



DRIVER'S APPLICATION TO LEASE EQUIPMENT AS AN OWNER OPERATOR, OR TO DRIVE FOR AN OWNER/OPERATOR WHO HAS EQUIPMENT LEASED TO REXDON INC., CHARLESTON, IL. THIS APPLICATION MUST BE COMPLETED IN IT'S ENTIRETY AND RETURNED TO:

REXDON INC.  
2515 18<sup>th</sup> St., P.O. Box 197  
Charleston, IL 61920

Date of Application \_\_\_\_\_ Check One: ( ) Owner Operator ( ) Drive for Owner Operator

Describe your equipment:

Year \_\_\_\_\_ Make \_\_\_\_\_ Type \_\_\_\_\_ S/A or Twin \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street City State Zip

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Social Security No. \_\_\_\_\_

How long at present address? \_\_\_\_\_ Person to contact in emergency: \_\_\_\_\_  
Name Phone

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

Date of birth: \_\_\_\_\_

Driver Lic. # \_\_\_\_\_ State \_\_\_\_\_ Type \_\_\_\_\_ Date of Issue: \_\_\_\_\_ Expiration: \_\_\_\_\_

Attach current MVR if available.

A. Have you ever been denied a driver's license? ( ) Yes ( ) No

B. Has your license ever been suspended or revoked? ( ) Yes ( ) No

If answer is yes to A or B attach full details on separate page.

Driving Experience - MUST be completed:

Class of Equipment	Type of Equipment Van, Tank, Flat, Pups	Dates		Approximate Number of Miles
		From	To	
Straight Truck				
Tractor & Semi-Trl.				
Tractor & Two Trls.				
Other				

Total number of years of OTR driving experience: \_\_\_\_\_

List States operated in for last 5 years: \_\_\_\_\_

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

Which safe driving awards do you hold and from whom? \_\_\_\_\_

Do you have any physical condition which may limit your ability to drive in our service? ( ) Yes ( ) No

Are you physically capable of heavy manual work? ( ) Yes ( ) No

How much time lost from work in the past three years? \_\_\_\_\_

Are you willing to take a physical DOT test and drug test at your own expense when required? ( ) Yes ( ) No

Do you have a current qualification card and proof of negative drug test from another carrier? ( ) Yes ( ) No  
(if yes, supply photo copy if possible)

**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

**JOB HISTORY:**

All driver applicants to drive in interstate or foreign commerce must provide the following information covering at least the last seven years. List in reverse order starting with present or most recent employer or company leased to as an owner-operator.

Employer Name \_\_\_\_\_ Date: From \_\_\_\_\_ To \_\_\_\_\_  
Address \_\_\_\_\_  
Street City State Zip  
Contact Person \_\_\_\_\_ Position \_\_\_\_\_ Phone \_\_\_\_\_

Employer Name \_\_\_\_\_ Date: From \_\_\_\_\_ To \_\_\_\_\_  
Address \_\_\_\_\_  
Street City State Zip  
Contact Person \_\_\_\_\_ Position \_\_\_\_\_ Phone \_\_\_\_\_

Employer Name \_\_\_\_\_ Date: From \_\_\_\_\_ To \_\_\_\_\_  
Address \_\_\_\_\_  
Street City State Zip  
Contact Person \_\_\_\_\_ Position \_\_\_\_\_ Phone \_\_\_\_\_

Employer Name \_\_\_\_\_ Date: From \_\_\_\_\_ To \_\_\_\_\_  
Address \_\_\_\_\_  
Street City State Zip  
Contact Person \_\_\_\_\_ Position \_\_\_\_\_ Phone \_\_\_\_\_

Employer Name \_\_\_\_\_ Date: From \_\_\_\_\_ To \_\_\_\_\_  
Address \_\_\_\_\_  
Street City State Zip  
Contact Person \_\_\_\_\_ Position \_\_\_\_\_ Phone \_\_\_\_\_

Employer Name \_\_\_\_\_ Date: From \_\_\_\_\_ To \_\_\_\_\_  
Address \_\_\_\_\_  
Street City State Zip  
Contact Person \_\_\_\_\_ Position \_\_\_\_\_ Phone \_\_\_\_\_

Employer Name \_\_\_\_\_ Date: From \_\_\_\_\_ To \_\_\_\_\_  
Address \_\_\_\_\_  
Street City State Zip  
Contact Person \_\_\_\_\_ Position \_\_\_\_\_ Phone \_\_\_\_\_

**ACCIDENT RECORD** for past seven years. List in reverse order starting with most recent.

Date \_\_\_\_\_ Nature of accident \_\_\_\_\_

Fatalities? ( ) Yes ( ) No Injuries? ( ) Yes ( ) No Were you at fault? ( ) Yes ( ) No

Date \_\_\_\_\_ Nature of accident \_\_\_\_\_

Fatalities? ( ) Yes ( ) No Injuries? ( ) Yes ( ) No Were you at fault? ( ) Yes ( ) No

Date \_\_\_\_\_ Nature of accident \_\_\_\_\_

Fatalities? ( ) Yes ( ) No Injuries? ( ) Yes ( ) No Were you at fault? ( ) Yes ( ) No

Date \_\_\_\_\_ Nature of accident \_\_\_\_\_

Fatalities? ( ) Yes ( ) No Injuries? ( ) Yes ( ) No Were you at fault? ( ) Yes ( ) No

Date \_\_\_\_\_ Nature of accident \_\_\_\_\_

Fatalities? ( ) Yes ( ) No Injuries? ( ) Yes ( ) No Were you at fault? ( ) Yes ( ) No

Date \_\_\_\_\_ Nature of accident \_\_\_\_\_

Fatalities? ( ) Yes ( ) No Injuries? ( ) Yes ( ) No Were you at fault? ( ) Yes ( ) No

**Traffic convictions and forfeitures for past seven years:**

Date _____	Location _____	Penalty _____
Charge _____		
Date _____	Location _____	Penalty _____
Charge _____		
Date _____	Location _____	Penalty _____
Charge _____		
Date _____	Location _____	Penalty _____
Charge _____		
Date _____	Location _____	Penalty _____
Charge _____		

**PREVIOUS PRE-EMPLOYMENT EMPLOYEE ALCOHOL AND DRUG TEST STATEMENT:**

The prospective Lessee is required by Sec. 40.25(j) to respond to the following questions.

- 1) Have you 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 two years?

Check one: \_\_\_\_\_ Yes \_\_\_\_\_ No

- 2) If you answered yes, can you provide/obtain proof that you've successfully completed the DOT return-to-duty requirements?

Check one: \_\_\_\_\_ Yes \_\_\_\_\_ No

**BY SIGNING THIS APPLICATION I AGREE TO THE FOLLOWING CONDITIONS:**

If chosen to lease on with REXDON INC. as an owner operator to operate as an independent contractor, I agree to establish myself as an independent contractor by putting my name and address on my tractor in addition to REXDON placards.

I recognize and agree I am responsible for periodic inspections of my vehicle as per company requirements and federal law. I am responsible for the upkeep and maintenance of my vehicle, including tires. I am responsible for fuel, cost of physical damage insurance on my tractor if any, the filing and payment of all highway taxes, the cost of state license plates, and all other truck expense.

Furthermore, as an independent contractor I am responsible to file and pay my own payroll taxes of any nature and the cost of workman's compensation insurance as required now or in the future. I agree to abide by all the terms and conditions of REXDON equipment lease and addendum to same.

I certify 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. I authorize REXDON to make such investigations and inquiries of my personal employment, medical history and other related matters prior to their decision to use my services, or later at their discretion. I understand any false or misleading information supplied by me may result in cancellation of any lease agreements entered into with REXDON.

Prior to driving in REXDON' service as an owner operator or as a driver for an owner operator, I agree I must pass a required DOT physical and drug and alcohol test and furnish a copy of same to REXDON Safety Department. My express permission is hereby given for REXDON to require me to submit successfully to their tests and exams, and to their judgement as to whether or not I am qualified and needed to drive a truck in their service.

I recognize and agree I will not be an employee of REXDON and they are not my employer by my signing a lease with them or driving for an owner operator who is leased to REXDON.

Signature of Independent Contractor \_\_\_\_\_ Date \_\_\_\_\_

