



Job Title: Company Driver

Summary of Job: Responsible for providing safe transportation, quality service and timely pickup and delivery of freight and products for Otto Transportation, LLC customers and clients.

Directly Reports to: Logistics Manager or Operations Manager

Shift/ Hours: Varies by season

Qualifications:

The ideal candidate will be able to perform all essential duties successfully. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

- Education: High School diploma or GED preferred
- Experience: Must have a safe driving record and two (2) years experience.
- Physical Requirements: Must be physically qualified to drive a motor vehicle in accordance with DOT Regulations and possess a valid medical examiners certificate
- Other Requirements: Must be able to read and speak the English language as required by the US DOT and have a valid Class A CDL of the proper type to operate assigned vehicles; HAZMAT & Tanker endorsements preferred
Must have or be able to obtain passport to enter Canada

Knowledge, Skills, & Abilities:

- Strong organizational, time management, and problem solving skills
- Ability to provide high quality Customer Service
- Ability to work well under pressure and meet tight deadlines
- Ability to lift up to 50-75 lbs. on a recurring basis

Essential Duties and Responsibilities:

- *Subject to required overnight travel in a sleeper truck.*
- Drive a Commercial vehicle from location to location within the continental United States and Canada
- Represent the Company in a professional and courteous manner
- Responsible for keeping Company vehicles and equipment clean and in good working order
- Complete ZONAR pre & post-trip inspections
- Comply with all Company policies and DOT regulations for record keeping and log book procedures
- Ensure Manifests and Bills of Lading are filled out completely and correctly
- Make on-time deliveries and pick-ups of all loads that are assigned, recognizing that customer requirements dictate available loads and cannot be refused
- Follow all DOT regulations to safely deliver merchandise, including hazardous materials
- Responsible for loading and unloading of freight and product from trailers
- Maintain an excellent attendance record, be dependable and able to work overtime as required
- Work safely and efficiently and report all accidents, injuries and violations immediately
- Contribute to an environment of success and growth
- Treat others with a high level of respect and demonstrate a strong dedication to teamwork

The above duties and responsibilities are intended to describe the general nature and level of work required in this position and not intended to provide an exhaustive list. Duties may be revised or additional duties assigned, as deemed necessary by the Company.



Standards of Qualifications for Operators of Commercial Motor Vehicles

Any new employee who will operate a commercial vehicle with a manufacturer's gross vehicle weight rating of over 10,000 lbs. (or one that meets the definition of a commercial motor vehicle as found in the U.S. DOT Regulations in 49 CFR Part 390.5), must meet the following minimum standards:

- 1) Be at least 21 years old with a clean driving record,
- 2) Be able to read and speak the English language as required by the U.S. DOT in 49 CFR 391.11(b) (2),
- 3) Have a minimum of two (2) years experience (2,080 hours or 100,000 miles) operating a commercial vehicle of at least the type and size that will be operated for Otto Transportation, LLC,
- 4) Successfully complete an Otto Transportation/DOT Road Test (for tanker hauling),
- 5) Be physically qualified to drive a motor vehicle in accordance with the DOT Requirements and possess a valid Medical Examiner's Certificate,
- 6) Have a valid Commercial Driver's License of the proper type under which to operate assigned vehicles,
- 7) Not be disqualified to drive a motor vehicle under the rules of 49 CFR Part 391.15.
- 8) Have a motor vehicle record that meets the following Otto Transportation pre-employment and driving record criteria:
 - A. During the preceding sixty (60) months, the applicant had no convictions in either a private or commercial vehicle of the following violations (or their state's equivalent):
 - i. Driving while intoxicated,
 - ii. Refusing to take or failing an alcohol or drug test, or
 - iii. Reckless driving.
 - B. During the preceding thirty-six (36) months, the applicant had no more than one (1) motor vehicle accident, in a private or commercial vehicle, that was determined to be preventable using the National Safety Council's "Guidelines to Determining Motor Vehicle Accident Preventability" or for which the applicant received a moving traffic citation.
 - C. During the preceding thirty-six (36) months, the applicant had no more than three (3) convictions for a moving traffic violation committed in a private or commercial motor vehicle.
- 9) Not have been convicted of a felony during the preceding sixty (60) months unless written approval is received from the Operations Manager prior to an offer of employment being extended.



**2438 Main Avenue West
West Fargo, ND 58078**

Phone: 701.281.4949 Fax: 701.282.3670

APPLICATION FOR EMPLOYMENT AS A COMPANY DRIVER

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, or the presence of a non-job related medical condition.

Date: _____ Position applying for: _____

Hire Date: _____ Date of Birth: _____

Full Name: _____ SS# _____

Address: _____
Street City State Zip

Home Phone #: _____ Cell #: _____

Previous addresses within the past three years:

Address: _____ City: _____ State: _____ Zip: _____

Address: _____ City: _____ State: _____ Zip: _____

Address: _____ City: _____ State: _____ Zip: _____

LICENSE INFORMATION

Section 383.21 FMCSR state "No person who operates a commercial motor vehicle shall at any time have more than one driver's license". I certify that I do not have more than one motor vehicle license, the information for which is listed below.

State: _____ **License No: _____ Type: _____ Expiration Date: _____

***When submitting application via mail or email, please include a copy of drivers license, front and back.*

Are you a U.S. Citizen? YES or NO Do you have a passport? YES or NO

Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES _____ NO _____

If Yes, explain: _____

Has any license, permit or privilege ever been suspended or revoked? YES _____ NO _____

If Yes, explain: _____

Emergency Contact: _____
Name Address Phone# Relationship

Have you worked for this company before? YES ___ NO ___ Have you applied to this company before? YES ___ NO ___

Where? _____ Dates: ___/___/___ to ___/___/___ Pay Rate: _____

Reason for leaving: _____

Are you currently employed? YES ___ NO ___ If no, how long since last employed? _____

How did you hear about us? _____ Expected rate of pay? _____

EDUCATION

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12

Years of college completed: 1 2 3 4

Name of Last School attended: _____

Location of the school: _____
City State

PHYSICAL INFORMATION

The Company Driver Position requires the ability to bend, squat, kneel, climb stairs, and potentially lift up to 50 pounds overhead. Sitting for up to 4 hours may be required. These are the physical requirements for all truck driving positions with this company that employees must be able to perform with or without a reasonable accommodation as may be required under state and/or federal law. Would you be willing to take a physical examination? YES ___ NO ___

Please sign that you understand the physical requirements. _____
Applicant's Signature

EMPLOYMENT RECORD

Applicants that desire to drive in intrastate/interstate commerce must provide the following information on all employers during the previous three years. You must give the same information for all employers you have driven a commercial motor vehicle for the seven years prior to the initial three years (total of ten years employment record).

May we contact your present employer? YES ___ NO ___ Initials: _____

Last or Present Employer:

Company: _____ Phone #: _____

Address: _____ Supervisor: _____

City, State, Zip: _____ Date from: ___/___/___ to ___/___/___

Position held: _____ Starting salary: _____ Ending salary: _____

Reason for leaving: _____

Any gaps in employment and/or unemployment must be explained. Include dates (month/year) and reason:

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by this previous employer? YES ___ NO ___

Was this previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? YES ___ NO ___

2nd Last Employer:

Company: _____ Phone #: _____

Address: _____ Supervisor: _____

City, State, Zip: _____ Date from: ___/___/___ to ___/___/___

Position held: _____ Starting salary: _____ Ending salary: _____

Reason for leaving: _____

Any gaps in employment and/or unemployment must be explained. Include dates (month/year) and reason:

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by this previous employer? YES____ NO____

Was this previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? YES____ NO____

3rd Last Employer:

Company: _____ Phone #: _____

Address: _____ Supervisor: _____

City, State, Zip: _____ Date from: ___/___/___ to ___/___/___

Position held: _____ Starting salary: _____ Ending salary: _____

Reason for leaving: _____

Any gaps in employment and/or unemployment must be explained. Include dates (month/year) and reason:

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by this previous employer? YES____ NO____

Was this previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? YES____ NO____

4th Last Employer:

Company: _____ Phone #: _____

Address: _____ Supervisor: _____

City, State, Zip: _____ Date from: ___/___/___ to ___/___/___

Position held: _____ Starting salary: _____ Ending salary: _____

Reason for leaving: _____

Any gaps in employment and/or unemployment must be explained. Include dates (month/year) and reason:

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by this previous employer? YES____ NO____

Was this previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? YES____ NO____

5th Last Employer:

Company: _____ Phone #: _____

Address: _____ Supervisor: _____

City, State, Zip: _____ Date from: ___/___/___ to ___/___/___

Position held: _____ Starting salary: _____ Ending salary: _____

Reason for leaving: _____

Any gaps in employment and/or unemployment must be explained. Include dates (month/year) and reason:

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by this previous employer? YES _____ NO _____

Was this previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? YES _____ NO _____

6th Last Employer:

Company: _____ Phone #: _____

Address: _____ Supervisor: _____

City, State, Zip: _____ Date from: ___/___/___ to ___/___/___

Position held: _____ Starting salary: _____ Ending salary: _____

Reason for leaving: _____

Any gaps in employment and/or unemployment must be explained. Include dates (month/year) and reason:

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by this previous employer? YES _____ NO _____

Was this previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? YES _____ NO _____

7th Last Employer:

Company: _____ Phone #: _____

Address: _____ Supervisor: _____

City, State, Zip: _____ Date from: ___/___/___ to ___/___/___

Position held: _____ Starting salary: _____ Ending salary: _____

Reason for leaving: _____

Any gaps in employment and/or unemployment must be explained. Include dates (month/year) and reason:

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by this previous employer? YES _____ NO _____

Was this previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? YES _____ NO _____

SAFE DRIVING AWARDS, ETC.

DATE	KIND OF AWARD	PRESENTED BY	WHILE EMPLOYED BY	IN RECOGNITION OF

GENERAL DRIVING RECORD

To date, I have driven trucks for approximately _____ years, covering approximately _____ miles. The date of my last accident, while driving a commercial vehicle, was ____/____/____; since that time, I have driven approximately _____ accident free miles.

ACCIDENT/VIOLATION RECORD

List all accidents or violations in the past 3 years, If NONE write none across entire box

Date	Type of Accident/Violation	Where	Injuries/Fatalities

EXPERIENCE HISTORY

List all equipment driven.

Type of Equipment Operated	Approximate Miles Driven	Years Operated

TO BE COMPLETED BY PROSPECTIVE EMPLOYEE:

I _____ hereby authorize that my previous employer may release and forward all information on my Alcohol and Controlled Substance Testing/Training records to Otto Transportation LLC.

Full name: _____ Today's date: ____/____/____

Signature: _____

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make sure investigations and inquiries to 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 Otto Transportation, LLC.

"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 current/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.

It is agreed and understood that this application for employment in no way obligates the employer to employ the applicant. It is agreed and understood that if hired, the employee will be on a probation period of 90 days, during which time he/she may be discharged without recourse.

Otto Transportation LLC is an Equal Opportunity Employer in accordance with Civil Rights Act of 1964, which prohibits discrimination in employment because of race, color, religion, sex or national origin.

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 also understand that when I leave this company my final pay will not be received until a have submitted **ALL** necessary paperwork.

Applicant Signature: _____ Today's Date: ____/____/____

CONSUMER REPORT DISCLOSURE & RELEASE

DISCLOSURE

In connection with your employment or application for employment (including contract for services), consumer reports may be requested from USIS Commercial Services ("USIS"). These reports may include the following types of information: names and dates of previous employers, reason for termination of employment, work experience, accidents, academic history, profession credentials, and drugs/alcohol use. Such reports may contain public record information concerning your driving record, workers' compensation claims, credit, bankruptcy proceedings, criminal records, etc., from federal, state and other agencies which maintain such records; as well as information from USIS concerning previous driving record requests made by others from such state agencies and state provided driving records.

You have the right to make a request to USIS, upon proper identification, to request the nature and substance of all information in its files on you to the time of your request, including the sources of information and the recipients of any reports on you that USIS has previously furnished within the two-year period preceding your request. USIS may be contacted by mail at P.O. Box 33181, Tulsa, Oklahoma, 74153, or by phone at (800)381-0645.

- Oklahoma Applicants Only: I request a copy of any *credit* report requested on me.
- Minnesota Applicants Only: I request a copy of any consumer report requested on me.

RELEASE

I AUTHORIZE, WITHOUT RESERVATION, USIS, AND ANY PARTY OR AGENCY CONTACTED BY USIS, TO FURNISH THE ABOVE-MENTIONED INFORMATION.

USIS is authorized to disclose all information obtained to the requesting entity for the purpose of making a determination as to my eligibility for employment, promotion or any other lawful purpose. I agree that such information which USIS has or obtains, and my employment history if I am hired, may be supplied by USIS to other companies that subscribe to USIS. If hired or contracted, this authorization shall remain on file and shall serve as ongoing authorization for the procurement of consumer reports at any time during my employment or contract period.

By signing below, I certify that I have read and fully understand this release, that prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction, and that I executed this release voluntarily and with the knowledge that the information being released could affect my being hired, my employment, or my eligibility for promotion.

Print Applicant Name

Applicant Signature

Social Security Number

Date

Notice to California Applicants

Under California law, the consumer reports we order on you for employment purposes within the State of California are defined as investigative consumer reports. These reports may contain information on your character, general reputation, personal characteristics and mode of living.

Under section 1786.22 of the California Civil Code, you may view the file maintained on you by USIS during normal business hours. You may also obtain a copy of this file upon submitting proper identification and paying the costs of duplication service, by appearing at USIS in person, by mail, or by telephone. The agency is required to have personnel available to explain your file to you and agency must explain to you any coded information appearing in your file. If you appear in person, a person of your choice may accompany you, provided that this person furnishes proper identification.

- I request to receive a free copy of any investigative consumer report ordered on me by checking this box.
(California applicants only)

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

In connection with your application for employment with Otto Transportation, LLC, it may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA). If Otto Transportation, LLC uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, Otto Transportation, LLC 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, Otto Transportation, LLC will notify you that the action has been taken and that the action was based in part or in whole on this report. Otto Transportation, LLC cannot obtain background reports from FMCSA unless you consent in writing. If you agree to allow Otto Transportation, LLC to obtain such background reports, please read the following and sign below:

I authorize Otto Transportation, LLC 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 Otto Transportation, LLC to make a determination regarding my suitability as an employee.

I further understand that neither Otto Transportation, LLC 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 Otto Transportation, LLC and I understand that if I sign this consent form, Otto Transportation, LLC may obtain a report of my crash and inspection history. I hereby authorize Otto Transportation, LLC and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Date: _____

Signature

Printed Name