



## Contractor Lease Packet

1. Please print with clear legible handwriting. We must receive **all** pages of this packet, leave no blanks. If not applicable, write N/A.
2. Must include clear legible copy of CDL (Front and Back).
3. Must include one of these copies for the I9:
  - a. Social security card
  - b. Certified Birth Record
  - c. US Citizenship ID Card
  - d. ID card for the USE of Resident Citizen in the US(form 1-179)
  - e. Employment Authorization doc issued by Homeland Security
  - f. Certificate of Report of Birth issued by Dept. of State (DS-1350)
4. Must include all pages of the contractor physical (long and short form)

### **ALL COPIES MUST BE LEGIBLE**

Return complete lease packet to Safety via mail, fax, or email.  
Submittal of an incomplete lease packet will delay the lease process.

**RoadMasters Power Transport, LLC**  
**PO Drawer D**  
**Athens, TX 75751**

**Office (903) 675-8550 Fax (888) 554-1411**

[applications@roadmasterstrans.com](mailto:applications@roadmasterstrans.com)



## CONTRACTOR APPLICATION

Contractor Name [F, M, L]: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Contractor Phone: \_\_\_\_\_ Contractor E-Mail: \_\_\_\_\_

Incompliance with Federal and State equal opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disabilities, or any other protected group status.

### TO BE READ AND SIGNED BY APPLICANT

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at a decision. (Generally, inquiries regarding medical history will be made only if and after a conditional lease offer has been extended.) I hereby release previous employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of lease, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

Review information provided by previous employers; have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective Lessee; and have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

Contractor's Signature: \_\_\_\_\_ SSN: \_\_\_\_\_

List your addresses of residency for the past 3 years.

Current Address: \_\_\_\_\_ How Long: \_\_\_\_\_

Street City State Zip

Previous Address: \_\_\_\_\_ How Long: \_\_\_\_\_

Street City State Zip

Previous Address: \_\_\_\_\_ How Long: \_\_\_\_\_

Street City State Zip



Type of equipment you will be hauling under this lease (please circle or fill in other option):

Flatbed / Stepdeck / HotShot / Other: \_\_\_\_\_

Do you have legal right to work in the United States? Yes \_\_\_\_ No \_\_\_\_

Date of Birth \_\_\_\_\_ Can you provide proof of age? Yes \_\_\_\_ No \_\_\_\_

(Required for Commercial Drivers)

Have you worked with this Company before? Yes \_\_\_\_ No \_\_\_\_

Where? \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_

% of linehaul paid \_\_\_\_\_ Position: \_\_\_\_\_

Reason for Leaving? \_\_\_\_\_

Are you employed now or under an active lease? \_\_\_\_\_ If not, how long since last work? \_\_\_\_\_

Who referred you? \_\_\_\_\_ % of linehaul expected? \_\_\_\_\_

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

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

Is there any reason you might be unable to perform the functions required within the lease? Yes \_\_\_\_ No \_\_\_\_

If yes, explain if you wish:

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

**Person to contact in the event of an emergency:**

Contact's Name: \_\_\_\_\_

Relationship of Contact: \_\_\_\_\_

Contact's Home Number: \_\_\_\_\_

Contact's Mobile Number: \_\_\_\_\_

Contact's Work Number: \_\_\_\_\_



**EMPLOYMENT OR LEASE HISTORY**

All contractor applicants, to drive in interstate commerce, must provide the following information on all employers or lessee during the preceding 3 years. If you cannot list a complete mailing address, street number, city, state and zip code, you must include valid phone#. Applicants, to drive a commercial motor vehicle in intrastate or interstate commerce, shall also provide an additional 7 years information on those employers or lessee for whom the applicant operated such vehicle.

- ✓ List employers or lessee in reverse order starting with the most recent
- ✓ DO NOT LEAVE GAPS BETWEEN EMPLOYMENT OR LEASE.
- ✓ If unemployed – write UNEMPLOYED and DATES of unemployment.
- ✓ Must have 10 years of history listed.
- ✓ Must include valid phone number for each company

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**\*\*\* EXAMPLE ONLY\*\*\***

Company Name Chance's Fast Trucking Hired From 06 mo / 2007 yr to 12 mo / 2008 yr

Address P.O. Box 62777 Position Held Driver

City Bossier City State LA Zip 71113 Salary/Wage .40 / mile

Contact Person Grandma Willis Phone 318-752-8839 Type of Trailer Hauled 35ft Flatbed

Were you subject to FMCSR's while employed?  Yes \_\_\_ No Did you complete log book forms while employed?  Yes \_\_\_ No

Reason for Leaving Company closed down

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**MOST RECENT EMPLOYER OR LESSEE**

Company Name \_\_\_\_\_ Hired From \_\_\_\_\_mo/ \_\_\_\_\_yr to \_\_\_\_\_mo/ \_\_\_\_\_yr

Address \_\_\_\_\_ Position Held \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Salary/Wage \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone \_\_\_\_\_ Type of Trailer Hauled \_\_\_\_\_

Were you subject to FMCSR's while employed? \_\_\_ Yes \_\_\_ No Did you complete log book forms while employed? \_\_\_ Yes \_\_\_ No

Reason for Leaving \_\_\_\_\_

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**PREVIOUS EMPLOYER OR LESSEE**

Company Name \_\_\_\_\_ Hired From \_\_\_\_\_mo/ \_\_\_\_\_yr to \_\_\_\_\_mo/ \_\_\_\_\_yr

Address \_\_\_\_\_ Position Held \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Salary/Wage \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone \_\_\_\_\_ Type of Trailer Hauled \_\_\_\_\_

Were you subject to FMCSR's while employed? \_\_\_ Yes \_\_\_ No Did you complete log book forms while employed? \_\_\_ Yes \_\_\_ No

Reason for Leaving \_\_\_\_\_

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**PREVIOUS EMPLOYER OR LESSEE**

Company Name \_\_\_\_\_ Hired From \_\_\_\_mo/ \_\_\_\_yr to \_\_\_\_mo/ \_\_\_\_yr  
Address \_\_\_\_\_ Position Held \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Salary/Wage \_\_\_\_\_  
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Reason for Leaving \_\_\_\_\_

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Were you subject to FMCSR's while employed? \_\_\_\_Yes \_\_\_\_ No Did you complete log book forms while employed? \_\_\_\_Yes \_\_\_\_ No  
Reason for Leaving \_\_\_\_\_

Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

The Federal Motor Carrier Safety Regulations (FMCSR's) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport 9 or more passengers, OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.



## Affidavit of Gap in Employment or Lease

Terminal: \_\_\_\_\_ Lease Date: \_\_\_\_\_

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

**First Gap in Employment or Lease** From: \_\_\_\_\_ mo / \_\_\_\_\_ year To: \_\_\_\_\_ mo / \_\_\_\_\_ year

- \_\_\_ Unemployed without compensation
- \_\_\_ Attending School. School Name: \_\_\_\_\_
- \_\_\_ Self Employed or Employed by Individual. Employer Name: \_\_\_\_\_
- \_\_\_ Other. Reason: \_\_\_\_\_

**Second Gap in Employment or Lease** From: \_\_\_\_\_ mo / \_\_\_\_\_ year To: \_\_\_\_\_ mo / \_\_\_\_\_ year

- \_\_\_ Unemployed without compensation
- \_\_\_ Attending School. School Name: \_\_\_\_\_
- \_\_\_ Self Employed or Employed by Individual. Employer Name: \_\_\_\_\_
- \_\_\_ Other. Reason: \_\_\_\_\_

**Third Gap in Employment or Lease** From: \_\_\_\_\_ mo / \_\_\_\_\_ year To: \_\_\_\_\_ mo / \_\_\_\_\_ year

- \_\_\_ Unemployed without compensation
- \_\_\_ Attending School. School Name: \_\_\_\_\_
- \_\_\_ Self Employed or Employed by Individual. Employer Name: \_\_\_\_\_
- \_\_\_ Other. Reason: \_\_\_\_\_



**ACCIDENT RECORD** FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED) IF NONE, WRITE **NONE**

Date \_\_\_\_\_ Fatalities \_\_\_\_\_ Injuries \_\_\_\_\_ Hazardous Material Spill \_\_\_\_\_

Nature of Accident (Head-on, Rear-end, Upset,etc) \_\_\_\_\_

Date \_\_\_\_\_ Fatalities \_\_\_\_\_ Injuries \_\_\_\_\_ Hazardous Material Spill \_\_\_\_\_

Nature of Accident (Head-on, Rear-end, Upset,etc) \_\_\_\_\_

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Nature of Accident (Head-on, Rear-end, Upset,etc) \_\_\_\_\_

**TRAFFIC CONVICTIONS** AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE **NONE**

Location \_\_\_\_\_ Date \_\_\_\_\_ Charge \_\_\_\_\_ Penalty \_\_\_\_\_

Location \_\_\_\_\_ Date \_\_\_\_\_ Charge \_\_\_\_\_ Penalty \_\_\_\_\_

Location \_\_\_\_\_ Date \_\_\_\_\_ Charge \_\_\_\_\_ Penalty \_\_\_\_\_

**CONTRACTOR QUALIFICATIONS**

List all driver license or permits held in **the past 3 years.**

State: \_\_\_\_\_ License No: \_\_\_\_\_ Type: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

State: \_\_\_\_\_ License No: \_\_\_\_\_ Type: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

State: \_\_\_\_\_ License No: \_\_\_\_\_ Type: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

1. Have you ever been denied a license, permit, or privilege to operate a motor vehicle? \_\_\_\_ Yes \_\_\_\_ No

2. Has any license, permit, or privilege ever been suspended or revoked? \_\_\_\_ Yes \_\_\_\_ No

IF YOU ANSWERED YES TO EITHER 1 or 2 ABOVE, PROVIDE DETAILS \_\_\_\_\_

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



## EXPERIENCE

Check if you HAVE Experience and give further details

Circle Type of Equipment Hauled

\_\_\_\_ **STRAIGHT TRUCK**      **Dates:** From \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_      Approx Mileage Total \_\_\_\_\_      **VAN, TANK, FLAT, DUMP, REEFER**

\_\_\_\_ **TRACTOR AND SEMI**      **Dates:** From \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_      Approx Mileage Total \_\_\_\_\_      **VAN, TANK, FLAT, DUMP, REEFER**

\_\_\_\_ **TRACTOR - TWO TRAILER**      **Dates:** From \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_      Approx Mileage Total \_\_\_\_\_      **VAN, TANK, FLAT, DUMP, REEFER**

\_\_\_\_ **TRACTOR - THREE TRAILER**      **Dates:** From \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_      Approx Mileage Total \_\_\_\_\_      **VAN, TANK, FLAT, DUMP, REEFER**

\_\_\_\_ **MOTORCOACH-SCHOOLBUS**      **Dates:** From \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_      Approx Mileage Total \_\_\_\_\_      **MOTORCOACH, SCHOOLBUS**

\_\_\_\_ **OTHER**      **Dates:** From \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_      Approximate Mileage Total \_\_\_\_\_      **Provide Equip Type:** \_\_\_\_\_

LIST STATES OPERATED IN FOR LAST FIVE YEARS \_\_\_\_\_

SPECIFY SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER

\_\_\_\_\_

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM?

\_\_\_\_\_

SPECIFY ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY

\_\_\_\_\_

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION

\_\_\_\_\_

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWN)

\_\_\_\_\_

PLEASE LIST TOTAL YEARS OF LIFETIME EXPERIENCE FOR EACH ITEM BELOW:

Operating a Commercial Vehicle (CMV): \_\_\_\_\_      Over the Road (OTR): \_\_\_\_\_      Using and completing Log Books: \_\_\_\_\_

## EDUCATION

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8

HIGH SCHOOL: 1 2 3 4

COLLEGE: 1 2 3 4 5 6

LAST SCHOOL ATTENDED: (NAME) \_\_\_\_\_ (CITY, STATE) \_\_\_\_\_



**ACKNOWLEDGEMENT ROADMASTERS POWER TRANSPORT, LLC BACKGROUND CHECK**

Concerning my application for lease with the company listed below, and policy requirements for annual review of certain records, I understand that investigative background inquiries are to be made on me. These reports will/may include consumer credit, criminal convictions, motor vehicle, drug & alcohol, accident history and other reports as deemed necessary. These reports will include information relative to my character, work habits, performance, and previous employment. I further understand that the company will be requesting information from federal, state, and other agencies which maintain records concerning past activities relating to my driving, credit, criminal, civil and other experiences.

I authorize without reservation any party or agency contacted to furnish the above-mentioned information.

I hereby consent to the obtaining of this information and I understand that I have the right to make a written request within a reasonable amount of time to receive additional information about the nature and scope of any investigative consumer report that is obtained and a summary of rights under the fair credit reporting act.

I understand that in order to aid in the proper identification of my file or other records, the following information is provided and is true and correct.

Contractor Printed: \_\_\_\_\_

Social Sec No.: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Contractor's Signature: \_\_\_\_\_

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**REQUEST FOR CHECK OF DRIVING RECORD**

I hereby authorize you to release the following information to RoadMasters Power Transport, LLC for purposes of investigation as required by Sections 391.23 and 391.25 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability that may result from furnishing such information.

(Contractor's CDL #) \_\_\_\_\_ (Expiration Date) \_\_\_\_\_

(Contractor's Signature) \_\_\_\_\_ (Date) \_\_\_\_\_



**IMPORTANT NOTICE  
REGARDING BACKGROUND REPORTS FROM THE PSP Online Service**

1. In connection with your application for employment with RoadMasters Power Transport, LLC ("Prospective Employer"), Prospective Employer, 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 the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer 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, the Prospective Employer 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 the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer 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 the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

The Prospective Employer cannot obtain background reports from FMCSA unless you consent in writing.

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

2. I authorize RoadMasters Power Transport, LLC \_\_\_\_\_ ("Prospective Employer") 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 consenting to 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 the Prospective Employer to make a determination regarding my suitability as an employee.

3. I further understand that neither the Prospective Employer 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 am challenging 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.

4. Please note: 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 FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

I have read the above Notice Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this consent form, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

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

Contractor's Signature: \_\_\_\_\_

Contractor's Printed: \_\_\_\_\_