



2099 Southpark Court
Dubuque, IA 52003
Phone: (563) 584-2670
Fax: (563) 584-2691

Quest Liner Employment/Leasing Opportunities

Please fill out the form below.

How did you hear about driving opportunities with Quest Liner? _____

What type of driving opportunity are you interested in?

- Company driver
Owner operator

Employment Requirements

To qualify for employment with Quest Liner, you must meet the following criteria:

- Must be at least 23 years old with a good driving record for the past three years
Must have at least two (2) years' verifiable over-the-road tractor-trailer experience
Must have a Class A Commercial Driver License (CDL) in the state of residence
Must be able to pass a Department of Transportation physical and drug screen
Must not have any more than three (3) tickets for moving violations in the past thirty-six (36) months
Must not have any convictions for alcohol/drug-related offenses in the last five (5) years
Must be able to wear respirator if needed, no full beards
MUST BE A U.S. RESIDENT

I have read and understand the employment requirements for Quest Liner. _____

(Applicant Initials)

Personal Information

Legal name: _____

Last name: _____ First name: _____ MI: _____ Suffix: _____

Social Security number: _____

Date of birth (mm/dd/yyyy): _____

(This information is needed to verify the applicant's background information only, and will be used only to the extent permitted by law.)

Home phone: _____ Cell phone: _____

E-mail address (if applicable): _____

Preferred method of contact: . Home . Cell . E-mail

Do you have the legal right to live and work in the U.S.?..... Yes . No

Have you ever previously applied for employment/lease with a Quest Liner company?..... Yes . No

Were you referred by a Quest Liner driver? Yes . No

If YES, please provide the name and truck number (if known):

Driver's last name: _____ First name: _____ Truck number: _____

Have you ever been known by another first and/or last name (e.g. maiden, married, etc.)? Yes . No

If YES, please list below: Last name: _____ First name: _____

MI: _____ Suffix: _____ Until month/year: _____

APP

Five-Year Address History

Please provide five (5) years of residence address history (including your current residence address):

Current Residence Address:

Street address: _____

City: _____ State: _____

Zip/Postal code: _____ Country: _____

Length of time at this address (years/months): _____

Previous Residence Address:

Street address: _____

City: _____ State: _____

Zip/Postal code: _____ Country: _____

Length of time at this address (years/months): _____

Previous Residence Address:

Street address: _____

City: _____ State: _____

Zip/Postal code: _____ Country: _____

Length of time at this address (years/months): _____

Motor Vehicle Licenses

List all driver's licenses held in the past five (5) years (include multiple licenses if you have them):

License number: _____

License expiration date (mm/dd/yyyy): _____ State: _____ Country: _____

Is this your current driver's license? Yes . No

Endorsements: . Tanker . Haz-Mat . Other

Previous license number: _____

License expiration date (mm/dd/yyyy): _____ State: _____ Country: _____

Endorsements: . Tanker . Haz-Mat . Other

Previous license number: _____

License expiration date (mm/dd/yyyy): _____ State: _____ Country: _____

Endorsements: . Tanker . Haz-Mat . Other

APP

Driving Experience

Year you first started driving tractor-trailer over the road: _____

How many years' and/or months' experience do you have? _____

Areas Driven: _____ Average miles driven weekly: _____

Class of Equipment	Type of Trailer (Van, Tank, Flat, Dump)	Date From mm/dd/yyyy	Date To mm/dd/yyyy	Total Approximate Miles Driven
Straight Truck				
Tractor-Trailer				
Tractor/2 Trailers				
Other				

List courses or special training that will help you as a driver: _____

List safe-driving awards held and who presented them: _____

Five-Year Accident Record

Were you involved in any accidents with any vehicle in the last five (5) years (even if not at fault)?..... Yes . No If

YES, list all accidents **with any vehicle** in the last five (5) years (even if not at fault):

Date of accident/incident (month/year): _____

Type of accident/incident: _____

Please describe: _____

Were you in a commercial vehicle?..... Yes . No

Were you at fault?..... Yes . No

Were you ticketed? Yes . No

Were there any injuries or fatalities?..... Yes . No

Accident/incident location: _____

State: _____

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Five-Year Accident Record Cont'd

Date of accident/incident (month/year): _____

Type of accident/incident: _____

Please describe: _____

Were you in a commercial vehicle?..... Yes . No

Were you at fault?..... Yes . No

Were you ticketed? Yes . No

Were there any injuries or fatalities?..... Yes . No

Accident/incident location: _____

State: _____

Date of accident/incident (month/year): _____

Type of accident/incident: _____

Please describe: _____

Were you in a commercial vehicle?..... Yes . No Were

you at fault?..... Yes . No Were you

ticketed? Yes . No Were there any

injuries or fatalities?..... Yes . No Accident/incident

location: _____ State: _____

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Five-Year Traffic Conviction Record

Were you involved in any traffic convictions with any vehicle in the last five (5) years (except parking violations)?..... Yes No

If YES, list all traffic convictions you have had with any type of vehicle for the past five (5) years:

Type of conviction: _____ State: _____ Date: _____

Type of vehicle: _____ If speeding conviction: Limit _____ Actual _____

Type of conviction: _____ State: _____ Date: _____

Type of vehicle: _____ If speeding conviction: Limit _____ Actual _____

Type of conviction: _____ State: _____ Date: _____

Type of vehicle: _____ If speeding conviction: Limit _____ Actual _____

Type of conviction: _____ State: _____ Date: _____

Type of vehicle: _____ If speeding conviction: Limit _____ Actual _____

Type of conviction: _____ State: _____ Date: _____

Type of vehicle: _____ If speeding conviction: Limit _____ Actual _____

Motor Vehicle Record

- 1 Has any license, permit, or privilege ever been suspended, denied, or revoked for any reason?..... Yes . No (month/year): _____
- 2 Have you **ever** been convicted of driving during license suspension or revocation, or driving without a valid license or an expired license, or are any charges pending?..... Yes . No (month/year): _____
- 3 Have you **ever** been convicted for any alcohol or controlled substance related offense while operating a motor vehicle, or are any charges pending?..... Yes . No (month/year): _____
- 4 Have you **ever** been convicted for possession, sale, or transfer of a narcotic drug, marijuana, amphetamines, or derivatives thereof, or are any charges pending? Yes . No (month/year): _____
- 5 Have you **ever** been convicted of reckless driving, careless driving, following too close, improper or erratic lane change, hit and run, or a violation arising in connection with a fatal accident, or are any charges pending? Yes . No (month/year): _____
- 6 Have you **ever** been disqualified for violations of the Federal Motor Carrier Safety Regulations? Yes . No (month/year): _____
- 7 Have you **ever** tested positive or refused to test on any pre-employment alcohol or drug test administered by an employer to which the applicant applied but did not obtain safety-sensitive transportation work covered by DOT agency alcohol and drug testing rules? Yes . No (month/year): _____
- 8 Have you **ever** in the last three (3) years tested positive on a random post-accident, reasonable suspicion, or follow-up/return-to-duty drug or alcohol test?..... Yes . No (month/year): _____

If you answered YES to the above, please explain:

Record of Convictions, Deferred Prosecutions, and Pending Charges

(Conviction will not necessarily disqualify an applicant from employment. This information will be used only for job-related purposes and only to the extent permitted by law.)

Do you have a record of convictions? Yes . No
Or deferred prosecutions? Yes No
Or any unresolved charges pending in the judicial system? Yes . No

Felonies:

Have you ever pled "guilty" to, been convicted of, or pled "no contest" to a felony? Yes . No

Misdemeanors:

Have you, within the last five (5) years, pled "guilty" to, been convicted of, or pled "no contest" to a misdemeanor?... Yes . No

Type of conviction: _____ Month/Year of conviction: _____

Location: _____ City: _____ County: _____
State: _____ Country: _____
Conviction status: _____

Type of conviction: _____ Month/Year of conviction: _____

Location: _____ City: _____ County: _____
State: _____ Country: _____
Conviction status: _____

Military History

Were you ever in the military? Yes . No Branch
of service: _____ Dates (month/year): From _____ To _____ Rank at
discharge: _____

Did you receive an honorable discharge?..... Yes . No

If no, please explain: _____

Personal History for the Past Ten (10) Years

All time must be accounted for, including military service, schooling, and unemployment for the last 10 years:
LEAVE NO BLANKS OR GAPS IN THE LAST TEN (10) YEARS.

Are you presently unemployed?..... Yes No

If yes, date unemployment began (month/year): _____

If you were ever discharged from former employment, please explain circumstances:

Current History:

APP

Employment dates (month/year): From _____ To _____

Company name: _____

Street address: _____

City: _____ State: _____

Zip/Postal code: _____ Country: _____

Telephone: _____ Position held: _____

Were you subject to the FMCSRs while employed? Yes 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? Yes No

Is this your present employer?..... Yes . No

Reason for leaving: _____

May we contact this employer?..... Yes . No

Employment dates (month/year): From _____ To _____

Company name: _____

Street address: _____

City: _____ State: _____

Zip/Postal code: _____ Country: _____

Telephone: _____ Position held: _____

Were you subject to the FMCSRs while employed? Yes 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? Yes No

Is this your present employer?..... Yes No

Reason for leaving: _____

May we contact this employer?..... Yes No

Employment dates (month/year): From _____ To _____

Company name: _____

Street address: _____

City: _____ State: _____

Zip/Postal code: _____ Country: _____

Telephone: _____ Position held: _____

Were you subject to the FMCSRs while employed? Yes 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? Yes No

Is this your present employer?..... Yes No

Reason for leaving: _____

May we contact this employer?..... Yes No

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Employment dates (month/year): From _____ To _____

Company name: _____

Street address: _____

City: _____ State: _____

Zip/Postal code: _____ Country: _____

Telephone: _____ Position held: _____

Were you subject to the FMCSRs while employed? Yes 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? Yes No

Is this your present employer?..... Yes No

Reason for leaving: _____

May we contact this employer?..... Yes No

Employment dates (month/year): From _____ To _____

Company name: _____

Street address: _____

City: _____ State: _____

Zip/Postal code: _____ Country: _____

Telephone: _____ Position held: _____

Were you subject to the FMCSRs while employed? Yes 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? Yes No

Is this your present employer?..... Yes No

Reason for leaving: _____

May we contact this employer?..... Yes No

Employment dates (month/year): From _____ To _____

Company name: _____

Street address: _____

City: _____ State: _____

Zip/Postal code: _____ Country: _____

Telephone: _____ Position held: _____

Were you subject to the FMCSRs while employed? Yes 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? Yes No

Is this your present employer?..... Yes No

Reason for leaving: _____

May we contact this employer?..... Yes No

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Physical Requirements and Authorizations

All applicants must meet DOT requirements and be able to perform essential job functions.

Job Title: Truck Driver

Purpose of Job: To transfer and deliver freight by driving a tractor and trailer long and short distances.

Duties and Responsibilities:

- Professionally represent the company through responsible and safe driving.
- Maintain records required for compliance with state and federal regulations including driver's logs, trip sheets, bills of lading, and any other records required by law.
- Apply professional driving knowledge and skills in maneuvering commercial vehicles at various speeds in light to heavy traffic conditions; inclement weather; and tight loading, unloading, and washout facilities.
- Ability and willingness to use all required electronic devices for communication, safety, vehicle performance, and driver logs.
- Drive truck to destination in accordance with state and federal laws and regulations.
- Often perform lifting, pushing, and pulling of product hoses while unloading.
- Spot trailer to load and unload, either with or without assistance.
- Hook and unhook trailers from the tractor itself.
- Perform pre-trip inspections on the tractor and trailer in accordance with federal regulations.
- Report all accidents and injuries immediately to terminal manager/dispatcher.
- Notify dispatch of any delays en route which could result in late pickup or delivery of a load.

Job Specifications:

- Must possess a valid CDL (drivers hauling liquid bulk must have a tanker endorsement).
- Must have an acceptable motor vehicle record.
- Must have two (2) years verifiable over-the-road tractor/trailer experience.
- Must have the ability to read, write, and perform simple mathematical calculations.
- Must have the ability to handle receipts, read maps and road signs, maintain logs, etc.
- Must have good oral communication skills.
- Must be able to follow instructions and take directions.
- Must have a working knowledge of DOT regulations.

Physical Requirements:

- Must meet the medical standards set by the DOT.
- Must be able to pass a DOT drug screen.
- Must be able to sit and remain alert while driving for periods up to eleven (11) hours.
- Must be able to shift a manual transmission and operate foot pedals.
- Must be able to enter and exit the vehicle's cab as many as ten (10) times or more a day (cab floor level is generally fifty [50] inches above ground level). Entry and exit is achieved with the assistance of steps and grab handles, requiring frequent climbing, bending, twisting, and balancing.
- Must be able to climb trailer ladder to check dome lids, cut seals, take product samples, etc., requiring climbing, bending, and balancing skills.
- Must be able to frequently hook and unhook product lines from trailer, requiring the ability to lift, push, and pull up to fifty (50) pounds.
- Must be able to lower trailer landing gear by cranking handle for up to three (3) continuous minutes.
- Must be able to reach over tractor tires thirty (30) inches to pull fifth-wheel release.

Work Environment:

- Drivers may spend much of their time outdoors exposed to potentially difficult weather conditions.
- Drivers may be subject to irregular work schedules, long trips, short notice for assignment of a trip, tight delivery schedules, delays en route, and other stresses and fatigue related to driving on crowded roads in all types of weather.
- Drivers may be exposed to noise and vibration levels greater than those typically experienced in a car.

Do you have the ability to perform all the physical requirements listed under the job description?..... Yes No
If you answered NO, what can be done to accommodate your situation; please explain:

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Statements included in this job description do not necessarily represent an exhaustive list of all skills, duties, responsibilities, or working conditions associated with the job. While this is intended to be an accurate reflection of the current job, management reserves the right to revise the job to require that other or different tasks be performed as circumstances change.

Application Disclaimer:

As an equal opportunity employer, Quest Liner prohibits discrimination in employment based on race, color, religion, sex, national origin, physical handicap, or age.

I certify that I have read and understood all of this employment application. It is agreed and understood that the employer or their agents may investigate my background to ascertain any and all information of concern to my employment history, whether some is of record or not, and I release employers and other persons named herein from all liability for any damages on account of furnishing such information. I understand that as an applicant for a position with this company, I may be asked to demonstrate that I am capable of performing tasks which are pertinent to the job. I also understand that if offered a job, it may be conditioned with the results of a physical and drug test.

I further certify that I am a genuine applicant for employment and this application is being submitted solely for the purpose of seeking employment with the employer and for no other reason.

I agree to furnish such additional information and complete such examinations as may be required to complete my employment file.

I understand that misrepresentation or omission of information or facts in my application or interview(s) may result in my rejection or dismissal.

If hired, I agree to abide by all the rules and policies of the employer.

By submitting this application I certify that I personally completed this application and that all of the information is true and correct. I hereby request and authorize Quest Liner and their agents or contractors that receive this application to cause to be conducted, at any time, an investigation of my background for employment purposes, which may include, but is not limited to, any information relating to my character, general reputation, personal characteristics, mode of living, criminal history, past work experience, educational background, alcohol or drug test results, or failure to submit to an alcohol or drug test, or any other information about me which may reflect upon my potential for employment gathered from any individual, organization, entity, agency, or other source which may have knowledge concerning any such items of information. . I understand that I am consenting to the release of safety performance information including crash data from the previous (5) years and inspection history from the previous (3) years. I have completed this application of my own free will and hold harmless of all liability all companies, agents, and associated parties for the use of this application. As part of our consideration of your application, the DOT requires companies to investigate your employment background. As part of this investigation, they may obtain consumer reports about you from HireRight. HireRight is a consumer reporting agency. Any decision they make not to hire you based on information contained in your consumer report will be their decision alone. HireRight does not make any decisions concerning your employment with these companies and will not know the specific reasons why they may decide not to hire you. In the event you are not hired based on information contained in your consumer report, the companies themselves will tell you. We will also advise you of your right to obtain a free copy of the consumer report from HireRight and your right to dispute the accuracy or completeness of your report. Your consent for these companies to obtain the report from HireRight is required. Although you have a right to withhold your consent, companies will not consider your application if you withhold your consent.

In exchange for Quest Liner’s consideration of my employment application, I agree not to file or pursue any complaints, claims, or legal actions of any kind against any organization or individual that provides work-related information about me to Quest Liner or its agents in accordance with the terms and intent of this release. I also agree not to file or pursue any complaints, claims, or legal actions against Quest Liner or any of its employees, representatives, or agents arising out of their efforts to obtain work-related information about me.

I have read the above release and I give permission to obtain consumer reports and other information listed above..... Yes . No

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

Print name: _____ Social Security number: _____

Signature: _____ Date: _____

I hereby authorize my previous employer to release the following information to Quest Liner, Inc. for the purposes of investigation as required by section 391.23 of the Federal Motor Carrier Safety Regulations. Previous employer is released from any and all liability which may result from furnishing such information. I hereby authorize my previous employer to release all and any information regarding my alcohol and controlled substance testing records to Quest Liner, Inc. as required under DOT regulations 49 CFR 382.405 and 382.413. I also hereby authorize Quest Liner, Inc. to obtain my previous (5) years of crash data and previous (3) years of inspection data from the Pre-Employment Screening Program (PSP) Online Service.

Applicant's Signature

Print Name (First, M.I., Last)

SSN

Date

Company Contacted: _____

Phone #: _____

Address: _____

Fax #: _____

Person Contacted/Title: _____

Applicant Name: _____

Applicant SSN: _____

Employed from: _____ to _____

Position Held by Applicant: _____

_____ to _____

Type of Equipment Operated: _____ Tractor-Trailer _____ Straight Truck _____ Other

_____ Dry Bulk _____ Tank _____ Reefer _____ Van _____ Flat Bed _____ Bull Rack _____ Low Boy

Character of Service: Excellent Good Fair Poor

Reason for Leaving:

Work _____

_____ Layoff _____ Discharged _____ Resignation

Conduct _____

Comments: _____

Ability _____

Safety Habits _____

Paperwork / Logs _____

Eligible for Re-hire? Yes No Yes w/Review

Non-DOT Accidents / Moving Violations: _____

DOT Recordable Accidents? Yes No If "yes", please give date, type, and preventability. _____

1. This person was employed in a safety-sensitive function that required alcohol and controlled substance testing specified by 49 CFR Part 40 (If NO, skip this section). Yes No
2. Has the employee ever refused a required drug or alcohol test? Yes No
3. Has the employee ever tested positive on a required controlled-substance test? Yes No
4. Has the employee ever tested at or above 0.04 on any required alcohol test? Yes No
5. Has the employee ever violated any other provisions of DOT drug and alcohol testing regulations? Yes No
6. Have you received information from any previous employer that this individual violated DOT drug and alcohol regulations? Yes No
7. If you answered "yes" to any of questions 2-6, did the employee complete the return-to-duty process? N/A Yes No

If you answered "Yes" to item 6, you must provide the previous employer's report. If you answered "yes" to item 7, you must also transmit the appropriate return-to-duty documentation (e.g., SAP report(s), follow-up testing records).

This information has been provided by: _____ Title: _____

Phone: _____

Date: _____