

# DRIVER APPLICATION FORM

COMPANY NAME DTRAN LLC

Location: Region/District/Branch \_\_\_\_\_

COMPANY ADDRESS \_\_\_\_\_

111 LINCOLN AVE

LEHIGH ACRES

FLORIDA

33936

Street

City

State

Zip

## TO BE READ AND SIGNED BY APPLICANT

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

"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 right to:

- Review information provided by current/previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

Signature \_\_\_\_\_

Date \_\_\_\_\_

NAME \_\_\_\_\_

Last

First

Middle

Social Security Number (\_\_\_\_) \_\_\_\_\_

Phone Number \_\_\_\_\_

Date of Birth \_\_\_\_\_

Hire Date \_\_\_\_\_

ADDRESS \_\_\_\_\_

Street

City

State

Zip

Number of Years \_\_\_\_\_

PAST 3 YEAR

RESIDENCY

Street

City

State

Zip

Number of Years \_\_\_\_\_

Street

City

State

Zip

Number of Years \_\_\_\_\_

## Employment History

(Use Additional Employment History Information form if necessary)

All applicants wishing to drive in interstate commerce must provide the following information on all employers during the preceding three years. You must give the same information for all employers for whom you have driven a commercial vehicle seven years prior to the initial three years (total of ten year employment record).

**You are required to list the complete mailing address: street number and name, city, state and zip code.**

CURRENT OR LAST EMPLOYER: Name \_\_\_\_\_

Phone Number (\_\_\_\_) \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Position Held \_\_\_\_\_

From \_\_\_\_\_

To \_\_\_\_\_

(month/year)

(month/year)

Reasons for Leaving \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations\*\* 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

\*ACCOUNT FOR PERIOD BETWEEN JOBS - Include dates (month/year) and reason \_\_\_\_\_

SECOND LAST EMPLOYER: Name \_\_\_\_\_

Phone Number (\_\_\_\_) \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Position Held \_\_\_\_\_

From \_\_\_\_\_

To \_\_\_\_\_

(month/year)

(month/year)

Reasons for Leaving \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations\*\* 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

\*ACCOUNT FOR PERIOD BETWEEN JOBS - Include dates (month/year) and reason \_\_\_\_\_

THIRD LAST EMPLOYER: Name \_\_\_\_\_

Phone Number (\_\_\_\_) \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Position Held \_\_\_\_\_

From \_\_\_\_\_

To \_\_\_\_\_

(month/year)

(month/year)

Reasons for Leaving \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations\*\* 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

\*ACCOUNT FOR PERIOD BETWEEN JOBS - Include dates (month/year) and reason \_\_\_\_\_

\*Any gaps in employment and/or unemployment must be explained.

\*\*The Federal Motor Carrier Safety Regulations 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 GVWR 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.

# EXPERIENCE AND QUALIFICATION

Attach separate sheet if more space is needed

## Driving Experience

If no driving experience within the last 3 years - check here

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (Circle all that apply)	DATES		OR	APPROXIMATE NUMBER OF MILES
		FROM	TO		
Straight Truck	Van, Reefer, Tank, Flat	_____	_____		_____
Tractor & Semi-Trailer	Van, Reefer, Tank, Flat	_____	_____		_____
Tractor - Two Trailers	Van, Reefer, Tank, Flat	_____	_____		_____
Tractor - Three Trailers	Van, Reefer, Tank, Flat	_____	_____		_____
Motorcoach - School Bus (Greater than 8 passengers)	N/A	_____	_____		_____
Motorcoach - School Bus (Greater than 15 passengers)	N/A	_____	_____		_____
Other: _____	Van, Reefer, Tank, Flat, N/A	_____	_____	_____	_____

## Accident History (3 years)

If no accidents within the last 3 years - check here

DATE (month/year)	NATURE OF ACCIDENT (head-on, rear-end, upset, etc.)	NUMBER OF FATALITIES	NUMBER OF INJURIES	HAZARDOUS MATERIALS SPILL?	
_____	_____	_____	_____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
_____	_____	_____	_____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
_____	_____	_____	_____	<input type="checkbox"/> YES	<input type="checkbox"/> NO

## Traffic Convictions and Forfeitures (3 years)

If no traffic convictions and/or forfeitures in the last 3 years - check here

DATE CONVICTED (month/year)	VIOLATION (Other than violations involving parking only)	STATE OF VIOLATION	PENALTY (Forfeited bond, collateral and/or points)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## License Information

Section 383.21 FMCSR states "No person who operates a commercial motor vehicle shall at any time have more than one driver's license". I certify that I do not have more than one motor vehicle license, the information for which is listed below.

State \_\_\_\_\_

License Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

A. Have you ever been denied a license, permit, or privilege to operate a motor vehicle?  Yes  No

If yes, give details \_\_\_\_\_

B. Has any license, permit, or privilege ever been suspended or revoked?  Yes  No

If yes, give details \_\_\_\_\_

## Applicant Certification

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.

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

# Request for Taxpayer Identification Number and Certification

► Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Give Form to the requester. Do not send to the IRS.

Print or type. See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

Individual/sole proprietor or single-member LLC     C Corporation     S Corporation     Partnership     Trust/estate

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► \_\_\_\_\_

**Note:** Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

Other (see instructions) ► \_\_\_\_\_

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) \_\_\_\_\_

Exemption from FATCA reporting code (if any) \_\_\_\_\_

*(Applies to accounts maintained outside the U.S.)*

5 Address (number, street, and apt. or suite no.) See instructions.      Requester's name and address (optional)

6 City, state, and ZIP code

7 List account number(s) here (optional)

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number								
				-				
or								
Employer identification number								
				-				

## Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ►	Date ►

## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
  - Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
  - Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
  - Form 1099-S (proceeds from real estate transactions)
  - Form 1099-K (merchant card and third party network transactions)
  - Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
  - Form 1099-C (canceled debt)
  - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.
- If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*

**Dtran LLC**  
**111 Lincoln Avenue**  
**Lehigh Acres, FL 33936**

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### **Policy**

The purpose of this policy is to ensure the safety of those individuals who drive company vehicles. Vehicle accidents are costly to our company but more importantly, they may result in injury to you or others. It is the driver's responsibility to operate all vehicles in a safe manner and to drive defensively to prevent injuries and property damage. The company endorses all applicable state motor vehicle regulations relating to driver responsibility. The company expects each driver to drive in a safe courteous manner pursuant to the following safety rules. The attitude you take when behind-the-wheel is the single most important factor in driving safety.

### **Driver Eligibility**

Drivers must always have a valid driver's license for the type of vehicle to be operated and keep the license(s) with them while driving. All CDL drivers must comply with all applicable D.O.T regulations including successful completion of medical, drug and alcohol evaluations. Company vehicles are to be driven by authorized employees except in emergencies or in the case of repair testing by a mechanic. Other employees and family members are not authorized to drive the company vehicle. Company vehicles are to be driven for **COMPANY BUSINESS ONLY** Personal use of company vehicles is prohibited. **UNAUTHORIZED PERSONNEL ARE NOT ALLOWED TO RIDE IN COMPANY VEHICLES.**

Any employee who has a driver's license revoked or suspended shall immediately notify Dtran LLC and discontinue operation of the company vehicle. Failure to do so may result in disciplinary action including dismissal. All accidents involving Company vehicles, regardless of severity, must be reported to the police and Dtran LLC. Failing to stop after an accident and/or failure to report an accident may result in disciplinary action including dismissal. The use of a company vehicle while under the influence of intoxicants and other drugs is forbidden and is sufficient cause for discipline including dismissal. All drivers and passengers operating or riding in company vehicles must wear seat belts.

Report any mechanical difficulties or repair needs to Dtran LLC. Drivers are responsible for the security of Company vehicles being used by them. The vehicle engine must be shut off, ignition keys removed, and vehicle doors locked whenever the vehicle is left unattended. If the vehicle is left with a parking attendant, only the ignition key is to be left. **PLEASE UNDERSTAND ANY DAMAGE DONE TO COMPANY VEHICLES THAT WAS NOT A MANUFACTURE DEFAULT AND WAS DUE TO NEGLIGENCE ON THE DRIVER WILL BE TAKEN FROM YOUR PAYCHECK** Which includes but not limited to the truck being towed due to parking in a no parking zone the fee for the truck being towed will be taken from your paycheck. If you hit a curve and cause sidewall damage and cause a tire to blow out it will be taken out of your paycheck. If you fail to do pre- inspection and fluids run low and cause damage to the truck it will be taken from your paycheck. If there is a claim against produce being turned over in your truck caused by reckless driving and turns it will be taken out of your paycheck.

## **Cell Phone Usage**

Under all circumstances, employees shall obey all motor vehicle laws. Violations or fines incurred by employees shall be the full responsibility of the employee and may affect future driving privileges in company vehicles as outlined above.

Florida prohibits the use of the cell phone while driving if such use interferes with the vehicle's operation: One hand must always be on the wheel. Texting is forbidden. Dialing out should be done only from a safe parked position.

Hands-free cellular phones are subject to the same policy as the hand-held cellular phones. (No dialing out, texting, or interfering with safe operation of the vehicle).

## **Driving Records**

Your personal driving record reflects your overall driving habits and directly affects our insurance costs. Your personal driving is your responsibility and our concern.

Motor Vehicle Records will be ordered periodically to assess driving records. An unfavorable record will result in the loss of company vehicle driving privileges or employment. A standard method of evaluation for all prospective and current drivers' MVRs will be used:

One (1) or more type 'A' violations in the past 3 years (as defined below). Three (3) or more accidents (regardless of fault) in the last 3 years. Three (3) or more violations in the past 3 years. Any combination of accidents and type 'B' violations which equal four (4) or more in the last 3 years.

Type 'A' violations:

- Driving while intoxicated
- Driving while under the influence of drugs
- Negligent Homicide Arising out of the use of a Motor Vehicle (gross negligence)
- Operating During a period of Suspension or Revocation
- Using a Motor Vehicle for the commission of a Felony Aggravated
- Assault with a Motor Vehicle
- Operating a Motor Vehicle Without the Owners Authority (grand theft)
- Permitting an Unlicensed Person to Drive Reckless
- Driving Speed Contest (racing)
- Hit and Run (bodily Injury or Property Damage)

Type 'B' violations: All moving violations not listed as type 'A' violations.

## **EMPLOYEE AUTHORIZATION FOR MVR REVIEW**

I acknowledge that the information contained in the Company's Vehicle Fleet Safety Policy has been reviewed with me, and a copy of the policy and driver rules have been furnished to me. As a driver of a company vehicle, I understand that it is my responsibility to operate the vehicle in a safe manner and to drive defensively to prevent injuries and property damage.

I also understand that my employer will periodically review my Motor Vehicle Record to determine continued eligibility to drive a company vehicle. In accordance with the Fair Credit Reporting Act, I have been informed that a Motor Vehicle Record will be periodically obtained on me for continued employment purposes.

I acknowledge the receipt of the above disclosure and authorize my employer or its designated agent to obtain a Motor Vehicle Record report. This authorization is valid if I am an employee or employee candidate with Dtran LLC and may only be rescinded in writing.

PRINT - EMPLOYEE'S NAME \_\_\_\_\_

DRIVER'S LICENSE NUMBER \_\_\_\_\_

Signature Date \_\_\_\_\_

Reviewer's Signature Date \_\_\_\_\_

# Lease Agreement

AGREEMENT made this \_\_\_\_\_ day of \_\_\_\_\_, 202\_\_, by and between

Dtran LLC, hereinafter referred to as LESSOR, located at 111 Lincoln Ave Lehigh Acres FL 33936 and  
\_\_\_\_\_ hereinafter referred to as DRIVER.

## WITNESSETH:

- (1) DRIVER is a CDL HOLDER property authorized by the Federal Highway Administration by license NO. \_\_\_\_\_ to provide transportation of property under contract with shippers and receivers of general commodities.
- (2) DTRAN LLC is the owner of the tractor and trailer equipment and is duly authorized and empowered to execute this agreement.
- (3) DTRAN LLC is only responsible for the DRIVER, DRIVER will not be authorize to have any riders, if there is an unauthorized rider, DRIVER will take full responsibility for rider in case of an accident, legal actions can't be taken by DRIVER or rider.

NOW THEREFORE, in consideration of the representation made herein, the parties agree as follows:

- (1) The DRIVER hereby leases the equipment and services of DTRAN LLC. DRIVER certifies that equipment subject to this lease meets U.S. Department of Transportation (DOT) safety requirements and standards, and that DRIVER shall inspect such equipment and shall determine that such requirements and standards have been met at the time of execution of this lease.
  - (2) Possession of equipment will be transferred under the terms of this lease from DTRAN LLC to DRIVER beginning at the date and time of execution of this agreement and continue until cancellation is served by either DRIVER or DTRAN LLC in writing. At such time as this lease agreement is terminated, DTRAN LLC agrees to furnish DRIVER with a written receipt to show that DTRAN LLC retakes possession of the equipment.
  - (3) During the tenure of this lease agreement, the DRIVER shall have exclusive possession, control, and use of the equipment, and shall assume complete responsibility for the operation of the equipment for the duration of the lease.
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(4) DTRAN LLC agrees to comply with all safety regulations required by the Department of Transportation and the various States in which operations are conducted.

(5) Payment will be made through direct deposit.

(6) If DTRAN LLC don't receive documents needed driver won't be paid (PAID WILL BE HOLD) until DTRAN LLC received documents.

(6) DTRAN LLC is responsible for providing all fuel, repairs and maintenance to tractor and trailer, unless damage was created by DRIVER (PAY CAN BE HOLD TO DO SUCH REPAIR).

(7) This AGREEMENT is to become effective \_\_\_\_\_ and shall remain UNTIL either party cancel or terminate the AGREEMENT at any time with written notice of one party or the other. IN WITNESS WHEREOF, this agreement has been entered into and executed by duly authorized representatives of DTRAN LLC and DRIVER.

DTRAN LLC  ..... DATE: .....

DRIVER..... DATE: .....

THIS IS TO CERTIFY THE FOLLOWING DESCRIBED EQUIPMENT

Type:	Unit #	Make	Year
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## HOLD HARMLESS AGREEMENT

This agreement is to verify that \_\_\_\_\_ operating leased equipment in 48 States', hauling general commodity freight, does not authorize or condone unauthorized passengers in any of its leased equipment. Driver will be immediately terminated if caught with an unauthorized passenger. An unauthorized passenger is someone who has not been properly qualified and approved by DTRAN LLC as a passenger allowed to be in equipment leased.

The undersigned further agrees to hold passengers Harmless from any claims, injuries, or suits arising directly or indirectly because of an unauthorized passenger on DTRAN LLC's premises or in its vehicles.

DRIVER: \_\_\_\_\_ DATE: \_\_\_\_\_

DTRAN LLC:  \_\_\_\_\_