



5248 S. Desert View Drive, Ste # 104
Apache Junction, AZ 85120
Fax (480) 558-3869
recruiting@movingperformance.net
www.movingperformance.net

OPPORTUNITIES

Moving Performance (MP) has opportunities for Owner/Operators interested in a Power Only company.

REQUIREMENTS

Drivers

- ✓ 25 years old or older
- ✓ Two current years experience OTR
- ✓ Two, or less, moving violation in the past three years
- ✓ One, or less, accidents in past three years
- ✓ Great backing skills
- ✓ Inclement weather driving experience
- ✓ Transportation Worker's Identification Card (TWIC)

*Applications will not be considered if any Drug or Alcohol violations occurred without proper compliance with FMCSR SAP and Return-to-Duty requirements.

- Entertainment, flatbed or household goods experience a plus!

NOTICE:

1. MP uses and reports to HireRight

Equipment

A Class 8 Sleeper Tractor
Air Ride
3 Axle Tractor
FMCSA Qualified
Excellent Condition

*No trailers required or accepted. MP will provide trailers free of any rental fees to the Owner Operator.

Ph: 480-558-3860

Fax 480-558-3869



APPLICATION/ LEASE PACKET

Signature of Applicant _____ Date _____

Name _____ Phone: (____) _____
First Middle Last

*Current Address:

Street _____ City _____ State _____ Zip Code _____

*If at the above residence less than three years, list below all residences for the past three years.

Street _____ City _____ State _____ Zip Code _____

Street _____ City _____ State _____ Zip Code _____

Have you leased on with this company before? Y N Dates: From: _____ To: _____
Month /Year Month /Year

Names of any relatives that lease with or are employed by this company: _____

Are you currently leased on with another company? Y / N With Whom: _____

If not, how long since last employment or contract lease? _____

Name of Emergency Contact: _____ Relation: _____

Daytime Phone: _____ Evening: _____

General Information

Have you ever been convicted of a felony or misdemeanor? _____ Yes _____ No

If yes, please explain (Conviction of a felony will not automatically exclude you from consideration) _____

Additional Information

Date of Birth: _____ Social Security No.: _____ - _____ - _____

CDL License #: _____ State of Issue _____ Expiration _____

Cell Phone Number: _____

Tractor: Year _____ Make _____ Wheel Base _____ Weight w/Fuel _____

Referred by: _____ How many years over-the-road experience: _____

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List previous employment for past ten years

Section 391.21 (b) (10)(11) of the FMCSR requires that drivers report all employment or contracts leased for the past three (3) years. Drivers must also report all commercial driver employment or contracts leased for prior seven years.

Employer: Supervisor: Complete address: Phone:() Fax:() Position: From: To: Reason for leaving: Subject to FMCSR's while employed or contract leased? Yes No Was your job designated as safety sensitive in any DOT regulated mode subject to alcohol & controlled substances testing requirements as required by 49 CFR part 40? Yes No

Employer: Supervisor: Complete address: Phone:() Fax:() Position: From: To: Reason for leaving: Subject to FMCSR's while employed or contract leased? Yes No Was your job designated as safety sensitive in any DOT regulated mode subject to alcohol & controlled substances testing requirements as required by 49 CFR part 40? Yes No

Employer: Supervisor: Complete address: Phone:() Fax:() Position: From: To: Reason for leaving: Subject to FMCSR's while employed or contract leased? Yes No Was your job designated as safety sensitive in any DOT regulated mode subject to alcohol & controlled substances testing requirements as required by 49 CFR part 40? Yes No

Employer: Supervisor: Complete address: Phone:() Fax:() Position: From: To: Reason for leaving: Subject to FMCSR's while employed or contract leased? Yes No Was your job designated as safety sensitive in any DOT regulated mode subject to alcohol & controlled substances testing requirements as required by 49 CFR part 40? Yes No

Employer: Supervisor: Complete address: Phone:() Fax:() Position: From: To: Reason for leaving: Subject to FMCSR's while employed or contract leased? Yes No Was your job designated as safety sensitive in any DOT regulated mode subject to alcohol & controlled substances testing requirements as required by 49 CFR part 40? Yes No



List previous employment for past ten years

Con't.

Employer: Supervisor: Complete address: Phone:() Fax:() Position: From: To: Reason for leaving: Subject to FMCSR's while employed or contract leased? Yes ___ No ___ Was your job designated as safety sensitive in any DOT regulated mode subject to alcohol & controlled substances testing requirements as required by 49 CFR part 40? Yes ___ No ___

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MOVING PERFORMANCE

Driver License History

Drivers Licenses held in the past three (3) years must be shown:

<i>State</i>	<i>License No.</i>	<i>Class</i>	<i>Endorsement(s)</i>	<i>Expiration Date</i>

Have you ever been denied a license to operate a motor vehicle? __Y__N

Has your license ever been suspended or revoked? __Y__N

Have you ever been disqualified for violations of the Federal Motor Carrier Safety Regulations? __Y__N

Please attach a written statement for any **YES** answers.

Driving Experience

List all equipment types driven and approximate miles:

<i>Class of Equipment</i>	<i>Type of Equipment Van/Flat/Tank/etc.</i>	<i>Date From</i>	<i>Date To</i>	<i>Total Miles</i>
Straight Truck				
Tractor /Semi Trailer				
Double/Triple Trailers				
Other				

What states have you operated in: _____

List any driving courses or special training you have received and when: _____

Driving Awards or ATTA Boys:

<i>Date</i>	<i>Award or ATTA Boys</i>	<i>Received by:</i>	<i>Received for:</i>

Accident Review

List any accidents for previous three (3) years. Attach an extra sheet if necessary. If none, write "none."

<i>Date</i>	<i>Type of Accident</i>	<i>No. Of Fatalities</i>	<i>No. Of Injuries Treated Away From Scene</i>	<i>No. Vehicles Towed from scene</i>

Traffic Convictions/Forfeitures

List all Traffic Convictions/Forfeiture for the previous three (3) years. (Exclude parking tickets) If none, write "none."

<i>Date</i>	<i>Location</i>	<i>Charge</i>	<i>Fine/Penalty</i>



I certify that I have read this statement and agree to its terms and conditions. I release Moving Performance and companies named herein from any liability in the exchange of information pertaining to my previous employment or contract lease, and background. I acknowledge that a background check will be made into, but not limited to, my criminal, motor vehicle and employment or contract leased background.

I acknowledge by my signature that a pre-employment or pre-contract urine drug screen will be done if I am offered a position as a driver. This pre-employment/pre-contract drug screen result must have a negative result for me to be employed as a driver by Moving Performance. I also acknowledge that I may be asked to take a physical examination as part of my employment or contract lease requirements.

Any omission or misrepresentation in the application process will cause me to be denied a driving position/lease opportunity. If any omission or misrepresentation is discovered after I have been employed/leased by MP, I will be released from employment/lease and be responsible for my own transportation home.

This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge.

Date

Signature

Print Name



Driver Background Investigation Release

Moving Performance performs a detailed background investigation on all drivers. This investigation includes, but is not limited to checking the driver's motor vehicle record, past employment or carrier that contracted with driver applicant, criminal background, CDL license, and drug and alcohol history.

The following information is necessary for us to accurately complete the investigation. Please be sure that all of the following information is supplied leaving no blanks as all information requested is required. Any area that does not apply, please write N/A or none. Incomplete forms will be returned.

Last Name: _____ Maiden Name: _____

First Name: _____ Middle Name: _____

Date of Birth: _____ Social Security Number: _____ / _____ / _____

CDL License #: _____ State of Issue: _____ Expiration: _____

Current address: _____

Years at this address: _____

Previous address: _____

Years at this address: _____

Please account for the past five year and use the reverse side of this page.

To whom it may concern:

I hereby authorize Moving Performance (MP) to search and receive any and all information from any and all sources pertaining to criminal, banking, credit, previous employment or carrier that contracted with driver applicant, personal, and character information, and any other data, which may assist MP in the background investigation they are performing. I hereby release MP and all sub-entities from all claims of damage or liability that may arise from the release to MP any and all information developed as a result of this investigation.

Signature: _____ Date: _____

Witness: _____ Date: _____

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MOVING PERFORMANCE

TO BE COMPLETED BY APPLICANT:

During the past two (2) years, have you **tested positive** on a pre-employment/pre-contract drug or alcohol test administered by an employer or carrier that contracted with driver applicant to which you applied for, but did not obtain, safety-sensitive transportation work covered by the Department of Transportation (DOT) drug and alcohol testing rules?

Yes

No

During the past two (2) years, have you **refused to test** on a pre-employment/pre-contract drug or alcohol test administered by an employer or carrier that contracted with driver applicant to which you applied for, but did not obtain, safety-sensitive transportation work covered by the Department of Transportation (DOT) drug and alcohol testing rules?

Yes

No

Dated this _____ day of _____, _____.
Day Month Year

Print name: _____

Signature: _____

Social Security Number: _____

Witness: _____

NOTE: If you answered yes to either of the questions above, please provide documentation of your successful completion of the return-to-duty process.

Substance Abuse Professional Information:

Name: _____

Date of Completion: _____

Complete Address: _____

Phone: _____

IMPORTANT

Release of Information: By my signature above, I authorize the Substance Abuse Professional listed above to release information pertaining to my completion of the return-to-duty process required by the Department of Transportation drug and alcohol testing rules. This request is being made for my consideration for employment or contract lease in a safety-sensitive position at Moving Performance.

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