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**Leaders in Transportation Solutions. Excellence in Service.**

# OWNER-OPERATOR APPLICATION FOR CONTRACT HIRE

Applicants are considered for positions without regard to race, color, religion, creed, age, sex, handicap, or national origin.

**All areas of application must be accurately completed. Thank you.**

(Please attach separate sheet if more space is needed.)

## PERSONAL INFORMATION

TODAY'S DATE: \_\_\_\_\_

FULL NAME: \_\_\_\_\_ MAIDEN NAME (if any): \_\_\_\_\_  
(FIRST) (MIDDLE INITIAL) (LAST)

HOME PHONE NUMBER: \_\_\_\_\_ CELLULAR PHONE NUMBER: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_  
(STREET)

\_\_\_\_\_  
(CITY) (STATE) (ZIP CODE)

ADDRESSES FOR PAST THREE YEARS:

\_\_\_\_\_  
(STREET) (CITY) (STATE) (ZIP CODE)

\_\_\_\_\_  
(STREET) (CITY) (STATE) (ZIP CODE)

\_\_\_\_\_  
(STREET) (CITY) (STATE) (ZIP CODE)

EMERGENCY CONTACT: \_\_\_\_\_  
(NAME) (ADDRESS) (TELEPHONE)

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_ The U.S. Department of Transportation requires that driver applicants state their date of birth (391.21 (b)(2)).

SOCIAL SECURITY NUMBER: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Are you a citizen of the United States? YES  NO   
 If no, do you possess a valid work permit? YES  NO

## EXPERIENCE & QUALIFICATIONS

DRIVER'S LICENSE NUMBERS: \_\_\_\_\_ STATE: \_\_\_\_\_ TYPE: \_\_\_\_\_ EXP. DATE: \_\_\_\_\_  
 \_\_\_\_\_ STATE: \_\_\_\_\_ TYPE: \_\_\_\_\_ EXP. DATE: \_\_\_\_\_  
 \_\_\_\_\_ STATE: \_\_\_\_\_ TYPE: \_\_\_\_\_ EXP. DATE: \_\_\_\_\_

Have you ever been convicted of a felony? Yes  No  If yes, please explain: \_\_\_\_\_

Have you ever been convicted of DUI/DWI or reckless driving? Yes  No  If yes, please explain: \_\_\_\_\_

Have you tested positive or refused a drug screen in the past 2 years? Yes  No  If yes, please explain: \_\_\_\_\_

Have you ever had any license, permit or privilege suspended or revoked? Yes  No  If yes, please explain: \_\_\_\_\_

## PHYSICAL HISTORY

Date of Last USDOT Physical Examination: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Doctor's Name: \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_ Address: \_\_\_\_\_

## 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: \_\_\_\_\_

Driving School: \_\_\_\_\_

## TO BE READ AND SIGNED BY APPLICANT

This certifies that 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 understand that any false, misleading, or misrepresentation of information given shall be considered an act of dishonesty and grounds for refusing a contract hire opportunity or terminating lease agreement.

I agree and understand that the company may investigate my background, including my past employment, education, and driving record. I further agree to indemnify Summit Express, Inc. against any liability that may result from making such an investigation.

I understand that if offered a contract hire opportunity, I will be required to take a physical examination if applicable, and a pre-employment drug screen and authorize the company chosen physician to release any information which may be necessary to determine my ability to perform the duties of the job.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## PREVIOUS EMPLOYERS

The U.S Department of Transportation requires commercial driving experience to be listed for past 10 years.

Previous Employer Name: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone No.: (\_\_\_\_) \_\_\_\_\_  
Dates of Employment: From \_\_\_\_\_ to \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Previous Employer Name: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone No.: (\_\_\_\_) \_\_\_\_\_  
Dates of Employment: From \_\_\_\_\_ to \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Previous Employer Name: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone No.: (\_\_\_\_) \_\_\_\_\_  
Dates of Employment: From \_\_\_\_\_ to \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Previous Employer Name: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone No.: (\_\_\_\_) \_\_\_\_\_  
Dates of Employment: From \_\_\_\_\_ to \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Previous Employer Name: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone No.: (\_\_\_\_) \_\_\_\_\_  
Dates of Employment: From \_\_\_\_\_ to \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Previous Employer Name: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone No.: (\_\_\_\_) \_\_\_\_\_  
Dates of Employment: From \_\_\_\_\_ to \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Previous Employer Name: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone No.: (\_\_\_\_) \_\_\_\_\_  
Dates of Employment: From \_\_\_\_\_ to \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

(PLEASE ATTACH SEPARATE SHEET IF MORE SPACE IS NEEDED.)

## DRIVING EXPERIENCE

TYPE	TRAILER LENGTH	DATES: FROM	DATES: TO	APPROXIMATE # OF MILES (TOTAL)	STATES OPERATED
Tractor with Flatbed					
Tractor with Van					
Tractor with Reefer					
Tractor with Tank					
Straight Truck					
Other (specify)					
Other (specify)					

## MOTOR VEHICLE ACCIDENT RECORD FOR PAST 3 YEARS (PRECEDING DATE OF APPLICATION)

DESCRIPTION OF ACCIDENT	DATE	LOCATION	INJURIES OR FATALITIES	TYPE OF VEHICLE

## TRAFFIC VIOLATIONS IN PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

DATE	VIOLATION	LOCATION	PENALTY

A.) Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES  NO

B.) Has any license, permit or privilege ever been suspended or revoked? YES  NO

(If the answer to questions A and/or B is YES, please attach statement giving details.)