



# CONTRACTOR APPLICATION

1154 N. Garrison Ave.  
Carthage, MO 64836

## PLEASE SELECT

- MO O/O
- TX O/O
- MO Lease Driver
- TX Lease Driver

ADVERTISING SOURCE \_\_\_\_\_ DRIVER REFERRAL \_\_\_\_\_

### APPLICANT: READ AND SIGN BEFORE SUBMITTING THIS APPLICATION

I understand that the information in this application will be used and that prior employers will be contacted for purposes of investigation as required by section 291.23 of the Motor Carrier Safety Regulations. I authorize my past employers and any others contacted to answer all questions asked by the Company concerning my ability, character, and reputation. I release all such persons and D&D Sexton, Inc. from any liability on account of furnishing such information to D&D Sexton, Inc.

I understand the Company also may request or obtain investigative consumer report(s) including information about my character, reputation, personal characteristics and mode of living; that upon my timely written request, the Company will disclose the nature and scope of the investigative report(s) if requested; and that I am entitled to the name and address of the reporting agency making such report(s) if I am denied contract because of such report.

I understand that I must pass a pre-contract drug test. I also understand that, if I am contracted, I will be required to submit to and pass drug and alcohol tests on a reasonable cause and random basis, as well as drug and alcohol testing after any recordable accident or otherwise as may be required or permitted by law or Company policy. I hereby authorize the Company and its medical review officers to release any such drug or alcohol test results to the Company, its attorneys, governmental, regulatory, and law enforcement agencies and personnel, and other such persons as may legally be entitled thereto and I release the Company and its medical review officers from any liability on account of the release of such information.

I understand that my contract, if any, can be cancelled with or without cause, and with or without notice, at any time, at the option of either the Company or myself. I understand that no manager or other representative of D&D Sexton, Inc. has any authority to enter into any agreement for contract for any specified period of time, or to make any agreement contrary to the foregoing.

I understand that I have the right to review information provided by previous companies, have errors corrected by previous company and resubmitted to D&D Sexton, Inc. and/or have a rebuttal statement attached to erroneous information if a previous company and I cannot agree on the accuracy of the information. I understand that I must request past company information obtained by D&D Sexton, Inc. in writing within 30-days of my application.

I certify that I am providing this information and submitting this application solely in order for a contractor position with D&D Sexton, Inc. I understand that I will be considered only for a contractor position and that D&D Sexton, Inc., will consider this application active for no more than 30 days. If I do not personally renew this application within 30 days, it will signify that I no longer desire to be further considered for contract.

\_\_\_\_\_ X \_\_\_\_\_

DATE APPLICANT'S SIGNATURE

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Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Social Security No. \_\_\_\_\_  
First Middle Last

Phone (\_\_\_\_) \_\_\_\_\_ Message Phone (\_\_\_\_) \_\_\_\_\_ Relationship \_\_\_\_\_

Present Address \_\_\_\_\_ How Long \_\_\_\_\_

If at above residence less than three years, list all residences for the past three years. Attach a separate sheet, if necessary.

\_\_\_\_\_ How Long \_\_\_\_\_  
Street City State & Zip Code

Driver's License \_\_\_\_\_ State \_\_\_\_\_ Exp. Date \_\_\_\_\_

Are you 23 years or older?  Yes  No

Are you a US Citizen?  Yes  No If no, do you have a legal right to live and work in the U.S.? \_\_\_\_\_

Have you worked for this company before?  Yes  No If yes, when? \_\_\_\_\_

Have you previously applied for employment with this firm?  Yes  No If yes, when? \_\_\_\_\_

# DRIVER SELECTION STANDARDS

D&D Sexton, Inc. selection standards and requirements for hiring drivers include:

1. Must live within the D&D Sexton, Inc. hiring area.
2. Must be at least 23 years old and have at least 12 months verifiable experience.
3. Must have CDL License issued by the state in which you reside.
4. Must be able to meet all applicable D.O.T. regulations. D.O.T. physical administered by D&D Sexton, Inc. company doctor.
5. No license suspension for moving violations in the past 5 years.
6. No B.A.C.s, D.U.I.s or D.W.I.s in the past five (5) years.
7. Must pass pre-employment drug test.
8. Must have and maintain neat, clean appearance.
9. Must be able to meet all legal requirements to drive a commercial truck in the USA.
10. Cannot be on probation for any reason.
11. Must be able to meet D&D Sexton, Inc. work attendance/availability requirements.
12. Must complete personal interview.
13. With regard to preventable motor vehicle accidents and moving violations, D&D Sexton, Inc. reserves the right to judge each applicant on an individual basis.
14. If an owner/operator, your power unit must pass D.O.T. inspection at D&D Sexton, Inc., Carthage, MO terminal. If you are a driver for a leased owner, your power unit is subject to the same inspection.
15. Power units/tractors may not be older than five (5) years, and are subject to D&D Sexton, Inc. inspection. We reserve the right to refuse any power unit, even if it passes a D.O.T. inspection.

Discontinuation of the qualification process will be enforced if you fail the drug screen or falsify the application.  
I have read and agree to the standards presented above.

\_\_\_\_\_ X \_\_\_\_\_  
DATE APPLICANT'S SIGNATURE

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## To submit an application, you will need to account for the last ten (10) years of your activities.

You will need:

1. Company names, addresses, phone numbers, and name of person to contact.
2. All motor vehicle accidents or incidents listed that you have been involved in for the last three (3) years.
3. All tickets listed in all states and in all vehicles in the last three (3) years.
4. Beginning and ending dates of employment, self-employment or unemployment (month/year)
5. If (1) a company you worked for is out of business, (2) you were self-employed, or (3) you were unemployed and not drawing unemployment, you will need two (2) personal references with specific dates from two separate individuals or businesses (other than a relative).
6. If you received unemployment benefits, a printout of benefits can be obtained from your employment office.

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## Equipment Information:

Tractor Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

Weight with personal gear and 1/2 tanks: \_\_\_\_\_

Do you own your own trailer? Make: \_\_\_\_\_ Weight: \_\_\_\_\_ Type: \_\_\_\_\_

## LICENSE

List all drivers licenses held in the past three (3) years.

STATE	LICENSE NUMBER	CLASS/ENDORSEMENTS	EXPIRATION DATE

## TRAFFIC CITATIONS

Traffic convictions and forfeitures for the past three (3) years on record (if none, write "none")  
Truck and Car (other than parking violations)

DATE	LOCATION (STATE)	CHARGE	PENALTY

## MOTOR VEHICLE ACCIDENTS

Motor Vehicle Accident Record for last 3 years (if none, write "non")  
List all involvement with truck and car including property damage, regardless of fault.

DATE	TYPE VEHICLE	NATURE OF ACCIDENT	WHO WAS AT FAULT	FATALITIES	INJURIES

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| A. Have you ever been denied a license, permit or privilege to operate a motor vehicle?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| B. Has any license, permit, or privilege been suspended or revoked?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| C. Have you ever been convicted of any alcohol related driving offense?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| D. Have you ever been convicted for possession, sale, or use of a narcotic drug, amphetamine, or other controlled substance?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| E. Have you ever been convicted of a crime?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| F. Have you ever tested positive or refused to test on any pre-employment Drug or Alcohol test administered by an employer to which you applied for, but did not obtain employment? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If you answered yes to either A, B, C, D, E or F please state the circumstances and date \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (Van, Tank, Flat, Etc.)	DATES		APPROX. NO. OF MILES (Total)
		From	To	
Straight Truck				
Tractor and Semi-Trailer				
Tractor Two-Trailers				
Other				

List states operated in for the last 5 years \_\_\_\_\_

## EMPLOYMENT RECORD

Begin with your present or most recent job and work backward in order, listing your employers for the last three years including all full- and part-time employment, self-employment, military service, and any periods of unemployment. Then continue by providing all employers for the previous seven years, following the three-year period mentioned above, for which you were an operator of a commercial motor vehicle (driving jobs only). Use another sheet of paper if necessary.

**Current/Most Recent Employer:** Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Are you presently employed?  Yes  No May we call your current employer?  Yes  No

Address \_\_\_\_\_  
Street City State/Zip Code

Position Held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
(month/year) (month/year)

Reason For Leaving? \_\_\_\_\_

Were you subject to the FMCSR's?  Yes  No

Was Job Designated as a Safety Sensitive function in any DOT regulated mode subject to drug and alcohol testing as required by 49 CFR past 40?  Yes  No

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**Second Last Employer:** Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_  
Street City State/Zip Code

Position Held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
(month/year) (month/year)

Reason For Leaving? \_\_\_\_\_

Were you subject to the FMCSR's?  Yes  No

Was Job Designated as a Safety Sensitive function in any DOT regulated mode subject to drug and alcohol testing as required by 49 CFR past 40?  Yes  No

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**Third Last Employer:** Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_  
Street City State/Zip Code

Position Held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
(month/year) (month/year)

Reason For Leaving? \_\_\_\_\_

Were you subject to the FMCSR's?  Yes  No

Was Job Designated as a Safety Sensitive function in any DOT regulated mode subject to drug and alcohol testing as required by 49 CFR past 40?  Yes  No

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**Fourth Last Employer:** Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_  
Street City State/Zip Code

Position Held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
(month/year) (month/year)

Reason For Leaving? \_\_\_\_\_

Were you subject to the FMCSR's?  Yes  No

Was Job Designated as a Safety Sensitive function in any DOT regulated mode subject to drug and alcohol testing as required by 49 CFR past 40?  Yes  No

## EMPLOYMENT RECORD

Begin with your present or most recent job and work backward in order, listing your employers for the last three years including all full- and part-time employment, self-employment, military service, and any periods of unemployment. Then continue by providing all employers for the previous seven years, following the three-year period mentioned above, for which you were an operator of a commercial motor vehicle (driving jobs only). Use another sheet of paper if necessary.

**Fifth Last Employer:** Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State/Zip Code \_\_\_\_\_

Position Held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
(month/year) (month/year)

Reason For Leaving? \_\_\_\_\_

Were you subject to the FMCSR's?  Yes  No

Was Job Designated as a Safety Sensitive function in any DOT regulated mode subject to drug and alcohol testing as required by 49 CFR past 40?  Yes  No

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**Sixth Last Employer:** Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State/Zip Code \_\_\_\_\_

Position Held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
(month/year) (month/year)

Reason For Leaving? \_\_\_\_\_

Were you subject to the FMCSR's?  Yes  No

Was Job Designated as a Safety Sensitive function in any DOT regulated mode subject to drug and alcohol testing as required by 49 CFR past 40?  Yes  No

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**Seventh Last Employer:** Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State/Zip Code \_\_\_\_\_

Position Held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
(month/year) (month/year)

Reason For Leaving? \_\_\_\_\_

Were you subject to the FMCSR's?  Yes  No

Was Job Designated as a Safety Sensitive function in any DOT regulated mode subject to drug and alcohol testing as required by 49 CFR past 40?  Yes  No

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**Eighth Last Employer:** Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State/Zip Code \_\_\_\_\_

Position Held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
(month/year) (month/year)

Reason For Leaving? \_\_\_\_\_

Were you subject to the FMCSR's?  Yes  No

Was Job Designated as a Safety Sensitive function in any DOT regulated mode subject to drug and alcohol testing as required by 49 CFR past 40?  Yes  No

DO YOU HAVE A D.O.T. PHYSICAL CERTIFICATE? \_\_\_\_\_

Doctor

Address

Date

CAN YOU DO THE FOLLOWING THINGS?

- Yes  No Get in and out of a semi-truck?
- Yes  No Get in and out of a semi-trailer?
- Yes  No Get under unit to perform duties, such as checking brakes and visual inspection of equipment?
- Yes  No Raise and lower trailer dollies when under a load?
- Yes  No Apply enough pressure to release fifth wheel pin?
- Yes  No Apply enough force to open and close semi-trailer doors?
- Yes  No Repeatedly lift and carry cargo weighting up to 50 lbs. per item?
- Yes  No Sit stationary in a driver's seat for long periods of time?
- Yes  No Apply enough pressure to trailer tandem lever to release locking pins when sliding tandems?
- Yes  No Be on duty the maximum hours allowed by D.O.T. Hours of Service Regulations?

IF ANY "NO" ANSWERS TO ABOVE, COULD YOU DO WITH REASONABLE ACCOMMODATION? EXPLAIN \_\_\_\_\_

### EDUCATION

Highest Grade Completed: 4  5  6  7  8  High School: 1  2  3  4  College: 1  2  3  4

Did you graduate High School or College? \_\_\_\_\_ When? \_\_\_\_\_

List any other training or schools \_\_\_\_\_

Truck Driving School \_\_\_\_\_ Did you graduate? \_\_\_\_\_ When? \_\_\_\_\_

Can you read and write the English language? \_\_\_\_\_

### MISCELLANEOUS INFORMATION

Have you ever been discharged or requested to resign from a position?  Yes  No

How many days were you absent from work during the past year? \_\_\_\_\_ Three years \_\_\_\_\_

I authorize my past employers and any other person or entity who has drug tested me in the past to release to D&D Sexton, Inc. the results and information regarding such testing. I further agree that if I am contracted by D&D Sexton, Inc. I will submit to physical examinations, blood and urine tests as requested by the Company.

I will not have any contract, but instead, I will be contracted at the mutual consent of the Company and myself. Under this arrangement, my contract can be discontinued at any time, with or without cause, and with or without notice, at the option of either the Company or myself. I expressly deny that I am contractually bound to the Company, or that the Company is contractually bound to me.

I understand that the Company may provide me with handbooks, and other written materials intended to help follow and understand the Company's work rules, personnel policies, benefits, etc. I also understand that such materials are not contracts, and that the Company may update, supplement, increase, decrease, eliminate, or otherwise change any policies, rules, or benefits as it deems appropriate. If employed, I agree to familiarize myself with such materials as to abide by all present and future rules, policies, or procedures of the Company.

I understand that no representative of the company has any authority to make any agreement contrary to the foregoing. I also agree that my contractual relationship with the Company should be construed according to the laws of the State of (MISSOURI).

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 UNDERSTAND THAT ANY MISSTATEMENT OR OMISSION OF INFORMATION IN THIS APPLICATION MAY RESULT IN TERMINATION OF MY CONTRACT.

DATE

X

APPLICANT'S SIGNATURE

# REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER

To:  
 Company : \_\_\_\_\_  
 Attention: \_\_\_\_\_  
 Fax: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

From:  
 D & D Sexton, Inc.  
 P. O. Box 156  
 Carthage, MO 64836

The below named individual has made application to this company for a position as an OTR diver and states that he/she was previously employed by you.  
 We appreciate your time to reply to this inquiry. As you will note from the waiver, the applicant has waived any claim of liability against your company (and it's agents) for information submitted in this inquiry. Please return by fax to 417-359-7263.  
 Thank you, Danny Sexton

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

1. Employed from: \_\_\_\_\_ to \_\_\_\_\_ as \_\_\_\_\_  
 Other dates of employment: from \_\_\_\_\_ to \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_
2. Did he/she drive a motor vehicle for you? \_\_\_\_\_ Straight truck: \_\_\_\_\_  
 Tractor: \_\_\_\_\_ Other (specify) \_\_\_\_\_ Trailer length \_\_\_\_\_ Type \_\_\_\_\_
3. Was he/she a safe and efficient driver? \_\_\_\_\_
4. Reason for leaving your employ: Discharge: \_\_\_\_\_ Quit: \_\_\_\_\_
5. Accident information:

Date	Location	# of Injuries	Fatalities	Prev/Non-Prev	Description

6. Claims or Service Failures: \_\_\_\_\_
7. To your knowledge, was this person's license ever suspended/revoked while in your employ? If so, please explain: \_\_\_\_\_
8. Would you rehire this person: \_\_\_\_\_
9. Was he/she required to complete & turn in logs? \_\_\_\_\_ If yes, did they conform to FMCSR? \_\_\_\_\_
10. Was this driver ever placed on probation, suspension, or reprimanded for violation(s) of DOT or company rules, regulations or policies? \_\_\_\_\_
11. States operated in: \_\_\_\_\_
12. Comments regarding safety habits, awards, work ethics, skills, attitude, etc. \_\_\_\_\_
13. Please advise of any injuries, illnesses or prescribed medications: \_\_\_\_\_

\_\_\_\_\_  
 Name/Title

\_\_\_\_\_  
 Date

### WAIVER

I hereby authorize you to release all information concerning my employment, including oral assessments of my job performance, ability, and fitness to each and every company (or their authorized agents) which may request information in connection with my application for employment with D & D Sexton, Inc. I hereby release you from any and all liability of any type as a result of furnishing such information.

**X** \_\_\_\_\_  
**Date**

**X** \_\_\_\_\_  
**Applicant Signature**

REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER

REQUEST/CONSENT FOR ALCOHOL AND CONTROLLED SUBSTANCE INFORMATION

SECTION 1: TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

I, (Print name) \_\_\_\_\_, hereby authorized that
First, M.I., Last Social Security Number

Previous Employer: \_\_\_\_\_
Street: \_\_\_\_\_ Telephone: \_\_\_\_\_
City, State, Zip: \_\_\_\_\_ Fax: \_\_\_\_\_

May release and forward all information requested by section 2 (below) of this document concerning my Alcohol and Controlled Substances Testing records to

D & D Sexton Inc.
Attention: Safety/ Recruiting
P. O. Box 156
Carthage, MO 64836
Telephone: 417-358-8727
Fax: 417-359-7263

Applicant Signature: X \_\_\_\_\_ Date: X \_\_\_\_\_

This request is in compliance with 49 CFR Part 40.25, which states: Records shall be made available to a subsequent employer upon receipt of a written request from an employee.

SECTION 2: TO BE COMPLETED BY PREVIOUS EMPLOYER

If the employee was not subject to 49 CFR Part 20 testing requirements while employed by you, please check here \_\_\_ and sign below and return.

Table with 2 columns: Question, YES, NO. Contains 5 questions about alcohol tests, drug tests, and DOT regulations.

PLEASE INCLUDE INFORMATION RECEIVED FROM PREVIOUS EMPLOYERS

If YES to any of the above questions, please provide the name, address, and phone number of the Substance Abuse Professional (SAP) for further reference

Name: \_\_\_\_\_
Address: \_\_\_\_\_
City, State, Zip \_\_\_\_\_ Telephone \_\_\_\_\_
Completed by \_\_\_\_\_ Date: \_\_\_\_\_
Name/Title