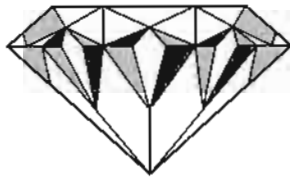


Diamond Delivery Service



2312 Northyard Court Fort Wayne, Indiana 46818
ph: 800.550.9460 | fx: 260.469.0886

Leaders in Transportation Solutions. Excellence in Service.

OWNER-OPERATOR APPLICATION FOR CONTRACT HIRE

Applicants are considered for positions without regard to race, color, religion, creed, age, sex, handicap, or national origin.

All areas of application must be accurately completed. Thank you.

(Please attach separate sheet if more space is needed.)

PERSONAL INFORMATION

TODAY'S DATE: _____

FULL NAME: _____ MAIDEN NAME (if any): _____
(FIRST) (MIDDLE INITIAL) (LAST)

HOME PHONE NUMBER: _____ CELLULAR PHONE NUMBER: _____

CURRENT ADDRESS: _____
(STREET)

(CITY) (STATE) (ZIP CODE)

ADDRESSES FOR PAST THREE YEARS:

(STREET) (CITY) (STATE) (ZIP CODE)

(STREET) (CITY) (STATE) (ZIP CODE)

(STREET) (CITY) (STATE) (ZIP CODE)

EMERGENCY CONTACT: _____
(NAME) (ADDRESS) (TELEPHONE)

DATE OF BIRTH: ____/____/____ The U.S. Department of Transportation requires that driver applicants state their date of birth (391.21 (b)(2)).

SOCIAL SECURITY NUMBER: ____ - ____ - ____ Are you a citizen of the United States? YES NO
If no, do you possess a valid work permit? YES NO

EXPERIENCE & QUALIFICATIONS

DRIVER'S LICENSE NUMBERS: _____ STATE: _____ TYPE: _____ EXP. DATE: _____

STATE: _____ TYPE: _____ EXP. DATE: _____

STATE: _____ TYPE: _____ EXP. DATE: _____

Have you ever been convicted of a felony? Yes No If yes, please explain: _____

Have you ever been convicted of DUI/DWI or reckless driving? Yes No If yes, please explain: _____

Have you tested positive or refused a drug screen in the past 2 years? Yes No If yes, please explain: _____

Have you ever had any license, permit or privilege suspended or revoked? Yes No If yes, please explain: _____

PREVIOUS EMPLOYERS

The U.S Department of Transportation requires commercial driving experience to be listed for past 10 years.

Previous Employer Name: _____ Supervisor: _____
Address: _____ Phone No.: (____) _____
Dates of Employment: From ____ / ____ / ____ to ____ / ____ / ____ Reason for leaving: _____

Previous Employer Name: _____ Supervisor: _____
Address: _____ Phone No.: (____) _____
Dates of Employment: From ____ / ____ / ____ to ____ / ____ / ____ Reason for leaving: _____

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Address: _____ Phone No.: (____) _____
Dates of Employment: From ____ / ____ / ____ to ____ / ____ / ____ Reason for leaving: _____

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Dates of Employment: From ____ / ____ / ____ to ____ / ____ / ____ Reason for leaving: _____

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Address: _____ Phone No.: (____) _____
Dates of Employment: From ____ / ____ / ____ to ____ / ____ / ____ Reason for leaving: _____

Previous Employer Name: _____ Supervisor: _____
Address: _____ Phone No.: (____) _____
Dates of Employment: From ____ / ____ / ____ to ____ / ____ / ____ Reason for leaving: _____

Previous Employer Name: _____ Supervisor: _____
Address: _____ Phone No.: (____) _____
Dates of Employment: From ____ / ____ / ____ to ____ / ____ / ____ Reason for leaving: _____

(PLEASE ATTACH SEPARATE SHEET IF MORE SPACE IS NEEDED.)

DRIVING EXPERIENCE

TYPE	TRAILER LENGTH	DATES: FROM	DATES: TO	APPROXIMATE # OF MILES (TOTAL)	STATES OPERATED
Tractor with Flatbed					
Tractor with Van					
Tractor with Reefer					
Tractor with Tank					
Straight Truck					
Other (specify)					
Other (specify)					

MOTOR VEHICLE ACCIDENT RECORD FOR PAST 3 YEARS (PRECEDING DATE OF APPLICATION)

DESCRIPTION OF ACCIDENT	DATE	LOCATION	INJURIES OR FATALITIES	TYPE OF VEHICLE

TRAFFIC VIOLATIONS IN PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

DATE	VIOLATION	LOCATION	PENALTY

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

(If the answer to questions A and/or B is YES, please attach statement giving details.)

PHYSICAL HISTORY

Date of Last USDOT Physical Examination: ____/____/____ Doctor's Name: _____

Phone Number: (____) _____ Address: _____

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: _____

Driving School: _____

TO BE READ AND SIGNED BY APPLICANT

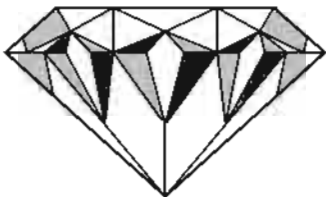
This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge. I understand that any false, misleading, or misrepresentation of information given shall be considered an act of dishonesty and grounds for refusing a contract hire opportunity or terminating lease agreement.

I agree and understand that the company may investigate my background, including my past employment, education, and driving record. I further agree to indemnify Summit Express, Inc. against any liability that may result from making such an investigation.

I understand that if offered a contract hire opportunity, I will be required to take a physical examination if applicable, and a pre-employment drug screen and authorize the company chosen physician to release any information which may be necessary to determine my ability to perform the duties of the job.

Applicant's Signature: _____ **Date:** _____

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Request for Information from previous Employer

From: Prospective Employer

Company _____

Contact: _____

Address: _____

To: Previous Employer

Company _____

Contact: _____

Address: _____

The person below has applied to this company for employment. Your firm is listed by the applicant as a past employer. As you will note from this waiver stated below, the applicant has waived any claim of liability against your company (and its agents) for information submitted in response to this inquiry. Your prompt response would be greatly appreciated. Thank You.

Name of applicant: _____

SSN#: _____

1. This applicant lists dates of employment with your firm from _____ to _____. Is this correct? Yes ___ No ___ If no please explain: _____

2. What kind(s) of work did he/she do? Driver ___ Dock ___ Office ___ Shop ___ Other ___ (Please Explain) _____

3. If employed as a driver, please indicate the type of equipment: Tractor Trailer ___ Straight Truck ___ Bus ___
Pass. Car ___ Other ___ Explain _____

4. Number of reportable accidents: _____ Date of each accident: _____
Preventable? (Explain) _____

5. To your knowledge, was this person's license suspended while employed at your company? Yes ___ No ___
If yes please explain: _____

6. Is there anything in the applicant's history that could suggest he/she may not be trusted to handle company funds? _____

7. Did the applicant pose either repeated and/or severe disciplinary problems? Yes ___ No ___
If yes please explain: _____

8. Why did this employee leave your company? Resigned ___ Discharged ___ Laid off _____

9. Would you rehire this person? Yes ___ No ___ If no please explain: _____

10. Remarks: _____

Date: _____

Signature: _____

I hereby authorize you to release all information concerning my employment, including oral assessments of my job performance, ability and fitness, to each and every company (or their authorized agents) which may request such information in connection with my application for employment with said company. I hereby release you from any and all liability of any type as result of providing the above mentioned information to the above mentioned person.

Applicant Signature: _____

Date: _____

Company Name: **Diamond Delivery Service Inc.**

FAIR CREDIT REPORTING ACT DISCLOSER STATEMENT

In accordance with the provision of section 604(B) (2) (A) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I, of Public Law (104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on you for employment purposes. These reports are required by Sections 382.413, 391.23, and 391.25 of the Federal Motor Carrier Safety Regulations.

Applicants Signature

DATE

Print Name

Social Security Number

Motor Vehicle Driver's

CERTIFICATION OF COMPLIANCE WITH DRIVER LICENSE REQUIREMENTS

MOTOR CARRIER INSTRUCTIONS: The requirements in Part 383 apply to every driver who operates in intrastate, interstate, or foreign commerce and operates a vehicle weighing 26,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

The requirements in Part 391 apply to every driver who operates in interstate commerce and operates a vehicle weighing 10,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

DRIVER REQUIREMENTS: Parts 383 and 391 of the Federal Motor Carrier Safety Regulations contain some requirements that you as a driver must comply with. These requirements are in effect as of July 1, 1987. They are as follows:

- 1) **POSSESS ONLY ONE LICENSE:** You, as a commercial vehicle driver, may not possess more than one motor vehicle operator's license.

If you have more than one license, keep the license from your state of residence and return the additional licenses to the states that issued them. DESTROYING a license does not close the record in the state that issued it; you must notify the state. If a multiple license has been lost, stolen, or destroyed, close your record by notifying the state of issuance that you no longer want to be licensed by that state.

- 2) **NOTIFICATION OF LICENSE SUSPENSION, REVOCATION OR CANCELLATION:** Sections 391.15(b)(2) and 383.33 of the Federal Motor Carrier Safety Regulations require that you notify your employer the NEXT BUSINESS DAY of any revocation or suspension of your driver's license. In addition, Section 383.31 requires that any time you violate a state or local traffic law (other than parking), you must report it within 30 days to: 1) your employing motor carrier, and 2) the state that issued your license (If the violation occurs in a state other than the one which issued your license). The notification to both the employer and state must be in writing.

The following license is the only one I will possess:

Driver's License No. _____ State _____ Exp. Date _____

DRIVER CERTIFICATION: I certify that I have read and understood the above requirements.

Driver's Name (Printed) _____

Driver's Signature: _____ Date _____

Notes: _____

(This form is not required for DOT compliance)

INVESTIGATIVE CONSUMER REPORT DISCLOSURE

In connection with your employment or application for employment (including contract for services), an investigative consumer report and consumer reports, which may contain public record information, 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, professional credentials, drugs/alcohol use, information relating to your character, general reputation, personal characteristics, mode of living, educational background, or any other information about you which may reflect upon your potential for employment gathered from any individual, organization, entity, agency, or other source which may have knowledge concerning any such items of information. 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.

You have the right to receive, upon your written request within a reasonable period of time, (not to exceed 30 days) a complete and accurate disclosure of the nature and scope of the investigation requested. 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 at 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.

Attached to this disclosure is a written summary of your rights under the Fair Credit Reporting Act (FCRA) as prepared by the Federal Trade Commission.

_____ Date _____
 Print Applicant/Employee Full Name

 Applicant/Employee Signature

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 services, 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 the 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)

PART I - DOT DRUG AND ALCOHOL RELEASE

Employer: _____

I authorize, per 49 CFR Part 40, the release of information from my DOT regulated drug and alcohol testing records by the carriers (company/school) listed below to USIS for the sole purpose of transmitting such records to the above listed employer. I authorize release of the following information concerning DOT drug and alcohol testing violations including pre-employment tests during the past 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 verified adulterated or substituted results); (iv) other violations of DOT drug and alcohol testing regulations; (v) information obtained from previous employers of a drug and alcohol rule violation(s); and (vi) documents, if any, of completion of a return-to-duty process following a rule violation.

The information that I have authorized USIS to review involves tests required by DOT. If any carrier (company/school) listed below furnishes USIS with information concerning items (i) through (vi) above, I also authorize that carrier (company/school) to release and furnish the dates of my negative drug and/or alcohol tests and/or tests with results below 0.04 during the three (3) year period and the name and phone number of any substance abuse professional who evaluated me during the past three (3) years.

Company	City	State	Phone Number
_____	_____	_____	() _____
_____	_____	_____	() _____
_____	_____	_____	() _____

(Attach additional forms for additional past employers. Attached documents must also include the individual's signature.)

Print Applicant Name: _____ Applicant Signature: _____
Social Security No: _____ Date: _____

PART II - INVESTIGATIVE CONSUMER REPORT RELEASE

Pursuant to the Investigative Consumer Report Disclosure previously delivered to me, I authorize USIS Commercial Services to prepare a consumer report or investigative consumer report about me for employment-related purposes. I have been provided a copy of the summary of the rights of the consumer pursuant to the Fair Credit Reporting Act (FCRA). I hereby fully release and discharge USIS, their respective affiliates, subsidiaries, directors, officers, employees, agents and attorneys thereof, and each of them, and any individual, organization, entity, agency, or other source providing information to USIS from all claims and damages arising out of or relating to any investigation of my background for employment purposes. This release is valid for all federal, state, county and local agencies, authorities, previous employers, military services and educational institutions.

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.

- 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.

THIS AUTHORIZATION DOES NOT APPLY TO DRUG AND ALCOHOL INFORMATION OBTAINED UNDER PART I.

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 _____

For purposes of gathering this information, I agree to supply the following information, which may be required by law enforcement agencies and other entities for positive identification purposes when checking records. It is confidential and will not be used for any other purpose.

Print other last names you have used _____

List States & Counties of Residence for the past: 3 years 5 years 7 years 10 years (Attach a separate sheet if more space is needed)

State _____ City/County _____ From Year _____ to Year _____

State _____ City/County _____ From Year _____ to Year _____

Home Address _____ City _____ State _____ Zip _____

Driver's License No. _____ State Issuing License _____

Date of Birth _____ Sex: Male Female (circle one) Race: Asian Black Hispanic White Other (circle one)

REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER ON PAST ALCOHOL & SUBSTANCE TESTING

COMPANY _____ ADDRESS _____ CITY, STATE & ZIP _____

TO _____ _____ _____	DATE _____ _____
_____, social security number _____ has applied with this company for a driver position. Please complete the following information to assist us in our application process.	
Sincerely, _____	Title _____

Dates of participation in a random testing program : FROM: _____ TO: _____ Did driver ever refuse to be tested? YES NO	Date of last test: _____ Alcohol _____ Controlled Substance _____
--	---

Did the driver ever have a positive test?	YES	NO
Alcohol (0.04 or greater)	YES	NO
Controlled Substance	YES	NO

Please answer the following questions if the driver ever had a positive test result.

Was the driver evaluated by a Substance Abuse Professional?	YES	NO
Did the SAP determine assistance or treatment was necessary?	YES	NO
Did the driver complete the treatment?	YES	NO

Date: _____ Signature: _____

WAIVER, CONSENT & RELEASE FORM

FORMER EMPLOYER _____
 You are hereby authorized to release all information regarding my past alcohol & controlled substance test results, services, character & conduct while in your employ. You are released from any & all liability associated with furnishing this information.

Signature _____ Date _____