

DATE SUBMITTED: ___/___/___

QUALIFICATION FORM

COMPANY: Craig Transportation Co.

PHYSICAL ADDRESS: 26699 Eckel Road, Perrysburg, OH 43551

MAILING ADDRESS: PO Box 1010, Perrysburg, OH 43552-1010

In compliance with Federal and State equal opportunity laws, qualified applicants are considered for all positions without regard to race, religion, sex, national origin, age, marital status, or non-job related disability.

TO BE READ AND SIGNED BY INDEPENDENT CONTRACTOR

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 also understand that I have the right to:

- Review information provided by 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

Independent Contractor Signature: X _____ **Date** ___/___/___

INDEPENDENT CONTRACTOR NAME _____		
(LAST)	(FIRST)	(MIDDLE)
ADDRESS _____		
CITY _____, STATE _____, ZIP _____		
TELEPHONE NUMBER (____) _____ - _____		
DATE OF BIRTH ___/___/___ SOCIAL SECURITY NUMBER ____ - ____ - _____		

PREVIOUS ADDRESSES FOR THE PAST THREE (3) YEARS

1) ADDRESS _____
CITY _____, STATE _____, ZIP _____ FROM _____ TO _____
2) ADDRESS _____
CITY _____, STATE _____, ZIP _____ FROM _____ TO _____
3) ADDRESS _____
CITY _____, STATE _____, ZIP _____ FROM _____ TO _____

ARE YOU A CITIZEN OF THE UNITED STATES? YES NO
(IF NO, PLEASE FORWARD WITH THIS QUALIFICATION FORM A COPY OF YOUR ALIEN REGISTRATION OR U.S. WORK VISA)

WORK EXPERIENCE

In accordance with §391.21 & .23 of the Federal Motor Carrier Safety Regulations (FMCSR), an applicant must list all previous work experience for the three (3) years prior to the date of application shown on page one, as well as all commercial driving experience for seven (7) years prior to those three years, for a total of 10 years.

PLEASE LIST STARTING WITH MOST RECENT EMPLOYER, USE ADDITIONAL SHEET IF NEEDED.

CURRENT OR LAST EMPLOYER COMPANY NAME: _____	
ADDRESS: _____	CITY _____ STATE _____
PHONE: _____	FAX: _____ E-MAIL: _____
SUPERVISOR NAME: _____	REASON FOR LEAVING? _____
JOB DESCRIPTION: _____	FROM: ____/____/____ TO: ____/____/____
Was this job designated as a safety sensitive function in any DOT regulated mode subject to controlled substances and alcohol testing specified by 49 CFR Part 40? <input type="checkbox"/> YES <input type="checkbox"/> NO *Was this job subject to FMCSA Regulations? <input type="checkbox"/> YES <input type="checkbox"/> NO	
**ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month/year) and reason _____	

SECOND LAST EMPLOYER COMPANY NAME: _____	
ADDRESS: _____	CITY _____ STATE _____
PHONE: _____	FAX: _____ E-MAIL: _____
SUPERVISOR NAME: _____	REASON FOR LEAVING? _____
JOB DESCRIPTION: _____	FROM: ____/____/____ TO: ____/____/____
Was this job designated as a safety sensitive function in any DOT regulated mode subject to controlled substances and alcohol testing specified by 49 CFR Part 40? <input type="checkbox"/> YES <input type="checkbox"/> NO *Was this job subject to FMCSA Regulations? <input type="checkbox"/> YES <input type="checkbox"/> NO	
**ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month/year) and reason _____	

THIRD LAST EMPLOYER COMPANY NAME: _____	
ADDRESS: _____	CITY _____ STATE _____
PHONE: _____	FAX: _____ E-MAIL: _____
SUPERVISOR NAME: _____	REASON FOR LEAVING? _____
JOB DESCRIPTION: _____	FROM: ____/____/____ TO: ____/____/____
Was this job designated as a safety sensitive function in any DOT regulated mode subject to controlled substances and alcohol testing specified by 49 CFR Part 40? <input type="checkbox"/> YES <input type="checkbox"/> NO *Was this job subject to FMCSA Regulations? <input type="checkbox"/> YES <input type="checkbox"/> NO	
**ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month/year) and reason _____	

* 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.

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

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PLEASE LIST STARTING WITH MOST RECENT EMPLOYER, USE ADDITIONAL SHEET IF NEEDED.

FOUR LAST COMPANY NAME: _____		
ADDRESS: _____	CITY _____	STATE _____
PHONE: _____	FAX: _____	E-MAIL: _____
SUPERVISOR NAME: _____	REASON FOR LEAVING? _____	
JOB DESCRIPTION: _____	FROM: ____/____/____	TO: ____/____/____
Was this job designated as a safety sensitive function in any DOT regulated mode subject to controlled substances and alcohol testing specified by 49 CFR Part 40? <input type="checkbox"/> YES <input type="checkbox"/> NO		
*Was this job subject to FMCSA Regulations? <input type="checkbox"/> YES <input type="checkbox"/> NO		
**ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month/year) and reason _____		

FIFTH LAST EMPLOYER COMPANY NAME: _____		
ADDRESS: _____	CITY _____	STATE _____
PHONE: _____	FAX: _____	E-MAIL: _____
SUPERVISOR NAME: _____	REASON FOR LEAVING? _____	
JOB DESCRIPTION: _____	FROM: ____/____/____	TO: ____/____/____
Was this job designated as a safety sensitive function in any DOT regulated mode subject to controlled substances and alcohol testing specified by 49 CFR Part 40? <input type="checkbox"/> YES <input type="checkbox"/> NO		
*Was this job subject to FMCSA Regulations? <input type="checkbox"/> YES <input type="checkbox"/> NO		
**ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month/year) and reason _____		

SIXTH LAST EMPLOYER COMPANY NAME: _____		
ADDRESS: _____	CITY _____	STATE _____
PHONE: _____	FAX: _____	E-MAIL: _____
SUPERVISOR NAME: _____	REASON FOR LEAVING? _____	
JOB DESCRIPTION: _____	FROM: ____/____/____	TO: ____/____/____
Was this job designated as a safety sensitive function in any DOT regulated mode subject to controlled substances and alcohol testing specified by 49 CFR Part 40? <input type="checkbox"/> YES <input type="checkbox"/> NO		
*Was this job subject to FMCSA Regulations? <input type="checkbox"/> YES <input type="checkbox"/> NO		
**ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month/year) and reason _____		

* 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.

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

COMMERCIAL DRIVER'S LICENSE INFORMATION

LICENSE # _____ TYPE _____ STATE _____ EXP. DATE ____/____/____
 (A,B, OR C)

ENDORSEMENTS (check all that apply): DOUBLE/TRIPLE TRAILERS TANK VEHICLES
PASSENGER VEHICLES HAZARDOUS MATERIALS

LIST ANY ADDITIONAL LICENSE(S) HELD IN THE PAST 3 YEARS:
 STATE: _____ EXPIRATION DATE: ____/____/____
 STATE: _____ EXPIRATION DATE: ____/____/____

HAS YOUR PERMIT, CDL, OR PRIVILEGE TO OPERATE A MOTOR VEHICLE EVER BEEN DENIED, SUSPENDED, OR REVOKED? NO YES IF YES, EXPLAIN _____

COLLISIONS

PLEASE LIST ALL MOTOR VEHICLE COLLISIONS IN WHICH YOU WERE INVOLVED (BOTH COMMERCIAL AND PRIVATE VEHICLE) DURING THE PAST THREE YEARS PRIOR TO THE APPLICATION DATE. **IF NONE, WRITE "NONE"**

<u>DATE</u>	<u>DESCRIPTION</u>	<u>STATE</u>	<u># OF INJURIES</u>	<u># OF FATALITIES</u>	<u>HAZ.MAT.SPILL</u>
____/____/____	_____	_____	_____	_____	<input type="checkbox"/> NO <input type="checkbox"/> YES
____/____/____	_____	_____	_____	_____	<input type="checkbox"/> NO <input type="checkbox"/> YES
____/____/____	_____	_____	_____	_____	<input type="checkbox"/> NO <input type="checkbox"/> YES

TRAFFIC CONVICTIONS AND FORFEITURES

PLEASE LIST ALL TRAFFIC CONVICTIONS AND/OR FORFEITURES (BOTH COMMERCIAL AND PRIVATE VEHICLE) FOR THE PAST THREE YEARS (OTHER THAN PARKING). **IF NONE, WRITE "NONE"**

<u>DATE</u>	<u>LOCATION</u>	<u>CHARGE</u>	<u>PENALTY</u>
____/____/____	_____	_____	_____
____/____/____	_____	_____	_____
____/____/____	_____	_____	_____
____/____/____	_____	_____	_____

DRIVING EXPERIENCE

<u>EQUIPMENT CLASS</u>	<u>TYPE OF EQUIPMENT</u> (VAN, TANK, FLAT, ETC.)	<u>DATES</u> FROM TO or	<u>APPROX. MILES</u> <u>DRIVEN</u>
STRAIGHT TRUCK	_____	____-____	_____
TRACTOR & SEMI TRAILER	_____	____-____	_____
OTHER	_____	____-____	_____
LIST COMMODITIES HAULED: _____			

EDUCATION

PLEASE CIRCLE THE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 9 10 11 12 COLLEGE: 1 2 3 4

OTHER TRAINING : _____

HAVE YOU RECEIVED ANY SAFETY AWARDS OR SPECIAL TRAINING? _____

DO YOU HAVE FULL KNOWLEDGE OF THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS? YES NO

GENERAL

HAVE YOU BEEN A DRIVER FOR THIS COMPANY BEFORE? YES NO

IF SO, WHEN? ____/____/____ WHERE? _____

IS THERE ANY REASON YOU MIGHT BE UNABLE TO PERFORM THE FUNCTIONS OF THE JOB FOR WHICH YOU HAVE APPLIED? YES NO

HAVE YOU EVER BEEN CONVICTED FOR DUI, DWI OR OUI? YES NO

IN CASE OF EMERGENCY, CONTACT: _____ (____) _____
Name Telephone number Relationship

MUST BE READ AND SIGNED

I authorize the carrier to make such inquiries and investigations of my personal, employment, driving, 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 agree to abide by the rules and regulations of the carrier as well as the Federal Motor Carrier Safety Regulations. I also agree and understand that if I am selected to drive for the carrier that I will be on a probationary period during which time I may be discharged without recourse.

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 _____
Independent Contractor Signature

_____/_____/_____
Date

SAFETY PERFORMANCE HISTORY RECORDS REQUEST-ACCIDENT HISTORY

PART 1: TO BE COMPLETED BY PROSPECTIVE EMPLOYER

This form is being (check one): Faxed Mailed E-mailed Completed by Phone Other _____

By: _____ Date: _____

To Previous Employer: _____ Phone No.: (____) _____

Street Address: _____ Fax No.: (____) _____

City, State, Zip: _____ E-mail: _____

Contact Name: _____ Title: _____

The applicant named below has applied to our company for a position as a DRIVER, and states that he/she previously worked for your company from ____/____/____ to ____/____/____.

APPLICANT NAME: _____ **SIGNATURE:** _____

Social Security Number: _____ **Date of Birth:** _____

Please take a moment and complete the information requested in Part 2. We would appreciate your prompt response. As you are aware, after October 29, 2004, failures to respond within 30 days to investigative requests for safety performance history will result in a complaint notification being filed with the Federal Motor Carrier Safety Administration using the complaint process specified at §386.12.

PLEASE SEND RESPONSES TO:

Company: _____ Phone No.: (____) _____

Street Address: _____ Fax. No.: (____) _____

City, State, Zip: _____ Attention: _____

PART 2: TO BE COMPLETED BY PREVIOUS EMPLOYER

Did the above named applicant work for your company? YES NO

If yes, please state the actual dates of employment: FROM: ____/____/____ TO: ____/____/____

Did he/she drive a motor vehicle for your company? YES NO

If yes, please check the type(s) of vehicles operated: STRAIGHT TRUCK TRACTOR/SEMI-TRAILER
 CARGO TANK FLATBED DOUBLES/TRIPLES BUS OTHER (please specify) _____

Reason for leaving your company: DISCHARGE RESIGNATION LAY OFF MILITARY DUTY

Would this applicant be considered for employment with your company again? YES NO

If there is no safety performance history to report, check here , sign below and return..

ACCIDENT HISTORY: Please give the following information for any accidents included on your accident register (§390.15(b)) that involved the applicant (regardless of fault) which occurred in the previous three (3) years. Note: Until May 1, 2006 only information for accidents that occurred after April 29, 2003 need to be included.
 Or, check here if there is no accident register data for this applicant.

Date	City, State	Description	# of Injuries	# of Fatalities	HazMat 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

Please provide any other accident information involving the applicant which is retained under internal company policies.

Any other remarks: _____

PART 2 COMPLETED BY (Signature): _____ TITLE: _____

PLEASE PRINT NAME: _____ DATE: _____

PART 3: TO BE COMPLETED BY PROSPECTIVE EMPLOYER

Information received on (date) ____/____/____ by (check one): Fax Mail E-mail Telephone Other _____

**SAFETY PERFORMANCE HISTORY RECORDS REQUEST
DRUG/ALCOHOL TESTING HISTORY**

PART 1: TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

I, (Print name) _____ /_____/_____
First Middle Last

Social Security # _____ Date of Birth _____
Hereby authorize my previous employer _____ to release and forward the information requested below concerning my Alcohol and Controlled Substances Testing records within the previous three (3) years from the date of my employment application, which is ____/____/____. The information should be sent to my prospective employer _____CRAIG TRANSPORTATION COMPANY _____ to the address, confidential fax or confidential e-mail shown below.

Applicant's signature: _____ Date: _____

PART 2: TO BE COMPLETED BY PROSPECTIVE EMPLOYER

This form is being (check one): Faxed Mailed E-mailed

By: _____ Date: _____

To Previous Employer: _____ Phone No.: (____) _____

Street Address: _____ Fax No.: (____) _____

City, State, Zip: _____ E-mail: _____

Contact Name: _____ Title: _____

Please take a moment and complete the information requested in Part 3. We would appreciate your prompt response. As you are aware, after October 29, 2004, failures to respond within 30 days to investigative requests for safety performance history will result in a complaint notification being filed with the Federal Motor Carrier Safety Administration using the complaint process specified at §386.12.

PLEASE SEND RESPONSES TO:

Company: __CRAIG TRANSPORTATION COMPANY_____ Confidential Fax No.: (419) 872-6972_____

Street Address: __26699 ECKEL ROAD_____ Confidential E-mail: _____

City, State, Zip: __PERRYSBURG, OHIO 43551_____ Attention: __SAFETY DEPARTMENT_____

PART 3: TO BE COMPLETED BY PREVIOUS EMPLOYER

DRUG AND ALCOHOL HISTORY

If applicant was **not** subject to Department of Transportation (DOT) testing requirements while employed by you, please check here , fill in the dates of employment, sign below and return.

DATES OF EMPLOYMENT: FROM ____/____/____ TO ____/____/____

APPLICANT WAS SUBJECT TO DOT TESTING REQUIREMENTS FROM ____/____/____ TO ____/____/____

- YES NO Has this person had an alcohol test with a result of 0.04 or higher alcohol concentration?
 YES NO Has this person tested positive for controlled substances?
 YES NO Has this person refused to submit to a post-accident, random, reasonable suspicion, or follow up alcohol or controlled substances test or adulterated or substituted a drug test specimen?
 YES NO Has this person committed other violations of Subpart B of Part 382, or 49 CFR Part 40?
 YES NO If this person has violated a DOT drug and alcohol regulation, did this person complete an SAP-prescribed rehabilitation program while in your employ, including return-to-duty and follow-up tests?
(If yes, please send documentation of the SAP name, address and phone number when you return this form)
 YES NO For a driver who successfully completed an SAP's rehabilitation referral and remained in your employ, did this driver, subsequently, have an alcohol test result of 0.04 or greater, a verified positive drug test, or refuse to be tested?

In answering these questions, include any required DOT drug or alcohol testing information obtained from past previous employers in the previous 3 years prior to the application date shown above. Include a supplemental sheet, if necessary.

PART 3 COMPLETED BY (signature): _____ TITLE: _____

PLEASE PRINT NAME: _____ DATE: _____

PART 4: TO BE COMPLETED BY PROSPECTIVE EMPLOYER

Information received on (date) ____/____/____ by (check one): Fax Mail E-mail