

# Instructions to filling out your application completely!

It is highly important to accurately complete your application packet before mailing it in, to avoid having it delayed or sent back. Please carefully read and complete the following steps in sending in a complete application.

**Section #1**      **Personal Information**  
Complete each line of this section with your personal information.

**Section #2**      **Employment History**  
You must document a full 10-year work history.  
**A.** You must include a contact name and phone number for each work reference.  
**B.** If you have any gaps in your employment or have retired, been self-employed, or have more than 4 work references in the past 3 years please read the following.

**Gaps**

If you have any gap of more than 60 days between jobs we ask that you submit a non-refundable money order of \$50, which is Horizon's cost to process your application through DAC services. (If Horizon does not receive \$50 your application will be archived.)

**Professional Letter of Recommendation**

If you are retired, self-employed, or have more than 4 work references in the past 3 years you must submit a professional letter of recommendation. The letter must be from a professional, not related to you. A few examples may be a physician, attorney, minister, insurance agent, banker, business owner or manager. The letter must be on company letterhead, signed, dated, and have phone numbers for verification. The letter must state how long the professional has known you (minimum of 10 years) and a short summary of your character.

\*If you are unable to provide Horizon with a Professional Letter of Recommendation, you can submit a non-refundable money order of \$50.

**Section #3**      **Record of Accidents and Convictions**  
List **ALL** accidents and traffic violations that you have been involved in during the last 3 years. (You must submit an accident report if you list any accidents. If an accident report is not received your application will be archived.)

**Section #4**      **Profile Sheets**  
**Section #5**      These 2 forms are to properly identify which division you are applying for. (Be sure to sign and date at the bottom of page 4!)  
\***You must have all 3 hitches before attending orientation class.**

**Section #6**      **Education**  
Circle the highest level of education, and the last school you attended.

**Section #7**      **License Information**  
Completely list all drivers license you have had in the last 3 years.

**Section #8**      **Driving Experience**  
Complete this section in detail. List all professional and personal driving experience, driving vehicles larger than your personal car. Please document the exact number of towing miles you have driven during these time periods. If you have driven personal vehicles or combination vehicles please estimate mileage driven.

**Section #9**      **Signature**  
Your application must be legibly signed.

**Section #10**    **Request for Information**

**Section #11**    Sections 10 & 11 are 2 pages that *must* be submitted. Please follow these instructions carefully. You will only need to fill out the top section (name, date, SS #, DOB) and sign and date at the bottom of the page. **Do not** fill out any other information on these 2 pages, the remaining sections are for previous employers and Horizon only. **You must sign at the bottom of the 1<sup>st</sup> page.** If it is not signed it will hold up your application process and your application will be archived.

**Section #12**    **Drug Test Release**

Sign and print name, date, and social security number.

**Section #13**    **Driver Notification Release**

Sign and print name, date, and social security number.

**Application Process**

1. Complete and mail the application packet. (Faxed applications are not acceptable)
2. Your application will be reviewed, references run, and a response will be communicated to you about approval or denial.
3. If approved you will then be scheduled for orientation, which usually lasts 3 days.

**Ways to Speed up your Application Process:**

~ Submitting an MVR (no more than 30 days old) with your application will speed up your application by 1-2 days. You can obtain an MVR at your local DMV for a nominal charge.

~ If possible, we ask that you send a picture snapshot of yourself along with your application.

~ If you have a DOT Physical (no more than 6 months old) it will not only speed up your application process, but will also speed up your orientation process.

~ Drivers License, Social Security Card, Birth Certificate, and Passport: If you are able to submit any of these items with you application it is highly recommended.

~ Following the instructions and submitting the items needed will speed the process of your application 100%.

**\*Once your application is mailed to Horizon you can check the status of your application by logging on to [www.horizontransport.com](http://www.horizontransport.com) and clicking on the red tab labeled "Application Status." By checking this daily it will help you know what steps your application is on.**

Thank you for choosing Horizon as your future!

## Retention Criteria for

### Horizon Transport Inc.

- 1) You must have the physical and mental stamina for up to 15 hours on duty and capable of driving up to 500 miles daily.
- 2) You must be capable of lifting 50 pounds. (Emergency tire changes, etc.)
- 3) You must be mentally alert for metropolitan driving.
- 4) You must be able to pass DOT Physical, per Section 391.41 of the Federal Motor Carrier Regulations (see below).

#### Subpart E

#### Physical Qualifications and Examinations

#### Section 391.41 Physical qualifications for drivers

- (a) A person shall not drive a motor vehicle unless he is physically qualified to do so and, except as provided in section 391.67, has on his person the original, or a photographic copy, of a medical examiner's certificate that he is physically qualified to drive a motor vehicle.
- (b) A person is physically qualified to drive a motor vehicle if that person-
- (1) Has no loss of a foot, a leg, a hand, or an arm, or has been granted skill performance evaluation certificate pursuant to section 391.49;
  - (2) Has no impairment of:
    - (i) A hand or finger which interferes with prehension or power grasping; or
    - (ii) An arm, foot, or leg which interferes with the ability to perform normal tasks associated with operating a commercial motor vehicle; or any other significant limb defect or limitation which interferes with the ability to perform normal tasks associated with operating a motor vehicle; or has been granted a skill performance evaluation certificate pursuant to section 391.49.
  - (3) Has no established medical history or clinical diagnosis of diabetes mellitus currently requiring insulin for control;
  - (4) Has no current clinical diagnosis of myocardial infarction, angina pectoris, coronary insufficiency, thrombosis, or any other cardiovascular disease of variety known to be accompanied by syncope, dyspnea, collapse, or congestive cardiac failure;
  - (5) Has no established medical history or clinical diagnosis of a respiratory dysfunction likely to interfere with his ability to control and drive a commercial motor vehicle safely;
  - (6) Has no current clinical diagnosis of high blood pressure likely to interfere with his ability to operate a commercial motor vehicle safely;
  - (7) Has no established medical history or clinical diagnosis of rheumatic, arthritic, orthopedic, muscular, neuromuscular, or vascular disease which interferes with his ability to control and operate a commercial motor vehicle safely;
  - (8) Has no established medical history or clinical diagnosis of epilepsy or any other condition which is likely to interfere with his ability to control a commercial motor vehicle safely;
  - (9) Has no mental, nervous, organic, or functional disease or psychiatric disorder likely to interfere with his ability to drive a commercial motor vehicle safely;
  - (10) Has distant visual acuity of at least 20/40 (Snellen) in each eye without corrective lenses or visual acuity separately corrected to 20/40 (Snellen) or better with corrective lenses, distant binocular acuity of at least 20/40 (Snellen) in both eyes with or without corrective lenses, field of vision of at least 70° in the horizontal Meridian in each eye, and the ability to recognize the colors of traffic signals and devices showing standard red, green and amber;
  - (11) First perceives a forced whispered voice in the better ear not less than 5 feet with or without the use of a hearing aid or, if tested by use of an audiometric device, does not have an average hearing loss in the better ear greater than 40 decibels at 500 Hz, 1,000 Hz, and 2,000 Hz with or without a hearing aid when the audiometric device is calibrated to American National Standard (formerly ASA Standard) 224.5-1951;
  - (12) Does not use a Schedule I drug or other substances identified in Appendix D to the subchapter, an amphetamine, narcotic, or any other habit-forming drug, except that a driver may use such a substance or drug if the substance or drug is prescribed by a licensed medical practitioner who is familiar with the driver's medical history and assigned duties and who has advised the driver that the prescribed substance or drug will not adversely affect the driver's ability to safely operate a commercial motor vehicle; and
  - (13) Has no current clinical diagnosis of alcoholism.



**SECTION #1**

**DRIVER'S APPLICATION TO PROVIDE  
INDEPENDENT CONTRACTOR DRIVER SERVICES**

Horizon Transport Inc.  
407 Wabash Avenue • PO Box 826  
Wakarusa, IN 46573

In compliance with Federal and State equal opportunity 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.

Please print all answers

Date of application \_\_\_\_\_ Date Available to Provide Services \_\_\_\_\_  
(If you are not available within 15 days, do not submit Application until you are.)

|         |         |        |                        |
|---------|---------|--------|------------------------|
| _____   | _____   | _____  | _____                  |
| First   | Middle  | Last   | Social Security Number |
| _____   | _____   | _____  | _____                  |
| Address | Phone # | Cell # | Fax #                  |
| _____   | _____   | _____  | _____                  |
| City    | State   | Zip    | E-mail Address         |

Previous Address \_\_\_\_\_ How Long? \_\_\_\_\_  
Previous Address \_\_\_\_\_ How Long? \_\_\_\_\_  
Street City State & Zip  
Street City State & Zip  
(Only need addresses for the past three years.)

Do you have the legal right to work in the United States? \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Can you Provide Proof of Age? \_\_\_\_\_

Have you provided services for Horizon before? \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

Are you now employed? \_\_\_\_\_ If not, how long since leaving last employment? \_\_\_\_\_  
Rate of Compensation/Fees \_\_\_\_\_ Position \_\_\_\_\_

Who referred you? \_\_\_\_\_ Rate of pay expected \_\_\_\_\_

Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the attached job description)? \_\_\_\_\_

If yes, explain if you wish \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION #2**

**EMPLOYMENT HISTORY**

All driver applicants to drive in interstate commerce must provide the following information on all employers during the past 10 years. (Attach Sheet if more space needed)

\*List employers starting with the most recent - *If more than 4 employers a Professional Reference is required\**

| <b>EMPLOYER</b> |          |      | <b>DATE</b>        |    |
|-----------------|----------|------|--------------------|----|
| Name:           |          |      | From               | To |
| Address:        |          |      | Position Held      |    |
| City:           | State:   | Zip: | Salary/Wage        |    |
| Contact Person: | Phone #: |      | Reason for Leaving |    |
|                 | Fax#:    |      |                    |    |
| <hr/>           |          |      |                    |    |
| Name:           |          |      | From               | To |
| Address:        |          |      | Position Held      |    |
| City:           | State:   | Zip: | Salary/Wage        |    |
| Contact Person: | Phone #: |      | Reason for Leaving |    |
|                 | Fax#:    |      |                    |    |
| <hr/>           |          |      |                    |    |
| Name:           |          |      | From               | To |
| Address:        |          |      | Position Held      |    |
| City:           | State:   | Zip: | Salary/Wage        |    |
| Contact Person: | Phone #: |      | Reason for Leaving |    |
|                 | Fax#:    |      |                    |    |
| <hr/>           |          |      |                    |    |
| Name:           |          |      | From               | To |
| Address:        |          |      | Position Held      |    |
| City:           | State:   | Zip: | Salary/Wage        |    |
| Contact Person: | Phone #: |      | Reason for Leaving |    |
|                 | Fax#:    |      |                    |    |

**SECTION #3**

**RECORD OF ACCIDENTS AND CONVICTIONS** - *attach sheet if more space needed*

**ACCIDENT RECORD FOR PAST 3 YEARS OR**

| <b>DATES</b>  | <b>NATURE (Head-On, Rear-End, Upset, etc.)</b> | <b>FATALITIES</b> | <b>INJURIES</b> |
|---------------|--|-------------------|-----------------|
| LAST ACCIDENT |  |                   |                 |
| NEXT PREVIOUS |  |                   |                 |
| NEXT PREVIOUS |  |                   |                 |

**TRAFFIC CONVICTIONS AND FORFEITURES FOR PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)**

| <b>LOCATION</b> | <b>DATE</b> | <b>CHARGE</b> | <b>PENALTY</b> |
|-----------------|-------------|---------------|----------------|
|                 |             |               |                |
|                 |             |               |                |



P.O. Box 826 • 407 E Wabash  
Wakarusa, IN 46573  
Phone: 800-320-4055 • 574-862-2161  
Fax: 574-862-1446

**Horizon Transport, Inc.**

**Integrity • Dedication • Excellence**

### Contractor Profile and Service Commitment Form

Which Division would you like to contract for?

#### \_\_\_\_\_ Driveaway- One way delivery

Becoming a driveaway contractor means you will deliver vehicles one way and the return transportation will be your responsibility. We ask that you have your method of transportation chosen prior to attending orientation.

#### Method of transportation you have selected?

\_\_\_\_\_ **Tow Car-** (see specs on website)

Using a tow car also means you will be asked to tow behind commercial vehicles. This may require a universal hitch bar. You will be offered an opportunity to possess this bar before load assignment.

\_\_\_\_\_ **Greyhound Bus Pass** (Unlimited ride usage 24/7 for pass duration) see Horizon website for pass pricing.

\_\_\_\_\_ **Other:** \_\_\_\_\_

#### \_\_\_\_\_ **Owner/ Operator- Pickup truck** (See Website for Equipment Requirements)

\_\_\_\_\_ Will you be driving the truck yourself?

Size of your truck? ¾ ton \_\_\_\_\_ 1 ton \_\_\_\_\_ 1 ton (dually) \_\_\_\_\_ Other \_\_\_\_\_

Year and make of your truck? Make/ Model \_\_\_\_\_ Year \_\_\_\_\_

(Must be 5 years old or newer)

Does your truck have an 8ft. bed? Circle one: Yes No

**Note: Truck beds must not be shorter than 8 foot.**

Gas or Diesel (circle) Circle the hitches you have 5th Wheel Receiver Hitch Gooseneck

#### **Driveaway & Pickup Division** (Please select an estimated mileage)

**Weekly projected mileage commitment?** As a contractor you will make money based on loaded miles completed. We ask that you give us an idea of how many loaded miles you will expect to accomplish per week. Please place a number in blank. The mileage activity information on our website may be helpful for your determination.

\_\_\_\_\_ **Miles per/week**

**How often do you take a smoke break?** Circle one: Never smoke Every \_\_\_\_\_ Hour(s) Seldom

**Please supply us with 3 Emergency phone contacts** (Other than your home number, list whether it is a son, daughter, neighbor, spouse, etc.

**Contact Name**

**Relationship**

**Phone Number**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SECTION #5



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**Contractor Profile and Service Commitment Form**

Please read the following information regarding your interest in becoming a Contract delivery driver for Horizon Transport. Upon reading each section, we ask that you place your initials in the space provided, confirming that have understood our requirement.

\_\_\_\_\_ You should have access to a bank account with an ATM card or a credit card to get you through emergency situations.

\_\_\_\_\_ We ask that you are neat in your grooming. When arriving for orientation, when at the terminal or when making deliveries to the dealership network, we ask that you do not wear shorts, sweats, tank tops or any offensive clothing. We are a customer service company and we ask that you are a focused contractor providing good customer service habits. Short tempered, impatient or angry people need not apply.

\_\_\_\_\_ If your application is accepted, you will be asked to take a company road test, pass a DOT physical, pass a DOT pre lease drug test. You will be expected to complete a 3-day orientation before you are assigned your first load.

\_\_\_\_\_ Upon being approved as a qualified contractor, you will be subjected to random alcohol and drug testing.

\_\_\_\_\_ You will be required to attend a company administered safety school (defensive driving class) during your orientation week ad you will also be required to attend this 1 day school on or around your annual lease date once a year. Safety school will only be held in the Wakarusa, IN terminal only.

\_\_\_\_\_ If you elect to purchase any vehicle(s) or equipment **before** your application has been approved, Horizon will not be held liable for the expense because you failed to meet DOT and or Horizon standards.

\_\_\_\_\_ Horizon requests that all contractors are capable of delivering to all 48 states and Canada. We are a non forced dispatch company, however, we do ask for your service commitment to deliver to all areas the company ships to. If you **will not** deliver to certain areas, please do not apply.

\_\_\_\_\_ Would you consider this driving position you main source of income?    Yes    No    (circle one)

\_\_\_\_\_ I have read the job description document, included with this application packet. I have also read and understand "Subpart E" on the job description, as taken from Section 391.41 "Physical qualifications for drivers" from the DOT manual.

**Driveaway only – Probationary period**

Each new driveaway contractor who has had their CDL issued for less than 1 year from orientation date must adhere to the probationary period.

**Each contractor will be asked to deliver 10 trucks before being offered your first motorhome load.**

\*Probationary period conclusion is always subject to dispatcher approval.

Tow Car users- We do suggest you acquire a universal hitch bar to allow towing of your vehicle through the probationary period. Hitch bars are sold locally.

After you have initialed each section and read these documents thoroughly, please sign below and submit these documents with your application.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**SECTION #6**

**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 \_\_\_\_\_

**SECTION #7**

If you are applying for the **Driveaway Division**- You must have at least a CDL class B or greater, with air brake endorsement. We will not process your application unless you have an active license meeting this standard. If you are applying for the **Pickup Division**, you must check with your state DMV to determine what the minimum license requirement for this type of service, before you submit your application.

**LIST ALL DRIVER'S LICENSES FROM THE PAST 3 YEARS**

| STATE | LICENSE NO. | TYPE | EXPIRATION DATE |
|-------|-------------|------|-----------------|
|       |             |      |                 |
|       |             |      |                 |
|       |             |      |                 |

- A. Have you ever been denied a license, permit or privileged to operate a motor vehicle? Yes \_\_\_\_\_ No \_\_\_\_\_  
If you answered **yes**, please state why \_\_\_\_\_
- B. Has any license, permit or privilege ever been suspended or revoked? Yes \_\_\_\_\_ No \_\_\_\_\_  
If you answered **yes**, please state why \_\_\_\_\_

**SECTION #8**

**DRIVING EXPERIENCE**

| Class of Equipment                   | Type of Equipment | Dates |    | Approx. No. of Miles (Total)<br>This must be completed |
|--------------------------------------|-------------------|-------|----|--|
|                                      |                   | From  | To |  |
| Straight Truck                       |                   |       |    |  |
| Tractor and Semi-Trailer             |                   |       |    |  |
| Tractor – Two Trailers               |                   |       |    |  |
| Motorhome (Personal or Professional) |                   |       |    |  |
| Other: _____                         |                   |       |    |  |

List States Operated in for Last Five Years \_\_\_\_\_  
Show Special Courses or Training that will help you as a Driver: \_\_\_\_\_  
Which Safe Driving Awards do you Hold and From Whom: \_\_\_\_\_

**\*\*EXPERIENCE AND QUALIFICATIONS – OTHER\*\***

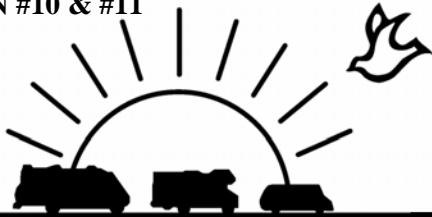
Show any Trucking, Transportation, or Other Experience that may help in providing services for this company \_\_\_\_\_  
\_\_\_\_\_

List Special Equipment or Technical Materials you can work with (other than those already shown) \_\_\_\_\_  
\_\_\_\_\_

**SECTION #9 TO BE READ AND SIGNED BY APPLICANT**

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. I authorize you to make such inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at a retention decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of retention has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application. In the event of retention, I understand that false or misleading information given in my application or interviews) may result in non-use of my services. I understand, also, that I am required to abide by all rules and regulations of the D.O.T. and company.

Date \_\_\_\_\_ Applicants Signature \_\_\_\_\_



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**Safety Performance History**

**Applicant's Personal Information**

Name \_\_\_\_\_  
Print (Last, First M.I.)

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Social Security Number \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Date Of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Previous Employers**

Previous Employer Name \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

Previous Employer Name \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

Previous Employer Name \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

Previous Employer Name \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

I, \_\_\_\_\_ authorize my previous employers to release, on a written form that ensures confidentiality that is to be sent by either fax, e-mail, or mail to prospective employer, requested information on my alcohol and controlled substances testing records that pertains to this document and the Federal Motor Carrier Safety Regulations guide lines 40.25 and 391.23 that is within the previous three years of application date.

Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

40.25g The release of information under this section must be in any written form (e.g., fax, e-mail, letter) that ensures confidentiality. As the previous employer, you must maintain a written record of the information released, including the date, the party to whom it was released, and a summary of the information provided.

391.23h The release of information under this section may take any form that reasonably ensures confidentiality, including letter, facsimile, or e-mail. The previous employer and its agents and insurers must take all precautions reasonably necessary to protect the driver safety performance history records from disclosure to any person not directly involved in forwarding the records, except that the previous employer may not provide any alcohol or controlled substances information to the previous employer's insurer.

# Safety Performance History Sheet 2

**Applicant's Name** \_\_\_\_\_

**Previous Employer Name** \_\_\_\_\_

1. The applicant listed above worked for you? Yes or No from \_\_\_\_\_ to \_\_\_\_\_ (mm/yyyy).

2. The applicant above held what position at the end of his employment with you? \_\_\_\_\_

3. Reason for leaving your employment: \_\_\_\_\_

4. What type of motor vehicle did he/she drive for you? (If None, Check Here  then skip to question 8)

- Recreation Vehicles    
  Tractor-Semitrailer    
  Cargo Tank    
  Other \_\_\_\_\_  
 Straight Truck    
  Doubles/Triples    
  Bus

5. Complete question if there are accidents included on your accident register for the previous 3 years. (If None, Check Here  then Sign and Date Question 17.)

| Date | Location<br>(City, State) | # of Injuries | # of Fatalities | Hazardous Materials |
|------|---------------------------|---------------|-----------------|---------------------|
| / /  |                           |               |                 | Yes or No           |
| / /  |                           |               |                 | Yes or No           |
| / /  |                           |               |                 | Yes or No           |

390.15b For accidents that occur after April 29, 2003, motor carriers must maintain an accident register for three years after the date of each accident. For accidents that occurred on or prior to April 29, 2003, motor carriers must maintain an accident register for a period of one year after the date of each accident.

6. Please include information on all accident reports required by State or other governmental entities or insurers that were reported and that are not listed above. Refer to 390.5 for what defines an accident. \_\_\_\_\_

7. Additional Comments: \_\_\_\_\_

## Drug and Alcohol Test History

8. Was Driver subject to Department of Transportation testing requirements while employed by you? Yes or No (If no, check here  then sign and date question 17)

9. From \_\_\_\_\_ to \_\_\_\_\_ (mm/yyyy) Applicant was subjected to the Department of Transportation testing requirements.

10. Has the applicant had an alcohol test that had results higher than 0.04? (refer to 382.201 on Alcohol Concentration) Yes or No

11. Has the applicant ever tested positive on a controlled substance that a licensed medical practitioner did not give clearance as defined in 382.107? Yes or No

12. Has the applicant ever refused to submit to a test for:  None      Controlled Substance      Post-Accident  
 Follow-Up Alcohol      Reasonable Suspicion      Random

13. Has the applicant been involved in any violations of FMCSR sections 382 or sections 40 that has not been addressed in questions 11-13? Yes or No

14. If applicant violated any of the DOT drug and alcohol regulations, did the applicant complete the SAP (Substance Abuse Professional) program while under your employ? Yes, No or Not Applicable (If yes, please send documentation)

15. After successfully completing the SAP rehabilitation program and while under your employ did the applicant violate sections 382 or sections 40 again? Yes or No

16. Additional Comments: \_\_\_\_\_

17. Name \_\_\_\_\_

Print (Last, First M.I.)

Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Position \_\_\_\_\_

**Horizon Transport, Inc.**  
**P.O. Box 826**  
**Wakarusa, IN 46573**  
**Fax: 574-862-1446**

E-mail \_\_\_\_\_

|                        |   |
|------------------------|---|
| <b>Office Use Only</b> | <b>Received From:</b> _____   |
|                        | <b>Recorded by:</b> _____ <b>Date</b> _____   |
|                        | <input type="checkbox"/> Fax <input type="checkbox"/> E-mail <input type="checkbox"/> Telephone <input type="checkbox"/> Mail |
|                        | <input type="checkbox"/> Other _____  |

APPLICANT DRUG TEST RELEASE

Release To: Horizon Transport, Inc. P.O. Box 826, Wakarusa, IN 46573-0826

From: (applicant) \_\_\_\_\_

A. I voluntarily consent to submit to urine tests, if requested by you in conformance with Department of Transportation (DOT) regulations (49 C.F.R. Parts 391 and 40). I understand that such testing will be conducted under the direction of the medical facility chosen by you. I further understand that you will use such samples for the purpose of conducting drug use tests to determine if I have engaged in the use of controlled substances as defined in DOT regulations (49 C.F.R. Parts 391 and 40).

I give permission for you, your Medical Review Officer or your designated agent to release to DAC Services, 4110 S. 100th E. Ave., Suite 200, Tulsa, Oklahoma 74146, (919) 664-9991, the information obtained from such tests or the fact that I refused to take such a test. I hereby authorize you, your Medical Review Officer or DAC Services to release and disclose this information to any future employer, company or agent thereof, PROVIDED that I give that employer, company or agent my express, written permission.

B. I hereby give my voluntary consent for DAC Services, any pervious employer, or Medical Review Officer or any of their respective agents and employees to release and disclose the following information concerning any of my past controlled substance tests. I also authorize you to obtain the following information from past controlled substance tests:

- 1) The types of controlled substances testing for which I submitted urine specimen.
2) The date of such collection.
3) The location of such collection.
4) The identity of person or entity:
(a) Performing the collection.
(b) Analyzing the specimens, and
(c) Serving as the Medical Review Officer.
5) Whether the test finding was "positive" or "negative" and, if "positive" the controlled substances identified in any positive test.

I hereby knowingly and voluntarily release all persons and entities from any and all claims or liabilities for releasing information described in this form to those identified in the preceding paragraphs.

I certify that I have read, understand and agree to all of the provisions of this form.

Applicant Signature

Company Witness

Print Name

Horizon Transport, Inc.
Company Name

Date

Date

Social Security Number
APPLICANT

Customer Number
COMPANY

**SECTION #13**

**DRIVER NOTIFICATION AND RELEASE**

In connection with my application for retention as an independent contractor (including contract for services) with you, I understand that a consumer report which may contain public record information is being requested from DAC Services. Tulsa, Oklahoma. This report may include the following types of information: names and dates of previous employers, reason for termination of employment, work experience, accidents, etc. I further understand that such report may contain public record information concerning my driving record, worker's compensation, credit, bankruptcy proceeding, etc. from federal; state and other agencies which maintain such records as well as information from DAC concerning (1) previous driving record requests made by others from such state agencies; (2) state provided driving record; (3) claims involving me in the files of insurance companies.

**I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY DAC TO FURNISH THE ABOVE MENTIONED INFORMATION.**

I have the right to make a request to DAC, upon proper identification, to request the nature and substances of all information in its files on me at the time of my request; the sources of information; the recipients of any reports on me which DAC has previously furnished within the two year period preceding my request. I hereby consent to your obtaining the above information from DAC, and I agree that such information which DAC has or obtains, and my history with you if I am retained, will be supplied by DAC to other companies which subscribe to DAC Services.

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Print Name

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Social Security Number

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Applicant's Signature

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Date