

# Aetna Freight Lines

## Minimum Qualification Requirements

**The minimum qualification standards that are applicable when considering an applicant for a driving position include, but are not limited to the following:**

Driver applicant must be 23 years of age, or older.

Must meet all Federal Motor Carrier Safety Regulations.

Within the last 5 years drivers must have Two years verifiable experience in the operation of a tractor-trailer combination, over the road, with a motor carrier. *(This experience must include a minimum of 1 year's experience with the type of trailer the applicant will be pulling. Heavy Haul requires 2 years experience with the type of loads being moved).*

No more than three 3 points in the previous 3 years of application date. The point scale and violations include, but are not limited to:

Speed 1-9 over, seat belt, accident (non-fault)	1 point
Speed 10-14 over, failure to obey traffic control device, accident (at-fault), improper lane change, failure to yield.	2 points
Speed 15-20 over, careless driving, following too close, operation a CMV without proper endorsement.	3 points

*The safety department has a complete detailed list.*

No commercial transportation related felony, theft or larceny conviction within the applicant's lifetime that resulted in an active prison or jail sentence. All other non-transportation related convictions will be subject to review at the discretion of the company and/or its insurance company.

No conviction for DUI, DWI, or OWI on driving record within the previous 5 years. **No violations of 49CFR Part 382 or 392 of the FMCSR for drugs or alcohol.**

Company will assess points based on the Pre-Employment Screening Program (PSP) report issued by the Federal Motor Carrier Safety Administration. Based on the contents of the report and at the company's discretion, the driver may be disqualified.

The nature and severity of any of the items referenced above, as well as the applicant's record viewed in totality, may be sufficient cause for declination of the application.



**COMPLETE THIS PRE-APPLICATION CAREFULLY**  
**A false or inaccurate answer may be cause**  
**for immediate disqualification.**

**AETNA FREIGHT LINES**  
100 Industry Drive  
Pittsburgh, PA 15275

THIS INFORMATION HEREIN REQUESTED IS PURSUANT TO REGULATIONS OF THE U.S. DEPARTMENT OF TRANSPORTATION

Date: \_\_\_\_\_ Agent/Terminal # \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street City State Zip

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

Email address: \_\_\_\_\_

CDL License Number: \_\_\_\_\_ CDL Licenses Sate: \_\_\_\_\_ Expires: \_\_\_\_\_

I am...  an owner/operator  applying to drive for: \_\_\_\_\_

Whom may we thank for referring you to Aetna Freight Lines? \_\_\_\_\_

Have you been convicted of a DUI, DWI, Felony or theft within the past 5 years?  Yes  No

Please list any accidents within the past 3 years (chargeable, non-chargeable, preventable, non-preventable)  None

\_\_\_\_\_  
Date State Details

\_\_\_\_\_  
Date State Details

Please list any moving violations within the past 3 years  None

\_\_\_\_\_  
Date State Details

\_\_\_\_\_  
Date State Details

**Tractor Info**

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Payment: \$ \_\_\_\_\_  
VIN#: \_\_\_\_\_

**Trailer Info**

Will you need a rental trailer?  Yes  No

**NOTE:** A \$300.00 (cash or money order) deposit is required for trailer rentals at orientation.

If you need to obtain a trailer rental, do you have your own chains, binders, straps and tarps?  Yes  No

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Payment: \$ \_\_\_\_\_  
VIN#: \_\_\_\_\_

Trailer Type: \_\_\_\_\_

## PREVIOUS EMPLOYMENT HISTORY

**\*\*Show all employment for the past 5 years\*\***

*List employers in reverse order, starting with the most recent. Add another sheet if necessary.*

### Current or last employer

Carrier's Name:	OD/OW? Yes / No
City State Zip:	
Phone:	Date of employment: ___/___/___ to ___/___/___
Trailer Type: Van Flat Step Dbl Drop RGN Schnabel Dolly	How many axles?
OTR Regional Local How many states traveled? _____ Reason for Leaving:	
Were you subject to the FMCSRs while employed? Yes / No	
Was your job designated as a safety-sensitive function in any DOT regulated mode subject to the drug & alcohol testing requirements of 49 CFR Part 40? Yes / No	
<b>May we contact this employer if currently employed? Yes / No</b>	

### Second to last employer

Carrier's Name:	OD/OW? Yes / No
City State Zip:	
Phone:	Date of employment: ___/___/___ to ___/___/___
Trailer Type: Van Flat Step Dbl Drop RGN Schnabel Dolly	How many axles?
OTR Regional Local How many states traveled? _____ Reason for Leaving:	
Were you subject to the FMCSRs while employed? Yes / No	
Was your job designated as a safety-sensitive function in any DOT regulated mode subject to the drug & alcohol testing requirements of 49 CFR Part 40? Yes / No	

### Third to last employer

Carrier's Name:	OD/OW? Yes / No
City State Zip:	
Phone:	Date of employment: ___/___/___ to ___/___/___
Trailer Type: Van Flat Step Dbl Drop RGN Schnabel Dolly	How many axles?
OTR Regional Local How many states traveled? _____ Reason for Leaving:	
Were you subject to the FMCSRs while employed? Yes / No	
Was your job designated as a safety-sensitive function in any DOT regulated mode subject to the drug & alcohol testing requirements of 49 CFR Part 40? Yes / No	

### Four to last employer

Carrier's Name:	OD/OW? Yes / No
City State Zip:	
Phone:	Date of employment: ___/___/___ to ___/___/___
Trailer Type: Van Flat Step Dbl Drop RGN Schnabel Dolly	How many axles?
OTR Regional Local How many states traveled? _____ Reason for Leaving:	
Were you subject to the FMCSRs while employed? Yes / No	
Was your job designated as a safety-sensitive function in any DOT regulated mode subject to the drug & alcohol testing requirements of 49 CFR Part 40? Yes / No	

**All gaps in employment history must be explained**

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 misleading, incorrect or omitted statements may result in **Aetna Freight Lines** denying my lease or, if I am leased on terminating my lease. I authorize **Aetna Freight Lines** or its agent, to contact any of my present or former employers or schools, and any law enforcement agencies, financial institutions or other persons having knowledge about me, my qualifications, motor vehicle record, motor vehicle license, Pre-Employment Screening Program (PSP Report) from the FMCSA, operating history, and criminal history from various private and public resources, along with other available public records, and/or my safety performance history. I further authorize each of the foregoing entities and/or persons to provide **Aetna Freight Lines** with any and all information regarding me and/or my qualifications, and I release each of the foregoing entities, persons and **Aetna Freight Lines** from any liability related to the providing and use of such information. I am willing that a photocopy of this authorization be accepted with the same authority as the original. I understand that my completion and/or submission of this application or related materials (such as my resume) does not create a contract or obligate **Aetna Freight Lines** to consider me for lease. I further understand that if I am Leased by **Aetna Freight Lines** such Lease may be terminated at the will of either me or **Aetna Freight Lines** for any reason or no reason, with or without cause or notice.

I authorize **Aetna Freight Lines** to contact all employers listed on my application and any companies to whom I applied in the last three (3) years to verify the facts and information furnished in accordance with DOT regulations Parts 49 CFR 40 and 391. I further authorize each of the companies contacted by **Aetna Freight Lines** to release to **Aetna Freight Lines** all information concerning my safety performance history including, but not limited to alcohol tests with a concentration result of 0.04 or greater, verified positive drug tests, refusals to be tested (including verified adulterated or substituted drug test results), other violations of DOT agency drug and alcohol regulations, participation in rehabilitation, failures to complete rehabilitation, accidents history, and if I have violated a DOT drug and/or alcohol regulation and documentation of my successful completion of DOT return-to-duty requirements. I am willing that a photocopy of this authorization be accepted with the same authority as the original. I understand that the information I provide may be used, and my previous employers (including current employer) will be contacted, for the purpose of investigating my safety performance history. I understand that I have the right to review information provided by previous employers if I request such in writing no later than 30 days after being leased or denial to be leased. I further understand that I have the right to contact the previous employer providing such information to have errors in the information corrected by the previous employer and for that previous employer to resend the corrected information to **Aetna Freight Lines** and the right to submit a rebuttal statement to the previous employer, to be attached to alleged erroneous information if I dispute the accuracy of such information.

I have read, understand and by signing this release, consent to these statements.

Signed: \_\_\_\_\_

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

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