



DRIVER'S APPLICATION TO LEASE EQUIPMENT AS AN OWNER OPERATOR, OR TO DRIVE FOR AN OWNER/OPERATOR WHO HAS EQUIPMENT LEASED TO REXDON INC., CHARLESTON, IL. THIS APPLICATION MUST BE COMPLETED IN IT'S ENTIRETY AND RETURNED TO:

REXDON INC.
2515 18th St., P.O. Box 197
Charleston, IL 61920

Date of Application _____ Check One: () Owner Operator () Drive for Owner Operator

How did you hear about us (Name/Source): _____

Describe your equipment:

Year _____ Make _____ Type _____ S/A or Twin _____

Name: _____
Last First Middle

Address: _____
Street City State Zip

Phone: (____) _____ - _____ Social Security No. _____

How long at present address? _____ Person to contact in emergency: _____
Name Phone

Do you have the legal right to work in the United States? _____

Date of birth: _____
Driver Lic. # _____ State _____ Type _____ Date of Issue: _____ Date of Expiration: _____
Attach current MVR if available.

- A. Have you ever been denied a driver's license? () Yes () No
- B. Has your license ever been suspended or revoked? () Yes () No

If answer is yes to A or B attach full details on separate page.

Driving Experience - MUST be completed:

Class of Equipment	Type of Equipment Van, Tank, Flat, Pups	Dates		Approximate Number of Miles
		From	To	
Straight Truck				
Tractor & Semi-Trl.				
Tractor & Two Trls.				
Other				

List States operated in for last 5 years: _____
Show special courses or training that will help you as a driver: _____
Which safe driving awards do you hold and from whom? _____

Do you have any physical condition which may limit your ability to drive in our service? () Yes () No
Are you physically capable of heavy manual work? () Yes () No
How much time lost from work in the past three years? _____

Are you willing to take a physical DOT test and drug test at your own expense when required? () Yes () No

Do you have a current qualification card and proof of negative drug test from another carrier? () Yes () No
(if yes, supply photo copy if possible)

EDUCATION:

Circle highest grade completed: 1 2 3 4 5 6 7 8 High School: 1 2 3 4 College: 1 2 3 4

Last school attended: _____
Name City

JOB HISTORY:

All driver applicants to drive in interstate or foreign commerce must provide the following information covering at least the last seven years. List in reverse order starting with present or most recent employer or company leased to as an owner-operator.

Employer Name _____ Date: From _____ To _____
Address _____
Street City State Zip
Contact Person _____ Position _____ Phone _____

Employer Name _____ Date: From _____ To _____
Address _____
Street City State Zip
Contact Person _____ Position _____ Phone _____

Employer Name _____ Date: From _____ To _____
Address _____
Street City State Zip
Contact Person _____ Position _____ Phone _____

Employer Name _____ Date: From _____ To _____
Address _____
Street City State Zip
Contact Person _____ Position _____ Phone _____

Employer Name _____ Date: From _____ To _____
Address _____
Street City State Zip
Contact Person _____ Position _____ Phone _____

Employer Name _____ Date: From _____ To _____
Address _____
Street City State Zip
Contact Person _____ Position _____ Phone _____

Employer Name _____ Date: From _____ To _____
Address _____
Street City State Zip
Contact Person _____ Position _____ Phone _____

ACCIDENT RECORD for past seven years. List in reverse order starting with most recent.

Date _____ Nature of accident _____
Fatalities? () Yes () No Injuries? () Yes () No Were you at fault? () Yes () No

Date _____ Nature of accident _____
Fatalities? () Yes () No Injuries? () Yes () No Were you at fault? () Yes () No

Date _____ Nature of accident _____
Fatalities? () Yes () No Injuries? () Yes () No Were you at fault? () Yes () No

Date _____ Nature of accident _____
Fatalities? () Yes () No Injuries? () Yes () No Were you at fault? () Yes () No

Date _____ Nature of accident _____
Fatalities? () Yes () No Injuries? () Yes () No Were you at fault? () Yes () No

Date _____ Nature of accident _____
Fatalities? () Yes () No Injuries? () Yes () No Were you at fault? () Yes () No

Traffic convictions and forfeitures for past seven years:

Date _____ Location _____
 Charge _____ Penalty _____

Date _____ Location _____
 Charge _____ Penalty _____

Date _____ Location _____
 Charge _____ Penalty _____

Date _____ Location _____
 Charge _____ Penalty _____

Date _____ Location _____
 Charge _____ Penalty _____

Date _____ Location _____
 Charge _____ Penalty _____

Date _____ Location _____
 Charge _____ Penalty _____

PREVIOUS PRE-EMPLOYMENT EMPLOYEE ALCOHOL AND DRUG TEST STATEMENT:

The prospective Lessee is required by Sec. 40.25(j) to respond to the following questions.

- 1) Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years?

 Check one: _____ Yes _____ No

- 2) If you answered yes, can you provide/obtain proof that you've successfully completed the DOT return-to-duty requirements?

 Check one: _____ Yes _____ No

BY SIGNING THIS APPLICATION I AGREE TO THE FOLLOWING CONDITIONS:

If chosen to lease on with REXDON INC. as an owner operator to operate as an independent contractor, I agree to establish myself as an independent contractor by putting my name and address on my tractor in addition to REXDON placards.

I recognize and agree I am responsible for periodic inspections of my vehicle as per company requirements and federal law. I am responsible for the upkeep and maintenance of my vehicle, including tires. I am responsible for fuel, cost of physical damage insurance on my tractor if any, the filing and payment of all highway taxes, the cost of state license plates, and all other truck expense.

Furthermore, as an independent contractor I am responsible to file and pay my own payroll taxes of any nature and the cost of workman's compensation insurance as required now or in the future. I agree to abide by all the terms and conditions of REXDON equipment lease and addendum to same.

I certify 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. I authorize REXDON to make such investigations and inquiries of my personal employment, medical history and other related matters prior to their decision to use my services, or later at their discretion. I understand any false or misleading information supplied by me may result in cancellation of any lease agreements entered into with REXDON.

Prior to driving in REXDON' service as an owner operator or as a driver for an owner operator, I agree I must pass a required DOT physical and drug and alcohol test and furnish a copy of same to REXDON Safety Department. My express permission is hereby given for REXDON to require me to submit successfully to their tests and exams, and to their judgement as to whether or not I am qualified and needed to drive a truck in their service.

I recognize and agree I will not be an employee of REXDON and they are not my employer by my signing a lease with them or driving for an owner operator who is leased to REXDON.

Signature of Independent Contractor _____ **Date** _____

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 _____ (“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 days 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 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 _____ (“Prospective Employer”) to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am authorizing the release of safety performance 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.

Date: _____

Signature

Name (Please Print)

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



I, _____, hereby authorize you to release the following to REXDON INC., for the purpose of investigation as required by Sec. 391.23, 382.405(f) and 382.413 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information.

NOTIFICATION OF PRIOR EMPLOYER CHECK – Please be advised that the information provided on this application may be used for the purpose of investigating applicant’s Safety Performance history, Drug and Alcohol Substance abuse. Past Employers from the previous three years will be contacted for this purpose.

NOTIFICATION OF DUE PROCESS RIGHTS – Please be advised the applicant has the right to review, request correction, or refute any information provided by previous employers. To do this, applicant must submit a written request at any time from the date of the application up to 30 days after beginning employment/lease or being denied employment/lease. This information shall be provided within five business days after receiving written request.

DRIVER SIGNATURE DATE

TO PREVIOUS EMPLOYER: _____ First Request ___
_____ Second Request ___
Phone number _____ Fax number _____ Third Request ___

Dear Sir/Madam:

_____ has made application to REXDON INC. and states that he/she was employed by your company from _____ to _____. DOT Rul 49CFR Parts 390 and 391 require prospective employers to obtain a three-year record of their applicants’ accident and drug & alcohol testing history. Previous employers must provide a driver’s new or potential employer with detailed information about that driver’s safety performance ... within 30 days, upon request. We formally request that a qualified company representative complete and return within 3 days, the information deemed confidential. Thank you for your cooperation.

REXDON INC. Representative

NAME: _____ Social Security # _____

- 1. Employed / Leased by you from _____ to _____ as _____
- 2. Did he/she drive a motor vehicle for you? () Yes () No What type? _____
- 3. Was he/she a safe and efficient driver? () Yes () No
- 4. Number of accidents during their tenure? _____ Number chargeable? _____
- 5. Reason for leaving your company: () Terminated () Resigned () Laid off
- 6. Was his/her general conduct satisfactory? () Yes () No
- 7. Is driver eligible for re-hire? () Yes () No
- 8. In the last three years was the driver enrolled in a drug and alcohol D.O.T. program? () Yes () No
- 9. Does the program conform to 49 C.F.R. Part 40? () Yes () No
- 10. In the last three years has the driver received an Alcohol test with an alcohol concentration result of .004 or greater?
- 11. In the last three years has the driver received a positive drug test? () Yes () No
- 12. In the last three years has the driver refused to take a drug or alcohol test? () Yes () No
- 13. Have you received any information from previous employers regarding positive drug or alcohol testing? () Yes () No

Signature of Previous Employer / Position Date

P.O. Box 197 Charleston IL 61920
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www.rexdon.com