# **C&O Transportation LLC**

### Driver Application

The Civil Rights Act of 1964 prohibits discrimination because of race, color, religion, ser, or national origin. PL90-202 prohibits discrimination because of age. The Americans with Disabilities Act prohibits discrimination because of disability. Note: Read and complete all portions of this proposal in your own hardwriting (legible) in ink (please print). Proposals that are incomplete or filled out in penell may be rejected. This form contains many questions which are required by law. Some of the language may unintentionally tend to puretay our proposed relationship as employee, employer. Nothing in this form should be read or understood to undermine the Independent Contractor relationship which is being proposed.

\*Proposal for Lease Contract or Contracted Driver Qualification Documents required to qualify a proposal for lease:

The following documents will be required prior to final approval. Please submit as soon as possible. Check if enclosed:

- Copy of current CDL with Hazardous Endorsement
- O Copy of your Social Security Card
- Copy of your DOT medical card

#### SECTION 1. Operating Status

- ☐ Independent Contractor (Team /Single)
- Fleet Owner (intending to drive)
- Contracted Driver for Fleet Owner:

| me   |  | onal Infor   |  | Date:   | - 17 A   | ome Phone: (                                   |                                  |                     |               |
|--|--|--|--|---|--|--|----------------------------------|---------------------|---------------|
| -  | (Lest)   |  | (First   | 0   | 49   |  |                                  |                     |               |
| sent A   | ddress:  |  |  |   |  |  | Long?                            |                     | ***           |
|  |  |  | Street   | City  | State Zi   | P Code   | *****                            | (Year               | s/ Month)     |
| anty:  |  |  |  |   |  |  | 200 CT TOWN - 450                |                     |               |
| ktress f   | for past 5 year  |  |  |   |  |  | How long?                        | Ofer                | Mosth)        |
| .,   | ***  |  | Street   | City  | 36   | de Zip Code                                    |                                  | (1em                | n panenti     |
|  |  |  | Street   | City  |  | ne Zip Code                                    | How long?                        | (Year               | a/ háonth)    |
| J-1 C-   | carity No.   |  | ource  |   | Date of Birth  |  | *The D.O.T. req                  | Co. There are       |               |
|  | county stor  |  |  |   | Date of Distric  |  |                                  |                     |               |
|  |  |  |  | List all driver   | licenses held i  | the last 5 years                               | (include mult                    | tiple lice          | uses)         |
| State  | Li   | cense Nun  | ıber   |   |  |  | Expiration .                     | Date                | Type          |
| ECTI   | all C Citize   | 1?   | If s   |   |  | o live and work                                | in the U.S.?                     |                     |               |
| re you<br>ow did<br>eve you                                      | you hear abo<br>a ever been k  | nown by anot   | her name? If   | yes, Name(s)  |  |  |                                  |                     |               |
| re you : ow did eve you hysic: ualifica                          | you hear about ever been ke<br>al Require<br>tion requirem<br>ON 5. Acc            | nown by anot<br>ments All a<br>ments. If you c<br>ident Reco                           | lo not meet to<br>ard (if none-  | t meet the D.O<br>be physical re  | T. and Roads<br>quirements y                                 | mmer Transports<br>on may be dissqu<br>fault): | tion Services,<br>natified per 4 | Inc. phy<br>9 CFR 3 | rsical<br>191 |
| re you : ow did eve you hysic: salifica                          | you hear about ever been ke<br>al Require<br>tion requirem<br>ON 5. Acc            | nown by anot<br>ments All a<br>ments. If you c<br>ident Reco                           | pplicants mus<br>lo not meet to<br>ord (if none-                               | t meet the D.O<br>be physical re<br>write none)                                 | T. and Roads<br>quirements y                                 | on may be disq                                 | walfied per 4                    | 9 CFR 3             | 91            |
| e you ow did<br>nve you<br>nysica<br>alifica<br>ECTI<br>st all a | you hear about ever been keal Requires tion requires tion 5. According times tivel | ments All a<br>ments All a<br>ments. If you d<br>ident Reco<br>vensus with<br>Were you | pplicants must<br>be not meet to<br>ord (if none-<br>any vehicle i<br>Were you | t meet the D.O<br>be physical re<br>write none)<br>or pest 5 years<br>Number of | T. and Roads<br>quirements y<br>(even if not at<br>Number of | fault):  Amount of                             | walfied per 4                    | 9 CFR 3             | ident?        |

|  | Location (State)  | Violation (If speeding, show rate of speed)   |   | Penalty (amount of fine        |                 |
|--|---|---|---|--------------------------------|-----------------|
| st all felonies of   | Record of Convictions, D<br>which you have ever been con<br>ed in connection with, or pied "<br>City/State/County   | victed: and all misdemes  | more that you pled "pri   | ges<br>lty* to, been<br>Felony | convicted of, h |
| List all unresoli<br>Month/Year  | red charges pending in the judic<br>City /State /County   | cial system (if none, write<br>Charges  | "none")<br>Sentence   | Falony                         | Misdemeen       |
|  |   |   |   |                                |                 |
| Explain  |   | a 1241 S ROESC HIVOHANIATI  | y terminated?   | Yes N                          | 0               |
| While operating careless driving, explain in the last 5 years operations of a receptain  | a commercial vehicle have you<br>or careless operation, or are an<br>a have you been convicted of n<br>notor vehicle, or are any charge   | t ever been convicted of n<br>ty charges pending?<br>ecklese driving, careless of<br>a pending?   | reckiess driving,<br>briving, or careless   | Yes No                         | •               |
| While operating careless driving, explain the last 5 years operations of a receptain lave you ever behicle or are the Explain lave you ever behicle or are the lave you ever b | a commercial vehicle have you or careless operation, or are an above you been convicted of motor vehicle, or are any charge een convicted of an alcohol or eare any charges pending?  | t ever been convicted of n<br>sy charges pending?<br>ecklese driving, careless of<br>s pending?   | eckiess driving,  briving, or careless  coperating a motor  | Yes No                         | •<br>-<br>•     |
| While operating careless driving, explain the last 5 years operations of a receptain.  In the last 5 years operations of a receptain lave you ever be related or are the explain.  Inve you ever be related to the explain lave you ever faceptain lave you ever faceptain lave you ever facepted for em   | a commercial vehicle have you or careless operation, or are an above you been convicted of motor vehicle, or are any charge een convicted of an alcohol or ere any charges pending?   | t ever been convicted of a<br>sy charges pending?   | eckiess driving,  kriving, or careless  coperating a motor  c drug, marijuana amphe by charges pending?   | Yes No                         | •               |
| While operating careless driving, explain in the last 5 years operations of a receptation o | a commercial vehicle have you or careless operation, or are an above you been convicted of motor vehicle, or are any charge een convicted of an alcohol or ere any charges pending?   | t ever been convicted of a y charges pending?  eckiese driving, careless of a pending?  drug related offerse while the or transfer of a narcoti ation of alcohol, or are an ent drug or alcohol test with the contract of the con | reckiess driving,  kriving, or careless  c operating a motor  c drug, marijuana amphe ny charges pending? | Yes No                         | o               |
| While operating careless driving, explain the last 5 years operations of a receptation of a | a commercial vehicle have you or careless operation, or are an above you been convicted of remotor vehicle, or are any charge een convicted of an alcohol or are any charges pending? | t ever been convicted of a sy charges pending?  | reckiess driving,  briving, or careless  coperating a motor  c drug, marijuana amphe by charges pending?  | Yes No                         | o               |

) )

#### SECTION 9. Personal History For Past 10 Years

Reason for Leaving:

Begin with your present experience and work backward in order, listing all of your lessons and employers, driving school and other training programs, periods of military service, self-employment and unemployment for at least 10 years.

All time for the past 10 years must be accounted for. Use supplementary sheet if necessary. Fill in all blanks.

| Dates: From Month/Yearto  |            | Were you subject to DOT Regulations?         |
|---------------------------|------------|--|
| Сонирану:                 |            | Were you subject to Drug & Alcohol Testing?: |
| Address:                  |            | Position Held: Weekly Earnings:              |
| City:                     |            | Type of Equipment                            |
| Telephone:                |            | Number of Accidents:                         |
| Supervisor:               |            |  |
| Reason for Leaving:       |            | Full or Part-Time: Hours or Miles/Week       |
| Dates: From Month/Year to |            | Were you subject to DOT Regulations?         |
| Company:                  |            | Were you subject to Drug & Alcohol Testing?: |
| Address:                  |            | Position Held:Weekly Earnings:               |
| City:                     |            | Type of Equipment                            |
| Telephone:                |            | Number of Accidents:                         |
| Supervisor:               |            | Total miles Driven:                          |
| Reason for Leaving:       |            | Full or Part-Time: Hours or Miles/Week       |
| Dates: From Month/Yearto  |            | Were you subject to DOT Regulations?         |
| Сотрану:                  |            | Were you subject to Drug & Alcohol Testing?: |
| Address:                  |            | Position Held: Weekly Earnings:              |
| City:                     | State:     | Type of Equipment:                           |
| Telephone:                |            |  |
| Supervisor:               |            | Total miles Driven:                          |
| Reason for Leaving:       |            | Full or Part-Time: Hours or Miles/Week       |
| Dates: From Month/Year to | ********** | Were you subject to DOT Regulations?         |
| Company:                  |            | Were you subject to Drug & Alcohol Testing?: |
| Address:                  |            | Position Held: Weekly Earnings:              |
| City:                     | State:     | Type of Equipment                            |
| Telephone:                |            | Number of Accidents:                         |
| Sapervisor:               |            | Total miles Driven:                          |

All time for the past 10 years must be accounted for. Use supplementary sheet if necessary. Fill in all blanks.

Full or Part-Time:

Hours or Miles/Week

This information provided may be used, and previous employers / carriers will be contacted for the purpose of investigating safety performance history information. You have the right to review safety related information provided by past employers / carriers. To obtain this information you must, in writing, submit a request when submitting this, or within 30 days of being notified of denial. You also have the right to have errors in information corrected by previous employers / carriers and resubmitted to Roadrunner Transportation Services, Inc. You also have the right to have a rebuttal statement attached to erroneous information if you and your previous employer / carrier cannot agree on the accuracy of the information.

## CONFIDENTIAL WORK HISTORY INQUIRY

WORK HISTORY INQU

| Former Company  | Address   | Câny  |                     | Sta       | te Z                                    |
|---|---|---|---------------------|-----------|---|
| I hereby authorize all my former<br>TRANSPORTATION SERVICES<br>for Independent Contractor / lea<br>SAFETY REGULATIONS. I h<br>result of providing this informat | S INC. when such info<br>se driver, as required b<br>screby release my form | rmation is requested<br>v Section 391.23 of | in connection with  | th my apr | ARRIER                                  |
| X Signature   |   | Date  |                     |           |   |
| Name of Former Employee:  | N KONTON  | Socia                                       | l Security #:       |           |   |
| Please answer the following qu  | estions:  |   |                     |           |   |
| 1. Did this person work for you as a _  | If no correct dates i   | nnto  | ? Yes               | No_       |   |
| 2. Accidents: Number of D.O.T Repo  | stable Number of  | Chancable No.                               |                     |           |   |
| 3. Has this person ever tested positive   | for a controlled enhance  | CHARGESONS NU                               | moet of Mon-Charges | sec       |   |
| 4. Has this person ever had an alcohol  | tect with a Death Alaska!   | O   |                     | Yes_      | _No                                     |
| Has this person superafrond a   | ind test for deep and it is   | Concentration of 0.04 o                     | t Steater.          | Yes_      | _No                                     |
| 5. Has this person ever refused a requi   | ned test for drugs of sicond  |   |                     |           |   |
| 6. Has this person violated other DOT   |   |   |                     | Yes_      | _No                                     |
| 7. Has a previous employer reported I   | JU I drug or akcopol violati  | one for this individual?                    |                     | Ycs_      | _No                                     |
| 8. Why did this person leave your com   |   |   |                     |           |   |
| 9. Would you re-qualify this person?  | YesNo(Please  | explain)                                    |                     |           |   |
| 10. If qualified as a driver, please answ   | er the following:   | NS 1 AND THE                                |                     |           |   |
| a. Type of driver: Company drive b. Type of equipment: Tractor  | Type of Te  | Cher  | <u> </u>            |           |   |
| - Comment of Chesting   | . Commoditi   | es transported                              | urpment             |           | فتت                                     |
| Q. Periormance?   |   |   |                     |           |   |
| Customer Relations?      Reliability  |   |   | N=0.0               |           | - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 |
| L Kensolmy  |   |   |                     |           |   |
| 1. Additional comments:   |   |   |                     |           |   |
|   |   |   |                     |           |   |
| Signature   |   | Date  | Company             |           | -                                       |

This person on his/her application has listed your firm. Please reply to this inquiry respectfully. Please note, your company has been waived of all potential liability, per FMCSR 391.23 (i) (1). PLEASE BE FACTUAL and return to: