



Independent Contractor or Driver's Record of Vital Information

This record is requested to provide the above named company with vital information about Independent Contractors or their drivers. The information is needed to ensure compliance with Department of Transportation and PUCO requirements. This record is not an application for employment and no employment relationship shall be created by this document.

Personal Information

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone #1: _____ Phone #2: _____

Motor Vehicle Record Information

Date of Birth: _____

Driver License #: _____ State: _____ Expiration Date: _____

Federal ID Number (If Contractor or Owner/Operator): _____

Who Referred You? _____

Driving History

All Independent contractors or their drivers intending to drive interstate commerce must provide the following information on all (professional driving experience) during the preceding 3 years.

Independent Contractors and drivers intending to drive a commercial motor vehicle in intrastate or interstate commerce shall also provide an additional 7 years' information on professional driving and/or other work experience.

LIST DRIVING EXPERIENCE IN REVERSE ORDER STARTING WITH THE MOST RECENT. LIST ALL EXPERIENCE REGARDLESS OF LENGTH OF TIME. COMPLETE NAMES, ADDRESSES, ALSO ZIP CODES AND TELEPHONE NUMBERS ARE NECESSARY IN ORDER TO ACCEPT THE INFORMATION SHEET. COMPLETE ALL TIME GAPS.

DRIVING HISTORY (MOST RECENT)

Start Date (mm/dd/yyyy): _____ End Date (mm/dd/yyyy): _____

Company Name: _____

Address: _____ State: _____ Expiration Date: _____

Contact Person: _____ Phone Number: _____

DRIVING HISTORY (CONTINUED)

Start Date (mm/dd/yyyy): _____ End Date (mm/dd/yyyy): _____

Company Name: _____

Address: _____ State: _____ Expiration Date: _____

Contact Person: _____ Phone Number: _____



DRIVING HISTORY (CONTINUED)

Start Date (mm/dd/yyyy): _____ End Date (mm/dd/yyyy): _____

Company Name: _____

Address: _____ State: _____ Expiration Date: _____

Contact Person: _____ Phone Number: _____

DRIVING HISTORY (CONTINUED)

Start Date (mm/dd/yyyy): _____ End Date (mm/dd/yyyy): _____

Company Name: _____

Address: _____ State: _____ Expiration Date: _____

Contact Person: _____ Phone Number: _____

DRIVING HISTORY (CONTINUED)

Start Date (mm/dd/yyyy): _____ End Date (mm/dd/yyyy): _____

Company Name: _____

Address: _____ State: _____ Expiration Date: _____

Contact Person: _____ Phone Number: _____

Driving & Accident Record

- 1. List all traffic convictions for moving violations for the past 3 years below. Include violations in both a commercial or personal vehicle.

Date	Offence	Location	Penalty

- 2. Have you ever had a driver's license of any type, suspended or denied?
 Yes
 No
- 3. Are you required by a court order, in any state, to pay Child Support or Alimony?
 Yes
 No



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Accident record for the past 10 years. (If you do not have an accident record, please ignore.)

Date	Nature of Accident (Head-on, Rear-end, Upset)	Type of Citation Issued

TO BE READ AND SIGNED BY THE INDEPENDENT CONTRACTOR OR DRIVER

This certifies that this information sheet was completed by me and that all entries on it and information in it are correct and complete to the best of my knowledge.

I authorize you to make such investigations & inquiries of my personal employment, financial or medical history and other related matters as may be necessary in granting a driving position. I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my vital information sheet.

In the event of being granted a driving position, I understand that false or misleading information given in this information sheet, or interview(s) may result in the elimination of my driving position and/or lease agreement. I understand, also, that I am required to abide by all federal regulations concerning the operation of a commercial vehicle and to abide by all rules and regulations of the company.

Independent Contractor or Driver's Signature

Date

Please return this form via one of the following methods:

- Email: safety@platinumexpressinc.com
- Fax: (937) 235-9589
- Mail: 2549 Stanley Ave., Dayton, OH, 45404