



**APPLICATION FOR EMPLOYMENT – OWNER OPERATOR**

# **OWNER OPERATOR APPLICATION**

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**APPLICATION FOR EMPLOYMENT – OWNER OPERATOR**

Dear Applicant,

Thank you for your interest in Centurion Auto Transport!

Please complete the application in its entirety. Applications that are not completed, signed and dated will not be considered. Please attach a copy of your driver's license. If you have any problems with the application you may visit [www.centurionautologistics.com](http://www.centurionautologistics.com) and download a new copy or you may contact me and I will send you one.

**Please do not fill in any information on page 15 or 16 other than to sign and date page 15 on applicant signature line.**

You may return the completed application by mail, e-mail or fax from the information provided or you may drop it off at the Security gate. Please send it to my attention.

Thank you,  
Sonila Daragjati  
Human Resource Director  
Centurion Auto Transport  
Phone: (904)766-8550  
FAX: (904)766-8585  
[SDaragjati@centurionautologistics.com](mailto:SDaragjati@centurionautologistics.com)

**CENTURION AUTO TRANSPORT  
CORPORATE SAFETY/RECRUITING OFFICE**

5912 New Kings Road, Jacksonville, FL 32209  
Office (800) 889-8139 Fax (904) 766-8585



**APPLICATION FOR EMPLOYMENT – OWNER OPERATOR**

**I. Description of Position**

Over the road car hauler.

**II. Qualifications Standard**

Must have Class 'A' Commercial Driver's License.

Must have no more than 6 points and no more than 1 major violation on license in the previous 3 yrs.

Must have acceptable accident history, evaluated on a case by case basis.

Understand misdemeanors or felony convictions will be evaluated on a case by case basis.

Must be at least 23 years old.

Having 2 years verifiable over the road experience is preferred.

Living 2 hours of a Centurion terminal is preferred.

Must be available and dependable for flexible dispatch schedule, 365 days a year 24 hours a day. Must complete required company, D.O.T, and FMCSA paperwork properly and daily.

Knowledge and willingness to comply with all D.O.T. regulations, FMCSA rules, and company policies.

Must have good public relations skills.

Must successfully complete company training program.

Must pass D.O.T. physical and drug screens.

Must be able to sit (driving) for 8 – 10 hours a day, with intermittent rest periods.

Must be able to lift 50-75 lbs daily.

Must be able to withstand prolonged walking or standing, .25 to 2.5 hours a day.

Must be able to reach and work over head, .25 to 1 hour a day.

Must be able to squat, bend, climb, pull and twist body daily, .25 to 1 hour a day.

Must be able to push/pull and use hands for fine manipulation, .25 to 1 hour a day.

**III. Organizational Relationships**

Answer directly to the Driver Manager.

Report to Dispatch and/or Operations daily.

Report to Safety Director, as necessary.

Deal with customers on a regular basis in a professional manner.

**IV. Job Responsibilities**

Be available for Dispatch.

Locate and inspect vehicles to be loaded.

Drive vehicles on and off trucks.

Secure every vehicle on truck with four straps.

Make certain load meets height and weight requirements.

Make a Pre-Trip, Inner Trip and Post-Trip inspection of the truck.

Check truck and load after every stop.

Expected to deliver vehicles damage free on a timely basis.

Must have a phone for daily communication with the company.

Expected to average 2,250 miles or 60 points for the week (if work load allows).

This is a comprehensive list, but by no means complete, other duties will be assigned as needed by Centurion.

Employee Signature: \_\_\_\_\_

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

Management Signature: \_\_\_\_\_

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

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**IMPORTANT NOTICE TO DRIVERS REGARDING BACKGROUND REPORTS**

In connection with your application for employment by mail, telephone, fax, or computer, and during employment should you be offered a position, Centurion Auto Transport ("Prospective Employer") may obtain one or more reports regarding your employment, credit, driving, and/or criminal background history from a consumer reporting agency and/or other sources. If the Prospective Employer uses any information it obtains from a background report by a consumer reporting agency in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on the background report and will inform you about how to get in touch with the consumer reporting agency.

The Prospective Employer cannot obtain background reports from consumer reporting agencies or other sources regarding you unless you consent in writing. If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below.

**CONSENT TO PROCUREMENT OF BACKGROUND REPORTS**

\_\_\_\_\_ I authorize Prospective Employer to obtain, to the extent permitted by law, one or more  
(Initial) background reports regarding my employment, credit, driving, and/or criminal background history from a consumer reporting agency and other sources.

\_\_\_\_\_ I authorize Prospective Employer to contact any organization or individual that I have listed on my  
(Initial) employment application or resume or mentioned in job interviews and obtain from them any relevant information about my job qualifications, including my education, experience, skills, performance, credentials, characteristics, attitude, abilities, and involvement in specific events. I understand that I am consenting to the release of any information about my job qualifications held or known by my former employers, supervisors, and co-workers. In addition, I consent to the release of any information about my job qualifications held or known by other organizations or individuals, including schools and educational institutions, professional or business associates, and friends and acquaintances, that Prospective Employer might contact in the course of conducting a reference check or background investigation of my suitability for employment.

\_\_\_\_\_ Further, I authorize the request for information from various federal and state agencies that  
(Initial) maintain records concerning my past activities relating to my driving, criminal and civil experiences. I understand that I am consenting to the release of safety performance information including crash data and inspection history, and acknowledge that release of this information is relevant to my suitability for employment with Prospective Employer.

\_\_\_\_\_ In exchange for Prospective Employer's consideration of my employment application, I agree not to  
(Initial) file or pursue any complaints, claims, or legal actions of any kind against any organization or individual that responds to requests from Prospective Employer or its agents for information about me. I also agree not to file or pursue any complaints, claims, or legal actions against Prospective Employer or any of its employees, representatives, or agents arising out of their efforts to obtain work-related information about me.

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\_\_\_\_\_ (Initial) I understand that any false, incomplete or misleading information given by me on this application is sufficient cause for rejection of the application. I understand and agree that any such false, incomplete, or misleading information discovered on this application at any time after I am employed may result in my dismissal.

\_\_\_\_\_ (Initial) If I am offered employment, I understand that such an offer will be conditioned upon satisfactory results of a background investigation and/or Company medical examination of inquiry, including a drug screen test. If then employed, I understand that I will be required to serve a **ninety (90) day probationary period.** I further understand that my employment and compensation can be terminated, with or without cause or notice, at any time, regardless of the successful completion of my probationary period, at the option of either the Company or myself. I understand that only the President of the Company has authority to enter into an agreement for employment for any specified period of time, or to make an agreement contrary to the foregoing, and I understand such an agreement by the President can only be made in writing.

\_\_\_\_\_ (Initial) I further understand and voluntarily agree as a condition of employment and of my continued employment, that I may be requested by the Company to submit to a urinalysis drug screening and or alcohol screening test and that my failure to take such test(s) when requested to do so, or unsatisfactory test results, will disqualify me from consideration for employment, or if I am employed, may result in my immediate dismissal.

\_\_\_\_\_ (Initial) I certify that I have read, I understand and I agree to the above Important Notice to Drivers Regarding Background Reports and Consent to Procurement of Background Reports. I hereby authorize Prospective Employer and its employees, agents, and affiliates to obtain the reports and information on my job qualifications and credit, driving, and/or criminal background history authorized above. This also 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.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

## IMPORTANT DISCLOSURE

### REGARDING BACKGROUND REPORTS FROM THE *PSP Online Service*

In connection with your application for employment with CENTURION AUTO TRANSPORT (“Prospective Employer”), Prospective Employer, its employees, agents or contractors may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

When the application for employment is submitted in person, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer 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, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report.

When the application for employment is submitted by mail, telephone, computer, or other similar means, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer must provide you within three business days of taking adverse action oral, written or electronic notification: that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

Neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. You may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If you challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. Your request will be forwarded by the DataQs system to the appropriate State for adjudication.

Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with Federal Motor Carrier Safety Regulations (FMCSR) violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

The Prospective Employer cannot obtain background reports from FMCSA without your authorization.

#### AUTHORIZATION

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

I authorize \_\_\_\_\_ (“Prospective Employer”) 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 authorizing 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 the Prospective Employer to make a determination regarding my suitability as an employee.

I further understand that neither the Prospective Employer 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 challenge 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 understand that any crash or inspection in which I was involved will display on my PSP report. Since the PSP report does not report, or assign, or imply fault, I acknowledge it will include all CMV crashes where I was a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, I understand all inspections, with or without violations, will appear on my PSP report, and State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on my PSP report.

## IMPORTANT DISCLOSURE

### REGARDING BACKGROUND REPORTS FROM THE *PSP Online Service*

I have read the above Disclosure Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this Disclosure and Authorization, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (Please Print)

**NOTICE:** This form is made available to monthly account holders by NIC on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain an Applicant's written or electronic consent prior to accessing the Applicant's PSP report. Further, account holders are required by FMCSA to use the language contained in this Disclosure and Authorization form to obtain an Applicant's consent. The language must be used in whole, exactly as provided. Further, the language on this form must exist as one stand-alone document. The language may NOT be included with other consent forms or any other language.

*LAST UPDATED 12/22/2015*

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**APPLICATION FOR EMPLOYMENT – OWNER OPERATOR**

*We are an equal opportunity employer, dedicated to non discrimination in employment on the basis of race, color, age, religion, sex, national origin, handicap, disability and marital status.*

**PLEASE NOTE: ALL INFORMATION IS TO BE COMPLETED AS STATED. MISSING INFORMATION WILL RESULT IN APPLICATION BEING DENIED FOR PROCESSING.**

PERSONAL INFORMATION			
			DATE: _____
_____	_____	_____	
<i>Last Name</i>	<i>First Name</i>	<i>MI</i>	
_____	_____	_____	
<i>Social Security</i>		<i>Birthdate</i>	
CURRENT ADDRESS:			
_____	_____	_____	_____
<i>Street</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
PERMANENT ADDRESS:			
_____	_____	_____	_____
<i>Street</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
Home Phone: _____		Cell Number: _____	
E-Mail Address: _____			

Previous Address For Past 3 Years		(Attach Additional Sheet If Necessary)	
_____	_____	_____	_____
<i>Street</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
_____	_____	_____	_____
<i>Street</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
If related to anyone who works for Centurion, please state name, department and work location:			
_____			
_____			
Emergency Contact Information			
Name: _____		Relationship: _____	
_____	_____	_____	_____
<i>Street</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
Home Phone: _____		Cell Number: _____	



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**EMPLOYMENT INFORMATION**

Date You Can Start: \_\_\_\_\_

Are you currently employed? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you currently on layoff status? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, may we contact your present employer? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever applied with Centurion before? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, when? \_\_\_\_\_

**EDUCATION**

High School: \_\_\_\_\_

College: \_\_\_\_\_

Trade, Business or Correspondence School: \_\_\_\_\_

Other: \_\_\_\_\_

(If truck Driving School, please provide copy of certificates and grades.)

**EXPERIENCE AND QUALIFICATIONS**

Drivers License #: \_\_\_\_\_ State: \_\_\_\_\_ Type: \_\_\_\_\_ Expires: \_\_\_\_\_

Driving Experience:

Straight Truck: From: \_\_\_\_\_ To: \_\_\_\_\_ Approximate Miles: \_\_\_\_\_

Tractor Trailer: From: \_\_\_\_\_ To: \_\_\_\_\_ Approximate Miles: \_\_\_\_\_

Auto Transport: From: \_\_\_\_\_ To: \_\_\_\_\_ Approximate Miles: \_\_\_\_\_

Other: From: \_\_\_\_\_ To: \_\_\_\_\_ Approximate Miles: \_\_\_\_\_

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<b>ACCIDENT REPORT</b>		
List all accidents for the past 5 years (attach additional sheet if necessary) <b>MUST BE COMPLETED</b>		
1.		
Date	Nature of Accident	
Charge	Penalty	Injuries/Fatalities

2.		
Date	Nature of Accident	
Charge	Penalty	Injuries/Fatalities

3.		
Date	Nature of Accident	
Charge	Penalty	Injuries/Fatalities

<b>TRAFFIC CONVICTIONS</b>			
List all traffic violations and forfeitures for the past 5 years (attach additional sheet if necessary) <b>MUST BE COMPLETED</b>			

1.			
Date	Location	Charge	Penalty

2.			
Date	Location	Charge	Penalty

3.			
Date	Location	Charge	Penalty

<b>LICENSE INFORMATION</b>
----------------------------

Have you ever been denied a license, permit or privilege to operate a motor vehicle?

YES  NO  If yes, please explain: \_\_\_\_\_

Has any license, permit or privilege you held been suspended or revoked?

YES  NO  If yes, please explain: \_\_\_\_\_

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**CRIMINAL HISTORY**

Have you ever been convicted or pled guilty, no contest or nolo contendere to a crime?

YES  NO  If yes, please give details:

Date:	Location (City and State):	Offense:	Disposition:

Notes/ Comment of additional information you think is Important:

Have you ever been charged with a crime and either placed on a court ordered probation, had adjudication withheld, or entered a pretrial intervention program?

YES  NO  If yes, please give details:

Date:	Location (City and State):	Offense:	Disposition:

Notes/ Comment of additional information you think is important:

**REFERENCES**

Please indicate below the names of three persons not related to you, who you have known for at least one (1) year.

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Business

Years Acquainted

Relationship

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Business

Years Acquainted

Relationship

3. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Business

Years Acquainted

Relationship

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**APPLICATION FOR EMPLOYMENT – OWNER OPERATOR**

PREVIOUS EMPLOYMENT			
List below all of your previous employers beginning with your current or most recent employer for a 10 year period, attach extra sheet if necessary.			
Employer:	Dates:	From:	To:
Street:	City	State:	Phone:
Position Held:	Reason Left:		
Were you subject to the FMCSR's while employed?			YES <input type="checkbox"/> NO <input type="checkbox"/>
Was your job designated as a safety sensitive function in any DOT Regulated mode subject to Alcohol and Substance abuse testing requirements as required by 49 CFR Part 40?			YES <input type="checkbox"/> NO <input type="checkbox"/>
Employer:	Dates:	From:	To:
Street:	City	State:	Phone:
Position Held:	Reason Left:		
Were you subject to the FMCSR's while employed?			YES <input type="checkbox"/> NO <input type="checkbox"/>
Was your job designated as a safety sensitive function in any DOT Regulated mode subject to Alcohol and Substance abuse testing requirements as required by 49 CFR Part 40?			YES <input type="checkbox"/> NO <input type="checkbox"/>
Employer:	Dates:	From:	To:
Street:	City	State:	Phone:
Position Held:	Reason Left:		
Were you subject to the FMCSR's while employed?			YES <input type="checkbox"/> NO <input type="checkbox"/>
Was your job designated as a safety sensitive function in any DOT Regulated mode subject to Alcohol and Substance abuse testing requirements as required by 49 CFR Part 40?			YES <input type="checkbox"/> NO <input type="checkbox"/>
Employer:	Dates:	From:	To:
Street:	City	State:	Phone:
Position Held:	Reason Left:		
Were you subject to the FMCSR's while employed?			YES <input type="checkbox"/> NO <input type="checkbox"/>
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Was your job designated as a safety sensitive function in any DOT Regulated mode subject to Alcohol and Substance abuse testing requirements as required by 49 CFR Part 40?				YES <input type="checkbox"/> NO <input type="checkbox"/>
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Street:	City	State:	Phone:	
Position Held:		Reason Left:		
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Was your job designated as a safety sensitive function in any DOT Regulated mode subject to Alcohol and Substance abuse testing requirements as required by 49 CFR Part 40?				YES <input type="checkbox"/> NO <input type="checkbox"/>
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Street:	City	State:	Phone:	
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Street:	City	State:	Phone:	
Position Held:		Reason Left:		
Were you subject to the FMCSR's while employed?				YES <input type="checkbox"/> NO <input type="checkbox"/>
Was your job designated as a safety sensitive function in any DOT Regulated mode subject to Alcohol and Substance abuse testing requirements as required by 49 CFR Part 40?				YES <input type="checkbox"/> NO <input type="checkbox"/>

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PREVIOUS EMPLOYMENT INFORMATION	
Did you work for any of these employers under a different name?	YES <input type="checkbox"/> NO <input type="checkbox"/>
If yes, please explain which employer and what name (s):	
Please explain any gaps in your employment history:	
Have you received any written reprimands or disciplinary suspensions during any previous employment?	YES <input type="checkbox"/> NO <input type="checkbox"/>
If yes please explain:	
Have you ever been discharged or ask to resign?	YES <input type="checkbox"/> NO <input type="checkbox"/>
If yes please explain and include who, when and for what reason:	
Were you referred by anyone?	YES <input type="checkbox"/> NO <input type="checkbox"/>
If yes, please let us know who we can thank:	
<b>NOTE TO APPLICANT: The information provided above with regard to your previous employers may be used, and your prior employers may be contacted for the purpose of investigating your background as required by DOT regulations and company policy.</b>	

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<b>FACSIMILE TRANSMITTAL</b>		
<b>TO:</b>	<b>FROM: CENTURION RECRUITING</b>	
<b>RE:</b>	<b>FAX NUMBER: 904-766-8585</b>	
<b>FAX NUMBER:</b>	<b>DATE:</b>	<b>PAGES: 3</b>
<p><b><u>MESSAGE:</u></b></p> <p>As required by Federal DOT Regulations 391.23, we are requesting information on the above mentioned applicant. Please complete both ages of the attached signed release and return to fax 904-766-8585. We ask that you please respond within 24 hours of this request.</p> <p>Thank you for your prompt attention to this matter.</p> <p>Sincerely, Centurion Auto Transport Corporate Safety Office / Recruiting Department 5912 New Kings Road Jacksonville, FL 32209 (800) 889-8139 / 904-766-8552</p>		

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SECTION 1: APPLICANT SIGN AND DATE <u>ONLY</u>		
<i>(Print First Name, MI, Last)</i>	<i>(Social Security Number)</i>	<i>(Date of Birth)</i>
I, _____		
<b>Hereby Authorize Previous Employer:</b>		
Street:	City:	State:
Phone Number:	FAX Number:	
To release and forward information requested by section 3 of this document concerning my Alcohol and Controlled Substances Testing records within the previous 3 years from: _____ <i>(Date of Employment)</i>		
TO: <b>CENTURION AUTO TRANSPORT</b> ATTENTION: CORPORATE SAFETY OFFICE / RECRUITING OFFICE      PHONE: (800) 889-8139 ADDRESS: 5912 New Kings Road, Jacksonville, FL 32209      FAX: (904) 766-8585		
<i>This information is being requested in compliance with §40.25 (g) and 391.23 (h); release of this information must be made in a written form that ensures confidentiality, such as fax, e-mail, or letter.</i>		
Applicant's Signature: _____		Date: _____

SECTION 2: TO BE COMPLETED BY PREVIOUS EMPLOYER – PERFORMANCE HISTORY				
The applicant was employed by us.				YES <input type="checkbox"/> NO <input type="checkbox"/>
Position:	From (mm/yy):	To (mm/yy):		
Did he/she drive a motor vehicle for you?				YES <input type="checkbox"/> NO <input type="checkbox"/>
If YES what type:	Straight	Tractor-Semi	Bus	Cargo Truck
Areas Operated:	Local		Regional	
Reason for Leaving:	Discharged		Layoff	
Reason:	Resigned			
Reason:	Military Duty			
Is this person eligible for rehire?				YES <input type="checkbox"/> NO <input type="checkbox"/> UPON REVIEW <input type="checkbox"/>
<b>ACCIDENTS: Please complete the following for any accident included on your accident register (§390.15 (b)) that involved the applicant in the 3 years prior to the application date shown above.</b>				
DATE	LOCATION	# OF INJURIES	# OF FATALITIES	HAZMAT SPILL
Please provide information concerning any other accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies:				
Print Name:			Title:	
Signature:			Date:	



**CENTURION AUTO TRANSPORT  
CORPORATE SAFETY/RECRUITING OFFICE**

5912 New Kings Road, Jacksonville, FL 32209  
Office (800) 889-8139 Fax (904) 766-8585



**APPLICATION FOR EMPLOYMENT – OWNER OPERATOR**

SECTION 3: TO BE COMPLETED BY PREVIOUS EMPLOYER	
DRUG AND ALCOHOL HISTORY	
If driver was not subject to Department of Transportation testing requirements while employed please check here: Not Required <input type="checkbox"/> Date of Employment: _____	
Driver was subject to Department of Transportation testing requirement from what dates: _____	
Has this person had an alcohol test with a result of 0.04 or higher alcohol concentration?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Has this person tested positive, adulterated or substituted a test specimen for controlled substances?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Has this person refused to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Has this person committed other violations of Subpart B, Part382 or Part 40?	YES <input type="checkbox"/> NO <input type="checkbox"/>
If this person has violated a DOT drug and alcohol regulation, did this person complete a SAP-prescribed rehabilitation program in your employ, including return duty and follow-up tests? If yes, please add documentation and return with form.	YES <input type="checkbox"/> NO <input type="checkbox"/>
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, a verified positive drug test or refuse to be tested?	YES <input type="checkbox"/> NO <input type="checkbox"/>
In answering these questions, please include any required DOT drug or alcohol testing information obtained from previous employers (below) in the previous 3 years prior to application date shown on Page 1.	
<b>Section 3 Completed By:</b>	
Name: _____	Company: _____
_____ <div style="display: flex; justify-content: space-between; width: 100%;"> <span>Street</span> <span>City</span> <span>State</span> <span>Zip</span> </div>	
Phone: _____ FAX Number: _____	
Signature: _____	Date: _____

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**APPLICATION FOR EMPLOYMENT – OWNER OPERATOR**

**PREVIOUS PRE-EMPLOYMENT EMPLOYEE  
ALCOHOL AND DRUG TESTING STATEMENT**

§40.25(j) As the employer, you must ask the employee whether he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety sensitive transportation work covered by DOT agency Drug and Alcohol testing rules during the past two years. If the employee admits that he or she had a positive or refusal to test, you must not use the employee to perform safety sensitive functions for you, until and unless the employee documents successful completion of the return-to-duty process. (see §40.25 (b) (56) and (e).

**Prospective Employee Name:** *(Please Print)*

**Social Security Number:**

**The prospective employee is required by §40.25(j) to respond to the following questions:**

1. **Have you ever tested positive, refused to test or on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety sensitive transportation covered by DOT agency drug and alcohol testing rules during the past two years?**

YES  NO

2. **If you answered yes, can you provide/obtain proof that you have successfully smelted the DOT Return to Duty requirements?**

YES  NO

Prospective Employee Signature:

Date:

**This form MUST be completed by applicant or application will not be processed.**

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**APPLICATION FOR EMPLOYMENT – OWNER OPERATOR**

**CENTURION AUTO TRANSPORT APPLICATION PROCESS**

All applicants to Centurion must go through a **QUALIFICATION** process to work for our company. Qualifications for employment are outlined on the front of the application. Any person that does not meet the qualifications required by the Federal DOT, as well as our insurance company will not be considered for employment.

The application can be mailed, faxed or e-mailed. The application is checked for completeness. Any application that does not have adequate information (phone numbers, signatures, etc.) to process will be rejected. A copy of the **Driver's License** and **Social Security Card** should be attached to the application in order for the application to be processed. The copies must be legible.

An MVR is run for each applicant. This could be a minimum of 3 years up to complete driving history, depending on the state run.

Once the MVR has been received, the application is forwarded to the Safety Department for review. The application is reviewed to determine if our qualifications are met based on the MVR and driving history. If so, the employment and drug testing histories are processed. Please be advised that any prior positive drug test results in the last 3 years will **immediately disqualify** the applicant. After all information is obtained, Human Resource will again review the application and follow-up with applicant. Qualified applicants will then be scheduled for an interview and road test.

Once the applicant has been approved for hire, the applicant will be contacted by the Human Resource and scheduled for an Orientation Class. The first week of Orientation class is spent in the classroom doing paperwork and reviewing policies and procedures. Centurion will assist in making hotel reservations if necessary.

*Note: Although we make every effort to obtain all necessary information prior to orientation, should any disqualifying information on an applicant not previously received be returned to Human Resource during the class, the applicant will be dismissed from the class and will not be considered for employment.*

**As you can see, it generally takes up to a week or more to determine if an applicant qualifies for employment. You should wait at least 3 to 5 days before contacting us regarding the status of your application.**