

# VAN OPERATOR APPLICATION FOR QUALIFICATION



**Van Operator: Check Appropriate Carrier**  
(Check Only One Carrier)

**United Van Lines, LLC**  
One United Drive  
Fenton, MO 63026  
636-326-3100

**Mayflower Transit, LLC**  
One Mayflower Drive  
Fenton, MO 63026  
636-305-4000

**United Mayflower  
Container Services**  
One Premier Drive  
Fenton, MO 63026  
636-305-5000

PLEASE PRINT ALL INFORMATION

- Continental Fleet     Master Lease     Co-Van Operator     Non-CDL  
 Contract Truckmen     Household Goods     Special Services     Container

DATE \_\_\_\_\_

AGENCY # \_\_\_\_\_ NAME \_\_\_\_\_ LOCATION \_\_\_\_\_

PERSONAL	Name (Last)		(First)		(Middle)	Date of Birth	Social Security No.			
	Address (Street)		(City)	(State)	(Zip)	How Long?	Telephone No. (Include area code)			
	List additional addresses within last 5 years					How Long?	Cell Phone No. (Include area code)			
	Email Address									
	Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, are you legally eligible to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No Authorization # _____									
	PERSON TO NOTIFY IN CASE OF EMERGENCY	Name		Phone No.						
		Address (Street)		(City)	(State)	(Zip)				
	For purpose of verifying past employment, have you been previously known by any other names? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, identify name(s): _____									
	Can you read, write and speak the English language? <input type="checkbox"/> Yes <input type="checkbox"/> No									
	Have you ever been convicted of a felony or misdemeanor, or released from prison in the past 10 years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain fully: _____ When? _____									
	Are you on legal probation? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain fully: _____									
	Do you meet the required minimum qualifications, and with or without reasonable accommodation, are you able to perform the essential functions of the position for which you are applying? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain _____									
	Within the preceding three (3) years, have you refused submission to or tested positive to a D.O.T. required drug or alcohol test? <input type="checkbox"/> Yes <input type="checkbox"/> No									
	<b>EDUCATION</b> Indicate Highest Grade Completed: _____									
	JOB HISTORY	I understand that the information I provide on past employment will be used by the prospective employer. I am aware that previous employers will be contacted to investigate my Safety Performance History Information.								
<b>MILITARY SERVICE</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate branch, dates, type of discharge and rank _____										
<b>JOB HISTORY</b> Begin with present or most recent job (explain any gap). Applicant needs to show 10 years of Job history. Use additional sheet if necessary.										
						Did you participate in.....				
		From Mo. Yr.	To Mo. Yr.	Position	Supervisor	Reason for Leaving	Safety Sensitive Position	Subject to FMCSRs	Drug & Alcohol Testing	
Name		Phone No.						Yes No	Yes No	Yes No
Street		( )								
City		State								
Name		Phone No.						Yes No	Yes No	Yes No
Street		( )								
City	State									
Name	Phone No.						Yes No	Yes No	Yes No	
Street	( )									
City	State									
Have you been qualified with any UniGroup agency/dealer before? _____ Agency/Dealer Name _____ When _____										
Any other household goods carriers? _____, If yes, carrier's name _____										

EXPERIENCE HISTORY:	Local Operation		Over-the-Road			Local Operation		Over-the-Road	
	From Mo	To Yr	From Mo	To Yr		From Mo	To Yr	From Mo	To Yr
Loading/Unloading Household Goods					Driving Straight Truck				
Loading/Unloading Electronic Equipment					Driving Tractor/Trailer Unit				
Loading/Unloading Special Commodities					Other				

D R I V I N G I N F O R M A T I O N

**QUALIFICATIONS - VAN OPERATOR**

CURRENT COMMERCIAL DRIVERS LICENSE (CDL)	ISSUING STATE	CDL NUMBER	CLASS	EXPIRATION DATE
List Previous Licenses Held In Last Three Years				

Any restrictions on your present license?  Yes  No If yes, describe \_\_\_\_\_

Has a denial, revocation, or suspension of any license, permit, or privilege to operate a motor vehicle ever been issued to you?  Yes  No \_\_\_\_\_

If yes, give details \_\_\_\_\_

Have you ever been convicted or forfeited bond for driving while under the influence of alcohol or a controlled substance or public intoxication?  Yes  No

If yes, give details \_\_\_\_\_

**ACCIDENT HISTORY**

List all accidents in which you have been involved during the last three years. Begin with the most recent. (Attach additional sheet if necessary) Please write "NONE" if applicable.

LOCATION (City & State)	DATE	NATURE OF ACCIDENT (Head-On, Upset, Etc.)	TYPE OF VEHICLE	No. Injuries	No. Fatalities

**TRAFFIC VIOLATIONS**

List all violations of Motor Vehicle Laws or Ordinances (other than parking) of which you have been convicted or forfeited bond during the last 3 years. Please write "NONE" if applicable.

LOCATION	DATE	NATURE

C E R T I F I C A T I O N R E L E A S E

**CERTIFICATION - RELEASE** TO BE READ AND SIGNED BY APPLICANT

I understand that if I am Qualified, **any misrepresentation or omission**, of a material fact on this Application for Qualification or during an interview, **if any, may be cause for disqualification at any time**. The carrier may verify the information which I have provided in the course of its consideration of this Application for Qualification.

I additionally authorize UniGroup, Inc; it subsidiaries including its interstate transportation service agency or dealer; and such other designated agents (individually or collectively "Carrier") to conduct a thorough investigation, such information which may include but is not limited to my past employment, education, criminal history, driving history (including but not limited to driving citations/violations/accidents, cargo loss and/or damage claims history, and quality operational performance), references, and activities, from time to time as deemed necessary in Carrier's sole discretion to determine my current and/or ongoing qualification and eligibility to occupy a position to perform safety sensitive functions on behalf of Carrier. I authorize all persons who may have information relative to this investigation to disclose such requested information to Carrier. This specifically includes but is not limited to the release of information by my present and former employers, law enforcement agencies, courts, criminal justice agencies, educational institutions, financial institutions, military records, landlords, creditors, and others, whether or not specifically mentioned, herein. I hereby release any party or individual, including Carrier, Carrier's agencies/dealers, affiliates, employees, officers and directors; and such records custodians, from any and all liability from damages of whatever kind or nature which I may incur at any time arising out of or in any way related to Carrier's attempts to obtain information pursuant to this Certification-Release.

I do hereby acknowledge my due process rights as set forth in the Disclosure and Release form (SAF-61) which is included hereto in incorporated by reference regarding the background safety investigation conducted by UniGroup for the prior employers that I have identified in the Van Operator Application for Qualification.

This certifies that the 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 and belief.

I certify that I am a genuine applicant for a van operator position and this application is being submitted solely for the purpose of seeking qualification with the carrier and for no other reason.

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