



Platinum Express Inc

2549 Stanley Ave
Dayton, Ohio 45404
937-235-9540
www.platinumexpressinc.com

INDEPENDENT
CONTRACTOR OR DRIVER'S
RECORD OF VITAL
INFORMATION

Date \_\_\_\_\_ Contractor \_\_\_\_\_

This record is being requested to provide the above named Company with vital information about Independent Contractors or their drivers. The information is needed to ensure compliance with Department of Transportation and PUCO requirements. This record is not to be construed as an application for employment and no employment relationship shall be created by this document.

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone #1 \_\_\_\_\_ Phone #2 \_\_\_\_\_

MOTOR VEHICLE RECORD INFORMATION

Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth \_\_\_\_\_

Driver License # \_\_\_\_\_ St. \_\_\_\_\_ Exp. Date \_\_\_\_\_

Federal ID Number (If Contractor or Owner/ Operator) \_\_\_\_\_

Who referred you \_\_\_\_\_

DRIVING HISTORY

All Independent contractors or their drivers intending to drive interstate commerce must provide the following information on all (professional driving experience) during the preceding 3 years.

Independent Contractors and drivers intending to drive a commercial motor vehicle in intrastate or interstate commerce shall also provide an additional 7 years' information on professional driving and/or other work experience.

LIST DRIVING EXPERIENCE IN REVERSE ORDER STARTING WITH THE MOST RECENT. LIST ALL EXPERIENCE REGARDLESS OF LENGTH OF TIME. COMPLETE NAMES, ADDRESSES, ALSO ZIP CODES AND TELEPHONE NUMBERS ARE NECESSARY IN ORDER TO ACCEPT THE INFORMATION SHEET. COMPLETE ALL TIME GAPS.

Most Recent

From: Mo. \_\_\_\_\_ Yr. \_\_\_\_\_ To: Mo. \_\_\_\_\_ Yr. \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone No. (\_\_\_\_\_) \_\_\_\_\_

Position Held \_\_\_\_\_

Type of Equip. \_\_\_\_\_ Trailer Type & Size \_\_\_\_\_

Pay Scale \_\_\_\_\_ Avg. Weekly Mileage \_\_\_\_\_

States Operated in \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Was this job designated as a safety-sensitive function in any DOT-regulated mode subject to the alcohol and controlled substance testing requirements of 49 CFR part 40? \_\_\_ Yes \_\_\_ No

INDEPENDENT CONTRACTOR OR DRIVER'S  
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From: Mo. \_\_\_\_\_ Yr. \_\_\_\_\_ To: Mo. \_\_\_\_\_ Yr. \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Contact Person \_\_\_\_\_ Phone No. (\_\_\_\_\_) \_\_\_\_\_  
Position Held \_\_\_\_\_  
Type of Equip. \_\_\_\_\_ Trailer Type & Size \_\_\_\_\_  
Pay Scale \_\_\_\_\_ Avg. Weekly Mileage \_\_\_\_\_  
States Operated in \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_  
Was this job designated as a safety-sensitive function in any DOT-regulated mode subject to the alcohol and controlled substance testing requirements of 49 CFR part 40?    \_\_\_ Yes    \_\_\_ No

From: Mo. \_\_\_\_\_ Yr. \_\_\_\_\_ To: Mo. \_\_\_\_\_ Yr. \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Contact Person \_\_\_\_\_ Phone No. (\_\_\_\_\_) \_\_\_\_\_  
Position Held \_\_\_\_\_  
Type of Equip. \_\_\_\_\_ Trailer Type & Size \_\_\_\_\_  
Pay Scale \_\_\_\_\_ Avg. Weekly Mileage \_\_\_\_\_  
States Operated in \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_  
Was this job designated as a safety-sensitive function in any DOT-regulated mode subject to the alcohol and controlled substance testing requirements of 49 CFR part 40?    \_\_\_ Yes    \_\_\_ No

From: Mo. \_\_\_\_\_ Yr. \_\_\_\_\_ To: Mo. \_\_\_\_\_ Yr. \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Contact Person \_\_\_\_\_ Phone No. (\_\_\_\_\_) \_\_\_\_\_  
Position Held \_\_\_\_\_  
Type of Equip. \_\_\_\_\_ Trailer Type & Size \_\_\_\_\_  
Pay Scale \_\_\_\_\_ Avg. Weekly Mileage \_\_\_\_\_  
States Operated in \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_  
Was this job designated as a safety-sensitive function in any DOT-regulated mode subject to the alcohol and controlled substance testing requirements of 49 CFR part 40?    \_\_\_ Yes    \_\_\_ No

INDEPENDENT CONTRACTOR OR DRIVER'S  
RECORD OF VITAL INFORMATION

From: Mo. \_\_\_\_\_ Yr. \_\_\_\_\_ To: Mo. \_\_\_\_\_ Yr. \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Contact Person \_\_\_\_\_ Phone No. (\_\_\_\_\_) \_\_\_\_\_  
Position Held \_\_\_\_\_  
Type of Equip. \_\_\_\_\_ Trailer Type & Size \_\_\_\_\_  
Pay Scale \_\_\_\_\_ Avg. Weekly Mileage \_\_\_\_\_  
States Operated in \_\_\_\_\_

Was this job designated as a safety-sensitive function in any DOT-regulated mode subject to the alcohol and controlled substance testing requirements of 49 CFR part 40?  Yes  No

**COMMERCIAL DRIVERS LICENSE**

CDL License No. \_\_\_\_\_ ST. \_\_\_\_\_ Exp. Date \_\_\_\_\_

Endorsements: (check the endorsements you currently have)

T- Doubles/Triples  N- Tanker  H- Hazardous Materials  X- Tanker & Hazardous Combined

**DRIVING RECORD FOR THE PAST 3 YEARS**

1. List all traffic convictions for moving violations for the past 3 years. Include violations in both a commercial or personal vehicle.

Date	Offence	Location	Penalty

2. Have you ever had a driver's license of any type, suspended or denied? Yes \_\_\_\_\_ No \_\_\_\_\_

Date: \_\_\_\_\_ Tpye of License: \_\_\_\_\_ Reason for Suspension/Denial: \_\_\_\_\_

3. Are you required by a court order, in any state, to pay Child Support or Alimony? Yes \_\_\_\_\_ No \_\_\_\_\_

**ACCIDENT RECORD FOR THE PAST 10 YEARS**

Date	Nature of Accident (Head-on, Rear-End, Upset)	Type of citation issued
Last Accident _____		
Next Previous _____		
Next Previous _____		

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Pursuant to 40.25(j), Have you ever tested positive or refused any pre-employment or random drug or alcohol test administered by an employer, in the past 3 years? Yes\_\_\_\_\_ No\_\_\_\_\_

Have you ever tested positive or refused **ANY** pre-employment or random drug or alcohol testing? Yes\_\_\_\_No\_\_\_\_\_.

If yes, did they refer you to a Substance Abuse Professional (SAP) for evaluation? Yes\_\_\_\_\_ No\_\_\_\_\_.

Did you follow- up with their recommendations Yes\_\_\_\_\_ No\_\_\_\_\_

**TO BE READ AND SIGNED BY THE INDEPENDENT CONTRACTOR OR DRIVER**

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

I authorize you to make such investigations & inquiries of my personal employment, financial or medical history and other related matters as may be necessary in granting a driving position. 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 vital information sheet.

In the event of being granted a driving position, I understand that false or misleading information given in this information sheet, or interview(s) may result in the elimination of my driving position and/or lease agreement. I understand, also, that I am required to abide by all federal regulations concerning the operation of a commercial vehicle and to abide by all rules and regulations of the company.

\_\_\_\_\_  
(INDEPENDENT CONTRACTOR or DRIVER'S SIGNATURE)

\_\_\_\_\_  
DATE

11/14/22