Regulations (FMCSRs) Part 391.21, the following information will be requested from all previous employers for which I operated a CMV, subject to the FMCSR Parts 390 and/or 40, 382 & 383, within the past three years, from the date shown below. I also acknowledge that this information will be used in determining my eligibility to be hired, that I have the right to review this information and rebut any errors in these statements from my prior employers, as described in the FMCSR Part 391.23.

I _____, hereby authorize this company to release all records of employment, including assessments of my job performance, ability and fitness, (Print Name) including dates of any and all alcohol or drug tests. Those confirmed results and/or my refusal to submit to any alcohol or drug tests and any rehabilitation completion under direction of (SAP/MRO) to each and every company (or their authored agents) which may request such information in connection with my application for employment with said company. I hereby release this company, and it's employees, officers, directors, and agents from any and all liability of any type as a result of providing information to the above-mentioned person and/or company.

Previous Employer: _____ Contact Person: _____
Mailing Address: _____ City, State, Zip: _____
Telephone Number: _____ Fax Number: _____

I worked for this company from the dates of _____ to _____

Applicant's Signature _____ SSN or ID Number _____ D.O.B. _____ Today's Date _____

Section I - Past Employer to Complete >> Drug & Alcohol Information

Please provide the following drug and alcohol information as required by FMCSR Part 391.23 & 40.25. If no drug and alcohol information is available on above-named applicant check here.

Yes No

- 1. Any alcohol test with a result of 0.04 or higher alcohol concentration?
2. Any verified positive drug test?
3. Any refusals to be tested (including verified adulterated or substituted drug test results)?
4. Any other violations of DOT agency drug and alcohol testing regulations (Part 382 or Part 40)?
5. If this driver did successfully complete a SAP rehabilitation referral and remained in your employ, did he/she have any subsequent violations for: an alcohol test result of 0.04 or greater, a verified positive drug test or a refusal to test (including a verified adulterated/-substituted drug test result)?
6. If yes to any of the above questions, please provide documentation of successful completion of a SAP evaluation, prescribed treatment and return-to-duty requirements (including follow-up test) if they remained in your employ.*

*If this information is not available from the previous employer, you as a prospective employer, must get this information from the driver/applicant.

Drug and alcohol information needs to be kept in a separate personnel and/or confidential File.