



Circle LogisticsTM

Personalized Logistics and Transportation Solutions

Thank you for your interest in Circle Logistics

The following pages make up the preliminary request for qualification for an independent contractor leasing to Circle Logistics. After printing and completing you may fax this ENTIRE package to our office @ 260-267-9911 at your expense or mail the original documents to your recruiter at the address listed below.

If you fax or scan/email in the paperwork, all originals MUST be brought with you to orientation.

Please complete each document in blue/black ink and carefully read each form to ensure accuracy and thoroughness. Incomplete applications will not be processed until all required information and signatures are done. The most frequent issue with applications relate to incomplete work history.....applicants must provide of 10 years of employment data [you may make additional copies of page 2 of the application if necessary].....this must include company phone numbers and addresses for all former employers. Any periods of unemployment must be recorded on the application

During this process if you have questions please contact your recruiter

CDL DRIVER APPLICATION FOR QUALIFICATION

CIRCLE LOGISTICS

BOX 8067 4808 KROEMER RD SUITE 204 FT WAYNE, IN 46818

In compliance with Federal and State EEO Laws and subject to FMCSA regulations, qualified applicants are considered for all positions without regard to race, religion, sex, national origin, age, martial status, or non-job related disabilities. I understand that information I provide regarding current or previous work history WILL BE VERIFIED and an investigation relating to my safety performance and work history will be conducted as required by 49CFR391.23 [d] [e]

Signature of applicant: _____ Date Signed: ____/____/____

Date of Application: _____ Social Sec. # ____/____/____

Name [print] _____
Last First Middle

Address: _____ City: _____

State: _____ Zip Code: _____ Date of Birth: ____/____/____

Primary Contact Phone: _____ Alternate Phone: _____

Emergency Contact[name]: _____ Phone#: _____

List ALL previous address for the prior 3 years:

Address: _____ City/State/Zip: _____ How Long? _____

Address: _____ City/state/Zip: _____ How Long? _____

Current CDL Number: _____ State of Issue: _____

Date of Expiration: ____/____/____ Type of License: Class A [] Class B [] Other []

Current Endorsements: Hazmat [] doubles/triples [] tank vehicles [] passenger vehicles []

List any other licenses held within the prior 3 years:

State: _____ License # _____ Type of License: _____ How Long? _____

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HAS YOUR LICENSE/PERMIT TO OPERATE A MOTOR VEHICLE EVER BEEN SUSPENDED OR REVOKED? [] YES [] NO

If yes please list date and explanation: _____

Have you EVER been convicted of or currently charged with a felony? [] yes [] no

If yes please list date and explanation: _____

Have you EVER been convicted of or currently charged with DWI/OWI/DUI ? [] yes [] no

If yes, please list date and explanation: _____

Per FMCSA 40.25 Part J...Have you tested positive for controlled substances during a pre-employment test within the last 3 yrs from the date of this application? [] yes [] no

Per FMCSA 40.25 Part J...Have you refused a required pre-employment controlled substance test within the last 3 yrs from this date of application? [] yes [] no

Do you have the legal right to work in the United States? [] yes [] no

Circle Highest Grade Completed: 6 7 9 High School 9 10 11 12 College 1 2 3 4

Name of Last School Attended: _____ City/State: _____

Is there any reason you might be unable to perform the functions necessary to be an over the road semi tractor trailer driver? [] yes [] no If yes, please explain: _____

Who referred you to Circle Logistics: _____

Work Experience

In accordance with FMCSR 391.21 & .23, an applicant must list all previous work experience for 10 years prior to date of application and inform prospective employer if such employment was subject to DOT regulated substance testing and FMCSA regulations

Please list all employers beginning with your most current employer

Current/Last Employer Name: _____ Phone # _____

Address: _____ City/State/Zip: _____

Position: _____ Supervisor: _____

Dates of Employment: Starting Date: ____/____/____ Ending Date: ____/____/____

Reason for leaving: _____

Was this job subject to FMCSA Safety Regulations: yes no

Was this job designated 'safety sensitive' by the DOT and subject to controlled substance and alcohol testing under 49CFR Part 40? yes no

Account for periods between jobs of more than 30 days [include reason and dates]

Dates: _____ Reason: _____



Second Last Employer Name: _____ Phone # _____

Address: _____ City/State/Zip: _____

Position: _____ Supervisor: _____

Dates of Employment: Starting Date: ____/____/____ Ending Date: ____/____/____

Reason for leaving: _____

Was this job subject to FMCSA Safety Regulations: yes no

Was this job designated 'safety sensitive' by the DOT and subject to controlled substance and alcohol testing under 49CFR Part 40? yes no

Account for periods between jobs of more than 30 days [include reason and dates]

Dates: _____ Reason: _____



Third Last Employer Name: _____ Phone # _____

Address: _____ City/State/Zip: _____

Position: _____ Supervisor: _____

Dates of Employment: Starting Date: ____/____/____ Ending Date: ____/____/____

Reason for leaving: _____

Was this job subject to FMCSA Safety Regulations: yes no

Was this job designated 'safety sensitive' by the DOT and subject to controlled substance and alcohol testing under 49CFR Part 40? yes no

Account for periods between jobs of more than 30 days [include reason and dates]

Dates: _____ Reason: _____



Fourth Last Employer Name: _____ Phone # _____

Address: _____ City/State/Zip: _____

Position: _____ Supervisor: _____

Dates of Employment: Starting Date: ____/____/____ Ending Date: ____/____/____

Reason for leaving: _____

Was this job subject to FMCSA Safety Regulations: yes no

Was this job designated 'safety sensitive' by the DOT and subject to controlled substance and alcohol testing under 49CFR Part 40? yes no

Account for periods between jobs of more than 30 days [include reason and dates]

Dates: _____ Reason: _____

Current/Last Employer Name: _____ Phone # _____

Address: _____ City/State/Zip: _____

Position: _____ Supervisor: _____

Dates of Employment: Starting Date: ___/___/___ Ending Date: ___/___/___

Reason for leaving: _____

Was this job subject to FMCSA Safety Regulations: yes no

Was this job designated 'safety sensitive' by the DOT and subject to controlled substance and alcohol testing under 49CFR Part 40? yes no

Account for periods between jobs of more than 30 days [include reason and dates]

Dates: _____ Reason: _____

Current/Last Employer Name: _____ Phone # _____

Address: _____ City/State/Zip: _____

Position: _____ Supervisor: _____

Dates of Employment: Starting Date: ___/___/___ Ending Date: ___/___/___

Reason for leaving: _____

Was this job subject to FMCSA Safety Regulations: yes no

Was this job designated 'safety sensitive' by the DOT and subject to controlled substance and alcohol testing under 49CFR Part 40? yes no

Account for periods between jobs of more than 30 days [include reason and dates]

Dates: _____ Reason: _____

Current/Last Employer Name: _____ Phone # _____

Address: _____ City/State/Zip: _____

Position: _____ Supervisor: _____

Dates of Employment: Starting Date: ___/___/___ Ending Date: ___/___/___

Reason for leaving: _____

Was this job subject to FMCSA Safety Regulations: yes no

Was this job designated 'safety sensitive' by the DOT and subject to controlled substance and alcohol testing under 49CFR Part 40? yes no

Account for periods between jobs of more than 30 days [include reason and dates]

Dates: _____ Reason: _____

Use additional sheet if necessary to provide 10 yrs of required work information

DRIVING EXPERIENCE

Equipment Class	Type of Trailer van/flat /tank/ other	Dates [from /to]	Approx. miles
Tractor Semi Trlr			
Straight truck			

List states operated in during the last 5 years: _____

Type of Freight Hauled: _____

List Safe Driving Awards [company and # of yrs]: _____

List any special training you have received: _____

Did you graduate from a tractor trailer driving school? yes no

Traffic Convictions

Applicants must list ALL traffic convictions and/or forfeitures [other than parking citations] received in both personal and commercial motor vehicles which have occurred within the prior 5 yrs from the date of this application.

IF NO CITATIONS; PRINT 'NONE'

DATE	LOCATION	CHARGE	PENALTY	TYPE OF VEHICLE

Crashes/Collisions/Incidents

Please list all motor vehicle crashes in which you were involved...REGARDLESS of fault in both personal and commercial motor vehicles which have occurred within the prior 5 years from the data of this application.

IF NO CRASHES, PRINT NONE

DATE	DESCRIPTION	STATE	# OF INJURIES	# OF FATALITIES	HAZMAT SPILL YES OR NO	TYPE OF VEHICLE

APPLICANTS MUST READ & SIGN THE FOLLOWING

I, hereby authorize the carrier {Circle Logistics} to make such inquiries and investigations of my personal, driving, employment, financial, and medical history along with other related matters as may be necessary in determining my qualifications and abilities relating to operating a Commercial Motor Vehicle in Interstate Commerce. I hereby release all former employers, schools, healthcare providers, and other persons from all liability in responding to inquiries and the release of information in connection with my application to this carrier. I understand that providing false or misleading information on this application or during the orientation process may result in termination of contractor agreement and disqualification of driving status with the carrier.

I agree to abide by all regulations set forth by the FMCSA [Federal Motor Carrier Safety Administration] and all policies and procedures contained in the Carrier - Contractor Handbook published by Circle Logistics

My signature below certifies that this application was completed by me, and that all entries contained herein are true and complete to the best of my knowledge.

SIGNATURE OF APPLICANT

DATE

PRINTED NAME OF APPLICANT

SAFETY PERFORMANCE HISTORY RECORDS REQUEST DRUG/ALCOHOL TESTING AND CRASH HISTORY

PART 1: >>>TO BE COMPLETED BY PROSPECTIVE DRIVER

I, _____ /_____/_____
PRINT NAME [FIRST, MIDDLE IN, LAST] SOC. SEC # DATE OF BIRTH

Hereby authorize my previous employer [**leave blank**] _____
to release and forward the information requested below concerning my Alcohol / Controlled Substance Testing and
Crash History within the prior 3 years from the date of this application, which is ____/____/_____.

This information should be sent to my prospective employer [**Circle Logistics**] at the address below.

Applicants Signature: _____ Date: _____

APPLICANTS - DO NOT WRITE BELOW THIS LINE

PART 2: TO BE COMPLETED BY PROSPECTIVE EMPLOYER

This form is being sent to previous employer by: Fax Mail E-mail

Sent By: _____ Date: _____

Previous Employer: _____ Phone # _____

Address: _____ Fax # _____

City/State/Zip: _____ Email: _____

Contact Name: _____ Title: _____

Please complete the information requested in Part#3. We appreciate your prompt response. As you are aware, after April 29, 2004, failures to respond within 30 days to investigation requests for safety performance history will result in a complaint being filed with the FMCSA using the process outlined in FMCSR386.12.

Please send mail responses to: **CIRCLE LOGISTICS BOX 8067 FT. WAYNE, IN 46898**

CONFIDENTIAL FAX: 260-267-9911 ATTENTION SAFETY BG

EMAIL: SAFETY@CIRCLEDELIVERS.COM

>>PART 3: TO BE COMPLETED BY PREVIOUS EMPLOYER<<

- Did the above applicant work for your company? yes no
 - If YES, please state actual dates of employment:
From: ____/____/____ To: ____/____/____
 - Did the applicant operate a CMV? yes no
- Did the applicant operate? local regional over the road
- What type of trailer did the applicant operate? van flatbed tanker other
- Reason for leaving your company: discharged resigned lay-off
 - Did the applicant resign in lieu of termination? yes no
 - If resignation, did the applicant provide notice of quitting? yes no
- Would this application be considered eligible for re-employment yes no

Crash History - Please provide the following information for all crashes [*regardless of fault*] involving this applicant, which have occurred within the prior 5 years.

Date	Location	Description	Injuries/Fatalities	Prev/Non Prev
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

APPLICANT NAME: _____

SSN: _____

If applicant was NOT subject to DOT testing requirements while employed by you, please check here [] fill in dates below; please sign and return....

Dates of Employment: From: ____/____/____ **To** ____/____/____

Applicant was subject to DOT testing requirements from ____/____/____ **to** ____/____/____

-Has this person had an alcohol test w/ a result of 0.04 or higher? yes no

-Has this person ever tested positive for controlled substances? yes no

-Has this person refused to submit to a post crash, random, reasonable suspicion, follow up alcohol or controlled substance test? yes no or

-Has this person ever submitted an adulterated or substituted test specimen? yes no

-Has this person committed other violations of Subpart B of Part 382 or 49CFR Part 40? yes no

-Have you received information from prior employers during background investigation indicating the the above named employee had failed or refused any FMCSR mandated testing? yes no

-While in your employ, if this person violated a DOT drug/alcohol regulation, did this person complete a DOT compliant SAP program, including return to duty and follow up testing?

Please submit SAP documentation with this form Non applicable yes no

-For a driver who completed a SAP program and remained in your employ, did this person subsequently have an alcohol test result of 0.04 or greater, a verified positive substance test, or refuse to be tested? Non applicable yes no

In answering the above questions, include any required DOT drug/alcohol testing information obtained from previous employers within the prior 3 years to the application date.

Please provide any additional information regarding the applicant which is permitted under your company policy: _____

Part 3 Completed by: _____

Printed Name: _____

Title: _____ **Date:** _____

PLEASE RETURN BOTH PAGES VIA FAX TO
Safety Dept/Circle Logistics 260-267-9911

Information received on ____/____/____ via fax / us mail / email

Initial request sent ____/____/____ by _____

2nd Request Sent ____/____/____ by _____

Final Request sent: ____/____/____ by _____



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Pre-Employment release for motor vehicle record review FMCSA 391.23

Applicant Name: _____
First Middle Last

DOB: ____/____/____ SSN: ____ - ____ - ____

Current CDL NUMBER: _____ State of Issue: _____

Expiration Date: _____

Please list any other licenses below which you have held during the 3 years prior the date of this application

Prior CDL License Number	State of Issue	Date of Expiration

In accordance with FMCSR 391.23 [a][1] & [b], we are required to make inquiry into the motor vehicle operating record for a period of 3 years prior to the date of application as a driver of a commercial motor vehicle in each state which the driver [applicant] has held a license or permit.

I hereby grant permission and authority, by signing below, for Circle Logistics to conduct MVR record checks for all licenses held during the 3 years prior to this date of application. I further understand that any omissions, misrepresentations, and/or falsifications relating to my experience operating a CMV will be cause for rejection of my application or termination of my contractor operating agreement without recourse on my part.

Dated this _____ day of _____, 20_____

Printed Name of Applicant: _____

Signature of Applicant: _____



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FEDERAL MOTOR CARRIER SAFETY REGULATIONS
PART 382.413 AND PART 391
SECTION 604 [B] [2] [a] & 607
PUBLIC LAW 91-508

CONSUMER CREDIT REPORTING ACT OF 1996
TITLE II SUBTITLE D CHAPTER 1 OF PUBLIC LAW 104-208

The above Regulations requires that you, the applicant, authorize in writing the procurement of:

- Motor vehicle records for the previous 3 years
- General Identification information for the previous 3 years
- Employment dates for all previous employers for the 10 prior years
 - Safety records for the previous 5 years
 - Drug & Alcohol test results for the previous 5 years
- Rehabilitation Records, if applicable, for the previous 5 years

Additionally, the above regulations require us, Circle Logistics, Inc to make available to you the reports from the sources for your review, correction and rebuttal. Specifically this means:

1. The right to review information provided by previous employers.
2. The right to have errors in information corrected by the previous employer and for that employer to re-send the corrected information to us.
3. The right to have rebuttal statements attached to the alleged erroneous information, if previous employer and you cannot agree on the accuracy of the information.

Should you wish to review information from previous employers, you must submit a written request, which can be done at any time up to 30 days after being employed or being notified of denial of employment.

Rebuttals/corrections to any information obtained are the sole responsibility of the applicant and the previous employers.

I [print name] _____ have read and understand the above rights and regulations

Applicants Signature: _____

Date _____/_____/_____



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NOTICE OF PRE-EMPLOYMENT URINALYSIS

FMCSR 391.103 [PRE EMPLOYMENT TESTING REQUIREMENTS] APPLIES TO ALL DRIVER APPLICANTS.

1. A MOTOR CARRIER SHALL REQUIRE A DRIVER/APPLICANT WHO THE MOTOR CARRIER INTENDS TO HIRE OR USE TO BE TESTED FOR THE USE OF CONTROLLED SUBSTANCES AS A PRE-QUALIFICATION CONDITION.
2. A DRIVER/APPLICANT SHALL SUBMIT TO CONTROLLED SUBSTANCE TESTING AS A PRE-QUALIFICATION PROCESS
3. PRIOR TO COLLECTION OF URINE SAMPLE UNDER FMCSR 391-107, THE CANDIDATE IS HEREBY NOTIFIED THAT THE SAMPLE WILL BE TESTED FOR THE PRESENCE OF CONTROLLED SUBSTANCES.

AS A CONDITION OF QUALIFICATION WITH CIRCLE LOGISTICS, I HEREBY AGREE TO THE URINE SAMPLE COLLECTION AND CONTROLLED SUBSTANCE TESTING. I UNDERSTAND A POSITIVE TEST RESULT [AS REPORTED BY THE MEDICAL REVIEW OFFICER [MRO]] OR ANY ACTION ON MY PART RESULTING IN A REPORTED POSITIVE TEST RESULT WILL DISQUALIFY ME FROM THE OPERATION OF A COMMERCIAL MOTOR VEHICLE FOR CIRCLE LOGISTICS. ALL RESULTS, REGARDLESS OF OUTCOME WILL BE RELEASED TO THE COMPANY BY THE MRO IN COMPLIANCE WITH FMCSR.

DOT REQUIRED SPLIT SAMPLE TESTING.....BEGINNING AUGUST 15, 1994 FMCSR REQUIRE ALL DOT DRUG TESTS TO BE COLLECTED IN ACCORDANCE WITH SPLIT SAMPLE PROCEDURES. AFTER A CONFIRMED POSITIVE REPORT IS RELEASED BY THE MRO TO THE CARRIER AND DRIVER, DRIVERS HAVE THE RIGHT TO REQUEST THE SECOND BOTTLE BE TESTED WITHIN 72 HRS AFTER THE INITIAL TEST IS CONFIRMED POSITIVE. CIRCLE LOGISTICS WILL ASSUME THE COST OF INITIAL TESTING; HOWEVER DRIVERS WILL BE RESPONSIBLE FOR THE COST OF TESTING BOTTLE #2 OF THE SPLIT SPECIMEN; IT IS STIPULATED THAT THIS COST WILL BE \$100.00 DOLLARS AND PAYABLE BY THE DRIVER PRIOR TO INITIATION OF TESTING ON SAMPLE #2.

I, [PRINT NAME] _____ SOC. SEC # _____

CERTIFY THAT I HAVE READ AND UNDERSTAND THE ABOVE POLICY AND APPLICABLE FEDERAL MOTOR CARRIER SAFETY REGULATIONS RELATING TO CONTROLLED SUBSTANCE TESTING OF CDL DRIVERS. I UNDERSTAND THAT ANY POSITIVE TEST WILL IMMEDIATELY DISQUALIFY ME FROM CONSIDERATION BY CIRCLE LOGISTICS WITHOUT FURTHER RECOURSE AND ANY POSITIVE RESULT WILL BE HANDLED AND REPORTED BY CIRCLE LOGISTICS IN COMPLIANCE WITH FMCSR.

SIGNATURE: _____

DATE SIGNED: _____



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IMPORTANT NOTICE

REGARDING BACKGROUND REPORTS FROM THE *PSP Online Service*

1. In connection with your application for employment with **CIRCLE LOGISTICS** (Prospective Employer), it may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

When the application for employment is submitted in person, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer will

provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report.

When the application for employment is submitted by mail, telephone, computer, or other similar means, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer must provide you within three business days of taking adverse action oral, written or electronic notification: that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

The Prospective Employer cannot obtain background reports from FMCSA unless you consent in writing.

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

2. I authorize CIRCLE LOGISTICS (“Prospective Employer”) to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am consenting to the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.

3. I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I am challenging crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

4. Please note: Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

I have read the above Notice Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this consent form, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

DATE: _____

SOCIAL SECURITY NUMBER: _____

PRINTED NAME: _____

SIGNATURE: _____



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CONTRACTOR INFORMATION SHEET

DRIVERS NAME: _____

YEAR/MAKE OF POWER UNIT: _____

APPROXIMATE MILES ON UNIT: _____

YEAR/MAKE OF TRAILER [IF APPLICABLE]: _____

YEARS OF EXPERIENCE WITH: [ENTER ZERO IF NO EXPERIENCE]

DRY VAN _____ YRS

FLATBED _____ YRS

STEP DECK _____ YRS

RGN _____ YRS

OVERDIMENSIONAL _____ YRS

COILS _____ YRS

TOTAL YEARS OF TRACTOR-TRAILER EXPERIENCE: _____

ALL CONTRACTORS PULLING FLATBED AND SPECIALIZED TRAILERS WILL BE EXPECTED TO HAVE ALL NECESSARY EQUIPMENT INCLUDING CHAINS, STRAPS, TARPS, BUNJIES, AND PERSONAL PROTECTION EQUIPMENT TO OPERATE THESE TRAILERS.

HOW OFTEN DO YOU LIKE TO GET HOME? WEEKLY / EVERY TWO-3 WEEKS / MONTHLY / NEVER

WHICH AREA DO YOU PREFER TO RUN?

	YES	NO
NORTHEAST	_____	_____
NORTHWEST	_____	_____
SOUTHEAST	_____	_____
SOUTHWEST	_____	_____
MIDWEST	_____	_____

IS YOUR VEHICLE CARB COMPLIANT ? YES / NO

CAN YOU GO TO CANADA ? YES / NO

PLEASE CHECK IF YOU HAVE THE FOLLOWING:

TWIC CARD _____

PASSPORT _____

HAZMAT _____

It is our goal as a company to make every reasonable attempt to accommodate our contractor's preferences regarding areas of operation, however this must be balanced with the shipping demands and freight available from our customers. We cannot promise specific freight lanes or point to point moves will not change as time passes; as our customers dictate what freight we have available and this will vary depending upon seasons, their business climate and rates. We ask that you consider every load because it is our goal to make you a profitable contractor so we may be a profitable company too.