

**Steel Transport, Inc.**  
**6701 Melton Road**  
**Gary, IN 46403**  
**219-939-3000 / Fax 219- 939- 3022**

Dear Driver/Independent Contractor,

Thank you for your interest in becoming a Driver and/or Independent Contractor for Steel Transport, Inc. It is our goal to make this process as easy and effortless as possible.

We have a simple four step leasing process:

- 1) After receiving your **completed** information; MVR, Drug and Alcohol history, and Past Employer References will be checked.
- 2) You will be required to go for a Pre-Use Drug Screen. It may also be necessary for you to complete a new DOT medical examination.
- 3) A thorough review of your application file will be completed.
- 4) When approved you will be scheduled for a company orientation, when completed you may begin work.

**Enclosed:**

- 1) **Application** – Much of the driver application process is controlled by Federal Regulations. To assure that you to meet your obligations as a commercial vehicle operator carefully complete all information requests. If you have no accidents or violations write “NONE” in the space provided. Please be sure all references are complete and all spaces have been filled in for a ten (10) year period.
- 2) **Driver Minimum Qualification Checklist** – This form lists the minimum qualifications for a contractor to operate for Steel Transport, Inc. For each item check whether you meet or do not meet these requirements then sign and date below.
- 3) **USIS release and Applicant Certification** – Complete only the information requested at the bottom of pages 7 and 8.

**All Applicants must include LEGIBLE copies of the following:**

- 1) Commercial Driver’s License (Preferably enlarged to 150%)
- 2) Long Form Physical form **and** Medical Certification ( No more than one year old)
- 3) Social Security Card (Preferably enlarged to 150%)
- 4) Record of Duty Status for the Prior Seven Days Hours of Service

**If you are leasing on equipment you also include LEGIBLE copies of the following:**

- 1) Current Annual Inspection for tractor and trailer(s) from an independent garage
- 2) Current valid registration-license plates for tractor and trailer(s)
- 3) Title or Application for Title
- 4) Certificate of Bobtail/Deadhead Insurance \$1 million coverage
- 5) Copy of Workers Compensation Insurance Certificate, if not getting ours
- 6) Power of Attorney when the driver is not the owner and owner is not available
- 7) Form - 2290
- 8) Copy of current valid IFTA license if not using ours with copies of quarterly report filings

Again, thank you for your interest and we will be contacting you soon in reference to your application to become a Driver and/or Independent Contractor for Steel Transport, Inc.

***Steel Transport, Inc. Safety Department***

**Steel Transport, Inc.**

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

6701 Melton Road

Gary, IN 46403

219-939-3000

Referral Driver

**Driver or Independent Contractor Application**

Applying for the position of: (Check One Below)

Independent Contractor/ Driver \_\_\_ Company Driver \_\_\_

**ALL QUESTIONS MUST BE ANSWERED FOR THE APPLICATION TO BE CONSIDERED**

Application is to be completed by all Driver and/or Independent Contractors and their Drivers who wish to provide transportation services for Steel Transport, Inc. without regard to race, color, religion, sex, national origin, age, marital status, or non-job related disability.

**Attach a legible copy of your current driver's license, physical and Social Security Card to this form**

NAME: \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE #: \_\_\_\_\_ CELL # \_\_\_\_\_

Address for the past three years: \_\_\_\_\_

DRIVER'S LICENSE #: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

STATE of ISSUANCE: \_\_\_\_\_ LICENSE CLASS: \_\_\_\_\_ ENDORSEMENTS: \_\_\_\_\_

DATE of BIRTH: \_\_\_\_\_ EXPIRATION OF CURRENT DOT PHYSICAL \_\_\_\_\_

In case of emergency notify: \_\_\_\_\_ Telephone # \_\_\_\_\_

Relationship: \_\_\_\_\_ Address: \_\_\_\_\_

Have you ever worked for this company before? \_\_\_ If yes, when. \_\_\_\_\_

Are you able to read and speak the English language as required by Part 391.11 (b)(2)? \_\_\_ Yes \_\_\_ No

Have you failed or refused a drug or alcohol test in the past five-(5) years? \_\_\_\_\_

Area or region you prefer to work in? \_\_\_\_\_

**EDUCATION**

Circle highest grade completed: 1 2 3 4 5 6 7 8 High School: 1 2 3 4 College: 1 2 3 4

Show special courses or training that will help you as a driver: \_\_\_\_\_

Which safe driving awards do you hold and from whom? \_\_\_\_\_

**ACCIDENT HISTORY**

Were you involved in a motor vehicle accident in last three (3) years? \_\_\_\_\_. If yes, describe below.

**If None, Write "NONE" in the space below.**

Date of Accident	Type	Location	Preventable

**MOVING VIOLATION HISTORY**

Have you ever been issued a moving citation in the last seven (7) years? \_\_\_\_\_. If yes, describe below:

**If None, Write "NONE" in the space below.**

Violation Date	State of Violation	Type of Violation	Type of Vehicle	Penalty or Fine

1. Have you ever been convicted of a felony? \_\_\_Yes \_\_\_No
2. Have you ever been denied a license, permit or privilege to operate a motor vehicle? \_\_\_Yes \_\_\_No
3. Has any license, permit or privilege ever been suspended or revoked? \_\_\_Yes \_\_\_No

**If any of the answers to the above are yes, give details below.**

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**DRIVING EXPERIENCE**

Type of Equipment	Type of Trailer(s)	Date From	Date To	# of Miles
Straight Truck				
Tractor & Trailer				
Tractor & Doubles				
Toter / Over-dimensional	Size of Loads			
Other				

List States you drove in for last five years: \_\_\_\_\_

Types of freight hauled: \_\_\_\_\_

Types of Steel hauled (*Circle all that apply*):    Coils    Bars    Plate    Sheet    Billets    Tubing

**EMPLOYMENT HISTORY for the PAST 10 YEARS.**

**Failure to provide requested information will result in the delay or disqualification of this application.**

**Last Employer:** \_\_\_\_\_ **From:** \_\_\_\_\_ **To:** \_\_\_\_\_  
Address: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Phone#: \_\_\_\_\_ Fax #: \_\_\_\_\_  
Duties and Responsibilities: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
Was this a FMCSA regulated employer? YES \_\_\_ NO \_\_\_

**Last Employer:** \_\_\_\_\_ **From:** \_\_\_\_\_ **To:** \_\_\_\_\_  
Address: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Phone#: \_\_\_\_\_ Fax #: \_\_\_\_\_  
Duties and Responsibilities: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
Was this a FMCSA regulated employer? YES \_\_\_ NO \_\_\_

**Last Employer:** \_\_\_\_\_ **From:** \_\_\_\_\_ **To:** \_\_\_\_\_  
Address: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Phone#: \_\_\_\_\_ Fax #: \_\_\_\_\_  
Duties and Responsibilities: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
Was this a FMCSA regulated employer? YES \_\_\_ NO \_\_\_

**Last Employer:** \_\_\_\_\_ **From:** \_\_\_\_\_ **To:** \_\_\_\_\_  
Address: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Phone#: \_\_\_\_\_ Fax #: \_\_\_\_\_  
Duties and Responsibilities: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
Was this a FMCSA regulated employer? YES \_\_\_ NO \_\_\_

**Last Employer:** \_\_\_\_\_ **From:** \_\_\_\_\_ **To:** \_\_\_\_\_  
Address: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Phone#: \_\_\_\_\_ Fax #: \_\_\_\_\_  
Duties and Responsibilities: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
Was this a FMCSA regulated employer? YES \_\_\_ NO \_\_\_

**Last Employer:** \_\_\_\_\_ **From:** \_\_\_\_\_ **To:** \_\_\_\_\_  
Address: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Phone#: \_\_\_\_\_ Fax #: \_\_\_\_\_  
Duties and Responsibilities: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
Was this a FMCSA regulated employer? YES \_\_\_ NO \_\_\_

**Last Employer:** \_\_\_\_\_ **From:** \_\_\_\_\_ **To:** \_\_\_\_\_  
Address: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Phone#: \_\_\_\_\_ Fax #: \_\_\_\_\_  
Duties and Responsibilities: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
Was this a FMCSA regulated employer? YES \_\_\_ NO \_\_\_

**If more room is needed use a separate sheet of paper and attach it to the application.**

# Steel Transport, Inc.

## Request and Consent Form for Information from Previous Employer/ Lessee

In becoming a Driver or Independent Contractor applicant for Steel Transport, Inc., I understand Federal Regulations and Company Policies regarding the processing of my application.

I hereby authorize Steel Transport, Inc. to obtain all information concerning my safety habits, drug & alcohol testing and training, work performance, financial records, MVR, workers comp., medical history and accident records.

**Driver's Printed Name:** \_\_\_\_\_

**Social Security #:** \_\_\_\_\_ **Driver's License #:** \_\_\_\_\_

**Driver's Signature: X** \_\_\_\_\_ **Date:** \_\_\_\_\_

### DRIVER, DO NOT COMPLETE BELOW THIS LINE

Carrier: \_\_\_\_\_ Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Contact: \_\_\_\_\_

Dear Personnel Department, please complete the following and **fax to: 219-939-3022**

1. Dates of Employment/Lease: From: \_\_\_\_\_ To: \_\_\_\_\_

2. Job Title & Duties: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

3. Quality of Work: \_\_\_\_\_

4. Eligible for Re-hire:  Yes  No  Upon Review: \_\_\_\_\_

5. **Tractor/Trucks:** Tractor Straight Toter Other **Trailers:** Van Flat Tank (Homes-12, 14, 16, 18)

6. Freight Hauled Steel General Commodity Lumber Produce Chemical Other \_\_\_\_\_

7. Accident History: Chargeable:  Non-Chargeable:  Type: \_\_\_\_\_

8. Workers Compensation or Disability Claims: \_\_\_\_\_

9. Remarks: \_\_\_\_\_

10. Has applicant ever tested positive for a controlled substance in the last three years?  Yes  No

11. Has applicant ever had an alcohol test with a BAC of 0.04% or higher in last 3 years?  Yes  No

12. Has applicant ever refused a required test for drugs or alcohol in last 3 years?  Yes  No

If **YES** to any of the above questions, please list the SAP's name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Person completing form: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

**Return to Steel Transport Safety at 6701 Melton Road Gary, IN. 46403 or Fax to 219-939-3022**

# Steel Transport, Inc.

## MINIMUM QUALIFICATIONS CHECKLIST

Please check below if you meet or do not meet these qualifications.

<u>MINIMUM QUALIFICATION</u>	<u>MEET</u>	<u>DOES NOT</u>
At least 23 years of age.	_____	_____
Previous 2 years experience verified in CDL required equipment.	_____	_____
One year of hauling Steel, coil experience preferred.	_____	_____
Valid class "A" commercial driver's license.	_____	_____
No more than 3 moving violations in last 3 years, or No more than 2 moving violations and 1 accident in last 3 year.	_____	_____
No more than 1 preventable accident in last 3 years.	_____	_____
No DRUG, DUI, OWI, DWI, RECKLESS, CARELESS driving or, HABITUAL OFFENDER convictions, Leaving the Scene of an Accident or any indication of disregard for public safety in the last 5 years. Note: The driver does not qualify if any of the above involved a commercial motor vehicle.	_____	_____
No Moving Violation Suspensions in last 5 years.	_____	_____
Valid long form physical, no more than 1 year old.	_____	_____
Pass a Pre-Lease Drug Screen.	_____	_____
No Felony Convictions.	_____	_____
No Drug or Alcohol Test Failures or Refusals in Last 5 Years	_____	_____

**The above checklist is a true and correct listing of my qualifications.**

**X** \_\_\_\_\_  
(Driver's Signature)

**X** \_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Leasing Agent's Signature)

\_\_\_\_\_  
(Date)

These Minimum Qualifications have been established and must be met in order to operate motor vehicles and equipment while under lease to Steel Transport, Inc. for the benefit of safety for the motoring public and our drivers.

The Director of Safety can address any questions on these minimum qualifications.



**TRUCKING INDUSTRY:**  
**DOT D/A Disclosure and Authorization**

Send to Fax# (800) 257-8069

<b>HireRight Customer:</b>	
<b>Company Name:</b>	_____
<b>Company Contact Name:</b>	_____
<b>Fax #:</b> (____) _____ - _____	
<b>HireRight Account Code:</b>	_____

**PART I – DISCLOSURE AND AUTHORIZATION FOR RELEASE OF INFORMATION FOR EMPLOYMENT PURPOSES – 49 CFR PART 391.23, DOT DRUG AND ALCOHOL TESTING**

In accordance with DOT Regulation 49 CFR Part 391.23, I hereby authorize release of my DOT-regulated drug and alcohol testing records by the DOT-regulated employer(s) listed below to HireRight for the purpose of HireRight transmitting such records to the HireRight customer listed above. I understand that information/documents released pursuant to this Part I is limited to the following DOT-regulated testing items, including pre-employment testing results, occurring during the previous **three (3) years**: (i) alcohol tests with a result of 0.04 or higher; (ii) verified positive drug tests; (iii) refusals to be tested (including adulterated and/or substituted tests); (iv) other violations of DOT drug and alcohol testing regulations (i.e., violations of 49 CFR 382 Subpart B); (v) information obtained from previous employers of a drug and alcohol rule violation; and (vi) any documentation of completion of the return-to-duty process following a rule violation.

If any company listed below furnishes HireRight with information concerning items (i) through (vi) above, I also authorize such company to furnish the following information to HireRight, if applicable: (i) dates of my negative drug and/or alcohol tests and/or tests with results below 0.04 during the previous **three (3) years**; and (ii) the name and phone number of any substance abuse professional who evaluated me during the previous **three (3) years**.

List all DOT-regulated employers you have applied with and/or worked for in a safety-sensitive function during the previous **three (3) years**. If necessary, attach additional pages, including the date, your name, social security number and signature.

Previous DOT-Regulated Employer	City	State	Phone Number
_____	_____	_____	(____) _____ - _____
_____	_____	_____	(____) _____ - _____
_____	_____	_____	(____) _____ - _____
_____	_____	_____	(____) _____ - _____
_____	_____	_____	(____) _____ - _____
_____	_____	_____	(____) _____ - _____

By signing below, I certify that: (i) all information provided herein is complete and accurate; (ii) I have read and fully understand this Part I disclosure and authorization for release as well as the attached FMCSA Notification of Driver Rights and any applicable state law notices; (iii) prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction; (iv) I execute this authorization voluntarily and with the knowledge that the information obtained pursuant to this authorization could affect my eligibility for employment, promotion, retention or other lawful purpose; (v) I understand I may review this document with legal counsel prior to signing; and (vi) facsimile or photographic copies of this authorization are as valid as an original.

Print Applicant Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Steel Transport, Inc.

## APPLICANT CERTIFICATION

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In becoming a Driver or Independent Contractor applicant for Steel Transport, Inc., I understand Federal Regulations and Company Policies and Procedures require information and responsibilities that I must meet and follow. I hereby authorize Steel Transport, Inc. to obtain all information concerning my safety habits, drug & alcohol testing and training, work performance, financial records, MVR, workers comp., medical history and accident records.

**I also agree that I understand and will follow the requirements listed below:**

- **Federal Regulations regarding Alcohol and Controlled Substance testing to include Pre-Employment, Post Accident, Random, and Reasonable Suspicion testing.**
- **Release of any all information relating to my MVR, License, Driving, Criminal and Accident Records.**
- **To possess only one valid license unless required by State Regulations.**
- **To notify the Steel Transport, Inc. Safety within 30 days of a conviction for a traffic violation and, by the end of the next business day of any suspensions or revocations.**
- **That upon successful completion of this process my status will be that of an Independent Contractor or an Independent Contractor's Driver. My status will not be that of an employee of Steel Transport, Inc.**
- **Upon termination of any agreement, for any reason, I will return all property (signs, permits, equipment, license plates, etc.) issued to me or pay for their replacement.**

**I agree to hold harmless Steel Transport, Inc.; its agents, or employees thereof, with regards to the results of any exam and any effects on my application for possible lease.**

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This certifies that I have read and understand all statements and information requests included in this application packet. I further certify that I, the undersigned, have completed this application and that all entries are true and correct to the best of my knowledge.

I understand that submission of this application in no way obligates Steel Transport, Inc. to approve me as a contractor/driver.

Driver's Printed Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Driver's License # : \_\_\_\_\_

Driver's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



***THE BELOW DISCLOSURE AND AUTHORIZATION LANGUAGE IS FOR  
MANDATORY USE BY ALL ACCOUNT HOLDERS***

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

In connection with your application for employment with Steel Transport Inc. (“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. 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. You may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If you challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. Your request will be forwarded by the DataQs system to the appropriate State for adjudication. 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 Federal Motor Carrier Safety Regulations (FMCSR) violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

The Prospective Employer cannot obtain background reports from FMCSA without your authorization.

**PAGE 1 OF 2**

**AUTHORIZATION**

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

I authorize Steel Transport Inc. (“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 authorizing 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.

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 challenge 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. I understand that any crash or inspection in which I was involved will display on my PSP report. Since the PSP report does not report, or assign, or imply fault, I acknowledge it will include all CMV crashes where I was a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, I understand all inspections, with or without violations, will appear on my PSP report, and State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on my PSP report. I have read the above Disclosure Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this Disclosure and Authorization, 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: \_\_\_\_\_

Signature \_\_\_\_\_

Name (Please Print) \_\_\_\_\_

NOTICE: This form is made available to monthly account holders by NIC on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain an Applicant’s written or electronic consent prior to accessing the Applicant’s PSP report. Further, account holders are required by FMCSA to use the language contained in this Disclosure and Authorization form to obtain an Applicant’s consent. The language must be used in whole, exactly as provided. Further, the language on this form must exist as one stand-alone document. The language may NOT be included with other consent forms or any other language.

*LAST UPDATED 12/22/2015*

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