



1001 W. Pinhook Rd.
Bldg. 3 Ste. 308
Lafayette, LA 70503
800-961-0096
337-706-8946 (Fax)
www.ShipDedicated.com

ATTN: Prospective Dedicated Over-the-Road Driver

Thank you for expressing an interest in driving as an **owner operator (or hiring a driver to drive your leased-on tractor) or company driver for Dedicated Transportation, LLC.**

Enclosed is your employment package containing the following:

- Over-the-Road Prerequisite & Company Philosophy on Safety Handout (one copy)
- Driver's Application for Employment (one copy)
- Request for Information – from Previous Employer (includes alcohol/drug history - release form (1 copy))
- Request for Check of Driving Record - release form (1 copy)
- Fair Credit Reporting Act Disclosure Statement – release form (1 copy)

With your receipt of our application package the interview process has begun. How you complete your application package will provide us insight on how you are following directions, so please ensure that the Driver's Application for Employment is filled out completely. In particular, we need complete mailing addresses and current telephone numbers of past employers. Also, you must provide employment data covering a full ten years. Incomplete employment applications will delay the processing of your application – or may even result in your application not being considered. Fill out the five-page application completely. The “release forms” that have certain blocks highlighted in yellow, please provide the requested information. If the block calls for your signature, you must sign your name, if the block calls for your name, you must print it neatly. Again, only fill out those blocks that are highlighted.

* * * IMPORTANT * * *

Also, you must provide a readable copy of your CDL, along with the completed application and release forms.

If you have any questions, please call during our normal business hours (7am – 5pm – Monday through Friday) at 1-800-961-0096, extension 21 (if you get my voice mail, please leave a message with your name and a good call back telephone number). Our fax number is 337-706-8946.

For more information about Dedicated Transportation, LLC visit our website at www.shipdedicated.com.

Sincerely,

Rhonda Sias
Safety Coordinator
Rhonda.Sias@shipdedicated.com



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Management Philosophy

We feel as though our customers are the reason for our existence. Our continued growth and prosperity are dependent on keeping our customers coming back to us. Superior service is what will keep them coming back. We must all accept this fact and realize the important role we all play in this equation. Without good attitudes and a caring spirit from our drivers, we will fail. We will do everything in our power to protect the customers and ask for your input on any positive suggestions you may have.

History

Dedicated Transportation, LLC was founded February 22, 2000 by Benjamin A. Hogan III in Port Barre, LA. In February of 2002, he moved to his present location in Opelousas, LA. Dedicated Transportation, LLC operates as a contract and common carrier of non-household goods on an interstate and Louisiana intrastate basis.

When you become a member of this Company you are invited to become an integral part of satisfying our customers while providing dependable support for your family's future.

Service Area

Home Office Facility - Lafayette, LA



Call (337) 706-8846 • Fax (337) 706-8946



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SAFETY POLICY STATEMENT

IT IS THE POLICY OF DEDICATED TRANSPORTATION TO MAINTAIN THE HIGHEST LEVEL OF SAFETY IN ALL FACETS OF OUR BUSINESS

WE CLEARLY UNDERSTAND AND ACCEPT OUR MORAL, LEGAL AND PROFESSIONAL OBLIGATION TO PROVIDE A SAFE WORK ENVIRONMENT

OUR EMPLOYEES ARE OUR MOST VALUABLE ASSET. ALL EMPLOYEES ARE HELD ACCOUNTABLE FOR ENSURING THAT SAFETY PRECAUTIONS AND SAFE WORK PRACTICES ARE FOLLOWED

OUR SUPERVISORS AND MANAGERS WILL BE HELD RESPONSIBLE FOR ENSURE THAT ALL EMPLOYEES, EQUIPMENT AND WORK AREAS UNDER THEIR WATCH WILL BE IN COMPLIANCE WITH ALL COMPANY AND GOVERNMENT RULES AND REGULATIONS

WE WILL CONTINUE TO TRAIN OUR EMPLOYEES IN THE SAFEST MANNER IN WHICH TO PERFORM THEIR JOB FUNCTION

WE INTEND TO PROTECT OURSELVES AS WELL AS THE PUBLIC BY CONTINUALLY COMMITTING OURSELVES TO OUR GOAL OF:

"ZERO ACCIDENTS – ZERO INJURIES"

SAFETY IS AN ATTITUDE AND WE INTEND TO HAVE THE BEST ATTITUDE IN THE BUSINESS

Dedicated Transportation's policy on Driver's Logs – Comply fully with DOT regulations &

Keep it legal, keep it current, and keep it accurate!

What you can expect! Expect to be home at least 2 weekends a month routinely. We do expect you to leave out early enough on a weekend to be positioned at your first delivery for the week with a fresh 11 hours of driving and 14 hours of on-duty time. Dedicated Transportation does endeavor to get you home for important events, such as children's graduations. We will do our best to work with you on matters such as these.

For further information contact Rhonda Sias at 1-800-961-0096 or 337-706-8846 ext. 21



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OVER-THE-ROAD DRIVER PREREQUISITES & COMPANY PHILOSOPHY ON SAFETY

PREREQUISITES FOR ALL OVER-THE-ROAD DRIVERS

- ❑ **Minimum 25 years of age**
- ❑ **Minimum 2 years over-the-road tractor/trailer experience pulling vans** (Required by Insurance Company)
- ❑ **Current CDL A driver's license with HM endorsement** (Residents of LA must have CDL issued by State of LA)
- ❑ **Safe driving record – as defined by our insurance carrier**
- ❑ **Pre-hire DOT physical & drug screen at AHS Lafayette, Louisiana** (applicant to pay cash (currently \$93) for pre-hire drug screen and physical – to be reimbursed at 90th day of employment)
- ❑ **Satisfactorily pass road test**
- ❑ **Available for Dedicated Transportation dispatch** (or other named customers)
- ❑ **Present a neat appearance** (collared shirt, approved shoes, etc...)
- ❑ **Applicant must provide criminal background check from their parish/county of residence**
- ❑ **Must have a cell phone**

ADDITIONAL REQUIREMENTS FOR OWNER OPERATOR APPLICANTS

- ❑ **1998 model or newer tractor (waivers for older tractor on a case-by-case basis). Must be inspected prior to being approved.**
- ❑ **23-state coverage on cab card** (AL, AR, DE, FL, GA, IL, IN, KS, KY, LA, MD, MO, MS, NC, NJ, OH, OK, PA, SC, TN, TX, VA, WV) If applying for a specific “dedicated run” this may be waived.
- ❑ **Heavy Vehicle Highway Use Tax Receipt (IRS form 2290)**
- ❑ **Bobtail insurance certificate with \$1,000,000 coverage**
- ❑ **Annual vehicle inspection**
- ❑ **Workman's Compensation Certification** (if not obtaining from us)
- ❑ **Use of our logo on your tractor**
- ❑ **Incur the cost of decals to place assigned tractor number on your unit**



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Was this OTR? Yes/No What commodities hauled? _____ How many states did they run? _____

Reason for leaving? Discharged _____ Resignation _____ Lay Off _____
Eligible for rehire? Yes/No (circle one)

No. of "preventable" accidents/incidents: _____
Please give details: _____

Was his/her general conduct satisfactory? _____
Please advise history of past driving record if available for past three years: _____

If a driver was not subject to DOT Alcohol & Drug testing requirements while employed by you check here _____.

1. Has this person had an alcohol test with a result of 0.04 or higher alcohol concentration? _____
2. Has this person tested positive or adulterated or substituted a test specimen for controlled substances? _____
3. Has this person refused to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test? _____
4. Has this person committed other violations of subpart B of 382, or Part 40? _____
5. If this person has violated a DOT drug and alcohol regulation, did this person complete a SAP prescribe rehabilitation program in your employ, including return-to-duty and follow-up tests? If yes, please send documentation back with this form. _____
6. For a driver who successfully completed a SAP's rehabilitation referral and remained in your employ, did this driver subsequently have an alcohol test result of 0.04 or greater, verified positive drug test or refuse to be tested? _____

In answering these questions, include any required DOT drug or alcohol testing information obtained from prior previous employers in the previous 3 years prior to the application date.

Name: _____
Company: _____
Street: _____
City, State, Zip: _____ Telephone: _____

Completed by (Signature): _____ Date: _____

Name **Dedicated Transportation LLC**
1001 W Pinhook Rd
Bldg 3 Ste 308
Lafayette LA 70503

Company _____

FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT

In accordance with the provisions 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.

Applicant's signature

Date

name

ID number

DRIVER'S APPLICATION FOR EMPLOYMENT

Applicant Name _____ Date of Application _____
(print)

Company _____ Dedicated Transportation _____

Address _____ 1001 W Pinhook Rd _____

City _____ Bldg 3 Suite 308 _____ Zip _____

Lafayette LA 70503

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

TERMINATION REPORT PLACED IN FILE _____ SUPERVISOR _____

~~• 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.~~ 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 accuracy of any decision made by an employer which may violate local, state, or federal law.

APPLICANT TO COMPLETE

(answer all questions - please print)

Position(s) Applied **for** -----

Name _____ Social Security No. _____
Last First Middle

List your addresses of residency for the past 3 years.

Current Address -----
Street City

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

Previous
Addresses

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

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

How Long? _____
Street City State & Zip Code 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 company before? _____ Where? -----

Dates: From _____ To _____ Rate of Pay _____ Position -----

Reason for leaving -----

Are you now employed? _____ If not, how long since leaving last employment? -----

Who referred you? ----- Rate of pay expected _____

Have you ever been bonded? _____ Name of bonding company _____

(Answer only if a job requirement)

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 to employment-all circumstances will be considered.

Is there any reason you might be unable to perform the functions of the job for which you have applied [as described in the attached job description]?

If yes, explain if you wish

REQUEST FOR CHECK OF DRIVING RECORD

1/1/17

NOTE TO MOTOR CARRIER: SEE BACK SIDE FOR STATES THAT ACCEPT THIS FORM.

I hereby authorize you to release the following information to 1/1/17 (Prospective Employer)

for purposes of investigation as required by Sections 391.23 and 391.25 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information.

(Applicant's Signature)

(Date)

In accordance with the provisions of Sections 604 and 607 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 1, of Public Law 104-208), I hereby certify the following:

1. The consumer (applicant) has authorized in writing the procurement of this report;
2. The consumer (applicant) has been informed in a separate written disclosure that a consumer report may be obtained for employment purposes;
3. The information requested below will be used for a "permissible purpose" (i.e., information for employment purposes) and will be used for no other purpose;
4. The information being obtained will not be used in violation of any federal or state equal opportunity law or regulation; and
5. Before taking an adverse action based in whole or in part on the report the consumer (applicant) will receive a copy of the requested report and the summary of consumer rights as provided with the report by the consumer reporting agency.

I also hereby certify that this report request and the above applicant's release notice meet the definition of "permissible uses" of state motor vehicle records under the provisions of the Driver's Privacy Protection Act of 1994 (Public Law 103-322, Title 100-Section 300002(a)).

(Signature of Requester)

(Date)

TO: 1/1/17

Dedicated Transportation

1001 W Pinhook Rd

FORMER ADDRESS

(Number & Street)

(City)

(State)

(Zip Code)

Bldg 3 Suite 308

Lafayette LA 70503

DEAR SIR/MADAM:

The following named person has made application with our company for the position of _____ In accordance with Section 391.23, Federal Department of Transportation Regulation

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	(OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE NONE			
	LOCATION	DATE	CHARGE	PENALTY
NEXT PREVIOUS				

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS

(ATTACH SHEET IF MORE SPACE IS NEEDED)

EXPERIENCE AND QUALIFICATIONS- DRIVER

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

	STATE	LICENSE NO.	TYPE	EXPIRATION DATE
DRIVER				
LICENSES				

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 EITHER A OR B IS YES, GIVE DETAILS -----

DRIVING EXPERIENCE CHECK YES OR NO

CLASS OF EQUIPMENT	CIRCLE TYPE OF EQUIPMENT	DATES		APPROX. NO. OF MILES (TOTAL)
		FROM (MIY)	TO (MIY)	
STRAIGHT TRUCK	DYES ONO (VAN, TANK, FLAT, DUMP, REFER)			
TRACTOR AND SEMI-TRAILER	DYES ONO (VAN, TANK, FLAT, DUMP, REFER)			
TRACTOR -TWO TRAILERS	DYES ONO (VAN, TANK, FLAT, DUMP, REFER)			
TRACTOR THREE TRAILERS	DYES ONO (VAN, TANK, FLAT, DUMP, REFER)			
MOTORCOACH SCHOOLBUS	DYES DNO More than 8 passengers			
MOTORCOACH-SCHOOLBUS	DYES O NO More than 15 passengers			
OTHER				

EMPLOYMENT HISTORY (continued)

EMPLOYER			DATE	
NAME			FROM	TO
ADDRESS			MO. YR.	MO. YR.
CITY	STATE	ZIP	POSITION HELD	
CONTACT PERSON			PHONE NUMBER	
WERE YOU SUBJECT TO THE FMCSRst WHILE EMPLOYED? <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				
EMPLOYER			DATE	
NAME			FROM	TO
ADDRESS			MO. YR.	MO. YR.
CITY	STATE	ZIP	POSITION HELD	
CONTACT PERSON			PHONE NUMBER	
WERE YOU SUBJECT TO THE FMCSRst WHILE EMPLOYED? <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				
EMPLOYER			DATE	
NAME			FROM	TO
ADDRESS			MO. YR.	MO. YR.
CITY	STATE	ZIP	POSITION HELD	
CONTACT PERSON			PHONE NUMBER	
WERE YOU SUBJECT TO THE FMCSRst WHILE EMPLOYED? <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				
EMPLOYER			DATE	
NAME			FROM	TO
ADDRESS			MO. YR.	MO. YR.
CITY	STATE	ZIP	POSITION HELD	
CONTACT PERSON			PHONE NUMBER	
WERE YOU SUBJECT TO THE FMCSRst WHILE EMPLOYED? <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				
EMPLOYER			DATE	
NAME			FROM	TO
ADDRESS			MO. YR.	MO. YR.
CITY	STATE	ZIP	POSITION HELD	
CONTACT PERSON			PHONE NUMBER	
WERE YOU SUBJECT TO THE FMCSRst WHILE EMPLOYED? <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				
EMPLOYER			DATE	
NAME			FROM	TO
ADDRESS			MO. YR.	MO. YR.
CITY	STATE	ZIP	POSITION HELD	
CONTACT PERSON			PHONE NUMBER	
WERE YOU SUBJECT TO THE FMCSRst WHILE EMPLOYED? <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				

