

# AARMAC TRANSPORT, INC.

1509 2nd Ave SW Minot, ND 58701  
office: (701) 248-8086 fax: (877) 841-0288

## Owner-Operator Application for Employment

You are advised that the information you provide in this application may be used, and your prior employers will be contacted, for the purpose of investigating your background as required by FMCSR Part 391. **Answer all questions.**

### BUSINESS INFORMATION

Business Name: \_\_\_\_\_ SSN / EIN: \_\_\_\_\_

Tax Class:  Sole Proprietor  C Corporation  S Corporation  Partnership  Trust/Estate  
 LLC/Tax Class C  LLC/Tax Class S  LLC/Tax Class P  Other \_\_\_\_\_

Business Type:

- Owner-Operator - this business will be operating under AARMAC Transport's authority and MSA.  
 Sub-Contractor - this business has its own DOT number, Unified Carrier Registration, and Hazardous Materials Certificate of Registration. It operates under its own authority and master service agreements.

Business Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Office Address: \_\_\_\_\_

Office phone #: \_\_\_\_\_ Office Fax #: \_\_\_\_\_

Website: \_\_\_\_\_

**Owner's Name:** \_\_\_\_\_

Cell phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Cell service provider: \_\_\_\_\_ Office Phone #: \_\_\_\_\_ Office Fax #: \_\_\_\_\_

**Co-Owner's Name:** \_\_\_\_\_

Cell phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Cell service provider: \_\_\_\_\_ Office Phone #: \_\_\_\_\_ Office Fax #: \_\_\_\_\_

**Field Supervisor's Name:** \_\_\_\_\_

Cell phone #: \_\_\_\_\_ Cell service provider: \_\_\_\_\_

Home phone #: \_\_\_\_\_ Email address: \_\_\_\_\_

**Recruiting Manager's Name:** \_\_\_\_\_

Email address: \_\_\_\_\_

Office phone #: \_\_\_\_\_ Office Fax #: \_\_\_\_\_

**Compliance Manager's Name:** \_\_\_\_\_

Email address: \_\_\_\_\_

Office phone #: \_\_\_\_\_ Office Fax #: \_\_\_\_\_

How were you referred to us? \_\_\_\_\_ Date available to start: \_\_\_ / \_\_\_ / \_\_\_

Type of employment desired: Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Temp \_\_\_\_\_ Seasonal \_\_\_\_\_ Other \_\_\_\_\_

Have you ever been contracted to this company before? \_\_\_\_\_ If yes, when? \_\_\_\_\_

**AVAILABLE EQUIPMENT**

**Tractors**

All trucks must have four axles and be registered for 105,500 pounds.

Year	Make	Model	VIN

**Trailers**

All trailers must have data plates intact and have overflow protection installed. Crude oil trailers must meet DOT-407 specifications; no MC-306 trailers or converted gas-haulers will be accepted.

Year	Make	DOT Spec.	Capacity	Crude / Water	VIN #

**COMPANY ACCIDENT RECORD FOR PAST THREE YEARS**

List all accidents, regardless of fault or type of vehicle. List most recent first. If none, write "none".

Date	Type of Accident (rear-end, roll-over, spill, etc.)	Fatalities	Injuries	Towable Damage?	Citation Issued?

**OUT-OF-SERVICE VIOLATIONS FOR PAST THREE YEARS**

List most recent first. If none, write "none".

Date	Charge	Location

## PREVIOUS EMPLOYMENT

List all DOT carriers and brokers you have contracted within the past three years. List most recent employment first. If additional space is needed, continue on separate piece of paper.

Employer:		Dates Employed:	To:
Address:		Phone: (    )	
DOT #:	Supervisor:	May we contact?	YES/NO
Cargo hauled:			
How many trucks did you lease on?		How many trailers?	
Did you provide your own drivers as well?			
Reason for leaving?			

Employer:		Dates Employed:	To:
Address:		Phone: (    )	
DOT #:	Supervisor:	May we contact?	YES/NO
Cargo hauled:			
How many trucks did you lease on?		How many trailers?	
Did you provide your own drivers as well?			
Reason for leaving?			

Employer:		Dates Employed:	To:
Address:		Phone: (    )	
DOT #:	Supervisor:	May we contact?	YES/NO
Cargo hauled:			
How many trucks did you lease on?		How many trailers?	
Did you provide your own drivers as well?			
Reason for leaving?			

## CERTIFICATION AND AUTHORIZATION OF APPLICANT

I certify that all the above information is true and complete. I understand that any misrepresentation or omission may result in disqualification from further consideration for employment and/or termination from employment.

Further, I hereby authorize **AARMAC Transport, Inc.** to conduct a complete investigation into my background including, but not limited to, inquiring into my entire employment history, education history, motor vehicle record, criminal history, and military record, if applicable; to ascertain that all information given by me is correct.

In consideration for the processing of my application of employment, I hereby release, indemnify and hold harmless **AARMAC Transport, Inc.** and all previous employers and other persons and organizations furnishing information in connection with **AARMAC Transport's** investigation into my background from any and all liability.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_