

Independent Contractors Application

YOU ARE HEREBY NOTIFIED THAT THE INFORMATION YOU PROVIDE IN THIS APPLICATION MAY BE USED, AND YOUR PREVIOUS EMPLOYERS WILL BE CONTACTED, FOR THE PURPOSE OF INVESTIGATING YOUR SAFETY PERFORMANCE HISTORY INFORMATION AS REQUIRED BY PARAGRAPHS (d) AND (e) OF § 391.23. *

YOUR RIGHTS REGARDING CERTAIN INVESTIGATIVE INFORMATION

Pursuant to 49 C.F.R. § 391.23 (i) (1), all drivers with DOT regulated employment during the preceding three years from the date of this application have the following rights regarding the investigative information that is provided to Newcomb as required by 49 C.F.R. § 391.23 (d) and (e).

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

* The Federal Motor Carrier Safety Regulations ("FMCSR's") require Newcomb to obtain the following information on your application for employment:

1. The name(s) and address(es) of your employer(s) during the 7 years preceding the date of the application;
2. The dates you were employed by the previous employer(s);
3. The reason for leaving the employ of your previous employer(s);
4. Whether you were subject to the FMCSR's while employed by your previous employer(s); and
5. Whether your job was designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as set forth by 49 C.F.R. part 40.

Newcomb is also required by 49 C.F.R. § 391.23 (d) to investigate the following information from your previous employer(s) if you were employed to operate a commercial motor vehicle:

1. General driver identification and employment verification information;
2. The data elements as specified in 49 C.F.R. § 390.15 (b) (1) for accidents involving you that occurred in a three year period preceding the date of your employment application;
3. Any accidents defined by 49 C.F.R. § 390.15; and
4. Any accidents the previous employer may wish to provide that are retained pursuant to 49 C.F.R. § 390.15 (b)(2) or pursuant to the employer's internal policy for retaining more detailed minor accident information.

Additionally, 49 C.F.R. § 391.23 (e) provides that Newcomb must investigate the following information from all previous DOT regulated employers that employed you in a safety sensitive function that required alcohol and controlled substance testing specified in 49 C.F.R. part 40:

1. Whether within the previous 10 years you have violated the alcohol and control substances prohibitions under 49 C.F.R. § 382
2. Whether you failed to undertake or complete a rehabilitation program prescribed by a substance abuse professional; and
3. If you successfully completed a substance abuse professional's rehabilitation referral and remained in the employ of the referring employer, information on whether you had the following tested violations subsequent to the completion of the referral:
 - i. Alcohol tests with a result of 0.04 or higher alcohol concentration;
 - ii. Verified positive drug tests; and
 - iii. Refusals to be tested (including verified adulterated or substituted drug test results).

Newcomb must provide your previous employer with your written consent to release the information on paragraph (e). If you refuse to provide this written consent, Newcomb cannot permit you to operate a commercial motor vehicle.

Personal Information

Contact Information

*Full Name:

*Address 1:

Address 2:

Previous Address(es) during last 3 Years

*City: *State: *Zip:

*Day Phone: Cell Phone:

Night Phone: Best time to call:

*Email: *SSN:

*Date of Birth #: *Age:

Recruiter:

*In case of emergency, notify:

In case of emergency, Address

*In case of emergency, Phone:

How did you hear about our company?

CDL Information

*Do you have a CDL? Yes No *CDL Number: *Issue State:

*Expiration Date:

Previous Number: Previous Issue State:

Previous Number: Previous Issue State:

Check all that apply to your current CDL:

- Class A Class B Class C Hazmat Tanker
- Double Triples Passenger Air Brake

Can you perform the duties for the job? Yes No

Driver Information

*I am a ... (Check all that apply. One field must be chosen):

Owner Operator Type of Owner Operator:

Check any teaming preference that applies: Single Team *Date Available:

Check all that apply:

I am interested in a lease/purchase?

I need training

I am a Driving School Graduate

School name: When:

Experience and Preference - Must have 6 months recent verifiable experience within the last year

*Total OTR years:

Must have 6 months recent verifiable experience within the last year.

Employment History

I am currently employed.

Number of jobs in last 10 years

Have you ever applied for work and/or worked for Newcomb before? Yes No

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

If so please list the branch, time of service, and what duties you performed.

Employer #1

Employer name :

Address: Phone:

City: State: Zip:

Start date: End date:

Position held: Pay rate

Supervisor: You may contact this employer

Reason left:

Vehicle driven: Length of trailer

Were you subject to the FMCSR's? Yes No

Was Job Designated as a Safety Sensitive function in any DOT regulated mode subject to drug and alcohol testing as required by 49 CFR part 40? Yes No

Gap in employment from:

To:

Explain:

Previous Employer#2

Employer name :

Address: Phone:

City: State: Zip:

Start date: End date:

Position held: Pay rate

Supervisor: You may contact this employer

Reason left:

Vehicle driven: Length of trailer

Were you subject to the FMCSR's? Yes No

Was Job Designated as a Safety Sensitive function in any DOT regulated mode subject to drug and alcohol testing as required by 49 CFR part 40? Yes No

Gap in employment from:

TO:

Explain:

Previous Employer#3

Employer name :

Address: Phone:

City: State: Zip:

Start date: End date:

Position held: Pay rate

Supervisor: You may contact this employer

Reason left:

Vehicle driven: Length of trailer

Were you subject to the FMCSR's? Yes No

Was Job Designated as a Safety Sensitive function in any DOT regulated mode subject to drug and alcohol testing as required by 49 CFR part 40? Yes No

Gap in employment from:

TO:

Explain:

Previous Employer#4

Employer name :

Address: Phone:

City: State: Zip:

Start date: End date:

Position held: Pay rate

Supervisor: You may contact this employer

Reason left:

Vehicle driven: Length of trailer

Were you subject to the FMCSR's? Yes No

Was Job Designated as a Safety Sensitive function in any DOT regulated mode subject to drug and alcohol testing as required by 49 CFR part 40? Yes No

Gap in employment from:

TO:

Explain:

Previous Employer#5

Employer name :

Address: Phone:

City: State: Zip:

Start date: End date:

Position held: Pay rate

Supervisor: You may contact this employer

Reason left:

Vehicle driven: Length of trailer

Were you subject to the FMCSR's?

Yes No

Was Job Designated as a Safety Sensitive function in any DOT regulated mode subject to drug and alcohol testing as required by 49 CFR part 40?

Yes No

Gap in employment from:

TO:

Explain:

Previous Employer#6

Employer name :

Address: Phone:

City: State: Zip:

Start date: End date:

Position held: Pay rate

Supervisor: You may contact this employer

Reason left:

Vehicle driven: Length of trailer

Were you subject to the FMCSR's?

Yes No

Was Job Designated as a Safety Sensitive function in any DOT regulated mode subject to drug and alcohol testing as required by 49 CFR part 40?

Yes No

Gap in employment from:

TO:

Explain:

Previous Employer#7

Employer name :

Address: Phone:

City: State: Zip:

Start date: End date:

Position held: Pay rate

Supervisor: You may contact this employer

Reason left:

Vehicle driven: Length of trailer

Were you subject to the FMCSR's?

Yes No

Was Job Designated as a Safety Sensitive function in any DOT regulated mode subject to drug and alcohol testing as required by 49 CFR part 40?

Yes No

Gap in employment from:

TO:

Explain:

Previous Employer#8

Employer name :

Address: Phone:

City: State: Zip:

Start date: End date:

Position held: Pay rate

Supervisor: You may contact this employer

Reason left:

Vehicle driven: Length of trailer

Were you subject to the FMCSR's? Yes No

Was Job Designated as a Safety Sensitive function in any DOT regulated mode subject to drug and alcohol testing as required by 49 CFR part 40? Yes No

Gap in employment from:

TO:

Explain:

Previous Employer#9

Employer name :

Address: Phone:

City: State: Zip:

Start date: End date:

Position held: Pay rate

Supervisor: You may contact this employer

Reason left:

Vehicle driven: Length of trailer

Were you subject to the FMCSR's? Yes No

Was Job Designated as a Safety Sensitive function in any DOT regulated mode subject to drug and alcohol testing as required by 49 CFR part 40? Yes No

Gap in employment from:

TO:

Explain:

Previous Employer#10

Employer name :

Address: Phone:

City: State: Zip:

Start date: End date:

Position held: Pay rate

Supervisor: You may contact this employer

Reason left:

Vehicle driven: Length of trailer

Were you subject to the FMCSR's?

Yes No

Was Job Designated as a Safety Sensitive function in any DOT regulated mode subject to drug and alcohol testing as required by 49 CFR part 40?

Yes No

Gap in employment from:

TO:

Explain:

Additional Employment Information

Tractor Information

Tractor

Interested in leasing a tractor from Newcomb Transportation, Inc? Yes No

Tractor Type Model: Year: Vin#: Plate:

Trailer Type Model: Year: Vin#: Plate:

Type of operation: Flatbed Dry Van Auto Hauler Refrigerated

How many Trucks/Trailers do you own? Trucks Trailers How many drivers are in your fleet?

Do all drivers have at least 2 years experience? Yes No

Driving History

Tickets

List All Violations, Including Non-Moving Violations, For Past 5 Years. IF NONE, WRITE NONE

*Example: State, Date, Location(state), Charge, Operating Commercial or Non-Commercial, Penalty

*Example: State, Date, Location(state), Charge, Operating Commercial or Non-Commercial, Penalty

*Example: State, Date, Location(state), Charge, Operating Commercial or Non-Commercial, Penalty

*Example: State, Date, Location(state), Charge, Operating Commercial or Non-Commercial, Penalty

*Example: State, Date, Location(state), Charge, Operating Commercial or Non-Commercial, Penalty

Accidents

List All Involvement With Truck And Car Including Property Damage For Past 5 Years. Including Preventable And Non-Preventable. IF NONE, WRITE NONE

*Example: Date, Type, Nature Of Accident, Indicate Preventable, Fatalities, Injuries, Amount Of Property Damage, Vehicle (Head On, Rear End, Upset, Ect.) Or Non-Preventable

*Example: Date, Type, Nature Of Accident, Indicate Preventable, Fatalities, Injuries, Amount Of Property Damage, Vehicle (Head On, Rear End, Upset, Ect.) Or Non-Preventable

*Example: Date, Type, Nature Of Accident, Indicate Preventable, Fatalities, Injuries, Amount Of Property Damage, Vehicle (Head On, Rear End, Upset, Ect.) Or Non-Preventable

*Example: Date, Type, Nature Of Accident, Indicate Preventable, Fatalities, Injuries, Amount Of Property Damage, Vehicle (Head On, Rear End, Upset, Ect.) Or Non-Preventable

*Example: Date, Type, Nature Of Accident, Indicate Preventable, Fatalities, Injuries, Amount Of Property Damage, Vehicle (Head On, Rear End, Upset, Ect.) Or Non-Preventable

Accidents

*Number of accidents involved

*Number of preventable accidents

Number of roll-over accidents

Tickets

*Number of tickets received

*Number of preventable tickets

*Number of reckless tickets

Addition Driving History Information

Criminal Record

Have you ever been convicted of a felony?

Yes No

Have you ever been convicted for possession of, sale, or use of a narcotic drug, amphetamine, or a derivative thereof?

Yes No If yes, please explain:

Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety, sensitive transportation work covered by DOT agency drug and alcohol testing rules in the last three years?

Yes No If yes, please explain:

Have you ever been convicted of a crime or have any charges pending?

Yes No

Have you ever been denied a license, permit or privilege to operate a motor vehicle?

Yes No If Yes, Please Explain (49 CFR 391.21(b)(9))

Has any license, permit or privilege ever been suspended or revoked?

Yes No Suspension Date Reinstatement Date

If Yes, Please Explain

Have you ever been refused any type of insurance or been denied bonding?

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

Have you ever been stopped while intoxicated?

Yes No

Where You Driving A Commercial Vehicle? If Yes, Please Explain

Have You Ever Used Any Illegal Drugs (Including Marijuana)?

Yes No If Yes, What Type Was Used And When Was The Last Time?

Have you ever been convicted of a criminal offense? (A conviction will not necessarily disqualify you from employment.). In California, a 'Crime' shall exclude convictions for marijuana-related offenses that are more than two years old, as defined in California Health and Safety Code "In sections 11357(b) and (c) and 11360(c), or in California Health and Safety Code sections 11364, 11365, or 11550 of the Health and Safety Code as they related to marijuana prior to January 1, 1976, or their statutory predecessors."

Yes No If Yes, Please Explain

Are you currently on probation or parole status? (A "yes" answer will not necessarily disqualify you from employment)

Yes No If Yes, Please Explain

Criminal actions pending in which you are a defendant? (A "yes" answer will not necessarily disqualify you from employment)

Yes No If Yes, Please Explain

Please list the Name, Relationship, and Phone# of someone able to verify your employment and personal history. Such as co-worker, neighbor, customer or an upstanding citizen of your community.

Please list the Name, Relationship, and Phone# of a second person able to verify your employment and personal history. Such as co-worker, neighbor, customer or an upstanding citizen of your community.

Release

I give Newcomb Transportation, INC. (the Company) the right to investigate all references and to secure additional information about me, if job-related. I release from liability the Company and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information. A copy of this page serves as my authorization to seek/provide this information. I agree to sign all documents and consent forms which the Company deems necessary to verify the facts provided in this application. I give my consent and release from liability the Company and its representatives, to respond to any inquires made about me as part of a reference check by any subsequent or potential employer. From time to time the Company may find it necessary to conduct investigations. If it does, I will be expected to truthfully participate and cooperate in such investigations, including submission to searches of property. I realize before I am offered a contract I will be required to undergo a medical examination and substance abuse screening test at the expense of and as prescribed by the Company, and that any offer to enter into a contract is conditioned upon the successful completion of these tests. I agree to furnish such additional information and under go any other examinations or tests to complete my driver file. These tests may include, but are not necessarily limited to random, for cause, reasonable suspicion or post accident alcohol and substance abuse screening tests. Further, I release the Company, its agents or employees from any and all claims or actions arising out of such alcohol and substance abuse tests including, but not limited to, the testing procedures, the analysis or the disclosure of test results.

I understand that any offer to enter into a contract is contingent upon my ability to produce documentation verifying my identity and legal authorization as required by the Immigration Reform & Control Action of 1986(IRCA). This application is active for thirty (30) days from the date it is completed, or until the specific position opening for which it was submitted is closed, whichever is earlier. Subsequent to the preceding consideration period, I must submit a new application to be considered for this, or any other position, I understand and agree that any misrepresented, inaccurate, misleading, incomplete or omitted information provided by me in this application will be sufficient cause for cancellation of this application and/or termination of my contract, if one is executed.

I hereby agree to submit to binding arbitration all disputes and claims arising out of the submission of this application. I further agree, in the event that I am offered a contract by the Company, all disputes that cannot be resolved by informal internal resolution which might arise out of my contract with the Company, will be submitted to binding arbitration in lieu of any Federal or State investigative, administrative or legal proceeding. I agree that such arbitration shall be conducted under the rules of the America Arbitration Association. This application contains the entire agreement between the parties with regard to dispute resolution, either oral or written. I have read carefully the above information, understand and accept the contents thereof. 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 have read and agree to the above release and I give permission to obtain consumer reports about me from DAC.

Yes No

Signature

If you don't have a digital ID, then write your full name on the right

Name:

**** Other way to submit Independent Contractors Application:**

Free: (855) 855-1285 ext. 101 **Fax:** (888) 777-8547

Email: jobs@newcomblogistics.com

Note: If you don't have email client software (exp- Outlook, Windows Live Mail) on your computer then:

- a. Fill out the form/agreement above
- b. Save on your computer (exp- Desktop)
- c. Send as an attachment to jobs@newcomblogistics.com

Please feel free to contact our office if you have any questions, please contact our recruiting office: (877) 97 -CARGO (972-2746) ext. 101