

Lansberry Trucking, Inc.

P.O. Box 58 • Woodland, PA 16881

Phone: (814) 857-7651 or (800) 832-6150 • Fax: (814) 857-7916

recruiting@lansberrytrucking.com

www.lansberrytrucking.com

WORK DESCRIPTION AND REQUIREMENTS TO BE AN OWNER-OPERATOR/INDEPENDENT CONTRACTOR (TRIAXLE AND OVER-THE-ROAD TRACTOR TRAILER) FOR LANSBERRY TRUCKING, INC.

- Be able to read and speak the English language in accordance with the Federal Motor Carrier Safety Regulations.
- Have a working knowledge of Federal Motor Carrier Safety Regulations and a desire to maintain the highest level of safety management.
- Have a valid Commercial Driver's License from the state of your residence available to be carried in the truck cab while Owner-Operator is in service.
- Be able to qualify physically and obtain a Medical Examiner's Certificate under the requirements of the Federal Motor Carrier Safety Regulations.
- Be able to sit for extended periods of time in a truck.
- Be able to drive as many as 11 hours a day, while transporting miscellaneous cargo in various weather conditions.
- Be able to follow company guidelines, be presentable and behave in a courteous and professional manner when dealing with customers, company employees and the motoring public.
- Be able to walk, bend, reach, push, pull, stoop, squat, climb, grasp, and lift in order to do the following tasks:
 - Perform daily vehicle inspections required under the Federal Motor Carrier Safety Regulations;
 - Ensure safety while hooking and/or dropping trailers;
 - Tarp and/or un-tarp trailers during the loading and/or unloading process;
 - Handle any other equipment required for the loading and/or unloading process; and
 - Clean trailers (sweep, shovel, etc.), as required, to avoid residual debris and contaminated cargo.
- Be able to read a map.
- Be able to accurately complete and submit in a timely manner, a trip sheet to ensure accurate mileage information, load documentation, all daily driver logs, time sheets, fuel reports, tolls, accident reports and any other paperwork required by Samuel J. Lansberry, Inc. or any governmental agency.
- Be able to identify mechanical defects with your equipment and to repair or have repaired such defects in a timely manner.
- Be able to maintain contact with dispatch so as to provide updates regarding pickup and delivery times, delays, breakdowns or any other issue which may affect customer satisfaction.
- Be able to accurately judge distances to ensure on-time cargo delivery.
- Own or otherwise maintain legal control over a power unit capable of performing pickup and delivery functions.
- Have installed or willing to have installed, equipment necessary to perform the duties of a dry-bulk truckload carrier (e.g. wet-line, pneumatic blower, etc.)

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APPLICATION TO BECOME AN OWNER-OPERATOR/INDEPENDENT CONTRACTOR

PERSONAL INFORMATION

Date of Application:	First Name:	M.I.:	Last Name:
Address:	City:	State:	Zip:
Phone No.:	Date of Birth:	M/F	Social Security No.:
Current physical expiration date:	If contracted, do you agree to an ICC physical and drug test? <input type="checkbox"/> YES <input type="checkbox"/> NO		

How long have you been at your present address? (If shorter than 3 years, please list your addresses for the last 3 years)			
Address:	City:	State:	Zip:
Address:	City:	State:	Zip:
Address:	City:	State:	Zip:

Position being applied for: _____
Who referred you: _____
Desired pay range: _____
Available start date: _____

Do you have the legal right to work in the United States? YES NO

If no, please explain:

Can you provide proof of age? YES NO

If no, please explain:

Please indicate below that which most closely describes your operation:

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- Sole Proprietorship
- S-Corporation
- C-Corporation
- Partnership
- Other (e.g. LLC, etc.)

If you operate under a name other than your own, please complete the section below:

Business Name/Doing Business As:			
Address:	City:	State:	Zip:
Phone No.:	Employer Identification Number.:	Year Started:	

Do you currently own or legally maintain control of your own power unit?

YES NO

If yes, please describe (e.g. Year, Make, Model, Type, etc.):

Do you currently own or legally maintain control of your own trailer?

YES NO

If yes, please describe (e.g. Year, Make, Type, Length, etc.):

Will you require Lansberry Trucking, Inc. to provide any of the following services?

- | | <u>YES</u> | <u>NO</u> |
|--|--------------------------|--------------------------|
| • Wet-Line/Blower Installation | <input type="checkbox"/> | <input type="checkbox"/> |
| • Trailer Rental | <input type="checkbox"/> | <input type="checkbox"/> |
| • Apportioned Registration | <input type="checkbox"/> | <input type="checkbox"/> |
| • Mileage Reporting (IFTA Sticker, etc.) | <input type="checkbox"/> | <input type="checkbox"/> |
| • Liability and Cargo Insurance | <input type="checkbox"/> | <input type="checkbox"/> |
| • Vehicle Parts/Tires, etc. | <input type="checkbox"/> | <input type="checkbox"/> |
| • Light Vehicle Repairs | <input type="checkbox"/> | <input type="checkbox"/> |
| • Heavy Vehicle Repairs | <input type="checkbox"/> | <input type="checkbox"/> |
| • Other: _____ | <input type="checkbox"/> | <input type="checkbox"/> |

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Have you ever been denied a license, permit, or privilege to operate a motor vehicle?

YES NO

If yes, please explain:

Has your license, permit, or privilege ever been suspended or revoked?

YES NO

If yes, please explain:

Have you ever been convicted of a crime?

YES NO

(e.g. number of convictions(s), nature of offense(s), etc.)

Have you ever been dishonorably discharged from military service?

YES NO

If yes, please explain:

Have you ever tested positive or refused controlled substance testing for any company which you did not accept a driving position?

YES NO

If yes, please explain:

Is there any reason you might be unable to perform the functions of the job for which you have applied as described in the job description on page 1 of this application? YES NO

If yes, please explain:

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Have you worked for or contracted with Lansberry Trucking, Inc. before?

YES NO

From: _____ To: _____

Position: _____

Reason for leaving:

EDUCATION

	NAME/LOCATION	GRADUATION DATE/DEGREE	MAJOR/SUBJECT OF STUDY
HIGH SCHOOL			
COLLEGE/UNIVERSITY			
SPECIALIZED TRAINING/TRADE SCHOOL/ETC.			
OTHER EDUCATION			

List any safe driving awards you have earned:

List any other skills or training, which will help you succeed at Lansberry Trucking, Inc.:

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LICENSES/EXPERIENCE/MOVING VIOLATIONS/ACCIDENTS/CONVICTIONS

LICENSES			
CLASS OF EQUIPMENT			
LICENSE NUMBER			
TYPE			
EXPIRATION DATE			
ENDORSEMENTS (e.g. HAZMAT, etc.)			
EXPERIENCE			
CLASS OF EQUIPMENT			
TYPE OF EQUIPMENT			
DATES			
APPROXIMATE # OF MILES			
MOVING VIOLATIONS			
DATE			
TYPE			
PENALTIES?			
ACCIDENTS*			
DATE			
NATURE OF ACCIDENT			
FATALITIES?			
INJURIES?			
TOWING?			
CONVICTIONS*			
DATE			
LOCATION			
DESCRIPTION OF CHARGES			
PENALTIES?			

Check here if no accidents in the past 3 years

Check here if no convictions in the past 3 years

* -Please continue on reverse of page if additional space is required.

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CURRENT/PREVIOUS EMPLOYMENT RECORD

Are you currently employed?

YES NO

If no, how long since leaving last employment:

(NOTE: PENNSYLVANIA DEPARTMENT OF TRANSPORTATION REQUIRES YOU TO SHOW GENERAL EMPLOYMENT FOR AT LEAST 3 YEARS AND/OR COMMERCIAL DRIVING EXPERIENCE FOR THE PAST 10 YEARS.)

CURRENT/PREVIOUS EMPLOYER/COMPANY:			
Address:	City:	State:	Zip:
Phone No.:	Position:	Salary/Wage	
Reason for leaving:	Dates of Employment/Contract:		
Was this position subject to the Federal Motor Carrier Safety Regulations (FMCSR)?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Was this position subject to the alcohol and controlled substances testing requirements under 49 CFR, Part 40?		<input type="checkbox"/> YES <input type="checkbox"/> NO	

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ACKNOWLEDGMENTS:

ALL APPLICANTS – Please read the following and address any questions to a Safety Representative before signing.

- I affirm that the information provided on this application or in connection with this application (and any resume or any other accompanying documents) is true and complete to the best of my knowledge. I understand that if placed under contract, false statements, significant omissions, or misleading information regardless of when discovered, made on or in connection with my application and accompanying documents may result in contract termination.
- I authorize investigation of all statements contained in this application (and any resume or any other accompanying documents) as may be necessary in arriving at a decision.
- I understand that the applicant's prior employers/companies may be contacted for the purpose of investigating the applicant's background as required by 49 CFR 391.23.
- I authorize all personnel, schools, companies, corporations, credit bureaus and law enforcement agencies to supply any and all pertinent information and release the same from liability resulting from providing such information.
- I understand that from time to time the company may be asked to release certain information, including but not limited to, my status as an Owner-Operator/Independent Contractor, or application to become an Owner-Operator/Independent Contractor. I release the company and its agents from liability resulting from releasing such information.
- I acknowledge that the company may require, as a condition of any offer to become an Owner Operator/Independent Contractor or for continued Owner-Operator/Independent Contractor status, I undergo a medical exam or drug testing, and I consent and agree to any such exam, if required now or in the future. I understand that when drug testing is required, a satisfactory result may be a condition for approval/continuation of Owner-Operator/Independent Contractor status.
- I understand that federal law prohibits the employment of /contracting with unauthorized aliens and requires satisfactory proof of employment/contracting authorization and identity. All persons hired must submit satisfactory proof of employment/contracting authorization and identity. Please have necessary documents promptly available for inspection as required by law.
- If Owner Operator/Independent Contractor status is approved, I agree to abide by the rules and regulations of the company.
- I understand that if Owner-Operator/Independent Contractor status is approved, my contract is for no fixed period and is at-will. I understand that I could be terminated at any time for any or no reason and I understand that I may quit at any time for any reason. This understanding cannot be altered by anyone unless it is in writing and signed by the president of the company.
- I understand that this application does not create an approval of Owner-Operator/Independent Contractor status.
- I understand that this company is an Equal Opportunity Carrier and provides independent contracting opportunities without regard to race, color, religion, gender, national origin, age, disability, sexual orientation, veteran or marital status.
- 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.

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I have read and understand the above notice, including the at-will basis of employment.

Signature of Applicant

Date