

WATHEN LOGISTICS LLC

DRIVER APPLICATION — INDEPENDENT CONTRACTOR

MC# 1578019 | USDOT# 4117164

23575 Daniel Farm Lane, Hollywood, MD 20636 | (240) 538-3658 | wathen.dale19@gmail.com

Equal Opportunity Employer — We do not discriminate on the basis of race, color, religion, sex, national origin, age, disability, or any other protected characteristic.

SECTION 1 — APPLICANT INFORMATION

Full Legal Name (Last, First, Middle) _____ Date of Birth (MM/DD/YYYY) _____ Social Security Number _____

Street Address _____ City _____ State _____ ZIP _____

Phone Number _____ Email Address _____ Date Available to Start _____

EMERGENCY CONTACT

Emergency Contact Name _____ Phone _____ Relationship _____

Have you previously worked for Wathen Logistics LLC? Yes No

If yes, when and in what capacity: _____

Are you legally authorized to work in the United States? Yes No

Have you ever been convicted of a felony? (A conviction does not automatically disqualify you.) Yes No

If yes, explain (date, nature, disposition): _____

SECTION 2 — DRIVER'S LICENSE INFORMATION

Driver's License Number _____ Issuing State _____ License Class _____ Expiration Date _____ Endorsements _____ Restrictions _____

Have you ever been denied a license, permit, or privilege to drive? Yes No

If yes, explain: _____

Has your license ever been suspended, revoked, or disqualified? Yes No

If yes, state, date, reason, and current status: _____

OTHER STATES WHERE LICENSE WAS HELD IN THE PAST 3 YEARS

State	License Number	License Class	Expiration Date

SECTION 3 — DRIVING EXPERIENCE

Vehicle Type	Years of Experience	Approximate Miles	Type of Equipment / Notes
Straight Truck			
Cargo Van			
SUV / Pickup Truck			
Other			

Special Training / Certifications (defensive driving, HAZMAT, etc.) _____

SECTION 4 — ACCIDENT HISTORY (Last 3 Years) | 49 CFR §391.15

Date	Location (City/State)	Description	Fatalities	Injuries
			<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
			<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
			<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N

I have had NO accidents in the last 3 years.

SECTION 5 — TRAFFIC VIOLATIONS (Last 3 Years) | 49 CFR §391.15

Date	Location (City/State)	Violation Description	Type of Vehicle

I have had NO traffic violations in the last 3 years.

SECTION 6 — EMPLOYMENT HISTORY (Last 10 Years) | 49 CFR §391.21

List all employment for the past 10 years, most recent first. Attach additional pages if needed.

EMPLOYER 1 (Most Recent)

Company Name _____ Phone _____ Supervisor Name _____

Street Address _____ City _____ State _____ ZIP _____

Position / Title _____ From (MM/YYYY) _____ To (MM/YYYY) _____ Reason for Leaving _____

Subject to FMCSA regulations? & Yes & No Subject to DOT drug/alcohol testing? & Yes & No May we contact this employer? & Yes & No

EMPLOYER 2

Company Name _____ Phone _____ Supervisor Name _____

Street Address _____ City _____ State _____ ZIP _____

Position / Title _____ From (MM/YYYY) _____ To (MM/YYYY) _____ Reason for Leaving _____

Subject to FMCSA regulations? & Yes & No Subject to DOT drug/alcohol testing? & Yes & No May we contact this employer? & Yes & No

EMPLOYER 3

Company Name _____ Phone _____ Supervisor Name _____

Street Address _____ City _____ State _____ ZIP _____

Position / Title _____ From (MM/YYYY) _____ To (MM/YYYY) _____ Reason for Leaving _____

Subject to FMCSA regulations? & Yes & No Subject to DOT drug/alcohol testing? & Yes & No May we contact this employer? & Yes & No

Explain any gaps in employment (dates and reason): _____

SECTION 7 — MEDICAL / HEALTH

Do you currently hold a valid DOT Medical Certificate? Yes No

DOT Medical Certificate Expiration Date _____ Medical Examiner Name _____ National Registry # _____

Do you have any physical, mental, or emotional condition that could affect your safe driving? Yes No

If yes, describe: _____

Are you currently taking any medications that could impair your ability to drive safely?

Yes No

If yes, list medications and condition treated:

SECTION 8 — MEDICAL COURIER SPECIFIC (Wathen Logistics Requirements)

Do you have HIPAA training or certification? Yes No

If yes, certification date:

Do you have Bloodborne Pathogen (BBP) training? Yes No

If yes, training date:

Do you have experience handling biological specimens or temperature-controlled materials? Yes No

If yes, describe:

Do you have experience with chain-of-custody documentation? Yes No

Are you able to pass a federal background check (e.g., NIH / NIAID contractor access)? Yes No

Do you currently hold a government facility access badge? Yes No

If yes, which facility/facilities:

SECTION 9 — INSURANCE & VEHICLE (If Using Own Vehicle)

Note: If selected, Wathen Logistics LLC must be listed as Additional Insured on your Certificate of Insurance (COI).

Vehicle Year	Make	Model	VIN
Insurance Carrier	Policy Number	Policy Expiration Date	Commercial Auto Liability Limit

SECTION 10 — DRUG & ALCOHOL DISCLOSURE | 49 CFR Part 40 / §382

Have you ever tested positive, or refused to test, on a pre-employment drug or alcohol test administered by a DOT-regulated employer? Yes No

If yes, provide employer name, date, and whether a SAP (Substance Abuse Professional) program was completed:

Have you ever refused to submit to a required DOT drug or alcohol test? Yes No

If yes, explain:

FMCSA Drug & Alcohol Clearinghouse Authorization

I authorize Wathen Logistics LLC to conduct a full query of the FMCSA Drug and Alcohol Clearinghouse to obtain information about violations of FMCSA drug and alcohol regulations. I understand this query is required by 49 CFR §382.701 prior to employment and annually thereafter.

Applicant Signature _____ Date _____

SECTION 11 — APPLICANT CERTIFICATION & SIGNATURE

I certify that all information provided on this application is true, accurate, and complete to the best of my knowledge. I understand that any false statements, misrepresentations, or material omissions may be grounds for rejection of this application, or if employed, for immediate termination. I authorize Wathen Logistics LLC and its agents to investigate my background, driving record, employment history, and any other information relevant to this application. I agree to hold harmless Wathen Logistics LLC and its officers, agents, and employees from any liability arising from such inquiries. This application does not constitute an offer of employment or a contract. I understand that, if selected, I will be engaged as an independent contractor.

Applicant Signature _____ Date _____

Printed Name _____

OFFICE USE ONLY — DO NOT COMPLETE THIS SECTION

Document / Item	Date Received	Verified By	Notes
Completed Application			
Driver's License Copy			
MVR (Motor Vehicle Record — 30-day)			
DOT Medical Certificate			
Previous Employer Verification			
FMCSA Drug & Alcohol Clearinghouse Query			
HIPAA Certification			
Bloodborne Pathogen (BBP) Certification			
Certificate of Insurance (COI — Additional Insured)			
Federal Background Check			
Driver Approved — Start Date			

Reviewed By (Print)

Signature

Date