

CLASSICTRANSPORT^{INC.}

WITH YOU FOR THE LONG HAUL

To: Prospective Contractor

From: Classic Transport, Inc.

Thank you for expressing an interest in becoming associated with Classic Transport, Inc. We appreciate your interest in becoming part of one of the fastest growing transport companies in the industry.

Please remember that this is only a preliminary qualification. In order to become associated with Classic, as an independent contractor, you must be able to pass a D.O.T. physical, a NIDA drug screen and a background check. Please complete the forms in full and return them to our office along with

- a legible photocopy of your driver's license
- a legible photocopy of your social security card
- a legible photocopy of your passport, if you have one.

D.O.T. requires Classic Transport to do background checks based upon a 10-year employment history on all drivers. Please be certain that the application is filled out completely.

A new law regarding US Passports has been in effect since July 2009. A passport is required for crossing the US/Canadian border. Classic Transport strongly encourages you to start the passport application process. You can visit www.usps.com, or contact your local Post Office for details. If you already have a US passport, please send a photocopy of the passport along with the Driver Application.

A US passport is not a requirement at this time to drive for Classic Transport, Inc. but we strongly recommend that you obtain one to have availability to deliver units to all 48 states as well as Canada.

We seek to contract only the best drivers in the industry and we hope that you will become part of our dependable, on-time, professional driver/contractor team providing transportation equipment and/or services.

If you have any questions regarding any part of the qualification process, please feel free to contact me anytime.

Sincerely,

Sandy Rodriguez
Recruiting Department Manager
Email: srodriguez@classic-transportinc.com

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DRIVER APPLICATION PACKET

Your name

What do you prefer to be called?

Telephone number

Cell phone number

Email address (if you have one)

How did you hear about driving opportunities at Classic?

What division are you interested in?

- Driveaway (Motorized delivery)
- Towaway (Pickup truck)

Truck Information

Year Make VIN

Size 3/4 ton 1 ton Plate State Plate Number

List two people that could be contacted in case of an emergency

Name	Address	Phone Number	Relationship
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Name	Address	Phone Number	Relationship
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PLEASE FILL OUT THE FOLLOWING PAGES AS COMPLETELY AS POSSIBLE. THIS APPLICATION IS REQUIRED BY FEDERAL MOTOR CARRIER REGULATIONS.

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Application to Provide Driving Services (DQF-1)

Date of application: _____

Name (print): _____ SS #: _____

First M.I. Last

*Current Address:

Street City/State Zip Phone #: _____

*If at the above residence less than three years, list all residences for the past three years. Attach a separate page if necessary.

Street City State Zip

Street City State Zip

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

Date of birth (required): _____

EDUCATION

Circle highest grade completed:

1 2 3 4 5 6 7 8 9 10 11 12

College: 1 2 3 4

Last school attended:

Name

City & State

LICENSES

Drivers Licenses held in past 3 years must be shown	State	License No.	Class	Endorsement(s)	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 you answered "yes" to either A or B, attach a statement giving details.

DRIVING EXPERIENCE

CLASS OF EQUIPMENT		CIRCLE TYPE OF EQUIPMENT	DATES		APPROX. MILES (TOTAL)
			FROM (M/Y)	TO (M/Y)	
STRAIGHT TRUCK	<input type="checkbox"/> YES <input type="checkbox"/> NO	Pickup, Van, Flat, Tank, Dump, Reefer			
TRACTOR & SEMI-TRAILER	<input type="checkbox"/> YES <input type="checkbox"/> NO	Van, Flat, Car Carrier, Tank, Dump, Reefer			
MOTORIZED RV or SIMILAR VEHICLE	<input type="checkbox"/> YES <input type="checkbox"/> NO	--			
MOTORCOACH - SCHOOL BUS	<input type="checkbox"/> YES <input type="checkbox"/> NO	8 passenger or less, 15 passenger or more			

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List states operated in during the last five years:

Show any additional information concerning your driving experience (experience pulling or driving recreational vehicles, etc.):

ACCIDENT RECORD PREVIOUS 3 YEARS (ATTACH SEPARATE PAGE IF NECESSARY)

	DATE	NATURE OF ACCIDENT (HEAD-ON, REAR-END, ETC.)	FATALITIES	INJURIES	HAZMAT SPILL
LAST ACCIDENT					
NEXT PREVIOUS					
NEXT PREVIOUS					

TRAFFIC CONVICTIONS AND FORFEITURES PREVIOUS 3 YEARS, OTHER THAN PARKING VIOLATIONS (ATTACH SEPARATE PAGE IF NECESSARY)

LOCATION	DATE	CHARGE	PENALTY

EMPLOYMENT HISTORY

List all employers for last TEN years. You MUST list contact information for each employer.

If there is any gap in employment within the past three years that exceeds one month, you must complete an additional form.

* Includes vehicles having GVWR of 26,001 lbs or more, vehicles designed to transport 16 or more passengers (including the driver), or any size vehicle used to transport hazardous materials in a quantity required placarding.

† The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle (1) has a GVWR of 10,001 lbs or more, (2) is designed or used to transport more than 8 passengers (including the driver) or (3) used to transport hazardous materials in a quantity requiring placarding.

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EMPLOYER		DATE	
NAME:		FROM	TO
		MO YR	MO YR
ADDRESS:		POSITION HELD	
CITY:	STATE:	ZIP:	SALARY/WAGE
CONTACT:		PHONE:	REASON FOR LEAVING
WERE YOU SUBJECT TO FMCSRs ⁺ WHILE EMPLOYED?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40*?		<input type="checkbox"/> YES <input type="checkbox"/> NO	

EMPLOYER		DATE	
NAME:		FROM	TO
		MO YR	MO YR
ADDRESS:		POSITION HELD	
CITY:	STATE:	ZIP:	SALARY/WAGE
CONTACT:		PHONE:	REASON FOR LEAVING
WERE YOU SUBJECT TO FMCSRs ⁺ WHILE EMPLOYED?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40*?		<input type="checkbox"/> YES <input type="checkbox"/> NO	

EMPLOYER		DATE	
NAME:		FROM	TO
		MO YR	MO YR
ADDRESS:		POSITION HELD	
CITY:	STATE:	ZIP:	SALARY/WAGE
CONTACT:		PHONE:	REASON FOR LEAVING
WERE YOU SUBJECT TO FMCSRs ⁺ WHILE EMPLOYED?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
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EMPLOYER			DATE	
NAME:			FROM	TO
			MO	YR
ADDRESS:			POSITION HELD	
CITY:	STATE:	ZIP:	SALARY/WAGE	
CONTACT:			REASON FOR LEAVING	
WERE YOU SUBJECT TO FMCSRs ⁺ WHILE EMPLOYED?			<input type="checkbox"/> YES <input type="checkbox"/> NO	
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40*?			<input type="checkbox"/> YES <input type="checkbox"/> NO	

ATTACH ADDITIONAL PAGES OF EMPLOYMENT HISTORY IF NECESSARY

THE INFORMATION REQUESTED IN THIS APPLICATION IS REQUIRED BY THE U.S. DEPARTMENT OF TRANSPORTATION. ANSWER ALL OF THE QUESTIONS COMPLETELY.

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 any other protected group status.

DRIVER'S PRIVACY PROTECTION ACT DISCLOSURE

In accordance with the provisions of Section 272 (b)(3)(A) of the Driver's Privacy Protection Act, title 18 Part 1, chapter 123, you are being informed that a personal motor vehicle record will be obtained only with your expressed written permission and will be used only to verify the accuracy of personal information submitted by you on this application and will be on-going in the event such report is needed in the future for qualification purposes only.

FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT

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 11, Subtitle D, Chapter 1 of Public Law 104-208, you are being informed that your consumer report, including Motor Vehicle Reports, may be obtained for qualification purposes. I understand that information I provide regarding current and/or previous employers may be used and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and I understand that I have the right to:

- Review information provided by previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to resubmit corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information if previous employers and I cannot agree on the accuracy of the information.

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, school, health care providers and in the event of employment, I understand that false or misleading information given in my application or interview may result in discharge.

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

X	
Applicant's Signature	Date