
References:

Name	Address	Phone No.

YOUR HISTORY

You must provide the following information on all your prior employers or regarding all other companies that leased equipment from you during the preceding 10 years. List complete mailing addresses, street numbers, cities, states and zip codes.

To drive a commercial motor vehicle* in intrastate or interstate commerce you must also provide an additional 7 years' information on those employers or contract parties for whom you operated a vehicle.

(NOTE: List in reverse order starting with the most recent. Add another sheet as necessary)

1. Name: _____ DATES From: _____ To: _____
(EMPLOYER OR CONTRACT PARTY)
Address: _____ Position Held: _____
City: _____ State: _____ Zip: _____
Contact Person: _____ Phone: _____
Reason for Leaving: _____
2. Name: _____ DATES From: _____ To: _____
(EMPLOYER OR CONTRACT PARTY)
Address: _____ Position Held: _____
City: _____ State: _____ Zip: _____
Contact Person: _____ Phone: _____
Reason for Leaving: _____
3. Name: _____ DATES From: _____ To: _____
(EMPLOYER OR CONTRACT PARTY)
Address: _____ Position Held: _____
City: _____ State: _____ Zip: _____
Contact Person: _____ Phone: _____
Reason for Leaving: _____
4. Name: _____ DATES From: _____ To: _____
(EMPLOYER OR CONTRACT PARTY)
Address: _____ Position Held: _____
City: _____ State: _____ Zip: _____
Contact Person: _____ Phone: _____
Reason for Leaving: _____
5. Name: _____ DATES From: _____ To: _____
(EMPLOYER OR CONTRACT PARTY)
Address: _____ Position Held: _____
City: _____ State: _____ Zip: _____
Contact Person: _____ Phone: _____
Reason for Leaving: _____
6. Name: _____ DATES From: _____ To: _____

 (EMPLOYER OR CONTRACT PARTY)
 Address: _____ Position Held: _____
 City: _____ State: _____ Zip: _____
 Contact Person: _____ Phone: _____
 Reason for Leaving: _____

7. Name: _____ DATES From: _____ To: _____
 (EMPLOYER OR CONTRACT PARTY)
 Address: _____ Position Held: _____
 City: _____ State: _____ Zip: _____
 Contact Person: _____ Phone: _____
 Reason for Leaving: _____

8. Name: _____ DATES From: _____ To: _____
 (EMPLOYER OR CONTRACT PARTY)
 Address: _____ Position Held: _____
 City: _____ State: _____ Zip: _____
 Contact Person: _____ Phone: _____
 Reason for Leaving: _____

9. Name: _____ DATES From: _____ To: _____
 (EMPLOYER OR CONTRACT PARTY)
 Address: _____ Position Held: _____
 City: _____ State: _____ Zip: _____
 Contact Person: _____ Phone: _____
 Reason for Leaving: _____

* Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

ACCIDENT RECORD

Provide accident record for past 3 years or more (attach sheet if more space is needed). If none, write none.

<u>Date</u>	<u>Nature of Accident</u> (Head-on, Rear-end, Upset, etc...)	<u>Injuries</u>	<u>Fatalities</u>
Last Accident			
Next Previous			
Next Previous			
Next Previous			

TRAFFIC CONVICTIONS AND FORFEITURES

List traffic convictions and forfeitures for the past 5 years (other than parking violations) if none, write none

<u>Location</u>	<u>Date</u>	<u>Charge</u>	<u>Penalty</u>

Driver's License Denial, Revocation, or Suspension

Have you at any time been denied a driver's license or had a driver's license suspended or revoked?

Yes or, No

If Yes, to the above, please provide a statement below setting forth in detail the facts and circumstances of any and all denials, revocations, or suspensions of any license, permit, or privilege to operate a motor vehicle.

(Attach sheet if more space is needed)

FMCSR

Were you subject to the FMCSRs while in your previous jobs ? Yes No

Safety Sensitive Function

Have you ever had a job that was designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40; (11)?

Yes No

EDUCATION

Check 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)

EXPERIENCE AND QUALIFICATIONS

<u>State of Driver License</u>	<u>License No.</u>	<u>Type</u>	<u>Expiration</u>

DRIVING EXPERIENCE: If None, Write None

<u>Class of Equipment</u>	<u>Type of Equipment</u> (Van, Tank, Flat, etc...)	<u>Dates</u>	<u>Approximate Total</u> <u>No. of Miles</u>
Straight Truck			
Tractor and Semi-Trailer			
Tractor – Two Trailers			
Motorcoach – School Bus			
Other			

List states operated in for last five years: _____

List special courses or training that will help you as a driver: _____

Which safe driving awards do you hold and from whom? _____

EXPERIENCE AND QUALIFICATIONS – OTHER

Show any trucking, transportation or other experience that may help in considering you as a Leased Driver.

List courses and training other than shown elsewhere on this form

List special equipment or technical materials you can have experience with (other than those already shown)

ACKNOWLEDGEMENT AND CERTIFICATION
MUST BE READ, DATED AND SIGNED

This certifies that this form 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 you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at a decision regarding contracting with me or leasing equipment from me.

I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with your consideration of me as a leased driver.

I understand that false or misleading information given on this form or interview(s) may result in termination of any contract I may enter into with you. I understand, also, that I am required to abide by all safety rules and regulations of the Company.

(Signature)

(Date)

NOTICE: Insurance Requirements for Owner/Operators
Contracted to Orscheln Farm and Home LLC

Orscheln Farm and Home (Orscheln) will provide auto liability insurance for the Owner/Operator's truck when it is being operated for Orscheln.

Owner/Operator(O/O) must maintain the following minimum insurance coverages during the term of this Agreement:

1. **NON-TRUCKING LIABILITY.** The O/O must carry auto liability insurance that covers the O/O's truck when it is not being operated for Orscheln or when it is not pulling Orscheln's trailers (non-trucking liability insurance) with a limit of \$1,000,000 per accident.
2. **WORKERS' COMPENSATION/OCCUPATIONAL ACCIDENT INSURANCE.** If the O/O hires a driver for his truck, he must provide workers' compensation insurance coverage. If the O/O is the only owner and the only operator of the truck he may, as an alternative, obtain occupational accident insurance with a contingent liability endorsement
3. **OTHER INSURANCE.** Other insurance coverage on the truck such as collision, comprehensive, or fire and specified perils is the responsibility of the O/O.

The O/O must furnish certificates of insurance to Orscheln certifying that the required insurance coverages are in place.

PROCESS RECORD

Date of Contract: _____ Declined Contract: _____
(If contract declined, summary report of reasons should be placed in file)

THIS SECTION TO BE FILLED IN BY COMPANY REPRESENTATIVE

	Superior	Good	Fair	Average	Poor	Written Record on File
1. Contract Form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Interview	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Past Experience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Written Exam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Road Test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Criminal & Traffic Convictions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signature of interviewing officer _____

TERMINATION OF CONTRACT

Date Contract Terminated _____