

### APPLICATION INSTRUCTIONS

Please follow these instructions closely. Following these instructions will ensure that your application is processed as quickly as possible and you do not experience any delays. If you have any questions, please contact Randy Bailey at [rbailey@alabamacarriers.com](mailto:rbailey@alabamacarriers.com) or 205-397-9160.

**Pages 1-3** This instruction is Page 1. Job criteria and equipment check list are Pages 2-3.

**Page 4** Complete all sections of this page.

1. This is your personal, contact and basic application information. You may attach an additional sheet if you need more space to provide your previous addresses in the last three (3) years or any reason you might be unable to perform a safety-sensitive function.

**Pages 5-6** Work History:

1. You **MUST** provide a ten-year (10-year) work history. Failure to provide all ten years will result in delays processing your application, and it may result in the denial of your application. You must also provide current contact information for the most recent three (3) years.
2. Provide **ACCURATE** work history information. Failure to provide accurate information will result in delays processing your application, and it may result in the denial of your application.
3. Any gaps of more than 30 days **MUST** be explained on a separate sheet and submitted with your application. Unexplained gaps of more than 30 days will result in the denial of your application.
4. You may print an additional copy of Pages 3-4 if you need more space to provide a ten-year (10-year) work history.

**Page 7** Complete all sections of this page.

1. You may attach an additional sheet if you need more space to provide information about your driving record, driving experience and qualifications.

**Page 8-9** Read, sign and date these pages. Please notice the checkboxes at the top of Page 9.

**Pages 10-11** **DO NOT COMPLETE THESE FORMS.**

1. On these pages, you should **ONLY** sign and date at the top of the forms. **DO NOT fill out the rest of the forms on this pages.** These pages serve as authorization to request information from your previous employer and to obtain your driving record.

**Pages 12-13** Read both, and then sign and date at the bottom of the Page 13.

Thank you for your interest in Alabama Carriers. Please mail, email or fax your entire application (including any additional pages) to:

Randy Bailey  
3800 Industrial Drive  
Birmingham, AL 35217  
[rbailey@alabamacarriers.com](mailto:rbailey@alabamacarriers.com)  
Fax: 205-849-4121

## ALABAMA CARRIERS

### **Qualifying Criteria:**

- Must have a current Class A CDL
- Must be at least 23 years of age
- Must have a total of two (2) years of industrial/commercial driving experience
- Must be able to pass background and criminal checks
- Drivers that lease on must have Non-Business Liability Insurance (Bobtail) and Occupational Accident Insurance (OCC ACC)

**NOTE:** Both of these are available through Alabama Carriers, but they may be purchased—assuming adequate coverage amounts—through any vendor

### **Additional Requirements:**

- To haul loads to government installations without paying escort fees, you will need a TWIC card
- If you plan to haul coils, you must pass the Alabama Coil Certification Test

### **Disqualifying Factors:**

- Conviction for driving under the influence (DUI) or driving while intoxicated within the last five (5) years
- Conviction for leaving the scene of an accident
- Conviction for the use of a vehicle to elude law enforcement
- Conviction for reckless and/or negligent driving

**NOTE:** Some states consider excessive speeding as careless and/or negligent driving; all convictions must be reviewed by the safety department

- More than one (1) at-fault accident within the last three (3) years
- More than three (3) moving violation convictions within the last three (3) years
- Combination of one (1) at-fault accident and three (3) moving violation convictions within the last three (3) years
- Any drug-related conviction within the last five (5) years

**NOTE:** Applicants with any drug-related conviction older than five (5) years must agree to:

- Being evaluated by a Substance Abuse Professional (SAP) and complete any required program
- Submit to monthly drug tests for the first six (6) months of contract and random tests thereafter

**ESSENTIAL EQUIPMENT LIST**

**Alabama Carriers, Inc., requires every truck to have a headache rack.**

The following is a checklist of minimal equipment required by Alabama Carriers to safely load and transport various commodities:

*[Please indicate the number you have by each piece of equipment below]*

- \_\_\_\_\_ 3" Belly Straps (minimum requirement is two)
- \_\_\_\_\_ Chains (minimum requirement is ten)
- \_\_\_\_\_ Binders (minimum requirement is ten)
- \_\_\_\_\_ 4" Straps (minimum requirement is 12)
- \_\_\_\_\_ 2" Straps (minimum requirement is two)
- \_\_\_\_\_ Dunnage Strap (minimum requirement is one)
- \_\_\_\_\_ Steel Tarps with 4' Drop
- \_\_\_\_\_ Coil Racks
- \_\_\_\_\_ Rubber for Coils
- \_\_\_\_\_ 4x4x8' L Dunnage/Timbers (minimum requirement is eight)
- \_\_\_\_\_ Beveled Timbers/Coil Boards (minimum requirement is enough for two coils; enough for three coils is preferred)
- \_\_\_\_\_ Pipe Stakes (minimum requirement is 2' long; 4' long is preferred)
- \_\_\_\_\_ Edge Protectors

**All of this equipment must be DOT approved!**

Do you have experience hauling and securing coils?  YES  NO

**In addition to the list above, Alabama Carriers recommends that you have the following items in order to increase the amount of freight we are able to offer:**

*[Please use the checkboxes below]*

TWIC Card  YES  NO  PLAN TO OBTAIN

Alabama Coil Certification  YES  NO  PLAN TO OBTAIN

\_\_\_\_\_  
DRIVER/INDEPENDENT CONTRACTOR NAME (PLEASE PRINT)

X \_\_\_\_\_ X  
DRIVER/INDEPENDENT CONTRACTOR SIGNATURE

\_\_\_\_\_  
DATE

**DRIVER INFORMATION PACKET**

[Answer all questions – please print]

Name: \_\_\_\_\_  
LAST FIRST MIDDLE

Social Security #: \_\_\_\_\_ Date: \_\_\_\_\_

**Current Address**

Address: \_\_\_\_\_  
STREET CITY/STATE ZIP

How long? \_\_\_\_\_ Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

**Additional Addresses for Last 3 Years**

Address: \_\_\_\_\_ How Long? \_\_\_\_\_  
STREET CITY/STATE ZIP

Address: \_\_\_\_\_ How Long? \_\_\_\_\_  
STREET CITY/STATE ZIP

Address: \_\_\_\_\_ How Long? \_\_\_\_\_  
STREET CITY/STATE ZIP

Are you applying as an **Independent Contractor** or as a **Driver**? (Circle One)

Do you have the legal right to work in the United States?  YES  NO

Date of Birth: \_\_\_\_\_ Can you provide proof of age?  YES  NO  
(REQUIRED FOR TRUCK DRIVERS)

Have you contracted with this company before?  YES  NO If yes, where? \_\_\_\_\_

If yes, when? From: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ To: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

If yes, reason for leaving: \_\_\_\_\_

Are you currently employed?  YES  NO If no, how long since leaving your last employment? \_\_\_\_\_

If yes, where? \_\_\_\_\_

Who referred you to Alabama Carriers? \_\_\_\_\_

Is there any reason you might be unable to perform a safety-sensitive function?  YES  NO  
(If yes, please explain on separate sheet of paper)

**WORK HISTORY**

*Please make a copy of this page if there are not enough blanks to complete 10-year work history.*

COMPANY NAME	FROM                      TO / /                      / /
STREET ADDRESS	POSITION
CITY/STATE/ZIP	REASON FOR LEAVING
CONTACT PERSON	PHONE NUMBER
Were you subject to FMCSA or Transport Canada Safety Regulations while employed/contracted by this company?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Did you perform any safety sensitive functions in this job, regulated by DOT, and subject to drug and alcohol testing?	<input type="checkbox"/> YES <input type="checkbox"/> NO

COMPANY NAME	FROM                      TO / /                      / /
STREET ADDRESS	POSITION
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*Please make a copy of this page if there are not enough blanks to complete 10-year work history.*

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Did you perform any safety sensitive functions in this job, regulated by DOT, and subject to drug and alcohol testing?	<input type="checkbox"/> YES <input type="checkbox"/> NO	

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STREET ADDRESS	POSITION	
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STREET ADDRESS	POSITION	
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Did you perform any safety sensitive functions in this job, regulated by DOT, and subject to drug and alcohol testing?	<input type="checkbox"/> YES <input type="checkbox"/> NO	

**ACCIDENT RECORD FOR PAST THREE YEARS (ATTACH ADDITIONAL SHEET IF MORE SPACE IS NEEDED)**

<u>DATES</u>	<u>NATURE OF ACCIDENT</u> ( <u>HEAD-ON, REAR-END, ETC.</u> )	<u>FATALITIES</u>	<u>INJURIES</u>
LAST ACCIDENT			
NEXT PREVIOUS			
NEXT PREVIOUS			

**TRAFFIC CONVICTIONS AND FORFEITURES, OTHER THAN PARKING TICKETS, FOR THE PAST THREE YEARS (ATTACH ADDITIONAL SHEET IF MORE SPACE IS NEEDED)**

<u>DATE</u>	<u>LOCATION</u>	<u>CHARGE</u>	<u>PENALTY</u>

**DRIVER QUALIFICATIONS**

	<u>STATE</u>	<u>LICENSE NUMBER</u>	<u>TYPE</u>	<u>EXPIRATION DATE</u>
DRIVER'S LICENSE				
DRIVER'S LICENSE				
DRIVER'S LICENSE				

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, please attach an additional sheet with dates and details.*

**DRIVING EXPERIENCE**

<u>CLASS OF EQUIPMENT</u> ( <u>STRT TRK, TRCTR &amp; SEMI- TLR, TRCTR-2 TLR</u> )	<u>TYPE OF EQUIPMENT</u> ( <u>VAN, TANK, FLAT, ETC.</u> )	<u>DATE FROM</u>	<u>DATE TO</u>	<u>TOTAL APPROX. MILES</u>

A. Have you ever been convicted of DUI or DWI or any other drug/alcohol related offense?  YES  NO

B. Have you tested positive or refused to take any drug/alcohol test within the last five years?  YES  NO

*If the answer to either A or B is yes, please attach an additional sheet with dates and details.*

**EDUCATION**

**HIGHEST GRADE COMPLETED (circle one):**

**PRIMARY:** 1 2 3 4 5 6 7 8

**HIGH SCHOOL:** 1 2 3 4

**COLLEGE:** 1 2 3 4+

**LAST SCHOOL ATTENDED:** \_\_\_\_\_

NAME

CITY

STATE

**DRIVER INFORMATION PACKET**

*[To be read and signed by Driver/Independent Contractor]*

This certifies that I have completed the driver information packet and that all entries are true and correct. Any false or misleading information provided by me will result in lease termination.

I understand that I am required to abide by all rules and regulations of Alabama Carriers, Inc.

X \_\_\_\_\_ X \_\_\_\_\_  
DRIVER/INDEPENDENT CONTRACTOR SIGNATURE DATE



**PRE-QUALIFICATION URINALYSIS NOTIFICATION**

**HAVE YOU EVER TESTED POSITIVE FOR A DRUG SCREEN?**  YES  NO

**HAVE YOU EVER REFUSED A DRUG SCREEN?**  YES  NO

*The Federal Motor Carrier Safety Regulations, Section 382.301 – pre-employment testing requirements, apply to any driver leasing with Alabama Carriers, Inc.*

**382.301 Pre-employment testing requirements**

a) Prior to the first time a driver performs safety-sensitive functions for an employer, the driver shall undergo testing for controlled substances as a condition prior to being used. No employer shall allow a driver, who the employer intends to hire or use, to perform safety-sensitive functions unless the employer has a controlled substance test result from the MRO or C/TPA indicating a verified negative test result for that driver.

As a condition of my qualification to drive for Alabama Carriers, Inc., I agree to the urine sample collection and controlled substance testing.

I understand a positive test for controlled substances based on the urinalysis test will medically disqualify me from the operation of a commercial motor vehicle for Alabama Carriers, Inc.

The Medical Review Officer will maintain the results of the urinalysis test. Both negative and positive results will be reported to Alabama Carriers, Inc.

My written authorization is required for the urinalysis test results to be given to other parties.

I have read and understand the above conditions for the Pre-Qualification Urinalysis Notification.

\_\_\_\_\_  
DRIVER/INDEPENDENT CONTRACTOR NAME (PLEASE PRINT)

X \_\_\_\_\_ X \_\_\_\_\_  
DRIVER/INDEPENDENT CONTRACTOR SIGNATURE DATE

X \_\_\_\_\_ X \_\_\_\_\_  
COMPANY REPRESENTATIVE SIGNATURE DATE

**PREVIOUS WORK HISTORY VERIFICATION FORM**

I hereby authorize you to release the above information to Alabama Carriers, Inc. for the purpose of investigations as required by Sections 391.23 and 40.25 of the Federal Motor Carriers Safety Regulations. You are released from any and all liability that may result from furnishing this information.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
DRIVER/INDEPENDENT CONTRACTOR SIGNATURE

**DO NOT FILL OUT ANYTHING BELOW THIS LINE / OFFICE USE ONLY**

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
STREET CITY/STATE ZIP

This above person has listed your company as a previous employer. Please complete as much information as possible on the verification form below.

Dates of Work History:

From: \_\_\_/\_\_\_/\_\_\_\_\_ To: \_\_\_/\_\_\_/\_\_\_\_\_

From: \_\_\_/\_\_\_/\_\_\_\_\_ To: \_\_\_/\_\_\_/\_\_\_\_\_

Position: \_\_\_\_\_

- Part Time       Full Time       Over the Road       Local       Solo       Team
- Tractor/Trailer       Straight Truck       Van       Tanker       Reefer       Flatbed       Other

Was the driver involved in any accidents while working with your company?  YES  NO

If yes, please describe:

DATE OF ACCIDENT      NATURE OF ACCIDENT      PREVENTABLE?      INJURIES/FATALITIES      \$ AMOUNT

Has the person tested positive for drugs or alcohol within the last three years?  YES  NO

Has the person had a BAC of 0.04 or greater within the last three years?  YES  NO

Has the person refused a test for drugs or alcohol within the last three years?  YES  NO

Has the person had other violations of DOT agency drug & alcohol testing regulations?  YES  NO

If the answer to any of the above questions is yes, please explain: \_\_\_\_\_

Was the person's general conduct and performance satisfactory?  YES  NO

Comments: \_\_\_\_\_

Reason for leaving:     Voluntary Quit       Discharge       Layoff       Other

Comments: \_\_\_\_\_

Is he/she eligible for rehire?  YES  NO      If no, why? \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Form completed by: \_\_\_\_\_

PLEASE PRINT

*Requested by: Alabama Carriers, Inc., 3800 Industrial Drive, Birmingham, AL 35217  
Telephone: 800-800-0397      Fax: 615-271-2364*

**REQUEST FOR CHECK OF DRIVING RECORD**

I hereby authorize you to release the above information to Alabama Carriers, Inc. for purposes required by Section 391.23 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability that may result from furnishing such information.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
DRIVER/INDEPENDENT CONTRACTOR SIGNATURE

**DO NOT FILL OUT ANYTHING BELOW THIS LINE / OFFICE USE ONLY**

1. In accordance with the provisions of Section 601 and Section 607 of the Fair Credit Reporting Act, Public Law No. 91-508, I hereby certify that the information requested below will be used for "permissible purpose" as defined in the Act, and that the information received will be used for no other purpose.
2. I further certify that if the driver named below is not qualified based upon the information received, I will identify the source of the report in accordance with Section 6156(a) of the Fair Credit Reporting Act.

X \_\_\_\_\_ X \_\_\_\_\_  
SIGNATURE OF REQUESTOR DATE

To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

To whom it may concern:

The following person wishes to contract with Alabama Carriers, Inc. as a driver. As in accordance with Section 391.23 of the Federal Department of Transportation Regulations, please furnish the undersigned with the driver's driving record for the past three years.

Name: \_\_\_\_\_  
LAST FIRST MIDDLE

Address: \_\_\_\_\_  
STREET CITY/STATE ZIP

Former address: \_\_\_\_\_  
STREET CITY/STATE ZIP

Date of birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_ License #: \_\_\_\_\_

*Requested by: Alabama Carriers, Inc., 3800 Industrial Drive, Birmingham, AL 35217  
Telephone: 800-800-0397 Fax: 615-271-2364*

THE BELOW DISCLOSURE AND AUTHORIZATION LANGUAGE IS FOR MANDATORY USE BY ALL ACCOUNT HOLDERS

IMPORTANT DISCLOSURE REGARDING BACKGROUND REPORTS FROM THE PSP Online Service

In connection with your application for employment with **Alabama Carriers, Inc.**, ("ACI"). ACI, its employees, agents or contractors may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

When the application for employment is submitted in person, if ACI uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, ACI will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, ACI will notify you that the action has been taken and that the action was based in part or in whole on this report.

When the application for employment is submitted by mail, telephone, computer, or other similar means, if ACI uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, ACI must provide you within three business days of taking adverse action oral, written or electronic notification: that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from ACI, then, within 3 business days of receiving your request, together with proper identification, ACI must send or provide to you a copy of your report and a summary of your rights under the Fair Credit reporting Act.

Neither ACI nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. You may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If you challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. Your request will be forwarded by the DataQs system to the appropriate State for adjudication.

Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with Federal Motor Carrier Safety Regulations (FMCSR) violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

ACI cannot obtain background reports from FMCSA without your authorization.

**AUTHORIZATION**

If you agree that ACI may obtain such background reports, please read the following and sign below:

I authorize **Alabama Carriers, Inc.**, ("ACI") to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am authorizing the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist ACI to make a determination regarding my suitability as an employee.

I further understand that neither ACI nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

I understand that any crash or inspection in which I was involved will display on my PSP report. Since the PSP report does not report, or assign, or imply fault, I acknowledge it will include all CMV crashed where I was a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, I understand all inspections, with or without violations, will appear on my PSP report, and State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on my PSP report. I have read the above Disclosure Regarding Background Reports provided to me by ACI and I understand that if I sign this Disclosure and Authorization, ACI may obtain a report of my crash and inspection history. I hereby authorize ACI and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_ Name (Please Print): \_\_\_\_\_

NOTICE: This form is made available to monthly account holders by NIC on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain an Applicant's written or electronic consent prior to accessing the Applicant's PSP report. Further, account holders are required by FMCSA to use the language contained in this Disclosure and Authorization form to obtain an Applicant's consent. The language must be used in whole, exactly as provided. Further, the language on this form must exist as one stand-alone document. The language may NOT be included with other consent forms or any other language.

LAST UPDATED 12/22/2015