

ZoëVa Logistics

Owner Operators Application

Please note: Incomplete information will delay the processing of your application from being submitted.

To complete this application you will need:

- Social Security Number
- Home address history for the past 3 years
- Current drivers license number (copy) and drivers license history for the past 3 years
- Employment history up to 10 years.
- History of traffic accidents, violations, and / or convictions from the last 5 years (including DUI or reckless driving convictions and license suspensions)
- Criminal history

Owner Operator Minimum Requirements

- Must be at least 23 years of age
- Class A (or Class B for Expedited) CDL
- No more than two at-fault accidents and two motor vehicle violations within the previous 36 months, or no more than one at-fault accident and three motor vehicle violations during the previous 36 months. No involvement in a preventable DOT recordable accident in the past 12 months.
- Operators must have one year (six months for Expedited) of verifiable over-the-road driving (including snow and ice) within the past three years or three years verifiable experience in the last 10 years, of which six months must be within the previous 48 months, with a Class A (or Class B for Expedited) CDL using the type of equipment similar to what you will be operating for Zoeva.
- No felony convictions within the past 7 years. All other felony and misdemeanor charges are reviewed on a case-by-case basis.
- No positive drug or alcohol test including refusals and pre-employment results.
- No suspensions of more than 30 days for moving violations in the last 36 months.
- No more than one serious violation as defined on Table 2 of section 383.51 of the FMCSR handbook within the previous 36 months prior to qualification.
- No railroad-highway grade crossing offenses as defined on Table 3 of section 383.51 of the FMCSR handbook within the previous 36 months prior to qualification.
- No citations or convictions for Reckless Driving or Careless Endangerment during the 36 month period prior to the order date of the MVR.
- No DUI charges during the 60 month period prior to the order date of the MVR in a personal or non-commercial vehicle and never in a commercial vehicle.
- Proficient enough in English to understand highway traffic signs and signals, respond to official inquiries, make entries on reports and records, and converse with the public.
- Provide and maintain proper levels and types of approved insurance during your lease with Landstar including:
 - Unladen Liability and Occupational Accident coverage or, in some cases, statutory Workers' Compensation coverage are mandatory. If you do not participate in the Unladen Liability and/or CPP (Occupational Accident insurance) programs, you must show comparable Unladen Liability coverage and/or Occupational Accident coverage through acceptable insurance carriers.
 - If statutory Workers' Compensation coverage is required and you do not participate in the fleet workers' compensation plan (FWCP) program, coverage must be provided by licensed carriers with acceptable interstate coverage.
- These are minimum operator qualification standards subject to DOT requirements, and Zoeva may impose more stringent requirements at its option. The decision whether to qualify an operator will be made by Zoeva in its sole discretion and on a case-by-case basis.

Personal Information

Name (First, Middle, Last, Suffix)*

SSN / SIN*

Date of Birth (mm/dd/yyyy)*

Current Street Address (line 1)*

Current Street Address (line 2)

Country*

City State/Province Zip/Postal*

Residence address for 3 or more years?* Yes No [Edit Dates](#)

If your cell phone is also your primary phone, enter it in both fields below.

Primary Phone*

Cell Phone*

Email Address

Confirm Email Address

Preferred method of contact Primary Phone Cell Phone Email

Best time to contact you Any Morning Afternoon Night

License Information

License Number*

License State/Province*

Country*

License Expiration*

Physical Expiration

Is this your current driver license?* Yes No

Is this a commercial driver license?* Yes No

Endorsements

None
Tanker
X Endorsement

Other
Doubles / Triples
HazMat

Employer/Contract Information

Company Name *

Start Date*

End Date*

Street Address

Street Address

Country*

City* State/Province* Zip/Postal

Telephone

Position Held*

Reason for leaving?*

Were you Yes No
terminated/discharged/laid off?*

Is this your current employer?* Yes No

May we contact this employer at this Yes No
time?*

Did you operate a commercial motor Yes No
vehicle?*

Please attached a copy of your CDL and registration(s) with this application