Transportation & Logistics

Driver & Owner-Operator Interest Application

This application expresses interest only and does not guarantee routes, loads, employment, or a contract.

Applicant Information

Full legal name

Current street address

City

State

ZIP code

Current email address

Current telephone number

May Lowe Willzz contact you by text message? ☐ Yes ☐ No

Opportunity and Route Interest

Which opportunity are you applying for? Check one.

☐ Independent contractor driver

☐ Owner-operator

☐ Courier / last-mile independent contractor

What type of routes are you willing to accept? Check all that apply.

☐ Local

☐ Regional

☐ Long-haul / OTR

Availability - list days and times

Lowe Willzz Transportation & Logistics

Vehicle, License & Insurance

Vehicle and Equipment

Vehicle type - check all that apply.

- [ ] Car
- [ ] SUV
- [ ] Pickup truck
- [ ] Cargo van
- [ ] Sprinter van
- [ ] Box truck
- [ ] Straight truck
- [ ] Tractor-trailer
- [ ] I do not currently own a vehicle

Vehicle year, make, and model (if applicable)

Insurance and DOT Medical Card

Do you currently have valid automobile insurance?

- [ ] Yes - personal auto
- [ ] Yes - commercial auto
- [ ] No

Do you currently have a valid DOT medical card?

- [ ] Yes
- [ ] No
- [ ] Not applicable to my vehicle / work

DOT medical card expiration date (if applicable)

Driver License

Driver license type - check all that apply.

- [ ] Regular / non-CDL
- [ ] CDL Class A
- [ ] CDL Class B
- [ ] CDL Class C

License state

License expiration date

CDL endorsements - check all that apply.

- [ ] Hazmat
- [ ] Tanker
- [ ] Doubles / Triples
- [ ] Passenger
- [ ] School bus
- [ ] None

Transportation & Logistics

Experience, Screening & Signature

Driving Experience

Years of professional driving experience

Have you had any accidents or serious driving violations within the past three years? ☐ Yes ☐ No

If yes, briefly explain.

Briefly describe your driving, delivery, courier, or freight experience.

Required Screening

Are you willing to complete all screenings required for the opportunity, including an MVR, background check, drug screening, and verification of licenses, insurance, and credentials? ☐ Yes ☐ No

Additional Information

Why are you interested in working with Lowe Willzz?

How did you hear about us?

Applicant Statement and Signature

I certify that the information provided is true and complete. I understand that false or misleading information may disqualify me from consideration or end any employment or contractual relationship.

Electronic signature - type your full legal name

Date

Save this completed form and email it to lowewillzz75@gmail.com

Lowe Willzz, LLC is an equal opportunity business.