



# NTL



## **Driver Application Complete Packet**

Please print and complete this packet and then fax it to:

**814.295.9140**

You can also email a scanned copy of the completed packet to:

**[drivers@nationaltruckload.net](mailto:drivers@nationaltruckload.net)**

# Driver Qualification Checklist

(Orientation Tuesday & Wednesday)

Driver Name: \_\_\_\_\_

(Full name as on driver's license)

SSN #: \_\_\_\_\_

**1. Application**

- ☐ 3-year employment history
- ☐ Copy of Driver's License # \_\_\_\_\_ / \_\_\_\_\_ Class \_\_\_\_\_
  - ☐ 2 years minimum OTR driving experience
  - ☐ Been Driving since: \_\_\_\_\_

**2. Copy of Medical Card EXPIRATION DATE: \_\_\_\_\_ / \_\_\_\_\_**

**3. Driver's Road Test**

- ☐ Road test for all drivers

**4. Driver's Road Test-required for all Drives**

**5. Certificate of Road test sent to Corporate (Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_)**

**6. Previous Employer Check**

- ☐ 3-year history of transportation experience required
- ☐ Must have a copy of requests sent out -indicate "copy" on form

**7. Annual Review**

- ☐ Must have MVR to review prior to company rep. signing for tags.  
Review EXP \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**8. MVR – Current**

- a. Check name, DOB, SSN, License#, STATE, STATUS, Violations, & MVR  
EXP \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**9. Hours of Service Record**

**10. Pre-Employment Urinalysis Consent Form**

**11. Notice to Drivers – Split Sample Testing Form**

**12. Driver Authorization – Post Accident Release**

- ☐ Remember! Do not enter date – driver & company rep sign only

**13. Receipt – Driver Info Packet**

**14. Copy of Pre-Employment Drug Test: Completed Date: \_\_\_\_\_ / \_\_\_\_\_;**

Results date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Results: Positive or Negative

**15. Copy of Test Results: \_\_\_\_\_**

**16. Date of Employment \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_**

**17. Office assignment: \_\_\_\_\_**



2311 West 15<sup>th</sup> Street

Erie, PA 16505

814-806-2000 (Phone)

814-295-9140 (Fax)

### Driver Application

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Street Address

City State Zip Code

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Date Available: \_\_\_\_\_ Social Security: \_\_\_\_\_

Position Applied for: \_\_\_\_\_

Are you a citizen of the United States? \_\_\_\_\_ If no, are you authorized to work in U.S.? \_\_\_\_\_

Have you ever worked for this company? \_\_\_\_\_ If yes, when? \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_\_ If yes, explain: \_\_\_\_\_

Who referred you to NTL, if anyone? \_\_\_\_\_ When? \_\_\_\_\_

Emergency Contact Name & Number:

---

### Education

High School: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? Yes | No Degree: \_\_\_\_\_

College: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? Yes | No Degree: \_\_\_\_\_

Other: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? Yes | No Degree: \_\_\_\_\_

---

### References

Please list three professional references.

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

Fax: 814-295-9140

[drivers@nationaltruckload.net](mailto:drivers@nationaltruckload.net)



---

**Previous Work**

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Starting Comp: \_\_\_\_\_  
Ending Comp: \_\_\_\_\_  
Responsibilities: \_\_\_\_\_ Equipment Driven: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Reason(s) for Leaving: \_\_\_\_\_  
May we contact your previous supervisor for a reference? Yes | No

---

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Starting Comp: \_\_\_\_\_  
Ending Comp: \_\_\_\_\_  
Responsibilities: \_\_\_\_\_ Equipment Driven: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Reason(s) for Leaving: \_\_\_\_\_  
May we contact your previous supervisor for a reference? Yes | No

---

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Starting Comp: \_\_\_\_\_  
Ending Comp: \_\_\_\_\_  
Responsibilities: \_\_\_\_\_ Equipment Driven: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Reason(s) for Leaving: \_\_\_\_\_  
May we contact your previous supervisor for a reference? Yes | No

---

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Starting Comp: \_\_\_\_\_  
Ending Comp: \_\_\_\_\_  
Responsibilities: \_\_\_\_\_ Equipment Driven: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Reason(s) for Leaving: \_\_\_\_\_  
May we contact your previous supervisor for a reference? Yes | No

---

**Military Service**

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Rank at Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_  
If other than honorable, explain: \_\_\_\_\_

**Additional Information**

**Disclaimer and Signature**

I certify that my answers are true and complete to the best of my knowledge. This Application does not constitute a contract of employment.

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





## Confidentiality Agreement

This agreement is effective as of the \_\_\_\_\_ day of \_\_\_\_\_, in the year \_\_\_\_\_ between National Truckload Inc., (referred to as the "employer") and \_\_\_\_\_, (referred to as the "employee").

The employee understands and agrees that in the course of his and her contractual period with the employer, he or she will receive and become aware of information, projects, practices, customer contacts, methodologies, and management philosophies relating to the employer's business. Employee hereby acknowledges the sensitivity and confidential nature of such information and agrees to keep all such information strictly confidential. In this regard, contractor shall not at any time or in any manner, either directly or indirectly, divulge, disclose, communicate, or use the information he/she obtains or is otherwise exposed to while contracted to NTL or fleet manager.

Employee understands and agrees that his/her obligation regarding the confidentiality of information obtained while contracted to NTL or fleet manager shall continue beyond his/her contractual agreement. Employee specifically agrees that their confidentiality obligations shall continue following the end of their contract with NTL or fleet manager, and further agrees that this is reasonable and justified.

Employee Print Name: \_\_\_\_\_

Employee Sign Name: \_\_\_\_\_

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



## Direct Deposit

**Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**To sign up for direct deposit, please complete the following information and attach either a voided check for checking or deposit slip for savings.**

**Bank/Savings Institution:** \_\_\_\_\_

**Bank/ Savings Phone#:** \_\_\_\_\_

**Bank/Savings Transit Routing #:** \_\_\_\_\_

**Deposit entire check to checking Account#:** \_\_\_\_\_

**Deposit \$ \_\_\_\_\_ to Checking Acct#:** \_\_\_\_\_

**Deposit entire check to Savings acct#:** \_\_\_\_\_

**Deposit \$ \_\_\_\_\_ to Savings Acct #:** \_\_\_\_\_

**To cancel your direct deposit, please complete the following:**

**Financial Institution:** \_\_\_\_\_

**Cancel Checking Acct#:** \_\_\_\_\_

**Cancel Savings Acct#:** \_\_\_\_\_



**Driver's Certification of Violations  
Annual Review of Driving Record**

Date	Offense	Location	Type of Vehicle Operated

I certify that the above is true and complete list of traffic violations (other than parking violations) for which I have been convicted or forfeited bond or collateral during the past 12 months.

Driver's Name: \_\_\_\_\_

Driver's Signature: \_\_\_\_\_

Date of Certification: \_\_\_\_\_

**Annual Review**

This day I reviewed the driving record of the above named driver in accordance with 391.25 of the Federal Motor Carrier Safety Regulations. I considered any evidence that the driver has violated applicable provisions of the Federal Motor Carrier Safety Regulations and Hazardous Materials Regulations. I considered the drivers' accident record and any evidence that he/she has violated laws governing the operation of motor vehicles and gave great weight to violations, such as speeding, reckless driving and operation while under the influence of alcohol or drugs that indicate that the driver has exhibited a disregard for safety of the public. Having done the above, I find that:

\_\_\_\_\_ the driver meets the minimum requirements for safe driving, or

\_\_\_\_\_ the driver is disqualified to drive a motor vehicle pursuant to 391.15

National Truckload, Inc.  
2311 West 15<sup>th</sup> Street  
Erie, PA 16505  
814-806-2000 (Phone)  
814-295-9140 (Fax)

Date of Review: \_\_\_\_\_

Reviewed by Printed Name: \_\_\_\_\_

Reviewed by Signature: \_\_\_\_\_

Title: \_\_\_\_\_



## Hours of Service Record for First Time or Intermittent Drivers

**Instructions:** When using a driver for the first time or intermittently, a signed statement must be obtained, giving the total time on duty (driving and on duty) during the immediate preceding seven days and the time at which the driver was last relieved from duty prior to beginning work.

Driver Name: _____
Driver Address: _____
City, State, Zip code: _____

Day	Total Time on Duty
1	_____
2	_____
3	_____
4	_____
5	_____
6	_____
7	_____

**Total:** \_\_\_\_\_

I hereby certify that the information contained herein is true to the best of my knowledge and belief, and that my last period of release from duty was from:

\_\_\_\_\_ to \_\_\_\_\_  
Hour/Date Hour/Date

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





## Previous Employment Verification

**Please return as soon as possible!!!**

2311 West 15<sup>th</sup> Street

Erie, PA 16505

814-806-2000 (Phone)

814-295-9140 (Fax)

COPY is Permitted

To (Previous Employer): \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Name: \_\_\_\_\_ SS#: \_\_\_\_\_

The person listed above has applied to this company, your company is listed by the applicant as a previous employer. Please complete the following items and return to us as soon as possible.

Carrier Representative: Dan Varo

Title: Safety Director

Dates of Employment: From: \_\_\_\_\_ to \_\_\_\_\_ Position: \_\_\_\_\_

Date	City/State	# Injuries	# Fatalities	Hazmat?	Preventable

Why did this employee/contractor leave your company? Resigned \_\_\_\_\_ Discharged \_\_\_\_\_ Laid Off \_\_\_\_\_

Would you rehire this person? Yes \_\_\_\_\_ No \_\_\_\_\_ Please explain: \_\_\_\_\_

Department of Transportation regulations (40 CFR, Part 40.25) (h) requires that you provide the following information:

In the past three years, has the individual listed below ever:

Had a verified positive drug test result? Yes | NO

Had an alcohol test result with a breath alcohol concentration of .04 or greater? \_\_\_\_\_

Refused to submit an alcohol or drug test? \_\_\_\_\_

Had any other violations of DOT agency drug and alcohol testing regulations? \_\_\_\_\_

If any of the above questions were answered yes, please provide the following:

Substance Abuse Professional

Telephone

Date Referred

Address: \_\_\_\_\_

City, State, Zip code: \_\_\_\_\_

Signature of person supplying information:

Title/Date:

Applicant release and consent: I, \_\_\_\_\_ do hereby authorize my previous employers to release and forward all information regarding my alcohol and controlled substance testing and all other records of employment to the above named carrier in connection with my application for employment, I release my former employers from any and all liability of any type as a result of providing the above information.

Applicant Signature/Date

Witness Signature/Date

National Truckload, Inc., 2311 West 15<sup>th</sup> Street, Erie, PA 16505, 814-806-2000 (Phone) 814-295-9140 (Fax)



## Drivers Road Test Examination:

Drivers Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

The motor carrier shall give the road test or a person designated by it. However, another person must give a driver who is a motor carrier the test. A person who is competent to evaluate and determine whether the person who takes the test has demonstrated that he/she is capable of operating the vehicle and associated equipment that the motor carrier intends to assign shall give the test.

### Rating of Performance

- \_\_\_\_\_ The pre-inspection (as required by Sec 392.7)
- \_\_\_\_\_ Coupling and uncoupling of combination units, if the equipment he/she may drive includes combination units.
- \_\_\_\_\_ Placing the equipment in operation.
- \_\_\_\_\_ Use of vehicles controls and emergency equipment.
- \_\_\_\_\_ Operating the vehicle in traffic and while passing other vehicles.
- \_\_\_\_\_ Turning the vehicle.
- \_\_\_\_\_ Braking and slowing the vehicle by means other than braking.
- \_\_\_\_\_ Backing and parking the vehicle.
- \_\_\_\_\_ Other, Explain: \_\_\_\_\_

Type of equipment used in giving the test: \_\_\_\_\_

Type of Truck: \_\_\_\_\_

Type of Trailer: Dry Van 48 or 53      Flatbed/Step deck: 48 or 53      Conestoga: 48 or 53

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

If the road test is successfully completed, the person who gave it shall complete a certificate of driver's road test.

Remarks: \_\_\_\_\_

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

Examiners Name: \_\_\_\_\_

Examiners: Signature: \_\_\_\_\_



## **Certificate of Driver's Road Test**

**Instructions:** If the road test is successfully completed, the person who gave it shall complete a certificate of driver's road test. The original copy of the certificate in the employing motor carrier's driver qualifications file or the person examined and a copy given to the person who was examined. (49 CFR 391.31 (e) (f) (g).

### **Certificate of Road Test**

Drivers Name: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_  
Operator's License Number: \_\_\_\_\_  
State: \_\_\_\_\_  
Type of Power Unit: \_\_\_\_\_  
Type of Trailer(s): \_\_\_\_\_  
If passenger carrier, type of bus: \_\_\_\_\_

This is to certify that the above name driver was given a road test under my supervision on \_\_\_\_\_, 2016, consisting of approximate \_\_\_\_\_ miles of driving.

It is my considered opinion this driver possesses sufficient driving skill to operate safely the type of commercial motor vehicle listed above.

Signature of Examiner: \_\_\_\_\_

Title: \_\_\_\_\_

Company: \_\_\_\_\_

**National Truckload, Inc.**

**2311 West 15<sup>th</sup> Street**

**Erie, PA 16505**

**814-806-2000 (Phone)**

**814-295-9140 (Fax)**

## Request for Taxpayer Identification Number and Certification

Give Form to the  
requester. Do not  
send to the IRS.

Print or type See Specific Instructions on page 2.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification; check only <b>one</b> of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <b>Note.</b> For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	5 Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	6 City, state, and ZIP code	
	7 List account number(s) here (optional)	

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

**Note.** If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number									
or									
Employer identification number									

### Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

**Sign Here**      Signature of U.S. person ▶

Date ▶

### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at [www.irs.gov/fw9](http://www.irs.gov/fw9).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.*

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.



**Required- HUT- Information –**

Number of Axles- \_\_\_\_\_

Gross Weight- \_\_\_\_\_

VIN Number- \_\_\_\_\_

Owner Equipment Number- \_\_\_\_\_

Title State- \_\_\_\_\_

Vehicle Year- \_\_\_\_\_

License Plate- \_\_\_\_\_

License Plate Jurisdiction- \_\_\_\_\_

Temporary Plate- \_\_\_\_\_ Yes or \_\_\_\_\_ No

Vehicle Year- \_\_\_\_\_

Vehicle Make- \_\_\_\_\_

Unloaded Weight- \_\_\_\_\_

# ***Power of Attorney***

**This form is only valid for 90 days**

## **Vehicle Information**

<b>Year</b>	<b>Make</b>	<b>Model</b>	<b>Vin #</b>	<b>Title #</b>

\_\_\_\_\_ Grantor(s)

appoints \_\_\_\_\_

as attorney in fact for the purpose of executing on behalf of the grantor(s) the following documents pertaining to the above vehicle title/and or registered in my/our name.

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

## **INDIVIDUAL NAMES**

X \_\_\_\_\_  
Name, Typed or Printed

\_\_\_\_\_  
Name, Typed or Printed

X \_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

**Commonwealth of Pennsylvania**  
**County of Erie**

Before me, the above named grantor(s) personally appeared, known to me (satisfactorily proven) to be the person(s) whose name(s) is/are subscribed to the within instrument, and acknowledged its execution. In witness whereof, I have hereunto set my hand and official seal.

Sworn to and subscribed to before me on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
**Notary Public**

## NOTICE

The purpose of this power of attorney is to give the person you designate (your "agent") broad powers to handle your property, which may include powers to sell or otherwise dispose of any real or personal property without advance notice to you or approval by you.

This power of attorney does not impose a duty on your agent to exercise granted power, but when powers are exercised, your agent must use due care to act for your benefit and in accordance with this power of attorney.

Your agent may exercise the powers given here throughout your lifetime, even after you become incapacitated, unless you expressly limit the duration of these powers or you revoke these powers or a court acting on your behalf terminates your agent's authority.

Your agent must keep your funds separate from your agent's funds.

A court can take away the powers of our agent if it finds your agent is not acting properly.

The powers and duties of an agent under a power of attorney are explained more fully in 20 PA. C.S. CH. 56.

If there is anything about this form that you do not understand, you should as a lawyer of your own choosing to explain it to you.

I have read or had explained to me this notice and I understand its contents.

X \_\_\_\_\_  
Principal

\_\_\_\_\_  
Date

## Agent's Acknowledgement

I, \_\_\_\_\_ have read the attached power of attorney and am the person identified as the agent for the principal. I hereby acknowledge that in the absence of a specific provision to the contrary in the power of attorney or in 20 PA. C.S. when I act as agent.

I shall exercise the powers for the benefit of the principal.

I shall keep the assets of the principal separate from my assets.

I shall exercise reasonable caution and prudence.

I shall keep a full and accurate record of all actions, receipts, and disbursements on behalf of the principal.

\_\_\_\_\_  
Agent

\_\_\_\_\_  
Date