## INDEPENDENT CONTRACTOR QUALIFICATION QUESTIONNAIRE

Contractors Name:	Dat	e of Application (MM/D	DD/YY) / /
In compliance with Federal and State equivithout regard to race, religion, sex, nation answer all questions. If the answer to any or "None".	onal origin, age, marital s	tatus, or non-job related	d disability. Please
Last Name F	irst Name	Middle	e
SSN	Date of Birth (	MM/DD/YY)/	//_
Driver's License #	State	Expiration Date_	/ /
Medical Card: Date of Issue:	//	Expiration Date _	/ /
List current address and all addresses at v	which you have resided d	uring the past 10 years:	
Current Address City _ From/ to/	State	_ Zip	
Address City _ From/ to/	State	_ Zip	
Address City _ From/ to/	State	_ Zip	
Home Phone # ()	Cell Phone # (_		
Emergency Contact Name	PI	none # ()	
Have you worked or previously been con What Position?	·		before? Yes No
Are you authorized to work in the United	_		
Are you at least 23 years old?			
If contracted as an independent contract reliable means of transportation to and fi			e), would you have
	<u>Education</u>		
High School AttendedYES NO	City	State	Graduated?
College/Trade School Attended	Ci	ty State	Graduated?

Driving School Attended	City	State	Completion
Date:	Work History		
Plea In accordance with FMCSR 391.21 & .23, a prior to the date of the application showr (7) year period prior to those three years, reason for leaving and whether you were requirements for each job listed. Please so leased to another carrier. Use an addition retirement) must be explained.	on page one, as well as all for a total of 10 years. Inclusion subject to FMCSA & U.S. Do tart with the most recent en	evious work experience commercial driving ex ude your job descriptio DT alcohol and control mployer. Include self-e	perience for the seven on, date of employment, led substance testing mployment or time
Employer/Lessee	Fi	romto	)
Address	City	St	rate
Telephone Number	Fax N	umber	
Equipment Operated	Mate	rials Hauled	
Position Held	Reason for L	eaving	
Were you subject to FMCSA & US DOT alo			
Employer/Lesseeto			
Address	City	St	ate
Telephone Number	Fax N	umber	
Equipment Operated	Mate	rials Hauled	
Position Held	Reason for L	eaving	
Were you subject to FMCSA & US DOT alc	ohol and controlled substa	nces testing requireme	ents? YES NO

Employer/Lessee	From	to	
Address	City	State	
	Fax Number		
Equipment Operated	Materials Haule	ed	<u> </u>
Position Held	Reason for Leaving		
	alcohol and controlled substances testing	_	
	From		
Address	City	State	<u> </u>
Telephone Number	Fax Number		<u>—</u>
Equipment Operated	Materials Haule	ed	
Position Held	Reason for Leaving		
	alcohol and controlled substances testing		
	From _		
	City	State	<u>—</u>
Zip			
Telephone Number	Fax Number		<u>—</u>
Equipment Operated	Materials Haule	ed	<u> </u>
Position Held	Reason for Leaving		_
Were you subject to FMCSA & US DOT	alcohol and controlled substances testing	ng requirements? YES	_ NO
•••••			

### **Commercial Driver's License Information**

Driver licenses: List each driver's license held in the past 3 years. List the issuing state, number and expiration date of each unexpired commercial motor vehicle operator's license or permit that has been issued to you.

State	License Number	Туре	Endorsements	Expiration Date
<ol> <li>Have you ever been denied a license, permit or privilege to operate a motor vehicle?         Yes No</li> <li>Has a license, permit or privilege ever been suspended or revoked? Yes No</li> <li>Have you ever been disqualified for violations of the Federal Motor Carrier Safety Regulations? Yes No</li> </ol>				
If you answered "Y	es" to any of the ab	ove, please give det	tails:	
List each type of co	ommercial motor ve	hicle you have oper	ated and for how lo	ng.
Class of	Types of Equip.	From	То	Approximate
Equipment	(Van, Flatbed, Tanker, etc.)			Miles
Straight Truck	ranker, etc.)			
Tractor & Semi				
Trailer				
Tractor 2-Trailers				
Other				
	d in during the last !	5 years	<u> </u>	<u> </u>
· 		-		
List special courses or training completed				

List safe driving awards and who presented the awards						
accident or any inc involved during the	or the past 3 years (a cident regarding dan e past three years p d circumstances of e nvolved.	nage to a vereceding th	ehicle or e date o	personal prope f this application	rty in v n. Indi	which you were cate the date,
Dates of Accident and Type of Vehicle	Nature of Accident (Head- On, Rear-End, Upset, etc.)	Locatio Accid		# of Fatalitie	!S	# of Injuries
					_	
	and Forfeitures for d, forfeited bond or					
Location	Date		(	Charge		Penalty
I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for Independent Contractor status and the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned, have personally completed this questionnaire. I understand that any omission or misstatement of material fact on this questionnaire or on any document used to secure independent contractor status shall be grounds for rejection of this questionnaire or for immediate termination of my contract, regardless of the time elapsed before discovery.						
Signature	Date					

# REQUEST/CONSENT FOR INFORMATION FROM PREVIOUS EMPLOYER ON ALCOHOL & CONTROLLED SUBSTANCES TESTING

#### SECTION 1: TO BE COMPLETED BY PROSPECTIVE APPLICANT

*I, (Print Name)	*		
First, M Hereby authorize that: Previous Employer:	•	Number	
Street:	Telephone:		
City, State, Zip:	Fax No		
May release and forward information reques Controlled Substance Testing Records to:	ted by section 2 (below) of this document cor	ncerning n	ny Alcohol and
Total Transportation & Distribution, Inc. Attention:			
9278 Charles Smith Ave. Rancho Cucamonga, CA. 91730	Telephone: (9: Fax: (951) 801		200
*Applicant Signature:	*Date:	_	
release information regarding driver's records as directed by person. Release of such information is permitted only in accordance with the terms pursuant to driver's written consent, any of the information under this part by the driver's previous employers. (b) An econcentration result of 0.04 or greater, positive controlled maintained by the driver's previous employers under §382 reviewed by the employer no later than 14 calendar day af employer must provide to each of the other driver's emploinformation in paragraph (b). (f) The release of any information that ensures confide employer contacted.	s of the employee's consent.§382.413(a)(b)(c)(e)(f) furt in concerning the driver, which is maintained employer shall obtain, pursuant to a driver's consent, in substances test results, and refusals to be tested, withi .401 (b)(1)(1) through (III) (c) The information in paragr ter the first time a driver performs safety sensitive fund yers with the two preceding years the driver's specific ation under this part may take the form of personal inte	her state (a) formation o in the preced raph (b) of th ctions for an written auth	) An employer may obtain, on the driver's alcohol tests with a ding two years, which are his section must be obtained and a employer. (e) The prospective norization for release for the ephone interviews, letters, or any
SECTION 2: TO BE COMPLETED BY PRE	VIOUS EMPLOYER/MOTOR CARRIER		
COMPLETE THIS SECTION AS IT PERTAI	NS TO PART 382. SEE SEC. 382.413 (B), A	BOVE	
1. Has this person ever tested positive for a	controlled substance in the last 2 years?	YES	NO
2. Has this person ever had an alcohol test v In the last 2 years?	with a Breath Concentration 0.04 or greater	YES_	NO
3. Has this person ever refused a required to	est for drugs or alcohol in the last two years?	YES	NO
If YES to any of the above questions, please phone number for further reference	give the SAP's (Substance Abuse Professio	nal) name	e, address and
Name:			
Street:			

City, State, Zip:						
Telephone:		<u> </u>				
Section 2 Completed by (Signatur	e):		Date:			
SECTION 3: TO BE COMPLETED	BY PROSPE	CTIVE EMPI	LOYER/MOT	OR CARRIE	R	
This form (check one):	axed to previo	ous employe	r	Mailed	Date: _	
Complete below when information is	obtained.					
Information received from:						
Recorded by:	_ Method:_	Fax	Mail	Phone		
Date:		Perso	onal Interviev	v		
INQUIRY TO PAST EMPLOYERS FROM: Total Transportation & Distri	bution, Inc.	TO: Previo	us Employer	:		
Individual:		Individu	ual:			
9278 Charles Smith Ave.		Str	eet:			
Rancho Cucamonga, CA. 91730		City	y:	State	:	_Zip:
Personnel Manager: The person named below has applie employer, Kindly reply to this inquiry applicant has waived any claim of lia response to this inquiry. For your coaddressed envelope.	respecting that it respecting the ability against	e applicant. your compa	As you will r ny (and its a	note from the gents) for info	waiver st ormation s	ated below, the submitted in
Name of applicant:			Social S	Security No: _		
Job applied for:						
This applicant lists dates of employn	nent with you	company fr	om:	to is	that Corr	rect: Yes No_
1. Did he a motor/she drive vehicle f	or you?	Yes 🗌 N	lo 🗌	If so, what ty	ype?	
2. Was he/she a safe and efficient d	river?	Yes 🗌 🛮 N	No 🗌			
3. Was his/her general conduct satis	sfactory?	Yes 🗌 N	lo □			
4. Reason for leaving your employ?	Dischar	ged 🔲 R	esignation [	] Layoff [	Military	/ Duty 🗌
5. Please note that you are now require necessary.	uired to provid	de the past tl	hree (3) year	s of accident	history. U	Jse additional page
	_					_
						_

6. Please indicate your opinion by checking the appropriate boxes.	Excellent	Good	Fair	Poor
Disposition, Tact, Ability to get along with others				
Initiative, Resourcefulness				
Safety Habits				
Driving Skill				
Attitude				
Loyalty				
Do you know of any physical condition or handicap, which may limit	his/her ability	to perform th	e job applie	d for?
☐ Yes ☐ No				
If so, please comment				
Signature: Date:		Title:		

# Driver Applicant Pre-Contracting Alcohol and Controlled Substances Statement

Section 40.25(j) of the Federal Motor Carrier Safety Regulations requires each motor carrier to inquire of prospective drivers and prospective drivers are required to respond to the information in the question below.

Applicant Name
Social Security #
During the past three (3) years, have you, the applicant, tested positive, or refused to test, on any pre-employment or pre-contracting 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?
YES NO
If the answer to the above question is YES, please list the motor carrier(s) below:
Name of Motor Carrier
Address City State Zip         AQ         Telephone Number ()
In addition, if the answer to the above question is "Yes", please list the name and contact information for the Substance Abuse Professional (SAP) who completed your evaluation. If you answered "Yes" to the question above, please provide documentation of your successful completion of the return to duty process required by Part 40 Subpart O.
Name of SAP
Address City State Zip
Phone (
Date
Witness

### Part I: Release of Information Form - 49 CFR Part 40 and 49 Part 382 Drug and Alcohol Testing

I authorize, per 49 CFR Part 40, the release of information from my DOT regulated drug and alcohol testing records for the sole purpose of transmitting such records to the carrier/employer listed below. I authorize release of the following information concerning drug and alcohol tests: DOT drug and alcohol testing violations including pre-employment tests during the past three years; (i) Alcohol tests with a result of 0.04 or higher; (ii) verified positive drug tests; (iii) refusals to be tested (including verified adulterated or substituted results); (iv) other violations of DOT drug and alcohol testing regulations; (v) information obtained from previous employers of a drug and alcohol rule violation(s) and (vi) documents, if any, of completion of a return-to-duty process following a rule violation.

The information that I have authorized involves tests required by DOT. If any carrier/company furnishes information concerning items (i) through (vi) above, I also authorize that carrier/company to release and furnish the dates of my negative drug and/or alcohol tests and/or tests with results below 0.04 during the three-year period and the name and phone number of any substance abuse professional who evaluated me during the past three years.

Print	
Name:	Signed:
(Applicant Name)	(Applicant Signature Required)
Social Security No:	Date:
Total Transportation & Distribution, Inc.	Phone: (951) 801-7200
11310 Harrel St	Fax: (951)801-7201
Mira Loma, CA 91752	

### **Part II: Consumer Report Disclosure and Release**

In connection with my application for employment and/or review of my driving record, I understand that consumer reports which may contain public record information may be requested by Total Transportation & Distribution, Inc., Rancho Cucamonga, CA. These reports 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 reports may contain public record information concerning my driving record, workers' compensation claims, credit, bankruptcy proceedings, criminal records, etc., from federal, state and other agencies which maintain such records, as well as information from DAC concerning previous driving record requests made by others from such state agencies; and state provided driving records.

### **DRIVER DECLARATION**

## Federal Motor Carrier Safety Regulations Section 40.25 (j)

Name of Driver	Social Security Number
Signature of Driver	Driver's License Number
<del></del>	FAILED OR REFUSED A DOT DRUG AND ALCOHOL PRET T TWO YEARS FROM AN EMPLOYER WHO DID NOT HIRE
<del>-</del>	ED OR REFUSED A DOT DRUG AND ALCOHOL PRE- T TWO YEARS FROM AN EMPLOYER WHO DID NOT HIRE
IF SO, LIST MOTOR CARRIER	
Ni:	ame of Motor Carrier
144	anic of Motor Carrier
Add	dress of Motor Carrier
	City, State Zip Code