

42 Logan Ave Jersey City, NJ – 07306 (551) 208-8845

Commercial Driver Application

Owner Operator Checklist

Please provide list of the following documents to Roadway Ninjas' office:

- 1.) Completely filled out Owner Operator Application
- 2.) Copy of Social Security Card
- **3.)** Copy of Commercial Driving License. (DMV if CDL from PA or California.)
- **4.)** Copy of Medical Card and Medical Report
- 5.) Copy of GC (or) Work Authorization (or) Citizenship (or) Birth Certificate (or) Federal ID
- 6.) Present Address
- **7.)** Work History
- **8.)** Home and Cell Phone Number
- 9.) Copy of Truck Registration
- 10.) Copy of Annual Inspection
- 11.) Copy of Insurance
- 12.) DMV Abstract
- 13.) Drug and Alcohol Test Report
- 14.) Copy of IFTA
- 15.) Insurance Certificate in name of Roadway Ninjas. It should read as following:

Roadway Ninjas Inc.

42 Logan Ave

Jersey City, NJ 07306

Name:		Date:
Cell Phone #:		
Home Phone #:		
Present Address:		
Alternative contact info (At	least 2 required):	
Name:	Phone:	Relationship:
Name:	Phone:	Relationship:
Name:	Phone:	Relationship:
Name:	Phone	Relationship:

Driver's Application for Employment

Applicant's Name	Date of Application
considered for all positions witho	tate equal employment opportunity laws, qualified applicants are ut regard to race, color, religion, sex, national origin, age, marital ated disability, or any other protected group status.
TO BE R	READ AND SIGNED BY APPLICANT
Public Law 91-508, as amended by the Conference of Public Law 104-208), I am being information and alcohol test results, and my driving	e provisions of Section 604(b)(2)(A) of the Fair Credit Reporting Act, Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I, Formed that reports verifying my previous employment, previous drug record will be obtained for employment purposes. These reports are 391.25 of the Federal Motor Carrier Safety Regulations
	regarding current and/or previous employers may be used, and those urpose of investigating my safety performance history as required by
I have the right to review information pr sent to the prospective employer.	ovided by previous employers and request any errors corrected and re-
I have the right to submit a rebuttal states I cannot agree on the accuracy of the info	ment to all alleged erroneous information, if the previous employer and ormation.
I authorize my company to make inquiri matters as may be necessary to arrive at a	es of my personal, employment, and medical history and other related an employment decision.
I hereby release all individuals from a connection with my application.	all liability in responding to inquiries and releasing information in
Signature	Date
	For Company Use Process Record
Applicant Hired	Rejected
Date Employed	End of Probation

Personal Information Fill out entire page

Name:			Social Se	ecurity #	
Last Present Address	First	Middle			
	rent address	Phone:		Cell Phone	
Do you have the legal i	<u></u>				
			an you provide proof of a	ıge?	
Position			xpected weekly pay		
Are you employed now			so, may we inquire of yo		
Have you applied for a	job for same Employe				
When?					
Oo you have a reliable	means of transportation	on to get to work? (1	Describe)		
Education					
	Name and I	Location of School	No of Years Attended	Did You Graduate?	Major Course of Study
High School or G.E.D.			Attended	Graduate.	Study
Trade, Business or Correspondence School	nal skills, training, or a	ability you would lil	ke to have us consider in	evaluating your o	qualifications:
Frade, Business or Correspondence School Please describe additio					
Frade, Business or Correspondence School Please describe additio	e the names of three pe	ersons not related to	you whom you have kno	own at least five y	rears.)
Frade, Business or Correspondence School Please describe additio References (Given		ersons not related to		own at least five y	
Trade, Business or Correspondence School Please describe additio References Name	e the names of three pe	ersons not related to	you whom you have kno	own at least five y	rears.)
Please describe addition References Name 1	e the names of three pe	ersons not related to	you whom you have kno	own at least five y	rears.)
References (Given Name	e the names of three pe	ersons not related to	you whom you have kno	own at least five y	rears.)
Please describe addition References Name 1 2 3 Are you able, with or wayes No	e the names of three pe Address vithout accommodation	ersons not related to Telep	you whom you have kno phone Occupation the essential functions of	own at least five y tion Y the job for which	rears.) ears Acquainted a you are applying?
Please describe addition References Name 1 2 3 Are you able, with or wayes No	e the names of three pe Address without accommodation s of the job for which y	rsons not related to Telep n, to perform all of t	you whom you have kno bhone Occupa	own at least five y tion Y the job for which	rears.) ears Acquainted a you are applying?

(Note: An affirmative response to this question will not result in your automatic disqualification for employment. All circumstances will be considered.) If yes: Please state the date of conviction, the county and state and the nature of the offense.

All driver applicants must provide the following information on all employers during the preceding 3 years employment List complete name, mailing address, street number, city, state and zip codes and phone numbers.

Employer	Dates
Name	From:
Address	To:
City	Position Held:
Phone #/Contact Person	Reason for leaving:
Were you subject to the Federal Motor Carrier Safety Regulations while employe	ed? Yes No
Were you subject to drug and alcohol testing requirements?	☐ Yes ☐ No
Employer	Dates
Name	From:
Address	To:
City	Position Held:
Phone #/Contact Person	Reason for leaving:
Were you subject to the Federal Motor Carrier Safety Regulations while employe	ed? Yes No
Were you subject to drug and alcohol testing requirements?	☐ Yes ☐ No
Employer	Dates
Name	From:
Address	To:
City	Position Held:
Phone #/Contact Person	Reason for leaving:
Were you subject to the Federal Motor Carrier Safety Regulations while employe	
Were you subject to drug and alcohol testing requirements?	Yes No
Employer	Dates
Name	From:
Address	To:
City	Position Held:
Phone #/Contact Person	Reason for leaving:
Were you subject to the Federal Motor Carrier Safety Regulations while employe	
Were you subject to drug and alcohol testing requirements?	Yes No
Employer	Dates
Name	From:
Address	To:
City	Position Held:
Phone #/Contact Person	Reason for leaving:
Were you subject to the Federal Motor Carrier Safety Regulations while employe	ed? Yes No
Were you subject to drug and alcohol testing requirements?	Yes No
Employer	Dates
Name	From:
Address	To:
City	Position Held:
Phone #/Contact Person	Reason for leaving:
Were you subject to the Federal Motor Carrier Safety Regulations while employe	
Were you subject to drug and alcohol testing requirements?	☐ Yes ☐ No
Employer	Dates
Name	From:
Address	To:
City	Position Held:
Phone #/Contact Person	Reason for leaving:
Were you subject to the Federal Motor Carrier Safety Regulations while employe	
Were you subject to drug and alcohol testing requirements?	Yes No

<u>Drivin</u>	g Record Informati	<u>ion</u>				
License	Number	State	Exp	Date	Class	S
Endorse	ments					
<u>Drivin</u>	g Experience					
Please fi	ill in all commercial dri	ving experience. If none, write	NONE.			
	ass of Equipment	Type of Equipment		Dates	То	Approx # of Miles
Straight	Truck		Fro	<u> </u>	To	
Tractor a	and Semi					
Motor C	oach					
Other						
Accide	ent Information		1			
Please fi	ill in all accident inform	nation for the past 3 years. If n	one, write N	ONE.		
Dates		e of Accident	Fatality	Injury	Tow Away	Citation
	write, NONE	or which you have been convic	ted or forfei	Offense	collateral durin	g the past 36 months. Type of Vehicle
<u>Drivin</u>	g Record					
Have yo	u ever been denied a lice	ense, permit, or privilege to ope	rate a motor	vehicle?	Yes No) <u> </u>
	, 1	ege ever been suspended or revo			Yes No	<u> </u>
If yes, pl	lease explain					
			araven n			
		TO BE READ AND	SIGNED BY	Y APPLICA	ANT	
		er, statement, or representation is employment, it is necessary to				
Date:_		Signature:				

PROSPECTIVE DRIVER'S STATEMENT PERTAINING TO DRUG AND ALCOHOL TESTING AT PREVIOUS EMPLOYERS

As pursuant to CFR 382.413, the undersigned states that he/she has **NOT** tested **POSITIVE** for Controlled Substance and/or Blood Alcohol percentage over 0.04% within the past thirty-six (36) months at any previous employer or prospective employer.

The undersigned also states that he/she has not refused Controlled Substance and/or Alcohol Testing, by any former or potential employer within thirty-six (36) months prior to this dated affidavit.

This declaration is made to the best of my knowledge and recollection.

Driver's Signatur	
Date	_
Print Name	_
Witness	_
Date	

Statement of On Duty Hours

Driver: Please fill in the total on-duty (driving and non-driving) time that you worked in the last 7 days. This must include <u>any</u> time that you worked, including time worked for a non-motor carrier.

Driver Na	me (Print) _								
Social Sec	curity Numbe	er							
Motor Vel	nicle Operato	or's License N	Number						
Type of L	icense								
Day	1	2	3	4	5	6		7	
Date									
Hours Worked									Total Hours Worked
relieved fr	om work at	A.M. / P.M. Time			·		Year		d that I was last
	Driver's Sig	nature				Date			
		on-duty time work that driv							ncludes any tim
		king for anoth				Yes		No	
	oyed by this	for another e company?	mpioyer wn	nie		Yes		No	
company,									nployed by this of any additiona
		Driver's Sign	ature				Date		

REQUEST FOR CHECK OF DRIVING RECORD

I hereby authorize you to release the following information to this company for the purpose of investigation as require	ed by Section
391.25 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from	om furnishing
such information.	
(Applicant's Signature) (Date)	
In accordance with the provisions of Section 604 and 607 of the Fair Credit Reporting Act. Public Law 91-508, as an Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter 1 of Public Law 104-208), I hereby certify the requested below will be used for a "permissible purpose" as defined in the Act, and that the information received will be other purpose.	e information
I further certify that if the applicant named below is denied employment based upon the information received, I wil source of the report in accordance with Section 615(a) of the Fair Credit Reporting Act.	l identify the
(Signature of Requester) (Date)	
DEAR SIR/MADAM:	
The following named person is being considered for employment by our company as a commercial driver. As in acc Section 391.25 Federal Motor Carrier Safety Regulations, please furnish the undersigned with applicant's driving record three years. This record will be used as part of his original Driver Qualification folder and as part of his annual review.	
NAME OF APPLICANT	
ADDRESS	
DATE OF BIRTHSOCIAL SECURITY#	
LICENSE NUMBERSTATE	

Previous Employee Safety Performance History (1 of 3)

In compliance with the Department of Transportation regulations, 391.23 and 40.321, **Prospective Employer** is requesting previous employee safety performance history and alcohol and controlled substances testing records for the past three years for the driver listed below.

I authorize any and all previous employers to release and forward any information concerning my safety performance history and my alcohol and controlled substances testing records for the past three years to above company.

Driver Signatur	e	Date:					
		Driver Identificatio	n:				
Driver Name						DOT	regulated
Social Security #		DOB				Non-F	Regulated
		Previous Employer infor	mation				
Company Name:		Phone #:					
Contact Name:		Fax #:					
Street:							
City, State, Zip:							_
		Safety Performanc	e History				
	no safety history to report id not operate a motor vehicle						
Driver operated: Reason for leaving	Straight Truck g: Discharge	☐ Tractor-Trailer ☐ Resignation ☐ Accidents	Cargo Tank Lay Off		ouble/t Ailitary		Other
	No accidents register data for t	his driver.					
		Drug and alcohol Inform	nation				
□Yes □No □Yes □No □Yes □No □Yes □No □Yes □No	Has above driver tested positive. Has above driver had an alcohol Has above driver refused a require three years? Has this person violated other. Have you received information.	ol test with a Breath Concentuired test for drugs or alcohol DOT drug and alcohol regulations.	tration of 0.04 ol (including a ations?	or grea	ted or s	ubstitute	d results) in the last
3.7	regulations? es to any of the above questions	•	ess and telepho Telephone		r SAP f	for furthe	r information.
Address:			•				
Completed by (S	gnature) es to any of the above questions	, please provide name, addre	ess and telepho	one # o	r SAP f	or furthe	r information.
Name:			Telephone	e #:			
Address:			•				
Completed by (S	gnature):						
• •	•	Completed by Prospective 1	Emplover				
This form was	☐ Faxed to previous employe			Date:			
	ved from:			Date:			
Recorded by:			Fax			ail	☐ Phone

Previous Employee Safety Performance History (2 of 3)

In compliance with the Department of Transportation regulations, 391.23 and 40.321, **Prospective Employer** is requesting previous employee safety performance history and alcohol and controlled substances testing records for the past three years for the driver listed below.

I authorize any and all previous employers to release and forward any information concerning my safety performance history and my alcohol and controlled substances testing records for the past three years to above company.

Driver Signatur	e	Date:					
		Driver Identificatio	n:				
Driver Name						DOT	regulated
Social Security #		DOB				Non-F	Regulated
		Previous Employer infor	mation				
Company Name:		Phone #:					
Contact Name:		Fax #:					
Street:							
City, State, Zip:							_
		Safety Performanc	e History				
	no safety history to report id not operate a motor vehicle						
Driver operated: Reason for leaving	Straight Truck g: Discharge	☐ Tractor-Trailer ☐ Resignation ☐ Accidents	Cargo Tank Lay Off		ouble/t Ailitary		Other
	No accidents register data for t	his driver.					
		Drug and alcohol Inform	nation				
□Yes □No □Yes □No □Yes □No □Yes □No □Yes □No	Has above driver tested positive. Has above driver had an alcohol Has above driver refused a require three years? Has this person violated other. Have you received information.	ol test with a Breath Concentuired test for drugs or alcohol DOT drug and alcohol regulations.	tration of 0.04 ol (including a ations?	or grea	ted or s	ubstitute	d results) in the last
3.7	regulations? es to any of the above questions	•	ess and telepho Telephone		r SAP f	for furthe	r information.
Address:			•				
Completed by (S	gnature) es to any of the above questions	, please provide name, addre	ess and telepho	one # o	r SAP f	or furthe	r information.
Name:			Telephone	e #:			
Address:			•				
Completed by (S	gnature):						
• •	•	Completed by Prospective 1	Emplover				
This form was	☐ Faxed to previous employe			Date:			
	ved from:			Date:			
Recorded by:			Fax			ail	☐ Phone

Previous Employee Safety Performance History (3 of 3)

In compliance with the Department of Transportation regulations, 391.23 and 40.321, **Prospective Employer** is requesting previous employee safety performance history and alcohol and controlled substances testing records for the past three years for the driver listed below.

I authorize any and all previous employers to release and forward any information concerning my safety performance history and my alcohol and controlled substances testing records for the past three years to above company.

Driver Signatu	re					Date:_		
Driver Name			Driver Identificat	ion:			DOT	regulated
Social Security	#		DOB				Non-	Regulated
			Previous Employer info					
			Phone #:					
Contact Name: Street:			Fax #:					
City, State, Zip:								
	Employ	ed From:		То:				
			Safety Performa	nce History				
		y history to report perate a motor vehicle						
Driver operated Reason for leave		☐ Straight Truck☐ Discharge	☐ Tractor-Trailer ☐ Resignation ☐ Accidents	☐ Cargo Tank ☐ Lay Off		Oouble/t Military		Other
	No acci	dents register data for	this driver.					
			Drug and alcohol Info	rmation				
Yes No Yes No Yes No	Has abouthree ye Has this Have yo	we driver had an alcohove driver refused a recars? sperson violated other our received information	ve for controlled substance ol test with a Breath Conce quired test for drugs or alco DOT drug and alcohol reg n from a previous employe	entration of 0.04 hol (including a ulations?	or greadultera	ted or s	ubstitute	d results) in the last
If the answer is Name:	regulation yes to any		s, please provide name, add	dress and teleph Telephon		r SAP f	For furthe	er information.
Address:								
Completed by (S If the answer is			s, please provide name, add	dress and teleph	one # o	r SAP f	or furthe	er information.
Name:				Telephon	e #:			_
Address:								_
Completed by (S	Signature)	:						_
			Completed by Prospective	e Employer				
This form was	☐ Fax	ed to previous employ	er Mailed	-	Date:			
Information rece	eived fron	n:			Date: _			
Recorded by:				Fax			ail	Phone

CERTIFICATE OF COMPLIANCE WITH DRIVER LICENSE REQUIREMENTS

Motor Carrier Responsibilities: The requirements in Part 383 apply to every driver who operates in intrastate or foreign commerce and operates a vehicle weighing 26,001 pounds or more, can transport more than 15 people, or transport hazardous materials that require placarding.

Driver Requirements: Part 383 and 391 of the Federal Motor Carrier Safety Regulations contain some requirements that you as a driver must comply with. These requirements are in effect as of July 1, 1987. They are as follows:

POSSESS ONLY ONE LICENSE: You, <u>as a commercial vehicle driver, may not possess more than one motor vehicle operator's license.</u>

NOTIFICATION OF LICENSE SUSPENSION, REVOCATION OR CANCELLATION:

Section 392.42 and 383.33 of the Federal Motor Carrier Safety Regulations <u>require that you notify your employer the NEXT BUSINESS DAY of any revocation or suspension of your driver's license.</u> In addition, Section 383.31 requires that any time you violated a state or local traffic law (other than parking), you must report it within 30 days to: 1) your employing motor carrier, and 2) the state that issued your license (if the violation occurs in a state other than the one which issued your license.) The notification to both the employer and state must be in writing.

Driver: Please fill out the following information

The following license is the only one that I possess:		
Driver's License #	State	Exp Date
DRIVER CERTIFICATION: I certify that I have read an	nd understood	d the above requirements.
Driver Signature:		
Date of Certification		

APPENDIX A

THIS WILL CERTIFY THAT I,	HAVE BEEN GIVEN A COPY OF THIS COMPANY
	RUGS IN THE WORKPLACE" AND THAT I FULLY
UNDERSTAND SAID POLICY AND AGREE	TO COMPLY WITH ALL TERMS AND REQUIREMENTS SET
FORTH HEREIN.	
I AGREE TO ALLOW ALL TEST RESULTS, V	TERIFIED BY THE MEDICAL REVIEW OFFICER, TO BE
RELEASED TO PROSPECTIVE EMPLOYER.	
DRIVER SIGNATURE	
DATE	
WITNESS	
DATE	
DATE	



Request for Taxpayer Identification Number and Certification

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

	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.													
ge 2.	2 🗉	Business name/disregarded entity name, if different from above												
Print or type See Specific Instructions on page	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: Individual/sole proprietor or C Corporation S Corporation Partnership Trust/estate single-member LLC							4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any)						
Print or type	Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) Note. 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.							Exemption from FATCA reporting code (if any)						
	Uther (see instructions) ► 5 Address (number, street, and apt. or suite no.) Requester					(Applies to accounts maintained outside the U.S.) er's name and address (optional)								
peci								- (-	,					
See S l	6 (City, state, and ZIP code												
	7 L	ist account number(s) here (optional)												
Par	t I	Taxpayer Identification Number (TIN)												
		TIN in the appropriate box. The TIN provided must match the name given on line 1 to av		Soc	cial s	ecuri	ecurity number							
		thholding. For individuals, this is generally your social security number (SSN). However, f ien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other					_		_					
		is your employer identification number (EIN). If you do not have a number, see <i>How to ge</i>												
TIN or	n pag	ge 3.		or										
Note: If the account is in more than one hame, see the instructions for line if and the chart on page 4 for					ploy	yer identification number								
guiaei	ines	on whose number to enter.				_								
Par	: III	Certification												
		nalties of perjury, I certify that:												
	•	mber shown on this form is my correct taxpayer identification number (or I am waiting for	r a numh	er to	n he	issue	ed to m	ne). ar	nd					
								,,		l Davi				
Se	rvice	nt subject to backup withholding because: (a) I am exempt from backup withholding, or (b (IRS) that I am subject to backup withholding as a result of a failure to report all interest per subject to backup withholding; and												
3. I ar	n a l	U.S. citizen or other U.S. person (defined below); and												
4. The	FA7	TCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reportir	ng is con	rect.										
becau interes genera instruc	se y st pa ally, ction	on instructions. You must cross out item 2 above if you have been notified by the IRS to have failed to report all interest and dividends on your tax return. For real estate trans aid, acquisition or abandonment of secured property, cancellation of debt, contributions to payments other than interest and dividends, you are not required to sign the certification as on page 3.	actions, o an ind	item ividu	n 2 d ıal re	oes r etiren	not app nent ar	oly. For	or mor ment (tgage IRA),	and	•		
Sign Here	,	Signature of U.S. person ► Da	ate ►											

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.

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.