

Dedicated Distribution Services, Inc.

280 Indian Springs Road, Suite 116 Indiana, PA 15701
Tel: 724-349-7816 Fax: 724-463-2717
www.ddsfleet.com

PERSONAL / OCCUPATIONAL HISTORY

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Name: _____

Address: _____

City/State/Zip _____

County: _____

Phone: _____

Cell: _____

Social Security Number (for MVR): _____

Date of Birth: _____

How many years of driving experience: _____

Address for the past three years, if different from above:

_____ How long? _____
City State Zip

How did you learn about this company? _____

EDUCATION

Please complete the following information:

	Name of School/University	City, State	Highest Yr Completed											
Elementary	_____	_____	1	2	3	4	5	6	7	8				
High School	_____	_____	9	10	11	12								
College	_____	_____												
Other	_____	_____												

Contractor Signature: _____

Date: _____

Dedicated Distribution Services, Inc.

OCCUPATIONAL HISTORY

Start with Present or Most Recent Occupation. Please supply **three (3) years** of information. Add another sheet if necessary.

Company : _____

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

Contact Name: _____ Phone: (____) _____ - _____

from _____ to _____ Position: _____

Reason for Leaving: _____

Were you subject to the FMCS Regulations with this company? _____

Were the duties 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? _____

Company : _____

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

Contact Name: _____ Phone: (____) _____ - _____

from _____ to _____ Position: _____

Reason for Leaving: _____

Were you subject to the FMCS Regulations with this company? _____

Were the duties 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? _____

Company : _____

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

Contact Name: _____ Phone: (____) _____ - _____

from _____ to _____ Position: _____

Reason for Leaving: _____

Were you subject to the FMCS Regulations with this company? _____

Were the duties 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? _____

Dedicated Distribution Services, Inc.

ACCIDENT / VIOLATION RECORD

ACCIDENT

Accident record for past three (3) years. Attach additional sheet if necessary.

Date: _____ Nature of accident: _____

Fatalities: _____ Injuries: _____

Date: _____ Nature of accident: _____

Fatalities: _____ Injuries: _____

Date: _____ Nature of accident: _____

Fatalities: _____ Injuries: _____

QUALIFICATIONS

Driver Licenses:

State: _____ Number: _____ Type: _____ Expiration: _____

State: _____ Number: _____ Type: _____ Expiration: _____

State: _____ Number: _____ Type: _____ Expiration: _____

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, GIVE A STATEMENT OF THE DETAILS

Contractor Signature: _____ Date: _____

Dedicated Distribution Services, Inc.

TO BE READ AND SIGNED BY CONTRACTOR

- It is agreed and understood that this document in no way obligates Dedicated Distribution Services to enter into an agreement establishing and governing a relationship between us.
- If requested to do so, I agree to submit to physical and psychological testing prior, including but not limited to a polygraph and/or urine analysis to test for drugs and alcohol. It is agreed and understood that the answers to the foregoing questions are true and correct, and that any misrepresentations of information given above shall be considered an act of dishonesty. Further, the undersigned has completed this document.
- I understand that an investigative consumer report is being requested from DAC Services, that will include information as to my character, habits, performance and experiences, along with reasons for termination of past associates and references. Further, I understand you will be requesting information concerning my driving record and/or information from various state agencies which maintain records concerning traffic offenses, accidents, etc., as well as information from DAC concerning (1) previous driving record requests made by others from such state agencies and (2) claims involving me in the files of insurance companies. I have a right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of this investigation and understand my right of due process in 391.23 of the FMCR. I allow ECBM (insurance) to release my driving record to Dedicated Distribution Services, Inc.
- I further consent to your furnishing to DAC information concerning my character, habits, performance, driving record, and experience, as well as any reasons for termination of my contract and further consent to DAC furnishing such information in the future to other companies which subscribe to DAC services from which I may seek to enter a relationship with, and to insurance companies or their agents in connection with the issuance or maintenance of insurance coverage.
- I further understand that no other representative of the Company other than the President has any authority to enter into any agreement establishing and governing a relationship between us.

THIS CERTIFIES THAT THIS DOCUMENT WAS COMPLETED BY ME, AND THAT ALL ENTRIES ON IT AND INFORMATION IN IT ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

Contractor Signature: _____ Date: _____