



1134 East McPherson Hwy • Clyde, Ohio 43410 • Phone: (419) 547-1117

DRIVERS APPLICATION FOR QUALIFICATION

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 non-job related disability.

Please check: _____ Company Driver _____ Owner Operator _____ Driver for Owner Operator

Date of application _____

Name: _____
Last First Middle Cell Number

Current Address _____ How Long _____ Telephone _____

City _____ State _____ Zip _____

Social Security Number _____ Date of Birth _____

Drivers License Number _____ State of Issue _____

Previous addresses (5 years)

_____ City _____ State _____ Zip _____

_____ City _____ State _____ Zip _____

_____ City _____ State _____ Zip _____

Do you have the legal right to work in the United States? _____

Have you worked for this company before? _____ If yes, when: _____

Reason for leaving _____

Are you currently employed? _____ If not, how long since leaving last employment? _____

Who referred you? _____ Rate of pay expected _____

Is there any reason you might be unable to perform the functions of the job for which you have applied? _____

Employment History

List all employers for the last three years and any employment as a commercial vehicle operator for the last ten years. Please do not leave any gaps. If you worked for an Owner Operator please list the Motor Carrier the truck was Leased to.

Present or Last Employer: Company Name: _____

Address: _____ City: _____ State: _____ Zip Code _____

Supervisor: _____ Dates Employed: From _____ To _____

Telephone No. _____ Rate of Pay: _____ Reason for leaving: _____

Type Equipment: _____ No. Accidents: _____

Were you subject to the Federal Motor Carrier Safety Regulations while employed? ____ Yes ____ No

Was your job designated as a "safety sensitive function" in any DOT-regulated mode subject to alcohol and drug testing requirements as required by 49 CFR Part 40? ____ Yes ____ No

May we contact your current employer? ____ Yes ____ No

Previous Employer: Company Name: _____

Address: _____ City: _____ State: _____ Zip Code _____

Supervisor: _____ Dates Employed: From _____ To _____

Telephone No. _____ Rate of Pay: _____ Reason for leaving: _____

Type Equipment: _____ No. Accidents: _____

Were you subject to the Federal Motor Carrier Safety Regulations while employed? ____ Yes ____ No

Was your job designated as a "safety sensitive function" in any DOT-regulated mode subject to alcohol and drug testing requirements as required by 49 CFR Part 40? ____ Yes ____ No

Previous Employer: Company Name: _____

Address: _____ City: _____ State: _____ Zip Code _____

Supervisor: _____ Dates Employed: From _____ To _____

Telephone No. _____ Rate of Pay: _____ Reason for leaving: _____

Type Equipment: _____ No. Accidents: _____

Were you subject to the Federal Motor Carrier Safety Regulations while employed? ____ Yes ____ No

Was your job designated as a "safety sensitive function" in any DOT-regulated mode subject to alcohol and drug testing requirements as required by 49 CFR Part 40? ____ Yes ____ No

Previous Employer: Company Name: _____

Address: _____ City: _____ State: _____ Zip Code _____

Supervisor: _____ Dates Employed: From _____ To _____

Telephone No. _____ Rate of Pay: _____ Reason for leaving: _____

Type Equipment: _____ No. Accidents: _____

Were you subject to the Federal Motor Carrier Safety Regulations while employed? ____ Yes ____ No

Was your job designated as a "safety sensitive function" in any DOT-regulated mode subject to alcohol and drug testing requirements as required by 49 CFR Part 40? ____ Yes ____ No

Previous Employer: Company Name: _____

Address: _____ City: _____ State: _____ Zip Code _____

Supervisor: _____ Dates Employed: From _____ To _____

Telephone No. _____ Rate of Pay: _____ Reason for leaving: _____

Type Equipment: _____ No. Accidents: _____

Were you subject to the Federal Motor Carrier Safety Regulations while employed? ____ Yes ____ No

Was your job designated as a "safety sensitive function" in any DOT-regulated mode subject to alcohol and drug testing requirements as required by 49 CFR Part 40? ____ Yes ____ No

Previous Employer: Company Name: _____
 Address: _____ City: _____ State: _____ Zip Code _____
 Supervisor: _____ Dates Employed: From _____ To _____
 Telephone No. _____ Rate of Pay: _____ Reason for leaving: _____
 Type Equipment: _____ No. Accidents: _____

Were you subject to the Federal Motor Carrier Safety Regulations while employed? ____ Yes ____ No
 Was your job designated as a "safety sensitive function" in any DOT-regulated mode subject to alcohol and drug testing requirements as required by 49 CFR Part 40? ____ Yes ____ No

Previous Employer: Company Name: _____
 Address: _____ City: _____ State: _____ Zip Code _____
 Supervisor: _____ Dates Employed: From _____ To _____
 Telephone No. _____ Rate of Pay: _____ Reason for leaving: _____
 Type Equipment: _____ No. Accidents: _____

Were you subject to the Federal Motor Carrier Safety Regulations while employed? ____ Yes ____ No
 Was your job designated as a "safety sensitive function" in any DOT-regulated mode subject to alcohol and drug testing requirements as required by 49 CFR Part 40? ____ Yes ____ No

Driving Experience:

Straight truck	Dates: From _____ to _____	Miles driven: _____
Tractor and Semi-trailer	Dates: From _____ to _____	Miles driven: _____
Tractor-two trailers	Dates: From _____ to _____	Miles driven: _____
Other	Dates: From _____ to _____	Miles driven: _____

Traffic Convictions and Forfeitures for the last five years (other than parking violations)

<u>Date</u>	<u>Location</u>	<u>Charge</u>	<u>Penalty</u>

Accident Record for past five years:

<u>Date</u>	<u>Location</u>	<u>Charge</u>	<u>Penalty</u>

Driver's License (List each driver's license held in past three years)

State	License No.	Type	Endorsements	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
 C. Have you ever been convicted of a felony? ____ Yes ____ No
 If the answer to A, B, or C is Yes, please give details _____

List states operated in for the last 5 years _____

Show special courses or training that will help you as a driver: _____

DISCLOSURE OF PREVIOUS DRUG AND ALCOHOL RESULTS

In accordance with Federal Administration Regulations (FMCSA 391.23), we are requested to obtain from all previous employers/lessors in the last three years information concerning your past drug and alcohol test results, including test refusals. Please answer the following questions and sign the certification at the bottom.

1. Have you ever tested positive, or refused to test, on any pre-employment 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 during the past three years? **YES** _____ **NO** _____
2. Have you tested positive for a controlled substance in the past three years? **YES** _____ **NO** _____
3. Have you had an alcohol test with a breath alcohol concentration of 0.02 or greater BA, in the last three years? **YES** _____ **NO** _____
4. Have you refused a required test for drugs or alcohol in the last three years? **YES** _____ **NO** _____

If you answered "yes" to any of the above question, please provide the name of the employer/lessor you worked for at the time, the date of the incident, and the name and address of the Substance Abuse Professional you consulted. If you did not undergo the required substance abuse program, please indicate.

I hereby certify that the above information is true and correct to the best of my knowledge. I understand that if any of my previous employers/lessors provide information that I tested positive to a controlled substance, had a BAC of 0.02 or greater, or refused a drug or alcohol test, I am subject to immediate termination without recourse.

Signature: _____ Date: _____

To be Read and Signed by Applicant

In accordance with the provisions of Section 604(b) (2) (A) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I, of Public Law 104-208), you are being informed that reports verifying you previous employment, previous drug and alcohol test results, and your driving record may be obtained on you for employment purposes. These reports are required by Sections 382.413, 391.23, and 391.25 of the Federal Motor Carrier Safety Regulations.

It is agreed and understood that this application for qualification in no way obligates the motor carrier to employ the applicant. It is agreed and understood that if qualified, the driver may be on a probationary period during which time he may be disqualified without recourse.

I authorize you to make 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 inquires and releasing information in connection with application. In the event of employment, I understand that false or misleading information given in my application or interviews may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

"I understand that information I provide regarding current and/or previous employers may be used, and those employers will be contacted, for the purpose of investigating my safety performance history as required by 49CFR 391.23(d) and (e). I understand that I have the right to:

- Review information provided by current/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 employers and I cannot agree on the accuracy of the information.

This certifies that I completed this application and that all entries on it and information in it are true and complete to the best of my knowledge.

Signature: _____ Date: _____

Driver Authorization and Release of Information

Applicant Name _____ Date of Application _____
(Print)

Company: **Spader Freight Services, Inc.**
Address: **1134 E. McPherson Hwy.**
Clyde, Ohio 43410
Telephone: **419-547-1117 Ext. 3120 / 3121**
Fax: **419-547-2997**

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, veteran status, non-job related disability, or an other protected group status.

TO BE READ AND SIGNED BY APPLICANT

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. (General 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.

I hereby authorize _____ (previous employer) to release the following information to Spader Freight Services, for the purposes of investigation as required by section 391.23 of the Federal Motor Carrier Safety Regulations. Previous employer is released from any and all liability which may result from furnishing such information. I hereby authorize my previous employer to release all and any information regarding my alcohol and controlled substance testing records to Spader Freight Services Inc., as required under DOT regulations 49 CFR 382.405 and 382.413. I also hereby authorize Spader Freight Services, Inc., to obtain my previous (5) years of crash data and previous (3) years of inspection data from the Pre-Employment Screening Program (PSP) Online Service.

I understand that information I provide regarding current and/or previous employers may be used, and those employers will be contacted, for the purpose of investigating my safety performance history as required.

I understand that I have a right to:

- 1) Review information provided by previous employers;**
- 2) Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employers;**
- 3) 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.**

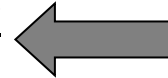
Signature _____ Date _____

REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER

Employer Name: _____

(Applicant's Signature and Date)
Spader Freight Services
Clyde, Ohio 43410

PLEASE FAX TO: SAFETY
(419) 547-2997



USDOT # _____

Name (Print): _____ SSN: _____

The above named individual has made application to this company for a position as _____
and states that he/she was employed by you as a(n) _____ (1)from _____ to _____
_____ (2)from _____ to _____

If these dates are incorrect, please enter correct employment dates: _____ to _____

TYPE OF EQUIPMENT:

- Tractor Trailer
- Transmission Manual Auto
- Straight Truck
- Over the road – How many States? _____
- Flatbed
- Tanker
- Van / Reefer ___ 48' ___ 53'

WORK RECORD:

- | | | |
|----------------------|--------------------------|--------------------------|
| | YES | NO |
| Customer Complaints | <input type="checkbox"/> | <input type="checkbox"/> |
| Equipment Abuse | <input type="checkbox"/> | <input type="checkbox"/> |
| Good Attitude | <input type="checkbox"/> | <input type="checkbox"/> |
| Timely Deliveries | <input type="checkbox"/> | <input type="checkbox"/> |
| Absenteeism Problems | <input type="checkbox"/> | <input type="checkbox"/> |
| Cargo Claims | <input type="checkbox"/> | <input type="checkbox"/> |
| Other _____ | | |

Did driver complete logs (395.8) accurate and complete. Yes / No Paper log or E-log

ACCIDENT HISTORY: Complete the following for any accidents included on your accident register (390.15(b)) that involved the applicant in the 3 years prior to the application date. Check here if none.

Date	P / NP	Location (City/State)	Inj.	Fatalities	Hazmat	Damage Amount	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

REASON FOR SEPARATION: QUIT DISCHARGE LACK OF WORK
ELIGIBLE FOR REHIRE: YES NO NO (Company Policy) UPON REVIEW

DRUG AND ALCOHOL HISTORY:

* Was individual subject to substance abuse testing in accordance with the requirements of 49 CFR Part 40 and 382?
 YES NO

* Any positive drug tests. YES NO

* Any alcohol test result of .04 or greater. YES NO

* Any refusal to test for drugs or alcohol. YES NO

* Any other violations of DOT agency drug & alcohol testing regulations YES NO

* Have you received information from a previous employer that this individual has violated any DOT drug/alcohol regulations? YES NO

* With respect to any violation of a DOT drug & alcohol testing regulation, please include any documentation of successful completion of DOT return-to-duty requirements (including follow-up tests)

PREPARED BY _____

POSITION _____

DATE SIGNED: _____

1st Request
Date: _____

2nd Request
Date: _____

3rd Request
Date: _____



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Regional Drivers Compensation Package

\$.49 per mile

Experienced Driver with 2 years recent verifiable experience

Mileage increase every 90 days of $\frac{1}{2}$ ¢ - end of first year \$.51 p/m **

** When driver reaches 1 year - increases of $\frac{1}{2}$ ¢ per mile every 6 months.

Additional Pay:

- Quarterly Regional Driver Bonus (*weekly avg of gross wage during that quarter*)
- Detention Pay
- Break Down Pay
- 6 Paid Holidays

New Years Day, Memorial Day, Fourth of July, Labor Day, Thanksgiving Day, and Christmas Day

Hire on Bonus \$1,500 (Regional Drivers) Paid in 1st 4 full weeks of employment

1st paycheck - \$750

2nd paycheck - \$250

3rd paycheck - \$250

4th paycheck - \$250

Paid Vacation

Direct Deposit – Recommended

Paid orientation

Assigned Equipment

Medical Benefits Package Available

- Health, Dental, Vision and Prescription
- Life insurance
- Disability Insurance available

Retirement

401-K Plan Available

- The company will match 25¢ for every \$1.00 you put in up to 4%.

If you have any questions please call our Recruiting Department at 800-378-5849 Ext. 3121.

INSURANCE RATES

Spader Freight Services, Inc.

Effective 7/1/2015

Employees now have a choice of what insurance they can get through the company.

Employee pays weekly amount:

Medical & Prescription (Weekly)

Complete Package

***Medical, Prescription, Dental, Vision, and
Life Insurance***

Employee	\$	54.61	\$	57.05
Employee/Spouse	\$	109.21	\$	113.64
Employee/Children	\$	98.29	\$	103.40
Family	\$	152.90	\$	160.30

Dental (Weekly)

Employee	\$	1.52
Employee/Spouse	\$	3.11
Employee/Children	\$	3.77
Family	\$	5.47

Vision (Weekly)

Employee	\$	0.59
Employee/Spouse	\$	0.99
Employee/Children	\$	1.01
Family	\$	1.60

Life Ins. And AD&D - Employee only (Weekly)

\$10,000 Life Insurance

Employee	\$	0.33
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