

Ronnie

**DOWDY** inc.

**APPLICATION FOR QUALIFICATION**

- OWNER / OPERATOR       COMPANY
- LEASE DRIVER     TEAM     RELIEF

P.O. Drawer 2437 \* Batesville, AR 72503

Phone (870) 251-3222

Fax (870) 251-5207

The purpose of this application is to determine whether or not the applicant is qualified to Operate Motor Carrier equipment according to the requirements of the FMCSRs\* and Ronnie Dowdy Inc. Applicants are considered without regard to race, color, creed, age, sex, religion, national origin, marital status, veteran status, non job-related disability, or any other protected group.

**INSTRUCTIONS TO APPLICANT:** Please answer all questions and sign. If the answer to any questions is "No" or "None" do not leave the item blank, but write "No" or "None". Failure to follow these instructions could result in your application being denied for qualification or as a contractor.

Date of Application \_\_\_\_\_

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City  
State Zip Phone \_\_\_\_\_

**ADDRESS FOR PAST THREE YEARS** } \_\_\_\_\_ HOW LONG? \_\_\_\_\_  
 Street City State & Zip  
 \_\_\_\_\_ HOW LONG? \_\_\_\_\_  
 Street City State & Zip

Do you have legal right to work in the United States?  Yes  No

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Can you provide Proof of Age?  Yes  No

In Case of Emergency (required) \_\_\_\_\_  
Name Address City / State Zip

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Are you currently employed?  Yes  No If not, how long since last employment? \_\_\_\_\_

Have you qualified here before?  Yes  No Dates: From \_\_\_\_\_ To \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

How did you hear about this company?  Name of Advertisement \_\_\_\_\_  Friend  Relative  Other \_\_\_\_\_

Referred by Ronnie Dowdy Driver: \_\_\_\_\_

**PHYSICAL HISTORY**

Are you able to perform the essential functions of the job for which you have applied with or without accommodation?  Yes  No

\* The Federal Motor Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: 1) weighs or has a BVRWR of 10,001 pounds or more, 2) is designed or used to transport 9 or more passengers, OR 3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

# EMPLOYMENT FOR PAST 10 YEARS

Begin with your present or most recent job and work your way backward in order, listing your employers for at least 10 years including all full and part time employment. All time must be accounted for including military service, self-employment and periods of unemployment. Use supplementary sheet if necessary. We must have telephone numbers and dates of employment or your application WILL NOT BE PROCESSED.

Current of Most Recent Employer: Name \_\_\_\_\_ Supervisor \_\_\_\_\_  
Are you presently employed?  Yes  No May we contact your current employer?  Yes  No  
Address (St/City/Statè/Zip) \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_  
Position Held \_\_\_\_\_ from (m/y) \_\_\_\_\_ to \_\_\_\_\_ Rate of Pay \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_ Number of states driven in \_\_\_\_\_  
What type of driving experience / equipment: \_\_\_\_\_  
Were you subject to the FMCSRs\* while employed?  Yes  No  
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR part 40?  Yes  No

Second Last Employer: Name \_\_\_\_\_ Supervisor \_\_\_\_\_  
Address (St/City/State/Zip) \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_  
Position Held \_\_\_\_\_ from (m/y) \_\_\_\_\_ to \_\_\_\_\_ Rate of Pay \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_ Number of states driven in \_\_\_\_\_  
What type of driving experience / equipment: \_\_\_\_\_  
Were you subject to the FMCSRs\* while employed?  Yes  No  
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR part 40?  Yes  No

Third Last Employer: Name \_\_\_\_\_ Supervisor \_\_\_\_\_  
Address (St/City/State/Zip) \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_  
Position Held \_\_\_\_\_ from (m/y) \_\_\_\_\_ to \_\_\_\_\_ Rate of Pay \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_ Number of states driven in \_\_\_\_\_  
What type of driving experience / equipment: \_\_\_\_\_  
Were you subject to the FMCSRs\* while employed?  Yes  No  
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR part 40?  Yes  No

Fourth Last Employer: Name \_\_\_\_\_ Supervisor \_\_\_\_\_  
Address (St/City/State/Zip) \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_  
Position Held \_\_\_\_\_ from (m/y) \_\_\_\_\_ to \_\_\_\_\_ Rate of Pay \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_ Number of states driven in \_\_\_\_\_  
What type of driving experience / equipment: \_\_\_\_\_  
Were you subject to the FMCSRs\* while employed?  Yes  No  
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR part 40?  Yes  No

Fifth Last Employer: Name \_\_\_\_\_ Supervisor \_\_\_\_\_  
Address (St/City/State/Zip) \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_  
Position Held \_\_\_\_\_ from (m/y) \_\_\_\_\_ to \_\_\_\_\_ Rate of Pay \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_ Number of states driven in \_\_\_\_\_  
What type of driving experience / equipment: \_\_\_\_\_  
Were you subject to the FMCSRs\* while employed?  Yes  No  
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR part 40?  Yes  No

Sixth Last Employer: Name \_\_\_\_\_ Supervisor \_\_\_\_\_  
Address (St/City/State/Zip) \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_  
Position Held \_\_\_\_\_ from (m/y) \_\_\_\_\_ to \_\_\_\_\_ Rate of Pay \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_ Number of states driven in \_\_\_\_\_  
What type of driving experience / equipment: \_\_\_\_\_  
Were you subject to the FMCSRs\* while employed?  Yes  No  
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR part 40?  Yes  No

\* The Federal Motor Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: 1) weighs or has a BVRWR of 10,001 pounds or more, 2) is designed or used to transport 9 or more passengers, OR 3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

**DRIVING RECORD/EXPERIENCE**

**LICENSE**

List all drivers licenses/permits held in the past three (3) years.

STATE	LICENSE NUMBER	TYPE	EXPIRATION DATE

**TRAFFIC CONVICTIONS/FORFEITURES**

List all car, truck, moving traffic convictions and forfeitures for the past three years.

DATE	LOCATION (STATE)	CHARGE	IF SPEEDING MPH OVER	PENALTY

**ACCIDENT RECORD**

List all accidents with truck, car, etc. past three years, including preventable and non-preventable.

DATE	TYPE OF VEHICLE	NATURE OF ACCIDENT (HEAD-ON, REAR-END, ETC.)	INDICATE PREVENTBLE OR NON-PREVENTABLE	FATALITIES	INJURIES	HAZMAT	AMOUNT OF PROPERTY DAMAGE
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

DO YOU HAVE HAZMAT?  YES  NO

The yes or no box must be checked or your application will not be processed.

- A. Have you ever been denied a license, permit, or privilege to operate a motor vehicle?  YES  NO
- B. Have you ever had any license or permit privilege suspended, revoked, or denied?  YES  NO
- C. Have you ever been convicted of a Felony?  YES  NO
- D. Have you ever been disqualified to drive by Federal Regulations?  YES  NO
- E. Have you ever failed or refused a DOT drug or alcohol test?  YES  NO

\*If you answered YES to any of the above questions, state details, circumstances and date:

\_\_\_\_\_

**EDUCATIONAL BACKGROUND**

Circle Highest Grade Completed: 1 2 3 4 5 6 7 8 9 10 11 12 College \_\_\_\_\_

Driving School  YES  NO Graduation Date \_\_\_\_\_

Driving School Name: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

**TO BE READ AND SIGNED BY APPLICANT**

It is agreed and understood that Ronnie Dowdy Inc. or its agents may investigate the applicant's background to ascertain any and all information of concern to applicant's record, whether same is of record or not, and applicant releases companies and persons named herein from all liability for any damages on account of furnishing such information. It is understood that the applicant agrees to furnish such additional information and complete such examinations as may be required to determine the applicant's qualification.

In connection with my application for qualification (including contract for services) with you, I understand that an investigative consumer report is being requested from USIS, Tulsa, Oklahoma, that will include information as to my character, work habits, performance and experience, along with reason for termination of past employment from previous contractors or employers. Further, I understand that Ronnie Dowdy Inc. will be requesting information concerning my driving record and/or information from various federal, state, and other agencies which maintain records concerning traffic offenses, accidents, etc., as well as information from USIS concerning (1) previous driving record requests made by others from such state agencies; (2) state provided driving records; (3) claims involving me in the files of insurance companies; (4) criminal background information from federal, state, and other agencies which maintain such records. I authorize, without reservation, any party or agency contacted by USIS to furnish the above-mentioned information.

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23 (d) and (e). I understand that I have the following rights:

- 1) The right to review information provided by previous employers.
- 2) The right to have errors in the information corrected by the previous employers and for that previous employer to re-send the corrected information to the prospective employer.
- 3) The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and I cannot agree on the accuracy of the information

As a condition of my qualification, I agree to the urine sample collection and controlled substance testing. I understand a positive test for controlled substance based on the urinalysis test will medically disqualify me from operation of a commercial motor vehicle for the contractor. The medical review officer will maintain the results of the urinalysis test. Negative and positive results will be reported to the company. I understand that my written authorization is required for the urinalysis test results to be given to other parties.

Applicant's Name (print) \_\_\_\_\_ SS# \_\_\_\_\_

Applicant's Address \_\_\_\_\_

License: State \_\_\_\_\_ Type/Class \_\_\_\_\_ ID# \_\_\_\_\_

I understand in the event of employment or lease contract being offered, that false or misleading information given in my application or interview(s) may result in discharge.

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.

X \_\_\_\_\_  
(Applicant's Signature) (Date)