



Call a Recruiter 1.800.367.2249  
1001 Industrial Parkway, McDonough GA 30253

# Owner Operator Application

## Personal Information

Have you spoken to a Recruiter? Please list their name:

### Contact Information

Full Name:

Address 1:

Address 2:

City:  State:  County:

Primary Phone:  Zip:  Cell Phone:

Night Phone:  Best time to call:

Email:  Date of Birth:

SSN:  Emergency Contact:  Phone:

How did you hear about us?  Select Division:  Ace  BME

Referred by:  Position Applying For:

### CDL Information

Do you have a CDL?  Yes  No CDL Number:

Issue State:  Expiration Date:

Check all that apply to your current CDL: Physical Expiration Date:

Class A **Endorsements:**

Class B  Passenger  Tanker  Haz. Mat  Doubles  Bus

### Driver Information

Are you a U.S. Citizen?  Yes  No

Are you legally eligible for employment in this country? \*  Yes  No \* If NO, please include a copy of your Green Card, Work Visa or Residency Card

Do you have a TWIC Card?  Yes  No Do you have a passport?  Yes  No

Are you a team driver?  Yes  No

If yes, Team Member Name:

### Military Experience

Choose one:  Active  Reserve  Veteran  None Military Branch:  Rank:  MOS#:

Separation/Discharge Date:

### Driving Experience

Total OTR years:

### Tractor Type Experience

Flat Bed:  Years Step Deck:  Years Low Boy/RGN:  Years

Steel:  Years Industrial Machinery:  Years Tractor and Trailer:  Years

I would prefer to run:  All 48 States  Regional  Local  Canada

### Employment History

Work Record for Past Ten (10) years

Your Work History will be carefully checked for the past 36 months. All 36 months must be accounted for, including self-employment or unemployment, indicate individuals we may contact, and supply us with phone numbers including area codes. If you do not want your current employer contact, please indicate with a note on the application. If there is not enough space below, a blank sheet of paper may be used.

I am currently employed.

Number of jobs in last 3 years:

#### Current Employer

Employer name :	<input type="text"/>		
Address	<input type="text"/>	Phone	<input type="text"/>
City	<input type="text"/>	State	<input type="text"/> Zip <input type="text"/>
Start Date	<input type="text"/>	End Date	<input type="text"/>
Position Held	<input type="text"/>	Pay Rate	<input type="text"/>
Supervisor	<input type="text"/>		
Reason left	<input type="text"/>		
Vehicle driven	<input type="text"/>		
Trailer used	<input type="text"/>		

You may contact this employer

Were you subject to FMCSA guidelines? Yes No

Was this position designated Safety Sensitive Function? Yes No

#### Previous Employer #1

Employer name :	<input type="text"/>		
Address	<input type="text"/>	Phone	<input type="text"/>
City	<input type="text"/>	State	<input type="text"/> Zip <input type="text"/>
Start Date	<input type="text"/>	End Date	<input type="text"/>
Position Held	<input type="text"/>	Pay Rate	<input type="text"/>
Supervisor	<input type="text"/>		
Reason left	<input type="text"/>		
Vehicle driven	<input type="text"/>		
Trailer used	<input type="text"/>		

Were you subject to FMCSA guidelines? Yes No

Was this position designated Safety Sensitive Function? Yes No

#### Previous Employer #2

Employer name :	<input type="text"/>		
Address	<input type="text"/>	Phone	<input type="text"/>
City	<input type="text"/>	State	<input type="text"/> Zip <input type="text"/>
Start Date	<input type="text"/>	End Date	<input type="text"/>
Position Held	<input type="text"/>	Pay Rate	<input type="text"/>
Supervisor	<input type="text"/>		
Reason left	<input type="text"/>		
Vehicle driven	<input type="text"/>		
Trailer used	<input type="text"/>		

Were you subject to FMCSA guidelines? Yes No

Was this position designated Safety Sensitive Function? Yes No

#### Previous Employer #3

Employer name :	<input type="text"/>		
Address	<input type="text"/>	Phone	<input type="text"/>
City	<input type="text"/>	State	<input type="text"/> Zip <input type="text"/>
Start Date	<input type="text"/>	End Date	<input type="text"/>

Position Held  Pay Rate   
Supervisor   
Reason left  Were you subject to FMCSA guidelines? Yes No  
Vehicle driven  Was this position designated Safety Sensitive Function? Yes No  
Trailer used

**Previous Employer #4**

Employer name :   
Address  Phone   
City  State  Zip   
Start Date  End Date   
Position Held  Pay Rate   
Supervisor   
Reason left  Were you subject to FMCSA guidelines? Yes No  
Vehicle driven  Was this position designated Safety Sensitive Function? Yes No  
Trailer used

**Previous Employer #5**

Employer name :   
Address  Phone   
City  State  Zip   
Start Date  End Date   
Position Held  Pay Rate   
Supervisor   
Reason left  Were you subject to FMCSA guidelines? Yes No  
Vehicle driven  Was this position designated Safety Sensitive Function? Yes No  
Trailer used

**Previous Employer #6**

Employer name :   
Address  Phone   
City  State  Zip   
Start Date  End Date   
Position Held  Pay Rate   
Supervisor   
Reason left  Were you subject to FMCSA guidelines? Yes No  
Vehicle driven  Was this position designated Safety Sensitive Function? Yes No  
Trailer used

## Driving History

Accidents (Past 5 years)				Traffic Convictions (Past 5 years)			
Date	Nature of Accident	Fatality	Injury	Date	Location	Charge	Penalty

- Have you ever been convicted, or are any charges pending, for driving while under the influence of alcohol, a narcotic drug, amphetamines or derivatives thereof in the last 7 years?                      Yes     No
- Have you ever been convicted of a crime or have any charges pending in the last seven years?    Yes     No
- Has any license, permit or privilege ever been suspended or revoked?                      Yes     No
- Have you ever tested positive or refused a test for drugs or alcohol?                      Yes     No
- Have you ever abandoned your equipment?    Yes     No

**\*\*If you answered yes to any of the above, please explain in the comments box below.**

This certifies that this application was completed by me, and that all entries on it and information on it are true and complete to the best of my knowledge. I hereby request and authorize Bennett International Group and its affiliates (collectively "Bennett"), and their respective employees, representative, agents or contractors, that receive this application to cause to be conducted, at any time, an investigation of my background for employment or contract purposes, which may include, but shall not be limited to, any information relating to my character, general reputation, personal characteristics, mode of living, criminal history, past work experience, educational background, alcohol or drug test results (or failure to submit to an alcohol or drug test), accident and cargo claim information, or any other information about me which may reflect upon my potential for contracting with Bennett as an independent contractor or to perform work (including driving), gathered from any individual, organization, entity, agency, or other source which may have knowledge concerning any such information. I have completed this application of my own free will and shall hold harmless Bennett, and its companies, agents and associated parties from any and all liability related to the use of this application. As part of Bennett's consideration of my application, the DOT requires it to investigate my employment and driving background. As part of this investigation, Bennett may obtain consumer reports from various consumer reporting agencies, including USIS, DAC or HireRight (and/or FMCSA-CSA 2010 information) concerning my driving background. Any decision Bennett makes not to hire or contract with me based on information contained in my consumer report will be its decision alone. HireRight/DAC does not make any decisions concerning my contract or employment opportunities with Bennett companies and will not know the specific reasons why Bennett may or may not decide to hire or contract with me. In the event I am not hired or offered an opportunity to enter into an independent contractor contract based on information contained in my consumer report, Bennett will tell me. Bennett will also advise me of my right to obtain a free copy of the consumer report from HireRight/DAC or other agency, and my right to dispute the accuracy or completeness of my report. My consent for Bennett to obtain the report from HireRight/DAC and/or FMCSA/DOT is required. Although I have the right to withhold my consent, Bennett will not consider my application without my consent.

I have read and agree to the above and give permission to obtain consumer background reports about me from sources/agencies referenced above.

Signature: \* \_\_\_\_\_  Date: \* \_\_\_\_\_

\*\*All Fields marked with an \* must be completed before application will be accepted

Please FAX the completed application to: 877-564-7661



PLEASE FAX THIS COMPLETED FORM TO BENNETT SAFETY DEPARTMENT

877-564-7661

Previous Employment Reference Check
Truck Driving Applicants

Section I: To be completed by the employer/contractor, signed by the employee/subcontractor, and transmitted to the previous employer/contractor:

Employee/subcontractor Printed or Typed Name: \*

Employee/subcontractor SSN or ID Number: \*

Employee/subcontractor Signature: \* SIGN HERE Date:\*

I-A.

New Employer/contractor Name: Bennett Motor Express

Address: P.O. Box 569

McDonough, GA 30253

Phone #: 800-866-5500 Fax #: 877-564-7661

Designated Employer/contractor Representative:

I-B.

Previous Employer/contractor Name:

Address:

Phone#: Fax #:

Designated Employer/contractor Representative (if known):

I-C.

1. What were the dates the applicant was employed or contracted to your company?

App. Start: End : App. Start: End :

App. Start: End : App. Start: End :

2. What type of truck did driver operate?

3. Did driver haul any over-dimensional loads? YES NO

If yes, what were the dimensions?

4. What type of trailer did driver operate?

5. What type(s) of products(s) did this driver transport?

6. What State(s) did this driver operate in?:

7. Did this driver have any accidents? YES NO

Preventable:

Details:

6(a) - Any hours of service violations, that resulted in out-of service orders? Unknown YES NO

8. Did this driver complete and turn in all required paperwork in a neat and timely manner? YES NO

Explain:

9. Did the driver abuse equipment?

Explain:

10. Did the driver have any cargo claims?

Explain:

11. Was the driver on time for pickups and deliveries? YES NO

12. What State Driver's License did the driver have with your company?

13. Why did the driver leave your company? Quit Terminated: Reason:

14. Is the driver eligible for rehire? YES NO Reason:



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877-564-7661

Previous Employment Reference Check
Truck Driving Applicants

Employee/subcontractor Printed or Typed Name:\*

Employee/subcontractor SSN or ID Number:\*

I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer/contractor, listed in Section I-B, to the employer/contractor listed in Section I-A. This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25. I understand that information to be released in Section II-A by my previous employer/contractor, is limited to the following DOT-regulated testing items:

- 1. Alcohol tests with a result of 0.04 or higher;
2. Verified positive drug tests;
3. Refusals to be tested;
4. Other violations of DOT agency drug and alcohol testing regulations;
5. Information obtained from previous employer/contractors of a drug and alcohol rule violation;
6. Documentation, if any, of completion of the return-to duty process following a rule violation.

Employee/subcontractor Signature:\*



Date:\*

Section II: To be completed by the by the previous employer/contractor and transmitted by mail or fax to the new employer/contractor:

II-A. In the two years prior to the date of the employee/subcontractor's signature (in Section I), for DOT-regulated testing:

- 1. Did the employee/subcontractor have alcohol tests with a result of 0.04 or higher? YES NO
2. Did the employee/subcontractor have verified positive drug tests? YES NO
3. Did the employee/subcontractor refuse to be tested? YES NO
4. Did the employee/subcontractor have other violations of DOT agency drug and alcohol testing regulations? YES NO
5. Did a previous employer/contractor report a drug and alcohol rule violation to you? YES NO
6. If you answered "yes" to any of the above items, did the employee/subcontractor complete the return-to-duty process? N/A YES NO

NOTE: If you answered "yes" to item 5, you must provide the previous employer/contractor's report. If you answered "yes" to item 6, you must also transmit the appropriate return-to duty documentation (e.g., SAP report(s), follow-up testing record).

II-B.

Name of person providing information in Section II-A:

Title:

Phone #:

Date:

**MANDATORY USE FOR ALL ACCOUNT HOLDERS**

**IMPORTANT NOTICE**

Regarding Background Reports From The *PSP Online Service*

1. In connection with your application for employment with Bennett ("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.

The Prospective Employer cannot obtain background reports from FMCSA unless you consent in writing.

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

**2. I authorize Bennett ("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 consenting to 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.**

**3. 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 am challenging 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.**

**4. Please note: 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 FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.**

I have read the above Notice Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this consent form, 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 NICT 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 provided in paragraphs 1-4 of this document to obtain a prospective Applicant's consent. The language must be used in whole, exactly as provided. **The language may be included with other consent forms or language at the discretion of the account holder, provided the four paragraphs remain intact and the language is unchanged.**