



Minimum Qualifications:

- 25 years of age or older
- Valid Class A CDL in state of residence
- US Citizen or Resident Alien
- Negative results for drug and alcohol screening
- Two years verifiable Class A experience
- Clean MVR for the past 3 years
- Newer tractor(s) passing certified inspection
- Bobtail insurance and Physical Damage Insurance at owner operator expense
- Current DOT physical without restrictions

Documents to Submit with Your Application

Driver's License

Social Security Card

Medical Card

Long Form Physical

Copy of Physical Damage Insurance

2290

Registration

Annual Vehicle Inspection

Current IFTA

W-9 Proof of Corp

Lease Agreement if under Lease for Tractor



Horizons Freight Inc.

2405 W Haven Ave
New Lenox, IL. 60451

USDOT# 3127731
MC# 091429

Email: toneh@horizonsfreight.com
Phone: 779-707-8754

2022

Applicant's Consent to Drug and Alcohol Testing

It is the policy of Horizons Freight Inc. to conduct pre-contract drug and alcohol testing for the purpose of detecting drug or alcohol abuse and that satisfactory passing of such tests is a condition of my owner operator agreement with Horizon Freight Inc. By signing below, you are granting your consent to drug and alcohol testing.

Contract Driver Signature

Date

Applicant's Consent to Credit Verification

It is the policy of Horizons Freight Inc. to verify employment with previous employers or common carriers that you contracted with as an owner operator. By signing below, you are granting your consent to Horizons Freight Inc. to contact previous employers or carriers for purposes of verifying the information on the enclosed application.

Contract Driver Signature

Date

Applicant's Consent to MVR Request

It is the policy of Horizons Freight Inc. to verify a clean and safe MVR for potential Contract Drivers before employment with Horizons Freight Inc. can be confirmed. By signing below, you are granting your consent to Horizons Freight Inc. to run your MVR/PSP for purposes of verifying the information on the enclosed application.

Contract Driver Signature

Date

Applicant's Consent to Background Verification

It is the policy of Horizons Freight Inc. to verify background check for potential Contract Drivers before employment with Horizons Freight Inc. By signing below, you are granting your consent to Horizons Freight Inc. to run a background check for purposes of verifying the information on the enclosed application.

Contract Driver Signature

Date



Horizons Freight Inc.

2405 W Haven Ave
New Lenox, IL. 60451

USDOT# 3127731
MC# 091429

Email: toneh@horizonsfreight.com
Phone: 779-707-8754

2022

Application for Employment

Hire Date: _____ (Official Use Only)

Date _____ Position applying for (please check one) _____ Owner Operator _____ Company Driver

Name: First _____ M.I. _____ Last _____

Address _____ City _____ State _____ Zip Code _____

Phone Number (_____) _____ - _____ Email _____

Age _____ Date of Birth ____/____/____ Social Security Number ____-____-____

Driver's License # _____ Issuing State _____ Type _____ Exp. Date _____

Physical Exam Expiration Date _____ Restrictions _____

Physician Name and Phone Number _____ (_____) _____ - _____

Emergency Contact Name _____ Relationship _____

Emergency Phone Number (_____) _____ - _____

Current & Three Years Previous Addresses

_____ From _____ To _____

_____ From _____ To _____

_____ From _____ To _____

Have you worked for this company before? ____ Yes ____ No

If yes, give dates: From _____ To _____

Reason for leaving _____

Driving Experience

Class of Equipment	Dates: To and From	Approximate # of Total Miles
Straight Truck		
Tractor and Semi-Trailer		
Tractor- Two Trailers (Doubles)		
Tractor- Three Trailers (Triples)		
Other		

List states operated in, for the last five years: _____

List special courses/training completed (PTD/DDC, Hazmat, etc.): _____

List any Safe Driving Awards you hold and from whom: _____

Tractor Information

Year _____ Make _____

Model _____ Mileage _____



Horizons Freight Inc.

2405 W Haven Ave
New Lenox, IL. 60451

USDOT# 3127731
MC# 091429

Email: toneh@horizonsfreight.com
Phone: 779-707-8754

2022

Accident record for past three years (attach sheet if more space is needed)

Date	Nature	Location	Injuries/Fatalities	Alcohol/Drugs Detected

Traffic Convictions and Forfeitures for the last three years (other than parking violations)

Date	Location	Charge	Penalty

Driver's License (list each driver's license held in the past three years)

Date	License #	Type	Endorsement	Expiration Date

Education History

	Name	Location	Years Attended
Elementary			
High-School			
College			
Other			

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

B. Has any license, permit or privilege ever been suspended or revoked? _____

C. Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the job description)? _____

D. Have you ever been convicted of a felony? _____

If the answers to A, B, C or D is "YES", give details

Are you a U.S. Citizen? ____ Yes ____ No

Are you legally eligible to work in the U.S.? ____ Yes ____ No

Military Background: ____ Branch: _____ Type of Discharge: _____ Date: _____

Are you a Veteran of Foreign War? ____ Yes ____ No



Horizons Freight Inc.

2405 W Haven Ave
New Lenox, IL. 60451

USDOT# 3127731
MC# 091429

Email: toneh@horizonsfreight.com
Phone: 779-707-8754

2022

Employment History

Give a Complete Record of all employment for the past three years, including any unemployment or self-employment, and all commercial driving experience for the past ten years. **Applicants must have two years' experience to apply.**

Mo/Yr. From _____ **Mo/Yr.** To _____

Present or Last Employer:

Name _____ Position Held _____

Address _____ City _____ State _____ Zip Code _____

Phone # (____) _____ - _____

Reason for leaving:

Laid off _____ Discharged/Why: _____

Quit/Why: _____

Were you subject to the FMCSRs* while employed here? _____ 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 _____

Mo/Yr. From _____ **Mo/Yr.** To _____

Present or Last Employer:

Name _____ Position Held _____

Address _____ City _____ State _____ Zip Code _____

Phone # (____) _____ - _____

Reason for leaving:

Laid off _____ Discharged/Why: _____

Quit/Why: _____

Were you subject to the FMCSRs* while employed here? _____ 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 _____

Mo/Yr. From _____ **Mo/Yr.** To _____

Present or Last Employer:

Name _____ Position Held _____

Address _____ City _____ State _____ Zip Code _____

Phone # (____) _____ - _____

Reason for leaving:

Laid off _____ Discharged/Why: _____

Quit/Why: _____

Were you subject to the FMCSRs* while employed here? _____ 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 _____



Horizons Freight Inc.

2405 W Haven Ave
New Lenox, IL. 60451

USDOT# 3127731
MC# 091429

Email: toneh@horizonsfreight.com
Phone: 779-707-8754

2022

Mo/Yr. From _____ **Mo/Yr.** To _____

Present or Last Employer:

Name _____ Position Held _____

Address _____ City _____ State _____ Zip Code _____

Phone # (_____) _____ - _____

Reason for leaving:

Laid off _____ Discharged/Why: _____

Quit/Why: _____

Were you subject to the FMCSRs* while employed here? _____ 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 _____

Mo/Yr. From _____ **Mo/Yr.** To _____

Present or Last Employer:

Name _____ Position Held _____

Address _____ City _____ State _____ Zip Code _____

Phone # (_____) _____ - _____

Reason for leaving:

Laid off _____ Discharged/Why: _____

Quit/Why: _____

Were you subject to the FMCSRs* while employed here? _____ 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 _____

*The federal Motor carrier Safety Regulations (FMCSRs) apply to anyone who operated a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) has a GVWR or weighs 10,001 lbs. Or more, (2) is designed or used to transport nine or more passengers, or (3) is of any size, used to transport hazardous materials in a quantity requiring placarding.

To Be Read and Signed by Applicant

It is agreed and understood that any misrepresentation given on this application shall be considered an act of dishonesty. It is agreed and understood that the motor carrier or his agents may investigate the applicant's background and work history to ascertain any and all information of concern to applicant's record, whether same is of record or not, and applicant releases employers and persons named herein from all liability for any damages on account of his furnishing such information. It is also agreed and understood that under the Fair Credit reporting Act, Public Law 91-508, I have been told that this investigation may include an investigating Consumer Report, including information regarding my character, general reputation, personal characteristics, and mode of living. I agree to furnish such additional information and complete such examinations as may be required to complete my application file. It is agreed and understood that this Application for Qualification in no way obligates the motor carrier to employ or hire the applicant. It is agreed and understood that if qualified and hired, I may be on a probationary period during which time I may be disqualified without recourse. This certifies that this application was completed by me, and that all entries on it and information in it are true and completed to the best of my knowledge.

Applicant Signature _____ **Date** _____