



Equity Transportation Company, Inc.

Welcome, and thanks for showing interest with Equity Transportation Co., Inc. Below is a list you may find helpful.

- Positions available right now is OTR
- Empty and loaded miles pay
- Average miles the drivers are getting are 2500 + weekly
- Direct deposit available
- Vacation pay
- Layover pay
- Stop off pay
- Insurance, Blue Cross Blue Shield health and dental, vision
- 401k and AFLAC
- Rider policy
- Pet policy
- Freightliner trucks Classic and Columbia 10 and 13 speeds
- Qualcomm satellite
- Dry van freight 48 and 53 foot trailers
- Areas we cover as far west as TX, CO and NM. And then towards the east coast and south.
- WWW.EQUITYINC.COM

PLEASE FEEL FREE TO CALL ME AT 800-688-4123 EXT 222 or 252
Fax number 616-785-0999

THANKS

Tamara Oest or Jo Sclafani
EQUITY TRANSPORTATION RECRUITING

FOR EMPLOYMENT

Applicant Name _____ Date of Application _____
(print)

Company Equity Transportation Co Inc 800-688-4123
Address 3685 Dykstra Dr NW 7x # 616-785-0999
City Walker MI 49544 State _____ Zip _____

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status.

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.
In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

- Review information provided by previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

Signature _____ Date X

FOR COMPANY USE

PROCESS RECORD

APPLICANT HIRED _____ REJECTED _____
DATE EMPLOYED _____ POINT EMPLOYED _____
DEPARTMENT _____ CLASSIFICATION _____
(IF REJECTED, SUMMARY REPORT OF REASONS SHOULD BE PLACED IN FILE)
SIGNATURE OF INTERVIEWING OFFICER _____

TERMINATION OF EMPLOYMENT

DATE TERMINATED _____ DEPARTMENT RELEASED FROM _____
DISMISSED _____ VOLUNTARILY QUIT _____ OTHER _____
TERMINATION REPORT PLACED IN FILE _____ SUPERVISOR _____

This form is made available with the understanding that J. J. Keller & Associates, Inc. is not engaged in rendering legal, accounting, or other professional services. J. J. Keller & Associates, Inc. assumes no responsibility for the use of this form, or any decision made by an employer which may violate local, state, or federal law.

Equity Transportation

(answer all questions - please print)

email Address

Name _____
Last First Middle Social Security No.

List your addresses of residency for the past 3 years.

Current Address _____
Street City

Previous Addresses _____
State Zip Code Phone How Long? yr./mo.

Street City State & Zip Code How Long? yr./mo.

Street City State & Zip Code How Long? yr./mo.

Street City State & Zip Code How Long? yr./mo.

Do you have the legal right to work in the United States? _____

Date of Birth _____ Can you provide proof of age? _____
(Required for Commercial Drivers)

Have you worked for this carrier before? _____ Where? _____

Dates: From _____ To _____ Position _____

Reason for leaving _____

Are you now contracted or employed? _____ If not, how long since leaving last job? _____

Who referred you? _____ Truck # or Driver Code _____

How did you hear about us? _____

Have you ever been convicted of a felony? _____

If yes, please explain fully on a separate sheet of paper. Conviction of a crime is not an automatic bar-all circumstances will be considered.

email Address

JOB HISTORY 10 years Please

All drivers to drive in interstate commerce must provide the following information on all carriers or employers during the preceding 3 years. List complete mailing address, street number, city, state and zip code.

Drivers to drive a commercial motor vehicle* in intrastate or interstate commerce shall also provide an additional 7 years' information on these employers or carriers for whom the driver operated such vehicle.

(NOTE: List employers or carriers in reverse order starting with the most recent. Add another sheet as necessary.)

CARRIER OR EMPLOYER			DATE			
NAME			FROM MO.	YR.	TO MO.	YR.
ADDRESS			POSITION HELD			
CITY	STATE	ZIP	SALARY/WAGE			
CONTACT PERSON	PHONE NUMBER		REASON FOR LEAVING			
WERE YOU SUBJECT TO THE FMCSRS* WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO			MAY WE CONTACT YOUR CURRENT CARRIER OR EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO			
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO						

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED) IF NONE, WRITE NONE

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES	HAZARDOUS MATERIAL SPILL
LAST ACCIDENT				
NEXT PREVIOUS				
NEXT PREVIOUS				

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE NONE

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

EXPERIENCE AND QUALIFICATIONS - DRIVER

List all driver licenses or permits held in the past 3 years

DRIVER LICENSES	STATE	LICENSE NO.	TYPE	EXPIRATION DATE

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES _____ NO _____
 - B. Has any license, permit or privilege ever been suspended or revoked? YES _____ NO _____
 - C. Have you ever been disqualified to drive by Federal Regulations? YES _____ NO _____
 - D. Have you ever tested positive for Controlled Substances in the past 3 years? YES _____ NO _____
 - E. Have you had an alcohol test with a Breath Alcohol Concentrate of 0.04 or greater in the past 3 years? YES _____ NO _____
 - F. Have you ever refused a required test for drug or alcohol in the past 3 years? YES _____ NO _____
- IF THE ANSWER TO A, B, C, D, E OR F IS YES, GIVE DETAILS _____

DRIVING EXPERIENCE CHECK YES OR NO

CLASS OF EQUIPMENT	CIRCLE TYPE OF EQUIPMENT	DATES		APPROX. NO. OF MILES (TOTAL)
		FROM (M/Y)	TO (M/Y)	
STRAIGHT TRUCK <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)			
TRACTOR AND SEMI-TRAILER <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)			
TRACTOR - TWO TRAILERS <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)			
TRACTOR - THREE TRAILERS <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)			
OTR OR LOCAL?				
TYPE OF MATERIAL HAULED?				
OTHER				

LIST STATES OPERATED IN FOR LAST FIVE YEARS: _____

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER: _____
WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM? _____

EXPERIENCE AND QUALIFICATIONS - OTHER

LIST ANY OTHER EXPERIENCE THAT YOU MAY WANT TO SHARE _____

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS FORM _____

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWN) _____

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 HIGH SCHOOL: 1 2 3 4 COLLEGE: 1 2 3 4
LAST SCHOOL ATTENDED (NAME) _____ (CITY, STATE) _____

HAVE YOU EVER SERVED IN THE ARMED FORCES? IF SO, WHAT BRANCH? _____ WHEN? _____

TO BE READ AND SIGNED BY DRIVER

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

Signature: _____ Date: _____

EMPLOYER		DATE	
NAME		FROM MO. YR.	TO MO. YR.
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*Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

†The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport 9 or more passengers, OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

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SAFETY PERFORMANCE HISTORY RECORDS

SECTION 1: TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

I, (PRINT NAME) _____
FIRST, M, LAST

SOCIAL SECURITY NUMBER _____

PREVIOUS EMPLOYER: _____

DATE OF BIRTH _____

STREET: _____

TELEPHONE: _____

CITY, ZIP, STATE _____
To: _____

FAX #: _____

Prospective employer:

EQUITY TRANSPORTATION 616-785-3800 EXT 229
3685 DYKSTRA DR NW
WALKER, MI 49544

In compliance with 40.25(g) and 391.23(b), release of this information must be made in a written form that ensures confidentiality, such as fax, email, or letter.

Prospective employer's confidential fax number: 616-785-0999

Prospective employers confidential email address: JSclafani@equityinc.com

Applicant's Signature (please make sure you sign here)

Date _____

This information is being requested in compliance with 40.25 and 391.23.

SECTION 2: TO BE COMPLETED BY PREVIOUS EMPLOYER

ACCIDENT HISTORY

The applicant named above was employed by us. Yes No

Employed as _____ from (m/y) _____ to (m/y) _____

1. Did he/she drive motor vehicle for you? Yes No If yes, what type? Straight Truck Tractor-Semi trailer Bus
Cargo Tank Doubles/Triples Other (specify) _____

2. Reason for leaving your employ: Discharged Resignation Lay Off Military Duty
If there is no safety performance history to report, check here sign below and return.

ACCIDENTS: Complete the following for any accidents included on your accident register (390.15) that involved the applicant in the 3 years prior to the application date shown above, or check here if there is no accident register data for this driver.

Date	Location	No. of injuries	No of Fatalities	Hazmat Spill
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

Please provide information concerning any other accidents involving the applicant that were reported to government agencies or insurers or retained under internal company polices: _____

Any other remarks: _____

Signature: _____
Title: _____ Date: _____

PREVIOUS PRE-EMPLOYMENT EMPLOYEE ALCOHOL AND DRUG TEST STATEMENT

Sec. 40.25(j) As the employer, you must also ask the employee whether he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years. If the employee admits that he or she had a positive test or a refusal to test, you must not use the employee to perform safety-sensitive functions for you, until and unless the employee documents successful completion of the return-to-duty process. (see Sec. 40.25(b)(5) and (e))

Company Name: _____

Street: Equity Transportation Co Inc

3685 Dykstra Dr NW

City: Walker MI 49544

State, ZIP: _____

Prospective Employee Name: _____ ID Number: _____
(print)

The prospective employee is required by Sec. 40.25(j) to respond to the following questions:

- 1) Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years?

Check one: Yes No

- 2) If you answered yes, can you provide/obtain proof that you've successfully completed the DOT return-to-duty requirements?

Check one: Yes No

Prospective Employee Signature: _____ Date: _____

Witnessed By: _____ Date: _____
(signature)

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

In connection with your application for employment with Equity Transportation ("Prospective Employer"), it may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA). 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. The Prospective Employer cannot obtain background reports from FMCSA unless you consent in writing. If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

I authorize Equity Transportation ("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 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 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 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.

I have read the above Notice Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this consent form, 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)