



ABOVE-PAR



TRANSPORTATION, INC.

Driving Application

Thank you for applying to drive for Above Par! We hope that you will be able to meet our criteria and become part of our successful team of drivers. Please take your time when filling out the application and be sure to answer all the questions to the best of your knowledge. Any unanswered questions may slow the verification process for getting your application approved. Once you have completed the application, you may take this application to any Love's or Pilot fuel stop and have the fuel clerk scan the application into our system. You must use this cover sheet when scanning, as it contains the barcode necessary to route the paperwork into our system. You may also fax the completed application to (417) 673-6957 or email it to: drivers@abovepartrans.com Of course, you can always come by and drop it off at our terminal or mail it to us at:

Above Par Transportation, Inc.
615 South Elliott
Webb City, MO 64870

We look forward to hearing from you soon. If you have any questions, feel free to give us a call anytime during normal business hours toll free at 888-379-9432 ext 102.



ABOVE PAR

DRIVING APPLICATION

Above Par Leasing, Inc
PO Box 3751
Joplin, MO 64803
Phone: 888-379-9432 Ext 102
Fax: 417-673-2017

Position Applying For:
 Over the Road Local
 Company Lease

To The Applicant

In compliance with Federal and State Equal Employment Opportunity (EEOC) laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or non-job related disability.

Name: _____ **Telephone:** _____
(First) (Middle) (Last)

Present Address: _____
(Street) (City) (State) (Zip Code)

If at the above residence is less than three years, list below all residences for the past three years. Complete on back sheet if necessary (show all)

(Street) (City) (State) (Zip Code)

The following information is required on all DOT qualified OTR and Local Drivers (Show all)

Social Security Number: _____ - _____ - _____ **Date of Birth:** _____

Applicant **MUST** list all states and license numbers of all licenses held in the past 3 years.

Current Drivers License: _____
Number State Class Endorsements Exp Date

Previous Licenses Held: _____
Number State Class Endorsements Exp Date

Have you EVER been denied a license, permit or privilege to operate a motor vehicle? yes no

Has any license, permit or privilege EVER been suspended or revoked? yes no

Have you EVER been disqualified for violations under the FMCR? yes no

Have you EVER been convicted of any alcohol / drug related driving offense? yes no

Have you EVER been convicted of a felony? yes no

Please give details of any "YES" answers above:

Class of Equipment	Equipment Type (Van, Reefer, Flat, Etc..)	Starting Driving Date	Ending Driving Date	Approx Miles Driven
Straight Truck:				
Tractor - Trailer:				
Twin Trailers:				
Other:				
List states driven in during the last 5 years:				

Date Application Submitted

Applicant Signature

Referred by

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

Accident / Crashes in the Past Three (3) Years (Attach separate sheet if necessary)

If none, state NONE (effective 04/29/2004)

Date	Type / Nature of Accident	Fatalities or Injuries?	Details

Traffic Convictions & Forfeitures for the past Three Years (Other than parking)

If none, State NONE

Date	Location of Violation	Type of Violation	Penalty or Points Assessed

Education and Training

Indicate highest school year completed: College Last date school was attended: _____

Do you have a High School Diploma yes no if no, do you have a GED (Graduate Equivalency Diploma) yes no

List any training program presently attending or completed (truck driving schools, service schools etc)

_____ From: _____ To: _____

_____ From: _____ To: _____

Have you served in the armed forces? yes no Dates of service: _____ To: _____

Branch Army Navy Air Force Marines National Guard Reserves

Status Active Discharged

**Applicant Declaration
FMCSR Part 40.25**

Have you, the applicant, been employed by any DOT regulated employer and been involved in any safety sensitive function that required alcohol and controlled substance testing specified by 49 CFR part 40? yes no

This is to declare that I have or have not tested positive, and/or have or have not refused a test on any Pre-Employment Drug administered by any prospective employer that I have applied to.

I further declare that if I tested Positive for any Pre-Employment Drug test, I have or have not or N/A completed an Employee Assistance Program (EAP)

Date

Applicant Signature

All drivers must provide the following information on all employers during the preceding three years. List the complete address and phone number for each employer. If applying for a position driving a commercial motor vehicle you must also provide an additional seven years of employment information for those employers for whom the applicant operated such a vehicle (a total of 10 years) Your present and previous employers will be contacted for the purpose of investigating your safety performance history as required by 391.23 of the FMCSR's

(NOTE: List employers in reverse order starting with the most recent. Complete other sheet as necessary)

Employer 1:	Reason for Leaving:	
Address:	Employed - FROM:	TO:
City:	Position:	
Phone #:	Were you subject to FMSCR <input type="checkbox"/> Yes <input type="checkbox"/> No	
Contact Person:	Were you subject to DOT Drug/Alcohol Testing <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employer 2:	Reason for Leaving:	
Address:	Employed - FROM:	TO:
City:	Position:	
Phone #:	Were you subject to FMSCR <input type="checkbox"/> Yes <input type="checkbox"/> No	
Contact Person:	Were you subject to DOT Drug/Alcohol Testing <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employer 3:	Reason for Leaving:	
Address:	Employed - FROM:	TO:
City:	Position:	
Phone #:	Were you subject to FMSCR <input type="checkbox"/> Yes <input type="checkbox"/> No	
Contact Person:	Were you subject to DOT Drug/Alcohol Testing <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employer 4:	Reason for Leaving:	
Address:	Employed - FROM:	TO:
City:	Position:	
Phone #:	Were you subject to FMSCR <input type="checkbox"/> Yes <input type="checkbox"/> No	
Contact Person:	Were you subject to DOT Drug/Alcohol Testing <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employer 5:	Reason for Leaving:	
Address:	Employed - FROM:	TO:
City:	Position:	
Phone #:	Were you subject to FMSCR <input type="checkbox"/> Yes <input type="checkbox"/> No	
Contact Person:	Were you subject to DOT Drug/Alcohol Testing <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employer 6:	Reason for Leaving:	
Address:	Employed - FROM:	TO:
City:	Position:	
Phone #:	Were you subject to FMSCR <input type="checkbox"/> Yes <input type="checkbox"/> No	
Contact Person:	Were you subject to DOT Drug/Alcohol Testing <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employer 7:	Reason for Leaving:	
Address:	Employed - FROM:	TO:
City:	Position:	
Phone #:	Were you subject to FMSCR <input type="checkbox"/> Yes <input type="checkbox"/> No	
Contact Person:	Were you subject to DOT Drug/Alcohol Testing <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employer 8:	Reason for Leaving:	
Address:	Employed - FROM:	TO:
City:	Position:	
Phone #:	Were you subject to FMSCR <input type="checkbox"/> Yes <input type="checkbox"/> No	
Contact Person:	Were you subject to DOT Drug/Alcohol Testing <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employer 9:	Reason for Leaving:	
Address:	Employed - FROM:	TO:
City:	Position:	
Phone #:	Were you subject to FMSCR <input type="checkbox"/> Yes <input type="checkbox"/> No	
Contact Person:	Were you subject to DOT Drug/Alcohol Testing <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employer 10:	Reason for Leaving:	
Address:	Employed - FROM:	TO:
City:	Position:	
Phone #:	Were you subject to FMSCR <input type="checkbox"/> Yes <input type="checkbox"/> No	
Contact Person:	Were you subject to DOT Drug/Alcohol Testing <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employer 11:	Reason for Leaving:	
Address:	Employed - FROM:	TO:
City:	Position:	
Phone #:	Were you subject to FMSCR <input type="checkbox"/> Yes <input type="checkbox"/> No	
Contact Person:	Were you subject to DOT Drug/Alcohol Testing <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employer 12:	Reason for Leaving:	
Address:	Employed - FROM:	TO:
City:	Position:	
Phone #:	Were you subject to FMSCR <input type="checkbox"/> Yes <input type="checkbox"/> No	
Contact Person:	Were you subject to DOT Drug/Alcohol Testing <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employer 13:	Reason for Leaving:	
Address:	Employed - FROM:	TO:
City:	Position:	
Phone #:	Were you subject to FMSCR <input type="checkbox"/> Yes <input type="checkbox"/> No	
Contact Person:	Were you subject to DOT Drug/Alcohol Testing <input type="checkbox"/> Yes <input type="checkbox"/> No	

AUTHORIZATION TO RELEASE INFORMATION TO: ABOVE PAR LEASING, INC

Driver's Printed Name: _____ THIS FORM WAS (check appropriate box)

Driver's Signature: _____ Mailed, Date: _____
 Social Security Number: _____ Faxed, Date: _____
 Date: _____ Emailed, Date: _____

PREVIOUS EMPLOYEE SAFETY PERFORMANCE HISTORY

Pursuant to a request for Previous Employee Safety Performance History, Dated _____, this response is being provided to the Prospective Employer noted above in compliance with the Department of Transportation regulations 391.23 and 40.32
 Corrected Copy, replaces Response Dated: _____

DRIVER IDENTIFICATION

Name of previous employee: _____ DOT regulated Driver
 Social Security Number: _____ Date of Birth _____ Non-DOT regulated Driver

PREVIOUS EMPLOYER INFORMATION

Company Name: _____ Phone Number: _____
 Contact Name: _____ Fax Number: _____
 Address: _____ City: _____ State: _____ Zip: _____

TO BE COMPLETED BY THE PREVIOUS EMPLOYER: ---- SAFETY PERFORMANCE HISTORY

Dates of Employment: From _____ to _____
 There is no safety performance history to report
 Driver operated a Straight Truck Tractor – Semitrailer Bus cargo Tank Doubles / Triples other (specify) _____
 Driver did not operate motor vehicle
 Reason for leaving employ: Discharged Resignation Lay Off Military Duty

ACCIDENTS:

Date	Location	Injuries / Fatalities	Haz Mat	Preventable / Not	Ticketed	Tow Away

No accident register data for this driver
 Enclosed is other accident information pursuant to the employer's internal policies for retaining minor accident information.

DRUG / ALCOHOL TESTING:

Prospective employer did not provide signed release from driver. Therefore, drug / alcohol information cannot be provided.
 Under DOT drug and alcohol testing requirements for the past 3 years:

1. This person was employed in a safety-sensitive function that required alcohol and controlled substances testing specified by 49 CFR Part 40 (if NO skip this section) YES NO
2. This person had an alcohol test with a result of 0.04 or higher alcohol concentration. YES NO
3. This person tested positive or adulterated or substituted a test specimen for controlled substances YES NO
4. This person refused to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substances YES NO
5. This person committed other violations of Subpart B Part 382, or Part 40 YES NO
6. This person violated a DOT drug and alcohol regulation and completed a SAP-prescribed rehabilitation program in our employ, including return to duty and follow up test. YES NO N/A
 If yes, documentation enclosed
7. This person, after successfully completing a SAP's rehabilitation referral, remained in our employ but subsequently had an alcohol test result of 0.04 or greater, a verified positive drug YES NO N/A

In providing this information any drug or alcohol testing information obtained from previous employers under 40.25 or other applicable DOT regulations is included.

Any other remarks:

Signature: _____ Title: _____ Date: _____

TO BE READ AND SIGNED BY APPLICANT

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

I authorize Above Par Leasing, Inc to make such investigations and inquiries of my personal, employment, financial and other related matters as may be necessary in arriving at an employment decision.

Specifically, I understand that consumer reports may be requested from USIS services. These reports may also include the following types of information: previous employers, dates of service, reason for terminations, accidents, etc. I further understand that such reports may contain from federal, state and other agencies, information concerning my driving record, criminal record, worker's compensation claims, etc. I hereby release employers, schools, healthcare providers and other persons from liability in responding to injuries and releasing information in connection with my application. Copy of the FCRA is available upon request.

In the event of employment, I understand that false or misleading information given in my application or interview (s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the company.

The following is a description of what daily and overall functions are to be performed by any person with the job description of "TRUCK DRIVER"

- Must be able to perform 11 hours of driving time per day (day or night) and drive 7 days a week
- Must be able to sit up to 11 hours a day in the cab of a truck
- Must be capable to repetitive bending
- Must be capable of lifting up to 100 pounds or more
- Must comply with all DOT company required paperwork
- Must be able to read and speak English
- Must be on time with load deliveries
- Must be able to distinguish the different time zone areas and tell time
- Must be able to maintain a professional attitude and be cooperative
- Must maintain an odor free, neat and clean appearance of the equipment and themselves
- Must be mechanically inclined in brake adjustment, fueling and checking fluids
- Must comply with all DOT Federal, State, and Company regulations
- Must meet all company requirements for qualification
- Must have 2 years over the road experience pulling a 53 foot dry van or reefer
- Must be physically able to, but not limited to, climb in and out and on and off trailers on a repetitive basis. Some driver tailgating is required on driver assist loads.
- Must possess a valid, class A CDL in state of domicile
- Must pass a DOT physical and physical capacity test
- Must apply for TWIC credential upon hire

Signature

Date

ABOVE PAR DRIVER CRITERIA

23 years or older

2 years over the road verified driving experience

No more than 3 jobs in previous 12 months

No more than 2 moving violations (at most) in the past 3 years

No positive Drug / Alcohol Tests in past 3 years

No more than 1 preventable accident in past 3 years

No serious violations in the past 3 years

No felonies/DUI in past 10 years

Must be willing to go to all 48 states

Must be willing to pull both Van & Reefer

I understand that if I am offered employment by Above Par Leasing, Inc and it is later found that any of the above criteria have been violated or falsified, I will be terminated immediately.

Drivers Signature & Date

Safety Signature & Date

ADDITIONAL NOTES AND INFORMATION

