

DRIVER PROFILE

This form is required by Sections 383.5 & 391.21 of the Federal Motor Carrier Safety Regulations.



"When Customer Service Counts"®

955 Hamilton Avenue
University Park IL 60466

PLEASE PRINT PLAINLY AND COMPLETE ALL BLANKS

NAME _____

TELEPHONE _____ SOCIAL SECURITY # _____

PRESENT ADDRESS _____ FROM _____ TO _____

PRESENT CITY, STATE, ZIP _____

PREVIOUS ADDRESS _____ FROM _____ TO _____

(If at present address for less than 3 years)

PREVIOUS CITY, STATE, ZIP _____

DATE OF BIRTH _____

IN CASE OF EMERGENCY CONTACT _____ PHONE _____

SECONDARY CONTACT _____ PHONE _____

WHERE DID YOU HEAR ABOUT **DYNAMIC®**? _____

<u>HIGH SCHOOL NAME</u>	<u>CITY / STATE</u>	<u>YEARS(S) ATTENDED</u>
<u>TRUCK DRIVING SCHOOL</u>	<u>CITY / STATE</u>	<u>YEARS(S) ATTENDED</u>
<u>ANY OTHER SCHOOL(S)</u>	<u>CITY / STATE</u>	<u>YEARS(S) ATTENDED</u>

Have you ever been convicted of a criminal offense other than traffic?
if yes, when & where? _____

YES NO

Have you ever been discharged or suspended from a job?
if yes, when & why? _____

YES NO

Have you ever been known by any other legal name?

YES NO

Do you have more than one driver's license?

YES NO

Do you have a current valid CDL?

YES NO

Are you a U.S. Citizen?

YES NO

LIST ALL LICENSES HELD IN THE PAST 5 YEARS FROM ALL STATES

<u>STATE</u>	<u>LICENSE NUMBER</u>	<u>TYPE</u>	<u>EXPIRATION DATE</u>

ACCIDENT RECORD
LIST ALL ACCIDENTS WHILE IN EITHER YOUR TRUCK OR AUTO, INCLUDING PROPERTY DAMAGE FOR THE PAST 3 YEARS (BOTH PREVENTABLE & NON-PREVENTABLE)

<u>DATE</u>	<u>TYPE OF VEHICLE</u>	<u>NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)</u>	<u>LOCATION (STATE)</u>	<u>INDICATE PREVENTABLE OR NON-PREVENTABLE</u>	<u>NUMBER OF FATALITIES</u>	<u>NUMBER OF INJURIES</u>	<u>AMOUNT OF PROPERTY DAMAGE</u>

LIST TRAFFIC CONVICTIONS & FORFEITURES FOR THE PAST 3 YEARS

<u>DATE</u>	<u>TYPE VEHICLE</u>	<u>LOCATION (STATE)</u>	<u>VIOLATION</u>	<u>PENALTY (FINE, SUSPENSION, ETC.)</u>

- | | | |
|--|-----|----|
| Have you ever been denied a license or privilege to operate a motor vehicle? | YES | NO |
| Has any license or privilege ever been suspended or revoked? | YES | NO |
| Have you ever been convicted of driving while intoxicated? | YES | NO |
| Have you ever been convicted of possession, sale or use of a narcotic drug, amphetamine or derivative? | YES | NO |
| Have you ever been refused auto liability insurance? | YES | NO |

If the answer to any of the above is "YES", state the circumstances and date:

LIST DRIVING EXPERIENCE

<u>CLASS OF EQUIPMENT</u>	<u>TYPE & SIZE OF TRAILER</u>	<u>DATES</u>		<u>APPROXIMATE NUMBER OF MILES</u>
		<u>FROM</u>	<u>TO</u>	
DIESEL TRACTOR & SEMI-TRAILER				
DIESEL TRACTOR & REEFER				
ANY OTHER COMBINATION				

CHECK BELOW STATES IN WHICH YOU HAVE OPERATED A COMMERCIAL VEHICLE DURING THE PAST 10 YEARS

<i>EAST</i>	<i>MIDWEST</i>	<i>WEST</i>	<i>SOUTH</i>
<input type="checkbox"/> CONNECTICUT	<input type="checkbox"/> ILLINOIS	<input type="checkbox"/> ARIZONA	<input type="checkbox"/> ALABAMA
<input type="checkbox"/> DELAWARE	<input type="checkbox"/> INDIANA	<input type="checkbox"/> CALIFORNIA	<input type="checkbox"/> ARKANSAS
<input type="checkbox"/> MAINE	<input type="checkbox"/> IOWA	<input type="checkbox"/> COLORADO	<input type="checkbox"/> FLORIDA
<input type="checkbox"/> MARYLAND	<input type="checkbox"/> KANSAS	<input type="checkbox"/> IDAHO	<input type="checkbox"/> GEORGIA
<input type="checkbox"/> MASSACHUSETTS	<input type="checkbox"/> MICHIGAN	<input type="checkbox"/> MONTANA	<input type="checkbox"/> KENTUCKY
<input type="checkbox"/> NEW HAMPSHIRE	<input type="checkbox"/> MINNESOTA	<input type="checkbox"/> NEVADA	<input type="checkbox"/> LOUISIANA
<input type="checkbox"/> NEW JERSEY	<input type="checkbox"/> MISSOURI	<input type="checkbox"/> NEW MEXICO	<input type="checkbox"/> MISSISSIPPI
<input type="checkbox"/> NEW YORK	<input type="checkbox"/> NEBRASKA	<input type="checkbox"/> OKLAHOMA	<input type="checkbox"/> NORTH CAROLINA
<input type="checkbox"/> PENNSYLVANIA	<input type="checkbox"/> NORTH DAKOTA	<input type="checkbox"/> OREGON	<input type="checkbox"/> SOUTH CAROLINA
<input type="checkbox"/> RHODE ISLAND	<input type="checkbox"/> OHIO	<input type="checkbox"/> TEXAS	<input type="checkbox"/> TENNESSEE
<input type="checkbox"/> VERMONT	<input type="checkbox"/> SOUTH DAKOTA	<input type="checkbox"/> UTAH	<input type="checkbox"/> VIRGINIA
	<input type="checkbox"/> WISCONSIN	<input type="checkbox"/> WASHINGTON	<input type="checkbox"/> WEST VIRGINIA
		<input type="checkbox"/> WYOMING	

EMPLOYMENT HISTORY FOR THE LAST 10 YEARS
LEAVE NO GAPS! ACCOUNT FOR ALL TIME IN THE LAST 10 YEARS.
 May we contact your current employer to verify employment? YES NO

COMPANY: _____ From: _____ To: _____
 Address: _____ Total # of accidents: _____
 City: _____ State: _____ Zip: _____ Telephone: _____
 Supervisor: _____ Position you held: _____
 Company Truck? YES NO Refrigerated Freight? YES NO
 Were you subject to FMCSA / DOT Drug & Alcohol testing? YES NO
 Reason for leaving: _____

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Company Truck? YES NO Refrigerated Freight? YES NO
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Address: _____ Total # of accidents: _____
City: _____ State: _____ Zip: _____ Telephone: _____
Supervisor: _____ Position you held: _____
Company Truck? YES NO Refrigerated Freight? YES NO
Were you subject to FMCSA / DOT Drug & Alcohol testing? YES NO
Reason for leaving: _____

Driver has the right to: 1) Review responses to employment inquiries from past employer(s), 2) Request to have past employer(s) correct any errors and resubmit the response(s) to Dynamic Transportation Company, Inc., and 3) Submit a rebuttal statement if the driver and previous employer(s) disagree upon the accuracy of the information provided.

It is agreed and understood that any misrepresentations of information given above shall be considered an act of dishonesty by myself. It is agreed and understood that *Dynamic Transportation Company, Inc.* or its agents will investigate the driver's background to ascertain any and all information pertaining to the driver's record, whether same is of record or not, and driver releases all persons and companies named herein from all liability for any damages on account of his or her furnishing such information. The driver agrees to furnish such additional information and complete such examinations as may be required to complete his or her file. It is agreed and understood that this form in no way obligates *Dynamic Transportation Company, Inc.* to contract with the driver. This certifies that this form was completed by me and that all entries on it and information in it are true and complete to the best of my knowledge.

Signature: _____

Date: _____

Telephone: 800/654-8989

FAX: 708/534-9005

Request for Information from Previous Employers

I hereby authorize you to release the following information to *Dynamic Transportation Company, Inc.* for purposes of investigation as required by Section 391.23 of the FMCSR. Such information will include, but is not limited to: (1) Hours-of- Service violations that resulted in an out-of-service order. (2) Accidents. (3) Failure to undertake or complete a rehabilitation program recommended by a substance abuse professional (SAP). (4) The results of any previous drug or alcohol test results, including refusals to be tested as stated in 49 CFR. (5) Crash data from the previous five years and inspection history from the previous three years, as listed on the FMCSA Pre-Employment Screening Program website.

X _____
Driver's Signature

Date

To: _____

Attn: Safety Department

The below named individual has contacted our company for a position as an independent contractor/driver and states that he/she was employed by your company from _____ to _____ .
We appreciate your time in completing the information requested below. **Please return FAX to 708/534-9005.**

Sincerely,
Lyle Braun
Safety Department

Name of contractor: _____ S/S #: _____ - _____ - _____

Employment Dates: From _____ To _____ .

Did he/she drive a motor vehicle for you? Y N Refrigerated? Y N
Was he/she a safe driver? Y N Long Haul? Y N

What was his/her reason for leaving? Discharged ___ Resigned ___ Lack of Work ___ *Please check one*

Was his/her general conduct satisfactory? Y N *If not, please explain:* _____

Did he/she have any known physical limitations or disabilities? Y N

If an owner-operator,

Did he/she have any equipment maintenance problems which resulted in an out-of-service order? Y N

Accidents

How many accidents did he/she have in the last 3 years while working for your company? _____
Preventable _____ # Non-preventable _____ Type _____

Any other remarks or comments: _____

Signature: _____ Title: _____ Date: _____

Please return FAX to 708/534-9005 or call 800/654-8989

Driver Notification and Release

In connection with my *qualification* to operate a Commercial Motor Vehicle under Dynamic Transportation Company, Inc. (hereinafter referred to as Dynamic) operating authority, I understand that a consumer report which may contain public record information may be requested from any consumer reporting agency, including, but not limited to, DAC Services and/or HireRight, Tulsa Oklahoma. This report may include the following types of information; names and dates of previous employers, reason for termination of employment, work experience, accidents etc. I further understand that such report may contain public record information concerning my driving record, worker's compensation claims, credit, bankruptcy proceedings, etc., from federal, state, and other agencies which may maintain such records as well as information from any consumer reporting agency concerning (1) previous driving record requests made by others from such state agencies; (2) state provided driving record; (3) claims involving myself in the files of insurance companies. (4) Crash data from the previous five years and inspection history from the previous three years, as listed on the FMCSA Pre-Employment Screening Program website.

I authorize without reservation, any party contacted by Dynamic, DAC/HireRight or any other consumer reporting agency to furnish the above mentioned information. I authorize *Dynamic Transportation Company, Inc.* to furnish such information to DAC/HireRight.

I have the right to make a request to DAC/HireRight, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request; the sources of information; the recipients of any reports on me which DAC/HireRight has furnished within the two year period preceding my request. I hereby consent to your obtaining the above information from DAC/HireRight, and I agree that such information which DAC has or obtains, and my work history with Dynamic (if applicable) will be supplied by Dynamic to DAC/HireRight, and by DAC/HireRight to other companies which subscribe to DAC Services.

Print Name

Social Security Number

Applicant's Signature

Date

Tractor/Trailer Information

Owner: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Telephone: (____) _____

Federal I.D#: _____ *(if None write None)*

Are You Incorporated? Yes No *(Please circle one)*

Tractor Make: _____ **Year:** _____

Tractor Serial #: _____ *(entire)*

of Axles: _____ **Empty Weight:** _____ *pounds*

Cabover..... Conventional *(circle one)*

Tractor Air Ride? Yes No *(please circle one)*

Reefer unit: Make: _____ Year: _____ Hours: _____

Last Calibration Date: _____

Trailer Make: _____ **Year:** _____

Length: _____ *feet* **Height:** _____ *feet* **Width:** _____ *feet*

Trailer Serial #: _____ *(entire)*

Trailer Empty Weight: _____ *(pounds)*

Trailer Air Ride? Yes No *(please circle one)*