

BRADLEY TRANSPORTATION
145 Collins Industrial Blvd., Athens, GA 30601

INDEPENDENT CONTRACTOR COMMERCIAL DRIVER APPLICATION

Please Print:

Date: _____ Social Security Number: _____

Name: First _____ Last _____ Middle _____

List all previous names/aliases _____

Mailing Address: _____

Date of Birth: _____ Are you a U. S. citizen? (Yes or No) _____

Current Phone Number: _____ Alt. Phone Number: _____

List all addresses of where you have lived for the past five (5) years.

a: From To Address City State Zip Code

b: _____

c: _____

d: _____

Date of last physical examination: _____ Date of Expiration: _____

Georgia Driver's License Number: _____ Expiration date: _____

Has your Driver's license ever been suspended or revoked by any state? (Yes or No) _____

When? _____ Where? City: _____ State: _____

DRIVING EXPERIENCE:

Class of Equipment	From	To	Number of Miles
Straight Truck			
Semi-Tractor			
Hopper Trailer			
Other:			

EMPLOYMENT / INDEPENDENT CONTRACT HISTORY:

Give a Complete Record of all employment for the past 5 years, including any unemployment or self-employment, and all commercial Driving Experience for the past 10 years.

EMPLOYER / INDEPENDENT CONTRACT HISTORY		DATE	
NAME		FROM	TO
ADDRESS		POSITION HELD	
CITY	STATE	SALARY/WAGE	
CONTACT PERSON		REASON FOR LEAVING	
PHONE			

EMPLOYER / INDEPENDENT CONTRACT HISTORY		DATE	
NAME		FROM	TO
ADDRESS		POSITION HELD	
CITY	STATE	SALARY/WAGE	
CONTACT PERSON		REASON FOR LEAVING	
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EMPLOYER / INDEPENDENT CONTRACT HISTORY		DATE	
NAME		FROM	TO
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EMPLOYER / INDEPENDENT CONTRACT HISTORY		DATE	
NAME		FROM	TO
ADDRESS		POSITION HELD	
CITY	STATE	SALARY/WAGE	
CONTACT PERSON		REASON FOR LEAVING	
PHONE			

List States operated in, for the last 5 years: _____

List special courses/training completed _____

List all traffic violations/convictions for the last five (5) years

Date	Violations/Conviction Charge	Where: City & State

List all Traffic Accidents for the past 5 years:

Date	Nature of Accident	Where: City & State & # Persons Injured
_____	_____	_____
_____	_____	_____
_____	_____	_____

REGARDLESS OF HOW OLD List whether you have ever been found guilty of, pled guilty to, been convicted of or received a Suspended Imposition of Sentence (SIS) of any violation (federal, any state or any city) for murder, arson, assault, forcible rape, forcible sodomy, kidnapping, robbery, voluntary manslaughter, assault of a law enforcement officer, sexual offenses (including child molestation, sexual misconduct, and sexual abuse) possession of controlled substances or illegal drugs or narcotics, burglary, stealing, extortion, bribery, prostitution, weapons offense, crime of violence, indecent exposure, violations of state or city traffic laws and regulations involving injury or death leaving the scene of a motor vehicle accident, driving under the influence of alcohol or drugs and operating a motor vehicle with defective equipment.

Date	Conviction Charge	Where: City & State	Misdemeanor or Felony
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are you presently on Probation? (Yes or No) _____ or Parole? (Yes or No) _____
If Yes, list all the names of your Probation Officer, agency, address, city, state and telephone number:

When does your Probation/Parole Expire: _____

REGARDLESS OF HOW OLD THE CONVICTION:

Have you ever been found guilty, pled guilty to or been convicted of any violation while driving any vehicle
_____ Yes _____ No

If yes, give details: _____

Have you ever been found guilty, pled guilty or been convicted of any alcohol or drug related offences? _____

If yes, give details: _____

Are you under medical treatment, which requires prescription drugs, including barbiturates, tranquilizers, narcotics or any other drug? Explain in full, list type, quantity, dosage, and frequency: _____

Is there any reason you might be unable to perform the functions of the job for which you have applied? (Yes or No) _____

To Be Read and Signed by Applicant:

It is agreed and understood that any misrepresentation given on this application shall be considered an act of dishonesty.

It is agreed and understood that the motor carrier or his agents may investigate the applicant's background to obtain any and all information of concern to applicant's record, whether same is of record or not, and applicant releases employers and person named herein from all liability for any damages on account of his furnishing such information.

It is also agreed and understood that under the Fair Credit Reporting Act, Public Law 91-508, I have been told that this investigation may include and investigating Consumer Report, including information regarding my character, general reputation, personal characteristics, and mode of living.

I agree to furnish such additional information and complete such examinations as may be required to complete my application file.

It is agreed and understood that this Application in no way obligates the Motor carrier to hire the applicant as a Independent Contractor.

It is agreed and understood that if qualified and hired as an Independent Contractor, I will be on a probationary period during which time I may be disqualified without recourse.

I understand that my consent is mandatory for the processing of this application. My driving and criminal conviction record will be considered.

I understand that by filling out this application I am expressing a desire to become an Independent Contractor Driver and would be considered self-employed. I would not be an employee of Bradley Transportation, and would not be eligible for benefits associated with employment.

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

Applicant's signature _____ Date: _____