

## OWNER OPERATOR APPLICATION

In compliance with Federal and State laws, qualified applicants are considered without regard to race, color, religion, sex, national origin, age, marital status, or the presence of a non-job related medical condition or handicap.

First Name:	Last Name:	Initial:	Date of Birth:
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Social Security Number:	Telephone Number:
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Cell Phone Number:	Email:
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**ADDRESS(ES) FROM LAST THREE YEARS:**

Street	City	State	ZIP
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Street	City	State	ZIP
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Street	City	State	ZIP
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**IN CASE OF EMERGENCY PLEASE NOTIFY:**

First Name:	Last Name:	Relationship:
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Street	City	State	ZIP
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Telephone Number:	Cell Phone Number:	Email:
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How did you hear about us ?

Have you ever worked with F2 Freight Group, Inc ?    Yes        No    If YES, please give the dates & reason for leaving:

After qualification, can you submit evidence that you are at least 23 years of age?	Yes	No
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Is there any reason you might be unable to perform the functions of the job for which you have applied?	Yes	No
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**DRIVING EXPERIENCE/RECORD: (List all driver licenses held during the last 3 years.)**

STATE	LICENSE #	ENDORSEMENTS	EXPIRATION DATE

All applicants to drive in intra/interstate commerce must provide the following information on all companies worked for **during the preceding 10 years.** (Use the second sheet provided as necessary.)

Employer Name:	Date From:	To:
Address:	Telephone:	
Position:	Supervisor:	
Description of Duties:		
Commodity Hauled:	Reason for Leaving:	
Were you subject to FMCSR's?	Yes	No
Was this job safety sensitive subject to drug and alcohol testing?	Yes	No

Employer Name:	Date From:	To:
Address:	Telephone:	
Position:	Supervisor:	
Description of Duties:		
Commodity Hauled:	Reason for Leaving:	
Were you subject to FMCSR's?	Yes	No
Was this job safety sensitive subject to drug and alcohol testing?	Yes	No

Employer Name:	Date From:	To:
Address:	Telephone:	
Position:	Supervisor:	
Description of Duties:		
Commodity Hauled:	Reason for Leaving:	
Were you subject to FMCSR's?	Yes	No
Was this job safety sensitive subject to drug and alcohol testing?	Yes	No

Employer Name:	Date From:	To:
Address:	Telephone:	
Position:	Supervisor:	
Description of Duties:		
Commodity Hauled:	Reason for Leaving:	
Were you subject to FMCSR's?	Yes	No
Was this job safety sensitive subject to drug and alcohol testing?	Yes	No

Employer Name:	Date From:	To:
Address:	Telephone:	
Position:	Supervisor:	
Description of Duties:		
Commodity Hauled:	Reason for Leaving:	
Were you subject to FMCSR's?	Yes	No
Was this job safety sensitive subject to drug and alcohol testing?	Yes	No

Employer Name:	Date From:	To:
Address:	Telephone:	
Position:	Supervisor:	
Description of Duties:		
Commodity Hauled:	Reason for Leaving:	
Were you subject to FMCSR's?	Yes	No
Was this job safety sensitive subject to drug and alcohol testing?	Yes	No

All applicants to drive in intra/interstate commerce must provide the following information on all companies worked for **during the preceding 10 years**. If this sheet is left empty, I acknowledge my employment record is complete on the previous sheet:

Employer Name:	Date From:	To:
Address:	Telephone:	
Position::	Supervisor:	
Description of Duties:		
Commodity Hauled:	Reason for Leaving:	
Were you subject to FMCSR's?	Yes	No
Was this job safety sensitive subject to drug and alcohol testing?	Yes	No
Employer Name:	Date From:	To:
Address:	Telephone:	
Position::	Supervisor:	
Description of Duties:		
Commodity Hauled:	Reason for Leaving:	
Were you subject to FMCSR's?	Yes	No
Was this job safety sensitive subject to drug and alcohol testing?	Yes	No
Employer Name:	Date From:	To:
Address:	Telephone:	
Position::	Supervisor:	
Description of Duties:		
Commodity Hauled:	Reason for Leaving:	
Were you subject to FMCSR's?	Yes	No
Was this job safety sensitive subject to drug and alcohol testing?	Yes	No
Employer Name:	Date From:	To:
Address:	Telephone:	
Position::	Supervisor:	
Description of Duties:		
Commodity Hauled:	Reason for Leaving:	
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Was this job safety sensitive subject to drug and alcohol testing?	Yes	No
Employer Name:	Date From:	To:
Address:	Telephone:	
Position::	Supervisor:	
Description of Duties:		
Commodity Hauled:	Reason for Leaving:	
Were you subject to FMCSR's?	Yes	No
Was this job safety sensitive subject to drug and alcohol testing?	Yes	No
Employer Name:	Date From:	To:
Address:	Telephone:	
Position::	Supervisor:	
Description of Duties:		
Commodity Hauled:	Reason for Leaving:	
Were you subject to FMCSR's?	Yes	No
Was this job safety sensitive subject to drug and alcohol testing?	Yes	No
Employer Name:	Date From:	To:
Address:	Telephone:	
Position::	Supervisor:	
Description of Duties:		
Commodity Hauled:	Reason for Leaving:	
Were you subject to FMCSR's?	Yes	No
Was this job safety sensitive subject to drug and alcohol testing?	Yes	No

**PREVIOUS 3 YEARS DRIVING RECORD (391.27)**

Have you had any accidents in any vehicle in the prior 3 years? Yes    No    If yes, list below:

Month/Year	Type of Accident	Type of Vehicle	Injuries or Fatalities

**TRAFFIC CONVICTIONS & FORFEITURES**

Have you incurred convictions or forfeitures (other than parking violations) in the prior 3 years? Yes    No    If yes, list below:

Month/Year	Location	Charge	Penalty

Has your license been revoked or suspended during the previous 3 years? Yes    No    If yes, give circumstances:

**EDUCATION & MILITARY STATUS:**

Check Highest Grade Completed: 1 2 3 4 5 6 7 8 High School: 1 2 3 4 or GED College/Trade: 1 2 3 4

Have you served in the U.S. Armed Forces? Yes    No    Branch:

Dates: From:                      To:                      Reserve Status:                      Rank at Discharge:

**ADDITIONAL INFORMATION & EDUCATION:**

Add any additional information you regard as pertinent to the position for which you have applied:

**CLASS OF EQUIPMENT                      TYPE OF EQUIPMENT                      DATES: From:                      To:                      APPROX # OF MILES**

Tractor & Trailer			
Tractor & Doubles			
Light Weight			
Other			

**CFR 49 PART 382.413**

This information will be verified with all previous employers for the prior three years, in accordance with Department of Transportation regulations:

Have you ever tested positive for controlled substances?	Yes	No
Have you ever tested at .04 or higher alcohol concentration?	Yes	No
Have you ever refused to submit to a controlled substance or alcohol test?	Yes	No
Have you ever tested positive or refused a pre-employment drug or alcohol test?	Yes	No

If you have answered YES to any of the above questions, please provide documentation from the Substance Abuse Professional of your release.

**HAVE YOU EVER BEEN CONVICTED OF, FORFEITED BOND OR COLLABORATED UPON, ANY OF THE FOLLOWING CHARGES:**

A felony? (If YES, explain in detail, giving dates, etc.)	Yes	No
A misdemeanor? (If YES, explain in detail, giving dates, etc.)	Yes	No
A felony, the commission of which involved the use of a motor vehicle?	Yes	No
A crime involving the manufacturing, knowing transportation, possession, sale or habitual use of amphetamines, a narcotic drug, a formulation of an amphetamine, or a derivative of a narcotic drug?	Yes	No
Operating a motor vehicle under the influence of drugs or alcohol?	Yes	No
Leaving the scene of an accident resulting in personal injury or death?	Yes	No
If the answer to any of the above is "YES", explain in detail, giving dates, etc.:		

**TO BE READ AND SIGNED BY THE APPLICANT:**

I authorize **F2 Freight Group, Inc.** (including DAC, PSP and Bureau of Motor Vehicles) to make such investigations and inquiries of my personal, work, financial driving and medical history and other related matters as may be necessary in arriving at a leading decision. I hereby authorize employers, schools or persons to release all records of employment including assessments of my job performance, ability, fitness, driving history alcohol testing and controlled substance history to each and every company or authorized agent which may request such information in connection with my application with said company. I hereby release employers, schools or persons from all liability in responding to inquiries in connection with my application.

By signing below, I acknowledge that I can read, speak and understand the English language sufficiently as required by 49 CFR 391.11(b)(2). Further, I acknowledge that if English is my secondary language and I don't understand have difficulty understanding any information contained in this application or the remaining application materials or manuals, I will contact **F2 Freight Group** and request a translation or interpreter.

I understand that **F2 Freight Group, Inc.** does not employ drivers, but contracts with Owner-Operators and Third-Party Fleet Drivers who provide driving services to **F2 Freight Group, Inc.** pursuant to an Equipment Lease and Service Agreement.

In the event of qualification, I understand that false or misleading information given in this application or interview(s) may result in disqualification and or cancellation of my lease agreement. I further understand that I am required to abide by all rules and regulations of the Company and Department of Transportation as permitted by law.

In accordance with DOT regulations 391.23 the driver has the right to review information provided by previous employers; the right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information; the right to have a rebuttal statement attached to the alleged erroneous information. This must be requested in writing within 30 days of contracting or denial of contracting.

This certifies the application above, was completed by myself, and that all entries within are true and complete to the best of my knowledge. I further recognize that any fraudulent or intentionally false entries or statements on any application, certificate, report, or record is strictly prohibited by the Federal Regulations. (49 CFR 390.35).

This application for an Independent Contractor Position: with **F2 Freight Group, Inc.** is pending the results of my Motor Vehicle Report, results of any Controlled Substance/Alcohol testing and inquiries to previous employers.

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Date Contractor / Applicant's Signature

**REQUEST FOR REFERENCE:**

To:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FROM: F2 Freight Group, Inc.  
825 E Rand Rd.  
Suite 210  
Arlington Heights, IL 60004  
Ph: 773-853-2058  
Fax: 773-787-2058  
Email: luke@f2freight.com

**Dear Personnel Manager,**  
The individual named below has applied at Kaplan Trucking to be qualified as a commercial motor vehicle driver. Your firm is listed by the applicant as a previous employer or State entity holding licensing information. Please reply to this inquiry regarding the mentioned applicant. As you will note from the waiver stated below, all liability of you and your company has been released by the applicant. Please return by fax to **773-787-2058** or email to **luke@f2freight.com** as soon as possible or if mailing, to the above address. Thank you in advance for your cooperation!

**APPLICANT**

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ CDL license #: \_\_\_\_\_ State of license: \_\_\_\_\_

**REFERENCE DETAILS**

Please provide this individuals dates of employment: FROM: \_\_\_\_\_ TO: \_\_\_\_\_

Was this individual a Commercial Motor Vehicle Driver while with your Company?  Yes  No

What kind of equipment was driven:  Tractor Trailer  Straight Truck Other: \_\_\_\_\_

Trailer Type:  Flatbed  Container  Van  Reefer Other: \_\_\_\_\_ Trailer size: \_\_\_\_\_

What type of commodities were transported?

Was he/she qualified as:  Owner/Operator  Driver for an Independent Contractor  Company Driver

Other:  Full Time  Part Time  Casual

Were there any accidents?  Yes  No

If so, how many were preventable? \_\_\_\_\_

Date and description: \_\_\_\_\_  
\_\_\_\_\_

Is this driver knowledgeable of DOT Regulations?  Yes  No Hazardous Materials?  Yes  No

Were there any repeated or severe Company Policy Violations?  Yes  No

Were there hours of service or logging violations?  Yes  No

Reason for leaving:  Discharged  Resigned  Lay off Other: \_\_\_\_\_

Is he/she eligible for rehire?  Yes  No If NO, please explain: \_\_\_\_\_

In accordance with 391.23(e), please provide the following Controlled Substance/Alcohol information for any driver qualified within the previous three years:

Has this driver/applicant ever tested positive for controlled substances?  Yes  No

Has this driver/applicant ever tested at a 0.02 or higher alcohol concentration level?  Yes  No

Has this driver/applicant ever refused a controlled substance or alcohol test  Yes  No

If yes to any of the above, was this driver referred to a Substance Abuse Professional?  Yes  No

**REFERENCE SIGNATURE**

Name of person supplying information: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

**AUTHORIZATION**

I hereby authorize the above listed company (including DAC and Bureau of Motor Vehicles) to release all records of employment, including assessments of my job performance, ability, fitness, driving history, alcohol testing history and controlled substance history, including pre-employment testing (40.321(b)) (40.25(b)), to each and every company (or authorized agent) which may request such information in connection with my application with said company. I hereby release above listed company from any and all liability of any type as result of providing the above information for the undersigned. In accordance with DOT regulations 391.23 the driver has the right to review information provided by previous employers; the right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information; the right to have a rebuttal statement attached to the alleged erroneous information. This must be requested in writing within 30 days of contracting or denial of contracting. By signing below, I acknowledge that any fraudulent or intentionally false entries or statements on any application, certificate, report, or record is strictly prohibited by Federal Regulations. (49 CFR 390.35)

Applicant's Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_ Witness' Signature: \_\_\_\_\_