



NATIONS EXPRESS, INC.
WHEN YOU ARE
LOOKING FOR A HOME
Call 800.957.0491 to Join
The Nations Express Team!

Opportunity is Knocking for Truck Owners at Nations Express.

We are looking for contractors that are business-oriented with good late model equipment.

- 100% Owner Operator and Small Fleet Operators
- 62% of line haul and accessorial revenue
- Paid fuel taxes and reporting
- Comdata Fuel and Cash Card
- TripPack and Direct Deposit
- Non-forced Dispatch 24/7 365 days
- No upfront money needed
- 99% No touch freight
- Liability/Non-Trucking Insurance (Required through Nations)
- Open door policy
- Fuel Surcharge
- Paid drug screens
- Insurance provided through Nations Express

Nations Express, Inc. has 17 express centers all bringing freight into the NEI system. These offices provide a diverse customer base from various industries.

New Tractor program! Owner Operators needed with late model tandem axel road tractors to pull 53' air ride dry vans. We pay \$1.19 for all dispatched miles (loaded and empty) plus fuel surcharge (while loaded). Solos average 2,800-3,200 miles per week; teams average 4,800-5,500 miles per week.

Straight trucks earn 62% of the gross which ranges from \$1.20 to \$1.35 per loaded mile plus fuel surcharge. Straight truck solos can expect to earn 1,800 to 2,300 miles per week. Straight Truck teams can expect to run 2,800 to 4,200 per week.

Cargo Vans earn 62% of the gross which ranges from \$1.00 to \$1.05 average per loaded mile. Cargo Vans can expect 1,000 to 2,200 miles per week.

Escrow accounts are set up for each truck to cover the satellite units, cargo claims, advances/fuel, and outstanding insurance premiums in the event of contract termination. Escrow accounts are set at \$2,000 per truck and deducted at \$50 per settlement until completed.

Bi-Weekly Vehicle Fees

	Cargo Vans	Cube Trucks	Straight Trucks	Tractor Trailers
Required Fees				
Liability & Umbrella Insurance	\$126.00	\$146.00	\$156.00	\$166.00
Tracking Unit	\$54.00	\$54.00	\$54.00	\$54.00
TripPack & Direct Deposit	\$11.00	\$11.00	\$11.00	\$11.00
Required Fees – Bi-Weekly Total	\$191.00	\$211.00	\$221.00	\$231.00
Optional Fees				
Physical Damage	4.3%	4.3%	4.3%	4.3%
Workers Compensation (per driver)	\$67.50	\$67.50	\$67.50	\$67.50
Temporary Fees				
Permits (5 Pay Periods)	\$45.00	\$55.00	\$65.00	\$65.00
Escrow until \$2000 reached	\$50.00	\$50.00	\$50.00	\$50.00

Notes:

Drivers are paid twice monthly (15th and the last day). All runs made though the 1st – 15th of the month must be turned in by the 20th to be paid on the last day of the month. All runs made through the 16th – last day of the month must be turned in by the 5th of the following month to be paid on the 15th.

Workers Compensation is available though Nations Express, or applicant must provide proof of coverage applicable to North Carolina standards for workers compensation.

Contractors are required to have a nationwide cell phone for additional communication at contractor's expense.

Central Dispatch as well as dispatch from 17 Express Centers.

Physical Damage (Comp/Collision) is 4.3% the value of the truck divided by 24 pay periods (Per Unit, Per Year).



The following documents are required before attending orientation. Copies will be made at orientation.

Driver File:

- Birth Certificate or Valid Passport
- Social Security Card or Green Card
- DD214 (Military Only)
- Voided Check (for Direct Deposit)
- Physical – Long Form
- DOT Card (Short Form Physical)
- Valid Driver's License

Truck File:

- Truck Must be Clean and Free of All Decals
- Vehicle Registration
- Title / Lienholder Information
- Empty Weight Ticket (within 30 days)
- Current DOT Inspection (within 30 days)
- Measurements of Truck
 - o Inside Box Length: _____
 - o Inside Box Height: _____
 - o Inside Box Width: _____
 - o Rear Door Height: _____
 - o Rear Door Width: _____
 - o Vehicle Height: _____



Independent Contractor & Driver Qualifications

1. 23 years old
2. Current, valid CDL for the type of truck and operation assigned
3. All new hires must have a clean driving record which is defined as
 - No more than two preventable accidents during the past 3 years
 - No suspensions for driving convictions
 - No DWI (OWI) during the past 3 years
 - No careless or reckless driving during the past 5 years
 - And no more than two moving violations on any type vehicle during the past three years
4. No felonies for 10 years – not on probation or parole
5. Receive no unfavorable references from any employers during the past three years.
6. Be able to pass a DOT physical conducted by a Nations Express, Inc. assigned licensed medical practitioner (Long Form & Card)
7. 2 Years T/T experience – for assignment to a Tractor Trailer; 1 year experience driving a commercial motor vehicle for assignment to a Straight Truck
8. Pass drug screening (Pre-employment) - Any non-medical detectable trace of either alcohol or drugs will invalidate the o/o-driver's application for an o/o-driver position.
9. Valid Passport or Birth Certificate
10. Social Security Card
11. Green Card (if applicable)
12. DD214 if previously in U.S. Armed Forces
13. Nationwide Cell Phone
14. Speak, read, write and understand English proficiently
15. Demonstrate driving ability by satisfactorily completing a Nations Express, Inc. road test over a predetermined course.

DRIVER'S APPLICATION FOR EMPLOYMENT



Applicant Name _____ Date of Application _____
(print)

Company _____

Address _____

City _____ State _____ Zip _____

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status.

Return Fax: 704.329.0739

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) 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 application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

- Review information provided by previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

Signature _____ Date _____

FOR COMPANY USE

PROCESS RECORD

APPLICANT HIRED _____ REJECTED _____

DATE EMPLOYED _____ POINT EMPLOYED _____

DEPARTMENT _____ CLASSIFICATION _____
(IF REJECTED, SUMMARY REPORT OF REASONS SHOULD BE PLACED IN FILE)

SIGNATURE OF INTERVIEWING OFFICER _____

TERMINATION OF EMPLOYMENT

DATE TERMINATED _____ DEPARTMENT RELEASED FROM _____

DISMISSED _____ VOLUNTARILY QUIT _____ OTHER _____

TERMINATION REPORT PLACED IN FILE _____ SUPERVISOR _____

This form is made available with the understanding that J. J. Keller & Associates, Inc. is not engaged in rendering legal, accounting, or other professional services. J. J. Keller & Associates, Inc. assumes no responsibility for the use of this form, or any decision made by an employer which may violate local, state, or federal law.

Position(s) Applied for _____

Name _____
Last First Middle Social Security No. _____

List your addresses of residency for the past 3 years.

Current Address _____
Street City

State Zip Code Phone _____ How Long? _____
yr./mo.

Previous Addresses

Street City State & Zip Code How Long? _____
yr./mo.

Street City State & Zip Code How Long? _____
yr./mo.

Street City State & Zip Code How Long? _____
yr./mo.

Do you have the legal right to work in the United States? _____

Date of Birth _____ / _____ / _____ Can you provide proof of age? _____
(Required for Commercial Drivers)

Have you worked for this company before? _____ Where? _____

Dates: From _____ To _____ Rate of Pay _____ Position _____

Reason for leaving _____

Are you now employed? _____ If not, how long since leaving last employment? _____

Who referred you? _____ Rate of pay expected _____

Have you ever been bonded? _____ Name of bonding company _____
(Answer only if a job requirement)

Have you ever been convicted of a felony? _____

If yes, please explain fully on a separate sheet of paper. Conviction of a crime is not an automatic bar to employment-all circumstances will be considered.

Is there any reason you might be unable to perform the functions of the job for which you have applied [as described in the attached job description]?

If yes, explain if you wish.

EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 10 years. List complete mailing address, street number, city, state and zip code.

Applicants to drive a commercial motor vehicle* in intrastate or interstate commerce shall also provide an additional 7 years' information on those employers for whom the applicant operated such vehicle.

(NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary.)

EMPLOYER			DATE	
NAME			FROM MO. YR.	TO MO. YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRs [†] WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO				

EMPLOYER			DATE			
NAME			FROM			TO
ADDRESS			MO.	YR.	MO.	YR.
CITY			STATE		ZIP	POSITION HELD
CONTACT PERSON			PHONE NUMBER		SALARY/WAGE	
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EMPLOYER			DATE			
NAME			FROM			TO
ADDRESS			MO.	YR.	MO.	YR.
CITY			STATE		ZIP	POSITION HELD
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*Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 16 or more passengers (including the driver), or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

†The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport more than 8 passengers (including the driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

EMPLOYER			DATE	
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DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES	HAZARDOUS MATERIAL SPILL
LAST ACCIDENT _____				
NEXT PREVIOUS _____				
NEXT PREVIOUS _____				

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE NONE

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

EXPERIENCE AND QUALIFICATIONS – DRIVER

List all driver licenses or permits held in the past 3 years

DRIVER LICENSES	STATE	LICENSE NO.	TYPE	EXPIRATION DATE

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES _____ NO _____
- B. Has any license, permit or privilege ever been suspended or revoked? YES _____ NO _____
- IF THE ANSWER TO EITHER A OR B IS YES, GIVE DETAILS _____

DRIVING EXPERIENCE CHECK YES OR NO

CLASS OF EQUIPMENT	CIRCLE TYPE OF EQUIPMENT	DATES FROM (M/Y) TO (M/Y)	APPROX. NO. OF MILES (TOTAL)
STRAIGHT TRUCK <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)		
TRACTOR AND SEMI-TRAILER <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)		
TRACTOR - TWO TRAILERS <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)		
TRACTOR - THREE TRAILERS <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)		
MOTORCOACH - SCHOOL BUS <input type="checkbox"/> YES <input type="checkbox"/> NO <small>More than 8 passengers</small>	—		
MOTORCOACH - SCHOOL BUS <input type="checkbox"/> YES <input type="checkbox"/> NO <small>More than 15 passengers</small>	—		
OTHER _____			

LIST STATES OPERATED IN FOR LAST FIVE YEARS: _____

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER: _____

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM? _____

EXPERIENCE AND QUALIFICATIONS – OTHER

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWN)

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 HIGH SCHOOL: 1 2 3 4 COLLEGE: 1 2 3 4

LAST SCHOOL ATTENDED (NAME) _____ (CITY, STATE) _____

TO BE READ AND SIGNED BY APPLICANT

This 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.

Signature: _____ Date: _____

Company Name _____

FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT

In accordance with the provisions of Section 604(b)(2)(A) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I, of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on you for employment purposes. These reports are required by Sections 382.413, 391.23, and 391.25 of the Federal Motor Carrier Safety Regulations.

Applicant's signature

Date

Print name

Social Security number