

American Transport, Inc. 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 for drivers 25 or older (Three years for drivers age 23-24). *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 over, carless driving, following too close, operation a CMV without proper endorsement.	3 points

Disqualifying violations include but are not limited to; speed greater than 15 over the limit, reckless driving, operating a vehicle without a license or under suspension.

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.

AMERICAN TRANSPORT, INC.
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 American Transport, Inc? _____

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 **NOTE – Tractor must not exceed 15 years in age**

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

Trailer Info **NOTE – Trailer must not exceed 15 years in age**

Will you need a rental trailer? Yes No

American Transport Inc. does not provide chains, binders, straps and tarps. Do you have your own? Yes No

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

Trailer Type: _____

Fax Back to 412-490-6154 or Email to safetyfax@thetii.com

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: Tank Reefer 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	
May we contact this employer if currently employed? Yes / No	

Second to last employer

Carrier's Name:	OD/OW? Yes / No
City State Zip:	
Phone:	Date of employment: ___/___/___ to ___/___/___
Trailer Type: Tank Reefer 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: Tank Reefer 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: Tank Reefer 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 **American Transport, American Wind Transport, Aetna Freight Lines, Greentree Transportation and/ or Marathon Transport** denying my lease or, if I am leased on terminating my lease. I authorize **American Transport, American Wind Transport, Aetna Freight Lines, Greentree Transportation and/ or Marathon Transport**. 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 **American Transport, American Wind Transport, Aetna Freight Lines, Greentree Transportation and/ or Marathon Transport** with any and all information regarding me and/or my qualifications, and I release each of the foregoing entities, persons and **American Transport, American Wind Transport, Aetna Freight Lines, Greentree Transportation and/ or Marathon Transport** 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 **American Transport, American Wind Transport, Aetna Freight Lines, Greentree Transportation and/ or Marathon Transport** to consider me for lease. I further understand that if I am Leased by **American Transport, American Wind Transport, Aetna Freight Lines, Greentree Transportation and/ or Marathon Transport**, such Lease may be terminated at the will of either me or **American Transport, American Wind Transport, Aetna Freight Lines, Greentree Transportation and/ or Marathon Transport**, for any reason or no reason, with or without cause or notice.

I authorize **American Transport, American Wind Transport, Aetna Freight Lines, Greentree Transportation and/ or Marathon Transport** 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 **American Transport, American Wind Transport, Aetna Freight Lines, Greentree Transportation and/ or Marathon Transport** to release to **American Transport, American Wind Transport, Aetna Freight Lines, Greentree Transportation and/ or Marathon Transport** 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 **American Transport, American Wind Transport, Aetna Freight Lines, Greentree Transportation and/ or Marathon Transport** 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.

In connection with your application for lease with **American Transport, American Wind Transport, Aetna Freight Lines, Greentree Transportation and/ or Marathon Transport** (Motor Carrier) it 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 motor carrier uses any information it obtains from FMCSA in a decision to not lease you or to make any other adverse lease decision regarding you, the motor carrier 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 motor carrier 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 lease is submitted by mail, telephone, computer or other similar means, if the motor carrier uses any information it obtains from FMCSA in a decision to not lease you or to make any other adverse lease decision regarding you, the motor carrier must provide you within three business days of taking adverse action oral, written, or electronic notification: this 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 motor carrier who procured the report, then, within 3 business days of receiving your request, together with proper identification, the motor carrier must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act. The motor carrier cannot obtain background reports from FMCSA unless you consent in writing. If you agree that the motor carrier may obtain such background reports, please read the following and sign below: **I authorize American Transport, American Wind Transport, Aetna Freight Lines, Greentree Transportation and/ or Marathon Transport 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 motor carrier to make a determination regarding my suitability as a qualified leased independent contractor.** I further understand that neither the motor carrier 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. 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, understand and by signing this release, consent to these statements.

Signed: _____

Printed: _____

Date: _____