

# OWNER OPERATORS APPLICATION TO DRIVE

OBERG FREIGHT COMPANY  
22153 OLD HIGHWAY 169  
FORT DODGE, IOWA 50501  
515-955-3592 Office - 515-573-4112 Fax

(Answer all questions – please print)

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, (other than minimum requirements), marital status, or non-job related disability.

Date of application \_\_\_\_\_

Position(s) Applied for \_\_\_\_\_

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_  
Last First Middle

**Tractor to be Driven:** Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ Weight \_\_\_\_\_

List your addresses of residency for the past 3 years.

Current Address \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_ How Long? \_\_\_\_\_

Previous Addresses \_\_\_\_\_ How Long? \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State & Zip Code \_\_\_\_\_  
How Long? \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State & Zip Code \_\_\_\_\_  
How Long? \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State & Zip Code \_\_\_\_\_  
How Long? \_\_\_\_\_

Do you have the right to work in the United States? \_\_\_\_\_  
Date of Birth \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Can you provide proof of age? \_\_\_\_\_  
Have you worked for this company before? \_\_\_\_\_ Where? \_\_\_\_\_  
Dates: From \_\_\_\_\_ To \_\_\_\_\_ Rate of Pay \_\_\_\_\_ Position \_\_\_\_\_  
Reason for leaving \_\_\_\_\_  
Are you now employed? \_\_\_\_\_ If not, how long since leaving last employment? \_\_\_\_\_  
Who referred you? \_\_\_\_\_ Rate of pay expected \_\_\_\_\_

**CELL PHONE #** \_\_\_\_\_

Is there any reason you might be unable to perform the functions of the job for which you have applied [as described in the attached job description]?

If yes, explain if you wish. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## EMPLOYMENT HISTORY

All driver applicants to drive interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing addresses, street number, city, state, and zip code.

Applicants to drive a commercial motor vehicle\* in intrastate or interstate commerce shall also provide an additional 7 years' information on those employers for whom the applicant operated such vehicle.

(NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary.)

EMPLOYER			DATE	
NAME			FROM	TO
			MO. YR.	MO. YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	

EMPLOYER			DATE	
NAME			FROM	TO
			MO. YR.	MO. YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	

EMPLOYER			DATE	
NAME			FROM	TO
			MO. YR.	MO. YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	

EMPLOYER			DATE	
NAME			FROM	TO
			MO. YR.	MO. YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	

EMPLOYER			DATE	
NAME			FROM	TO
			MO. YR.	MO. YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	

EMPLOYER			DATE	
NAME			FROM	TO
			MO. YR.	MO. YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	

EMPLOYER			DATE	
NAME			FROM	TO
			MO. YR.	MO. YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	

\*Includes vehicles having a GVWR of 26,001lbs. or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

**ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED) IF NONE, PLEASE WRITE NONE.**

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES

**TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE WRITE NONE**

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE NEEDED)

**EDUCATION**

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8

HIGH SCHOOL: 1 2 3 4

COLLEGE: 1 2 3 4

LAST SCHOOL ATTENDED \_\_\_\_\_  
NAME
CITY

**EXPERIENCE AND QUALIFICATIONS – DRIVER**

<b>DRIVER LICENSES</b>	STATE	LICENSE NO	TYPE	EXPIRATION DATE

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES \_\_\_\_\_ NO \_\_\_\_\_

B. Has any license, permit or privilege ever been suspended or revoked? YES \_\_\_\_\_ NO \_\_\_\_\_

IF THE ANSWER TO EITHER A OR B IS YES, ATTACH STATEMENT GIVING DETAILS

**DRIVING EXPERIENCE IF NONE, WRITE NONE**

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

LIST STATES OPERATED IN FOR LAST FIVE YEARS \_\_\_\_\_

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER: \_\_\_\_\_

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHO? \_\_\_\_\_

**EXPERIENCE AND QUALIFICATIONS – OTHER**

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY

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LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN APPLICATION

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LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWN)

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**TO BE READ AND SIGNED BY APPLICANT**

This certifies that this application was completed by me, and that all entries on it and in it are true and complete to the best of my knowledge.

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.

\_\_\_\_\_ Date

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

**PROCESS RECORD**

APPLICANT HIRED \_\_\_\_\_ REJECTED \_\_\_\_\_

DATE EMPLOYED \_\_\_\_\_ POINT EMPLOYED \_\_\_\_\_

DEPARTMENT \_\_\_\_\_ CLASSIFICATION \_\_\_\_\_

(IF REJECTED, SUMMARY REPORT OF REASONS SHOULD BE PLACED IN FILE)

**THIS SECTION TO BE FILLED IN BY RESPONSIBLE OFFICER OR COMPANY REPRESENTATIVE**

	SUPERIOR	GOOD	FAIR	BELOW AVERAGE	POOR	WRITTEN RECORD ON FILE
1. APPLICATION						
2. INTERVIEW						
3. PAST EMPLOYMENT						
4. WRITTEN EXAM						
5. ROAD TEST						
6. CRIMINAL AND TRAFFIC CONVICTIONS						

SIGNATURE OF INTERVIEWING OFFICER \_\_\_\_\_

**TRANSFERS**

<b>FROM:</b>	<b>TO:</b>	<b>FROM:</b>	<b>TO:</b>
DATE:		DATE	
REASON FOR TRANSFER		REASON FOR TRANSFER	

**TERMINATION OF EMPLOYMENT**

DATE TERMINATED \_\_\_\_\_ DEPARTMENT RELEASE FROM \_\_\_\_\_  
 DISMISSED \_\_\_\_\_ VOLUNTARY QUIT \_\_\_\_\_ OTHER \_\_\_\_\_  
 TERMINATION REPORT PLACED IN FILE \_\_\_\_\_ SUPERVISOR \_\_\_\_\_

Have you ever been disciplined or terminated for violating rules? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever been involved in any type of physical altercation in the workplace with another employee? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever been disciplined or terminated for any type of fighting or workplace assault of any kind? \_\_\_\_\_ Yes \_\_\_\_\_ No

When working with co-employees or supervisors, have you ever felt truly angry about how you were treated, and if so, describe the situation and how you handled your anger? \_\_\_\_\_ Yes \_\_\_\_\_ No

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Signature and date

\*ON THE NEXT PAGE  
ALL YOU DO IS SIGN  
WHERE THE “X” IS

\* **DO NOT** FILL IN ANY OF  
THE PAGE THAT FOLLOWS.

Employer: OBERG FREIGHT COMPANY  
 Address: 22153 OLD HIGHWAY 169  
 City, State, Zip: FORT DODGE, IOWA  
 Phone: 515-955-3592 Fax: 515-573-4112

**Drivers Name:** \_\_\_\_\_ **SSN:** \_\_\_\_\_

I hereby authorize to release any and all information pertaining to my employment records as required By 49 CFR Section 391.23 to the above named company. You are released from any and all liability that may result from releasing such information.

Previous Employer: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

**\*X Signed:** \_\_\_\_\_ **\* X Dated:** \_\_\_\_\_  
**Witnessed By:** \_\_\_\_\_

In accordance with 49 CFR 391.23(d)(1), the above applicant shows that he/she worked for you.  
 Employment dates given From \_\_\_\_\_ To \_\_\_\_\_  
 Are the employment dates stated above correct? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If not, please give correct employment dates. From \_\_\_\_\_ To \_\_\_\_\_

In accordance with 49 CFR 391.23(d) (2), did applicant have any accidents in the past three (3) years? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide the following information listed below:

Date	Location City/St	#Injuries	#Fatalities	HM Spill?

**In accordance with 49 CFR 391.23(e)(1), did the applicant violate any section of 49 CFR Part 382, Subpart B?**

49 CFR Part 382 Subpart B. Did this employee violate?	Yes	No
382.201- Having an alcohol concentration 0.04 or higher		
382.205- Use of alcohol while on duty.		
384.207- Use of alcohol within 4 hours before coming on duty.		
384.209- Use of alcohol within 8 hours of an accident.		
382.211- Refusal to submit for testing (Post accident, Random, Reasonable Suspicion, or Follow up test)		
382.213- Use of controlled substances while on duty.		
382.215- Tested positive, or had an adulterated or substituted test for Controlled substances.		

391.23(e)(2). If you answer "yes" to any of the above items, did the employee Complete the return-to-duty process? 49 CFR 382.605/Part 40 Subpart O		
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391.23(e)(3). Did the driver have any of the following testing violations subsequent to completion of 49 CFR 382.605		
	Yes	No
1. Having an alcohol concentration 0.04 Or higher		
2.Receive a verified positive controlled substances result		
3.Refusal to submit for testing		

As per 49 CFR 391.23(g) After October 29, 2004 previous employers must Respond to each request within 30 days after the request is received.

Mailed On:	Faxed On:
Verified by Phone Talked to:	
Signature:	Date: