

# CHECKLIST

Please be sure to include all of the below items with your application

**If any of the info is missing Corporate will not process the application.**

- 1) MUST HAVE 10 YEARS WORK HISTORY
- 2) ADDRESS AND PHONE #'S FOR ALL EMPLOYERS, REASON FOR LEAVING
- 3) CLEAR COPY OF CDL & Social Security Card
- 4) CLEAR COPY OF LONG FORM & Medical Card
- 5) RECENT TRUCK INSPECTION (no more than 2 months old) If Owner Operator

**YOU CAN FAX OR EMAIL ME THE APPLICATION BUT PLEASE MAKE SURE TO KEEP THE ORIGINAL APPLICATION THAT YOU FILLED OUT. I MUST HAVE ORIGINAL ON FILE FOR DOT.**

IF YOU HAVE ANY QUESTIONS PLEASE CALL ME.

THANKS ANNETTE

PHONE :912-964-1600 EXT 107      FAX: 912-964-4004

EMAIL: [annetteg@pioneersav.com](mailto:annetteg@pioneersav.com)

Please complete the attached application and return to:

**Pioneer Transport, Inc.**

**1522 Old Dean Forest Rd. Garden City, GA. 31408**

**PH: 912-964-1600 FX: 912-964-4004**

**E: [pioneertransport@pioneersav.com](mailto:pioneertransport@pioneersav.com)**

Please bring with your application:

- 1) Social Security Card
- 2) CDL
- 3) Recent Truck Inspection
- 4) Current Long Form Physical
- 5) Matching Physical Card
- 6) Current Truck Registration

Please indicate if you are applying for a port/local position or road position?

\_\_\_ Port/Local                      \_\_\_ Over the Road

Please make sure you answer all questions completely. You must include 10 years of prior work experience. You must have contact names and numbers for all your prior employers.

Your application will be reviewed locally and if approved sent to corporate for a safety and background check. If approved you will be asked to complete a drug screen and the results will be shared to us within 48 hours. A decision will be made after we receive your drug test results.

Please answer the following questions:

1. What States do you have on your Tag?

\_\_\_\_\_

2. Do you travel all those states?

\_\_\_\_\_

3. Do you travel the Mountains?

\_\_\_\_\_

4. Do you travel to Florida?

\_\_\_\_\_

We do not work a FORCED Dispatch but if you do not take a load that is offered you May not run the next day.

# Pioneer Transport, Inc.

P.O. Box 10125, Lancaster, P.A. 17605-0125 (717) 735- 0560

## Application for Driver Position

In compliance with Federal and State Equal Employment Opportunity Laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or the presence of non-job related medical condition or handicap.

As part of the application process, I am aware that certain pre-qualification procedures are involved, including driving test, classroom attendance and other pre-hiring examinations. I understand and agree that during this period, I am not an employee or owner operator of the Company, and I am not entitled to receive any pay or other compensation for my time spent in these procedures. No such testing by the Company shall be deemed to be a hiring/leasing decision until such time as I receive a written notification form a Company official that I have been hired or leased on as an owner-operator, my position is that of an applicant.

PLEASE PRINT

NAME \_\_\_\_\_ SS# \_\_\_\_\_  
LAST FIRST MI

ADDRESS \_\_\_\_\_  
STREET CITY

STATE ZIP HOME PHONE ( ) \_\_\_\_\_

ADDRESSES FOR PAST THREE (3) YEARS – STATE HOW LONG AT EACH

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DATE OF BIRTH \_\_\_\_ / \_\_\_\_ / \_\_\_\_ IF LEASED, CAN YOU PROVIDE PROOF OF AGE? \_\_\_\_\_

IF YOU HAVE WORKED FOR THIS COMPANY BEFORE, PLEASE FURNISH DATES:  
FROM \_\_\_\_ / \_\_\_\_ / \_\_\_\_ TO \_\_\_\_ / \_\_\_\_ / \_\_\_\_ REASON FOR LEAVING \_\_\_\_\_

How did you find out about our company? \_\_\_\_\_  
INSERT NAME OF EMPLOYEE OR PAPER

### DRIVERS LICENSE

STATE	LICENSE NUMBER	TYPE OF LICENSE	EXPIRATION

**DRIVING EXPERIENCE**

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES		APPROX. NO. OF MILES (TOTAL)
		FROM	TO	
STRAIGHT TRUCK				
TRACTOR AND SEMI-TRAILER				
TRACTOR- TWO TRAILERS				
OTHER				

**WORK HISTORY**

**EXPERIENCE AND QUALIFICATIONS (MUST INCLUDE 10 YEARS)**

In the spaces below give a complete and consecutive work history covering the last 10-years of employment. Show all periods of unemployment and explain reasons for leaving each job. Begin with your present employer and work backwards down the page. Be sure to account for each month of your work experience and explain all periods of unemployment along with dates of unemployment.

From _____/_____/_____  To _____/_____/_____	Company	Duties	Annual Miles	Reason For Leaving	
	City		Supervisor	Type of Equipment Driven	Was this a safety-sensitive position requiring drug/alcohol testing? Yes _____ No _____
	State	Annual Miles			
	Phone	Reason For Leaving			

From _____/_____/_____  To _____/_____/_____	Company	Duties	Annual Miles	Reason For Leaving	
	City		Supervisor	Type of Equipment Driven	Was this a safety-sensitive position requiring drug/alcohol testing? Yes _____ No _____
	State	Annual Miles			
	Phone	Reason For Leaving			

From _____/_____/_____  To _____/_____/_____	Company	Duties	Annual Miles	Reason For Leaving	
	City		Supervisor	Type of Equipment Driven	Was this a safety-sensitive position requiring drug/alcohol testing? Yes _____ No _____
	State	Annual Miles			
	Phone	Reason For Leaving			

**WORK HISTORY CONTINUED (MUST INCLUDE 10 YEARS)  
EXPERIENCE AND QUALIFICATIONS**

In the spaces below give a complete and consecutive work history covering the last 10-years of employment. Show all periods of unemployment and explain reasons for leaving each job. Begin with your present employer and work backwards down the page. Be sure to account for each month of your work experience and explain all periods of unemployment along with dates of unemployment.

From _____/_____/_____  To _____/_____/_____	Company	Duties	Annual Miles	Reason For Leaving
	City		Type of Equipment Driven	
	State	Supervisor	Was this a safety-sensitive position requiring drug/alcohol testing? Yes _____ No _____	
	Phone			

From _____/_____/_____  To _____/_____/_____	Company	Duties	Annual Miles	Reason For Leaving
	City		Type of Equipment Driven	
	State	Supervisor	Was this a safety-sensitive position requiring drug/alcohol testing? Yes _____ No _____	
	Phone			

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	Phone			

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	Phone			

From _____/_____/_____  To _____/_____/_____	Company	Duties	Annual Miles	Reason For Leaving
	City		Type of Equipment Driven	
	State	Supervisor	Was this a safety-sensitive position requiring drug/alcohol testing? Yes _____ No _____	
	Phone			

A.	Have you ever been denied a license, permit or privilege to operate a motor vehicle?	YES	NO
B.	Has a license, permit or privilege been suspended or revoked?	YES	NO
C.	Have you ever been convicted for driving while intoxicated?	YES	NO
D.	Have you ever been convicted for possession, sale or use of a narcotic drug?	YES	NO
E.	Have you ever been refused auto liability insurance?	YES	NO
F.	Have you ever been arrested or convicted of a crime?	YES	NO

If answer to A, B, C, D, E or F is yes, state circumstances and dates:


**APPLICANT CERTIFICATION STATEMENT**

I understand that per DOT requirements my Employer must obtain certain information from me for compliance with their applicable DOT Controlled Substance and Alcohol Testing Program. This includes information on any violations of the prohibitions I may have had. If you are unsure about how to complete this portion of the application ask for assistance.

No, I do not have information to report on any violations of the DOT Drug and Alcohol testing regulations.

If you have not information to report, check the above statement and proceed to the certification statement.

Yes, I have information to report on my drug and alcohol history.

If while in a DOT mandated drug and alcohol testing program for any employer who had to meet the requirements for any DOT operating agency (FMCSA, FAA, FTA, Coast Guard, RSPA, or FRA) it was determined that you violated drug and alcohol regulations within the prior two-years from the date of application, or if you have not completed the return-to-duty process for any prior violation, you need to complete the following two sections.

I was deemed to have violated one or more of the following DOT prohibitions	Date of Violation
I had a verified positive drug test for a prior employer or as a pre-employment test	
I had an alcohol test with an alcohol concentration of 0.04 or greater for a prior employer	
I refused to be tested (includes submitting a substituted or adulterated specimen)	
I performed a safety-sensitive function within four hours after using alcohol	
I used alcohol while performing safety-sensitive functions	
I was involved in an accident that required post-accident testing and I used alcohol prior to being tested	
I used controlled substances while performing a safety-sensitive function	
I was deemed to have violated a drug or alcohol regulation under any mandated program which I have not listed above	

Below I have indicated where the violation took place either as an applicant or employee of said company:

I have  have not  completed the return to duty requirements

Prior employer (or company which I applied to) Company Name
Employers Designated Employer Representative
Employers Address
Employers Telephone Number
Substance Abuse Professional Information

Certification: I certify that this information is complete and accurate. I understand that failure to accurately report information my result in my not being hired or termination of my employment if I am hired.

Date of application: \_\_\_\_\_ Print Full Name: \_\_\_\_\_

Signature: \_\_\_\_\_

**TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST FIVE (5) YEARS (OTHER THAN PARKING)**

DATE	LOCATION	OFFENSE	PENALTY

**ACCIDENT RECORD FOR PAST FIVE (5) YEARS**

DATE	TYPE OF ACCIDENT: HEAD-ON, BACKING, ETC.	FATALITIES	INJURIES

In consideration of my leasing/employment, I agree to the rules and regulations of this company, and my employment/lease can be terminated with or without notice, at anytime at the option of either the company or myself. I understand that no manager or representative of the company other than the President or Vice Presidents of the company has any authority to enter into any agreements for employment/leasing for any special period of time, or make any agreement contrary to the foregoing.

I hereby authorize this company the right to make a thorough investigation of my past employment, education and activities and I release from all persons, companies and corporations supplying information. I indemnify this company against any liability that may result from making such investigations. I understand that any false answer or statement or implication made by me in this application or other required document shall be considered sufficient cause for denial of employment/lease or discharge. Additionally, I understand that nothing contained in this application, the granting of an interview, or being invited to take a physical, be road tested or allowed to attend a training class is intended to create an employment/lease contract between this company and myself for either employment/leasing or for the providing of any benefit. No promises regarding employment/leasing have been made to me and I understand that no such promise or guarantee is binding upon this company unless made in writing. If an employment leasing relationship is established, I understand that I have the right to terminate my relationship at any time and that the company has the same right.

My signature below certifies that I completed this application, and that all entries on it and information in it are true, correct and complete.

In connection with my application with you I understand that an investigative consumer report is being requested from DAC Services or another provider, that will include information as to my character, work habits, performance and experience, along with reasons for termination of past employment from the previous employers. Further I understand that you will be requesting information regarding my driving record and or information from various federal, state and other agencies which maintain records concerning traffic offenses, accidents, etc., as well as information from DAC or their sources concerning (1) previous driving record requests made by others from such state agencies; (2) state provided driving records (3) claims involving me in the files of insurance companies; (4) employment histories. I have a right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of this investigation. I hereby consent to your obtaining the above information from DAC or other sources and agree that such information which these sources has or obtains, and my employment history with you, if hired/leased will be supplied to DAC and to other companies that subscribe to their services. If you desire, you can review any of this information we receive when processing your application.

**DRUG AND ALCOHOL TEST RESULTS**

Section 382.413(b) of the Federal Motor Carrier Safety Regulations states: "An employer shall obtain, pursuant to a driver's consent, information on the driver's alcohol tests with a concentration result of 0.04 or greater, positive controlled substance test results, and refusals to be tested, within the preceding three-years, which are maintained by the driver's previous employers under Section 382.401(b)(1)(i) through (iii)."

I hereby authorize and give my consent to all former employers to release such information, as specified in Section 382.413(b) of the Federal Motor Carrier Safety Regulations, to this Company.

Section 382.405(h) of the Federal Motor Carrier Safety Regulations states: "An employer shall release information regarding a driver's records as direct by the specific, written consent of the driver authorizing release of the information to an identified person."

I AUTHORIZE WITHOUT RESERVATION; ANY PARTY OR AGENCY CONTACTED BY THIS COMPANY TO FURNISH THE ABOVE MENTIONED INFORMATION.

Applicants Name (Signature) \_\_\_\_\_ Date \_\_\_\_\_

Applicant's Name (Please Print) \_\_\_\_\_



Contractor and Owner-Operator NOTICE REGARDING FEDERAL BAN ON USE OF HAND-HELD MOBILE TELEPHONES

Effective January 3, 2012, the Federal Motor Carrier Safety Regulations will prohibit the use of a hand-held mobile telephone by drivers operating commercial motor vehicles ("CMVs"). The rule prohibits the following actions while driving a CMV:

- Using at least one hand to hold a mobile telephone to conduct a voice communication;
- Dialing or answering a hand held mobile telephone by pressing more than a single button; or

Reaching for a mobile telephone in a manner that requires a driver to maneuver so that he or she is no longer in a seated driving position, restrained by a seat belt that is installed in accordance with federal regulations that has been adjusted in accordance with the manufacturer's instructions.

For purposes of the rule, "driving" means operating a CMV on a highway, including while temporarily stopped in traffic because of a traffic control device or other momentary delay. "Driving" does not include operating a commercial motor vehicle when the driver has moved the vehicle to the side of, or off, a highway and has halted in a location where the vehicle can safely remain stationary (please note, however, that pulling to the side of a highway may not, in some instances, be allowed under applicable law). The rule is in addition to the existing federal ban on texting while driving a CMV.

Violations can result in a civil penalty against the driver of up to \$2,750, and against the carrier of up to \$11,000. In addition, drivers convicted of violating this rule twice in a three-year period are subject to disqualification by state or federal authorities from driving a CMV for 60 days. Three violations of this rule in any three-year period result in disqualification for 120 days. Additionally, violation of state or local rules restricting or prohibiting the use of hand-held mobile telephones while driving can also result in disqualification.

**ACKNOWLEDGEMENT:** In order to ensure compliance with 49 C.F.R. § 390.3(e)(2), drivers will not be dispatched until the acknowledgment below has been signed and returned to the company. BY SIGNING BELOW, THE UNDERSIGNED CONTRACTOR ACKNOWLEDGES RECEIPT OF THIS NOTICE, AGREES THAT CONTRACTOR WILL REQUIRE THAT ITS DRIVERS COMPLY WITH THE LIMITATIONS SET FORTH HEREIN, AND AGREES THAT CONTRACTOR AND/OR CONTRACTOR'S DRIVERS WILL COMPLY WITH ANY AND ALL APPLICABLE FEDERAL, STATE AND LOCAL LAWS REGARDING USE OF MOBILE TECHNOLOGY WHILE OPERATING A CMV. CONTRACTOR FURTHER ACKNOWLEDGES THAT VIOLATION OF FEDERAL, STATE AND LOCAL LAWS, RULES, REGULATIONS, OR ORDINANCES REGARDING USE OF MOBILE TECHNOLOGY WHILE OPERATING A CMV MAY TRIGGER OBLIGATIONS UNDER CONTRACTOR'S AGREEMENT WITH THE COMPANY, INCLUDING, BUT NOT LIMITED TO, HOLD HARMLESS AND INDEMNITY OBLIGATIONS. IN ADDITION TO THE FOREGOING, FAILURE TO COMPLY WITH SUCH PROHIBITIONS OR LIMITATIONS MAY RESULT IN DISQUALIFICATION OF THE DRIVER INVOLVED AND/OR TERMINATION OF CONTRACT.

\_\_\_\_\_  
Contractor/Owner-Operator Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Contractor/Owner-Operator Signature

To: \_\_\_\_\_  
(Name of Former Employer)

I hereby authorize this company the right to make a thorough investigation on my past employment, education and activities and I release from all persons, companies and corporation supplying information. I indemnify this company against any liability that may result from making such investigations. I understand that any false answer or statement or implication made by me in this application or other required document shall be considered sufficient cause for denial of employment/lease or discharges and that nothing contained in this application, the granting of an interview, or being invited to take a physical, be road tested or allowed to attend a training class is intended to create an employment/lease contract between this company and myself for either employment/leasing or for the providing of any benefit. No promises regarding employment/leasing have been made to me and I understand that no such promise or guarantee is binding upon this company unless made in writing. If an employment/leasing relationship is established, I understand that I have the right to terminate my relationship at any time and the company has the same right.

My signature below certifies that I completed this release, and that all entries on it and information in it are true, correct and complete.

In connection with my application with you I understand that an investigative consumer report is being requested from DAC Services or another provider, that will include information as to my character, work habits, performance and experience, along with reasons for termination of past employment from the previous employers. Further I understand that you will be requesting information regarding my driving record and or information from various federal, state and other agencies which maintain records concerning traffic offenses, accidents, etc., as well as information from DAC or their sources concerning (1) previous driving record requests made by others from such state agencies; (2) state provided driving records (3) claims involving me in the files of insurance companies; (4) employment histories. I have a right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of this investigation. I hereby consent to your obtaining the above information from DAC or other sources and agree that such information which these sources has or obtains, and my employment history with you, if hired/leased will be supplied to DAC and to other companies that subscribe to their services. If you desire, you can review any of this information we receive when processing your application.

INVESTIGATIONS AND INQUIRIES

By my signature below, I authorize this company to conduct an investigation as required by 391.23. The release of information as required by the Federal Motor Carrier Safety regulations is granted to the carrier named above. I hereby grant you the authority to release the following information:

- General driver identification and employment verification information including dates of employment, duties and type of equipment driven.
- Accident information for all DOT Recordable accidents as defined by 390.5 of the regulations, and information regarding any additional accidents (DOT or Non-DOT that you wish prospective employer).

DRUG AND ALCOHOL TEST RESULTS

Section 382.413(b) of the Federal Motor Carrier Safety Regulations states: "An employer shall obtain, pursuant to a driver's consent, information on the driver's alcohol tests with a concentration result of 0.04 or greater, positive controlled substance test results, and refusals to be tested, within the preceding three-years, which are maintained by the driver's previous employers under Section 382.401(b)(1)(i) through (iii)."

I hereby authorize and give my consent to all former employers to release such information, as specified in Section 382.413(b) of the Federal Motor Carrier Safety Regulations, to this Company.

Section 382.405(h) of the Federal Motor Carrier Safety Regulations states: "An employer shall release information regarding a driver's records as direct by the specific, written consent of the driver authorizing release of the information to an identified person."

I AUTHORIZE WITHOUT RESERVATION; ANY PARTY OR AGENCY CONTACTED BY THIS COMPANY TO FURNISH THE ABOVE MENTIONED INFORMATION.

Applicants Name (Signature) \_\_\_\_\_ Date \_\_\_\_\_

Applicant's Name (Please Print) \_\_\_\_\_

**THE BELOW DISCLOSURE AND AUTHORIZATION LANGUAGE IS FOR MANDATORY USE BY  
ALL ACCOUNT HOLDERS**

**IMPORTANT DISCLOSURE  
REGARDING BACKGROUND REPORTS FROM THE PSP Online Service**

In connection with your application for employment with Pioneer Transport, Inc. ("Prospective Employer"), Prospective Employer, its employees, agents or contractors may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

When the application for employment is submitted in person, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report.

When the application for employment is submitted by mail, telephone, computer, or other similar means, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer must provide you within three business days of taking adverse action oral, written or electronic notification: that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

Neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. You may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If you challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. Your request will be forwarded by the DataQs system to the appropriate State for adjudication.

Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with Federal Motor Carrier Safety Regulations (FMCSR) violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

The Prospective Employer cannot obtain background reports from FMCSA without your authorization.

**AUTHORIZATION**

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

I authorize Pioneer Transport, Inc. ("Prospective Employer") to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am authorizing the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.

I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

I understand that any crash or inspection in which I was involved will display on my PSP report. Since the PSP report does not report, or assign, or imply fault, I acknowledge it will include all CMV crashes where I was a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, I understand all inspections, with or without violations, will appear

on my PSP report, and State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on my PSP report. I have read the above Disclosure Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this Disclosure and Authorization, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (Please Print)

NOTICE: This form is made available to monthly account holders by NIC on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain an Applicant's written or electronic consent prior to accessing the Applicant's PSP report. Further, account holders are required by FMCSA to use the language contained in this Disclosure and Authorization form to obtain an Applicant's consent. The language must be used in whole, exactly as provided. Further, the language on this form must exist as one stand-alone document. The language may NOT be included with other consent forms or any other language.

*LAST UPDATED 12/22/2015*



**Ameriplan Benefit**  
CORPORATION

## Insurance Request

Unit #

Add Effective: \_\_\_\_\_

Change Effective \_\_\_\_\_

Cancel Effective \_\_\_\_\_

### Owner Operator / Independent Contractor Information

Name		
Address:		Apt #:
City:	State:	Zip:

### Equipment Information:

Year:	Make:
Vin:	Value:
Color	Tire Size:

### Lien Holder Information:

Name		
Address:		Suite:
City:	State:	Zip:
Attention:		

### Coverage:

Physical Damage

\_\_\_\_\_  
Owner Operator / Independent Contractor Signature

Date: \_\_\_\_\_

**DRIVER STATEMENT OF ON-DUTY HOURS**

(For Newly Leased Drivers)

INSTRUCTIONS: Motor carriers, when using a leased driver for the first time, shall obtain from the driver a signed statement giving the total time on-duty during the immediately preceding 7 days and time at which such driver was last relieved from duty prior to beginning work for such carrier. Rule 395.8(i)(2) Federal Motor Carrier Safety Regulations. NOTE: Hours for any compensated work during the preceding 7 days, including work for a non-motor carrier entity, must be recorded on this form.

Independent Contractor's Name (Print): \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Driver's License: State: GA Number: \_\_\_\_\_ Class: \_\_\_\_\_ Endorsement(s): \_\_\_\_\_ Restriction(s): \_\_\_\_\_

DAY	1 (yesterday)	2	3	4	5	7	
DATE							
HOURS WORKED							TOTAL HOURS

I hereby certify that the information given above is correct to the best of my knowledge and belief, and that I was last relieved from work at:

\_\_\_\_\_ A.M. / P.M. On \_\_\_\_\_ Day \_\_\_\_\_ Month \_\_\_\_\_ Year

Time

\_\_\_\_\_  
Independent Contractor's Signature

\_\_\_\_\_  
Date

**DRIVER CERTIFICATION FOR OTHER COMPENSATED WORK**

INSTRUCTIONS: When leased by a motor carrier, a driver must report to the carrier all on-duty time including time working for other employers. The definition of on-duty time found in Section 395.2 paragraphs (8) and (9) of the Federal Motor Carrier Safety Regulations includes time performing other work in the capacity of, or in the employ or service of, a common, or contract or private motor carrier, also performing any compensated work for any nonmotor carrier entity.

(Circle one)

Are you currently working for another employer? Yes    No

At this time, do you intend to work for another employer while still employed by this company? Yes    No

I hereby certify that the information given above is true and I understand that once I become leased with this company, if I begin working for any additional employer(s) for compensation, that I must inform this company immediately of such employment activity.

\_\_\_\_\_  
Independent Contractor's Signature

\_\_\_\_\_  
Date

Witness:

\_\_\_\_\_  
Company Representative

\_\_\_\_\_  
Date

# Request for Taxpayer Identification Number and Certification

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

**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; check only one of the following seven boxes:**

Individual/sole proprietor or single-member LLC

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

Other (see instructions) ► \_\_\_\_\_

C Corporation     S Corporation     Partnership     Trust/estate

**Note.** For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.

**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.)**      Requester's name and address (optional)

**6 City, state, and ZIP code**

**7 List account number(s) here (optional)**

Print or type  
See Specific Instructions on page 2.

**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 Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

**Note.** If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

<b>Social security number</b>			
		-	

**or**

<b>Employer identification number</b>			
		-	

**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 on page 3.

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

**General Instructions**

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

**Future developments.** Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at [www.irs.gov/fw9](http://www.irs.gov/fw9).

**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?* on page 2.

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

Independent Contractor  
AUTHORIZATION AGREEMENT FOR PREAUTHORIZED DEPOSITS (CREDITS)

I hereby authorize Pioneer Transport Inc. to initiate credit entries to my account number indicated below at the depositories named below and to initiate, if necessary, debit entries or adjustments for any credit error.

Please attach a voided check.

1) Bank/Depository Name \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Transit/Routing ABA# \_\_\_\_\_ Account Number \_\_\_\_\_

Account Type (check one only)       Checking       Savings

2) Bank/Depository Name \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Transit/Routing ABA# \_\_\_\_\_ Account Number \_\_\_\_\_

Account Type (check one only)       Checking       Savings

3) Bank/Depository Name \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Transit/Routing ABA# \_\_\_\_\_ Account Number \_\_\_\_\_

Account Type (check one only)       Checking       Savings

I acknowledge that the origination of ACH transaction to my account must comply with the provisions of U.S. Law. This authority is to remain in full force and effect until written notice of my intention to terminate this agreement (30 days notice is required) has been provided.

\_\_\_\_\_  
Independent Contractor Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Independent Contractor Signature

\_\_\_\_\_  
EIN/Social Security Number





Ameriplan Benefit Corporation

P O Box 51148

Knoxville, TN 37950

865-584-3655

**PIONEER TRANSPORT, INC., FALCON TRANSPORT, INC. & QUAKER TRANSPORT, INC.**

**DRIVER INFORMATION SHEET**

I certify:

**(CHECK ONE)**

**I am an Independent Contractor**

**(CHECK ONE)**

I am electing Occupational Accident coverage through the Company in which I am under contract.

Name of Beneficiary: \_\_\_\_\_

Relationship of Beneficiary: \_\_\_\_\_

I carry my own Occupational Accident coverage and I have supplied the Company proof of the insurance.

**I am an Independent Contractor for a truck owner.** I do not own the truck and I receive a 1099.

Name of Beneficiary: \_\_\_\_\_ (for Company Occupational Accident)

Relationship of Beneficiary: \_\_\_\_\_

**I am An Employee of a Truck Owner.** I am not the owner of the truck and I receive a W-2.

**\*\*A truck owner who employs an employee is required to provide proof of Workers Compensation coverage\*\***

**I certify to the best of my knowledge and belief that all information on this form is complete and truthful.**

Driver Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Motor Carrier (Company) Representative: \_\_\_\_\_

Date: \_\_\_\_\_

Return to:  
Attention: Beth Martzall  
1851 Charter Lane #101  
Lancaster, PA 17605