

LAND SPAN, INC.

1020 Griffin Road, Lakeland, FL 33804

**APPLICATION & STATISTICAL REPORT BY DRIVERS SEEKING
QUALIFICATION AS OWNER-OPERATORS, INDEPENDENT CONTRACTORS
OR AS EMPLOYEES OF INDEPENDENT CONTRACTORS**

Note to Driver Applicant: This application and report cannot be treated as confidential and will be available for copy, examination and investigation by Land Span, Inc., and by any Independent Contractor under contract to Land Span, Inc., who may consider employing you, or by any other motor carrier for whom such Independent Contractor may undertake to perform transportation services.

By executing this document, you expressly agree and authorize as follows:

- (1) The information given herein is being supplied for the purposes of securing safety clearance and qualification as a commercial motor vehicle driver as required by D.O.T. Motor Carrier Safety Regulations.
- (2) I understand and agree that, as part of the application process, information will be obtained from my former employers, including but not limited to the following: general driver identification and employment verification; information about any accidents in which I may have been involved; information regarding compliance with DOT alcohol and drug requirements; and information regarding any participation in substance abuse rehabilitation programs. I expressly consent to the disclosure of this information by my former employers. I understand that I have the right to: (1) review any of this information obtained from former employers; (2) have errors in the information corrected by former employers and have the corrected information resent; and (3) attach a written rebuttal statement to any information which I perceive to be inaccurate and which is the subject of a disagreement between me and a former employer. I understand that if I desire to review information provided by a former employer, I must submit a written request to Land Span, Inc. at any time up to 30 days after being qualified or being notified of a denial of qualification. I understand that if I have not arranged to pick up the requested records within 30 days of the records being made available, I may have waived my right to review the records.
- (3) A D.O.T. physical examination will be taken at applicant's own expense.
- (4) If safety clearance is secured, the first thirty (30) days of such safety clearance shall be on a temporary or probationary basis, during which period, such qualification may be terminated without any recourse by applicant against any person.
- (5) The furnishing of the following information herein shall not obligate Land Span, Inc., to contract with me or any Independent Contractor under contract to Land Span, Inc. to employ me in any capacity.

Are you the owner (self-employed)? (check one) Yes No. If "no," please provide the following:

Name of Truck Owner (employer) _____

Address _____

Telephone # _____

Applicant Information

(Last Name) (First Name) (Middle Initial) (Social Security Number)

(Address - Street) (City) (State) (Zip)

(How long) (Current Phone Number)

Previous Addresses for last 10 years (attach additional sheet if necessary)

Street _____ City _____ State _____ Zip _____ Dates _____

Street _____ City _____ State _____ Zip _____ Dates _____

Street _____ City _____ State _____ Zip _____ Dates _____

In case of emergency notify: _____ Day Phone No. _____

Night Phone No. _____

Have you ever been convicted of a crime? Yes No

(If yes, give offense, date, court, and place where offense occurred. Include felonies, misdemeanors. List traffic convictions on the back page. A conviction does not automatically bar employment.)

Date available: _____ Days or hours not able to work: _____

EDUCATION

	School Name and Address	Years Completed	Degree Received
High School			
College			
College			
Other			

List any extracurricular activities or offices you may have held: _____

List any foreign languages you can speak/write: _____

List any special schools, training, or equipment you can operate: _____

EMPLOYMENT HISTORY

List employment history beginning with your current or most recent employer. For any unemployed or self-employed periods over three months, show dates and location (attach additional sheet if necessary). Give full details for any discharge.

Note - DOT requires you to supply the motor carrier with a minimum of 10 years of employment history.

Employer		Dates Employed		Your Title/Job Classification
		From	To	
Address (Street, City, State, Zip)	Telephone			Work Performed
		Hourly Rate/Salary		
		Starting	Final	
Were you subject to the FMCSR? Yes () No ()				Reason for Leaving
Were you subject to DOT drug and alcohol testing? Yes () No ()				

Employer		Dates Employed		Your Title/Job Classification
		From	To	
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		Hourly Rate/Salary		
		Starting	Final	
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Were you subject to the FMCSR? Yes () No ()				Reason for Leaving
Were you subject to DOT drug and alcohol testing? Yes () No ()				

DRIVER INFORMATION

Have you ever applied to be qualified as a driver at Land Span?
 Yes No

If yes, when? _____

Date of Birth _____

Current Driver's License # _____ State _____ Expiration Date _____

Class _____ Endorsements _____ Restrictions _____

List all other Driver's Licenses held in the past five years:

License # _____ State _____ License # _____ State _____

Can you READ, WRITE and SPEAK English? Yes No

For Office Use Only	
Date Qualified:	
Approved By:	
Fleet:	
Full Time <input type="checkbox"/>	Trainee <input type="checkbox"/>

Driving Experience

List in the proper column the number of years and/or months driving experience you have had and the nature.

	Years or Months Experience	Explain Type & Size of Vehicle	Local or Road
Straight Truck			
Tractor-Trailer			
Other (Such as Bus, Twin Trailer, etc.)			

List all the states in which you have driven commercially in the last five years? _____

List any safety awards you have received _____

Five-Year Accident History

List **ALL** motor vehicle accidents in which you have been involved during the **previous five years regardless of how minor**. Give the date, description, and if any injuries or fatalities resulted

Date of Accident	Description	State Location	No. of Injuries	No. of Fatalities

Five-Year Motor Vehicle Violations History

List **ALL violations** of motor vehicle laws or ordinances (other than parking violations) of which you have been convicted or forfeited bond or collateral during the **previous five years**. This list must include violations received when operating a car, truck, motorcycle or any other type of motor vehicle.

Date of Violation	City & State	Type of Violation — For Speeding List: Speed/ Speed Limit

Has your operator's, chauffeur's or CDL license ever been suspended/revoked; or have you ever had an application for such license denied/disqualified? Yes No

If yes, list the date of the suspension or denial, the state and reason(s) for the suspension or denial.

Date	State	Reason(s)	Length of Suspension	Date of Reinstatement

IMPORTANT — PLEASE READ CAREFULLY BEFORE SIGNING

I certify that this application and report was completed by me and that all entries on it, and information in it, are true and complete to the best of my knowledge, and I agree that any misstatement or omission of any information requested in this application shall be a valid reason for rejection of safety clearance and disqualification, or discharge if employed by the independent contractor. Furthermore, I agree to submit to a physical examination whenever requested during my possible qualification. I authorize a specified health facility to collect and analyze a sample of my body fluids for the purpose of drug/alcohol screening and the results of this test to be communicated to Land Span, Inc.

Signature of Applicant

Date