

APPLICATION FOR OWNER OPERATOR'S FOR



2906 Elmhurst Lane Portsmouth, VA 23701
Phone: (757) 465-2202 • Toll Free: (866) 738-3228 • Fax: (757) 465-2201

Owner Operator

Date of Application: _____

Name: _____ **Social Security Number:** _____
LAST FIRST MIDDLE

List your addresses of residency for the past three (3) years.

Current Address: _____
Street City State Zip
Phone Number How long?

Previous Addresses:

Street City State Zip
Phone Number How long?

Street City State Zip
Phone Number How long?

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

Have you ever been convicted of a felony? When? _____ Where? _____

Date of Birth: _____

Can you provide proof of age? _____

Have you worked for this company before? _____ Where? _____ When? _____

Do you know or are you a relative of anyone who works for this company? _____ Who? _____

Were you subject to the FMCSRs* while Employed? Yes _____ No _____

Was your job designated as a Safety-Sensitive Function in any DOT Regulated mode subject to the Drug & Alcohol Testing Requirements of 49 CFR Part 40? Yes _____ No _____

PREVIOUS EMPLOYMENT HISTORY OR OWNER OPERATOR EXPERIENCE...
All Owner Operator applicants must provide information for the last ten (10) years.
List complete mailing addresses, and phone numbers.

PLEASE START WITH YOUR MOST RECENT

EMPLOYER NAME: _____	DATES EMPLOYED: From _____	To _____
ADDRESS _____		
CITY _____	STATE _____	ZIP _____ PHONE _____
POSITION HELD: _____ SUPERVISOR: _____		
RESPONSIBILITIES: _____		
REASON FOR LEAVING? _____ SALARY/WAGE? _____		

EMPLOYER NAME: _____	DATES EMPLOYED: From _____	To _____
ADDRESS _____		
CITY _____	STATE _____	ZIP _____ PHONE _____
POSITION HELD: _____ SUPERVISOR: _____		
RESPONSIBILITIES: _____		
REASON FOR LEAVING? _____ SALARY/WAGE? _____		

EMPLOYER NAME: _____	DATES EMPLOYED: From _____	To _____
ADDRESS _____		
CITY _____	STATE _____	ZIP _____ PHONE _____
POSITION HELD: _____ SUPERVISOR: _____		
RESPONSIBILITIES: _____		
REASON FOR LEAVING? _____ SALARY/WAGE? _____		

EMPLOYER NAME: _____	DATES EMPLOYED: From _____	To _____
ADDRESS _____		
CITY _____	STATE _____	ZIP _____ PHONE _____
POSITION HELD: _____ SUPERVISOR: _____		
RESPONSIBILITIES: _____		
REASON FOR LEAVING? _____ SALARY/WAGE? _____		

PREVIOUS EMPLOYMENT HISTORY OR OWNER OPERATOR EXPERIENCE CONTINUED...

EMPLOYER NAME: _____ DATES EMPLOYED: From _____ To _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____ PHONE _____
POSITION HELD: _____ SUPERVISOR: _____
RESPONSIBILITIES: _____
REASON FOR LEAVING? _____ SALARY/WAGE? _____

EMPLOYER NAME: _____ DATES EMPLOYED: From _____ To _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____ PHONE _____
POSITION HELD: _____ SUPERVISOR: _____
RESPONSIBILITIES: _____
REASON FOR LEAVING? _____ SALARY/WAGE? _____

EMPLOYER NAME: _____ DATES EMPLOYED: From _____ To _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____ PHONE _____
POSITION HELD: _____ SUPERVISOR: _____
RESPONSIBILITIES: _____
REASON FOR LEAVING? _____ SALARY/WAGE? _____

EMPLOYER NAME: _____ DATES EMPLOYED: From _____ To _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____ PHONE _____
POSITION HELD: _____ SUPERVISOR: _____
RESPONSIBILITIES: _____
REASON FOR LEAVING? _____ SALARY/WAGE? _____

EXPERIENCE AND QUALIFICATIONS

Please list any trucking, transportation or other experience that may help in your work as an owner operator:

Please list equipment used:

TO BE READ AND SIGNED BY OWNER OPERATOR APPLICANT

This certifies that this Owner Operator 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 East Coast Auto Transport, Inc. and or its employees to make investigations, and inquires of my personal, employment, financial, driving, medical history, and any other related matters that may be necessary in arriving at a determination of qualification for the Owner Operator Program. Generally, inquiries regarding medical history will be made only if and after a conditional offer 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 my application.

In the event of becoming an Owner Operator, I understand that any false or misleading information given in my Owner Operator's Application or Interview(s), may result in discharge. I understand, also, that I am required to abide by all rules and regulations of East Coast Auto Transportation, Inc.

Owner Operator Applicant

Date

AUTHORIZATION TO OBTAIN MOTOR VEHICLE RECORD

VA Code 46.2-208 classifies driver abstracts as privileged records and limits the release of an abstract of a driver's record to only and employer, potential employer, or authorized agent who has been authorized in writing by such driver to obtain the driver's record.

**IN CONSIDERATION OF THE FOREGOING, THE UNDERSIGNED DOES
HEREBY ACKNOWLEDGE AND CERTIFY AS FOLLOWS:**

1. That the undersigned gives his or her consent to the release of their driving record ("MVR") for review by:

EAST COAST AUTO TRANSPORT, INC.

2. That the undersigned authorizes his or her driving record to be periodically obtained and reviewed for the purpose of initial and continued employment.
3. That the undersigned gives his or her consent to the release of their driving record ("MVR") for review by Rutherford Insurance.
4. That the undersigned understands that his or her driving record may also be provided to insurance carriers for the purpose of determining the insurability of certain hazards.

Name of Employee or Potential Employee: _____

License Number and State: _____

Date of Birth: _____

Signature of Employee or Potential Employee: _____

Date: _____



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Consent to Background, Character and Credit Investigation

I consent and authorize East Coast Auto Transport, Inc. to have a background, character or credit investigation (whichever is appropriate for the job or enrollment position for which I am applying) conducted of me by a credit reporting agency, private investigation agency, police agency or any other person who is suitable to and chosen by East Coast Auto Transport, Inc.

I understand that as part of the background, character and credit investigation, the credit reporting agency, private investigator, agency, police agency or any other person who is suitable to and chosen by East Coast Auto Transport, Inc.

I understand that East Coast Auto Transport, Inc. in its sole discretion may deny me employment or enrollment or enrollment based on the results of the background, character and/or credit investigation.

I understand that my refusal to sign this form and submit to the investigation will result in my not being considered for employment or enrollment with East Coast Auto Transport, Inc.

Applicant's Name (printed)

Date of Birth (mo, day, year)

Applicant's Signature (black ink only)

Social Security Number

Today's Date (month, day, year)



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Notification

In accordance with the Fair Credit Reporting Act, East Coast Auto Transport, Inc. t/a East Coast Truck & Trailer Sales does require that background screening is performed prior to signing on as an Owner Operator.

In the case that your application is reviewed and accepted, you will be asked to fill out a release form which allows East Coast Auto Transport, Inc. to submit your information to a third party vendor for background, criminal records, credit reports, social security traces, driving records, civil and federal court records or resume verification.

Please note that East Coast Auto Transport, Inc. has the right to deny signing on any Owner Operator based upon information obtained from the above noted reports. In the case the Owner Operator is denied signing on with East Coast Auto Transport, Inc., he/she may ask for a copy of the Fair Credit Reporting Act and notice of legal rights.

THE FAIR CREDIT REPORTING ACT

As a public service, the staff of the Federal Trade Commission (FTC) has prepared the following complete text of the Fair Credit Reporting Act (FCRA), 15 U.S.C. § 1681 et seq. Although staff generally followed the format of the U.S. Code as published by the Government Printing Office, the format of this text does differ in minor ways from the Code (and from West's U.S. Code Annotated). For example, this version uses FCRA section numbers (§§ 601-625) in the headings. (The relevant U.S. Code citation is included with each section heading and each reference to the FCRA in the text.)

This version of the FCRA is complete as of January 7, 2002. It includes the amendments to the FCRA set forth in the Consumer Credit Reporting Reform Act of 1996 (Public Law 104-208, the Omnibus Consolidated Appropriations Act for Fiscal Year 1997, Title II, Subtitle D, Chapter 1), Section 311 of the Intelligence Authorization for Fiscal Year 1998 (Public Law 105-107), the Consumer Reporting Employment Clarification Act of 1998 (Public Law 105-347), Section 506 of the Gramm-Leach-Bliley Act (Public Law 106-102), and Sections 358(g) and 505(c) of the Uniting and Strengthening America by Providing Appropriate Tools Required to Intercept and Obstruct Terrorism Act of 2001 (USA PATRIOT Act) (Public Law 107-56).

Please sign below acknowledging that you have received a copy of this pre-employment notification and agree to terms of pre-screening verification prior to signing on with East Coast Auto Transport, Inc.

Signature of Applicant

Date