

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.

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.

Thomas Truck Lines, Inc.

P.O. Box 644

Donalsonville, GA 39845

(229) 524-0090

COMMERCIAL DRIVER APPLICATION

FILL IN ALL BLANKS & PROVIDE ALL INFORMATION REQUESTED--PRINT OR TYPE

Date: _____

Name: First _____ Middle _____ Last _____

Address _____ Home telephone: _____

City _____ State _____ Zip _____ Cellular telephone: _____

Date of Birth: _____ Social Security Number: _____ - _____ - _____

If your above address is less than 3 years continue listing them below to cover the previous 3 year period:

1 Street _____ Dates: From _____ To _____

City _____ State _____ Zip _____

2 Street _____ Dates: From _____ To _____

City _____ State _____ Zip _____

3 Street _____ Dates: From _____ To _____

City _____ State _____ Zip _____

Use backside of sheet for additional addresses

Driver's License Information: all licenses held, last 3 years:

State _____ Number _____ Expiration Date _____

State _____ Number _____ Expiration Date _____

State _____ Number _____ Expiration Date _____

Experience:

_____ to _____ Approximate mileage driven _____
Type of vehicle driven Dates

_____ to _____ Approximate mileage driven _____
Type of vehicle driven Dates

_____ to _____ Approximate mileage driven _____
Type of vehicle driven Dates

All Accidents, last 3 years: (If none, write NONE)

Date _____ Describe _____ Fatalities _____ Injuries _____

Date _____ Describe _____ Fatalities _____ Injuries _____

Date _____ Describe _____ Fatalities _____ Injuries _____

List all Traffic Violations Convictions, last 3 years: (If none, write NONE)

Date _____	Violation _____	State _____	Commercial Vehicle: <u>Yes / No</u>
Date _____	Violation _____	State _____	Commercial Vehicle: <u>Yes / No</u>
Date _____	Violation _____	State _____	Commercial Vehicle: <u>Yes / No</u>
Date _____	Violation _____	State _____	Commercial Vehicle: <u>Yes / No</u>
Date _____	Violation _____	State _____	Commercial Vehicle: <u>Yes / No</u>
Date _____	Violation _____	State _____	Commercial Vehicle: <u>Yes / No</u>
Date _____	Violation _____	State _____	Commercial Vehicle: <u>Yes / No</u>

Have you ever had any driver license denied, suspended, revoked or canceled by any issuing state agency?

Yes No If yes; state of issuance; explanation: _____

Employment History, last 10 years (383.35)—account for gaps between employers: (If owner/operator, list carriers leased to)

1) Employer: _____ Dates: _____ to _____
Address: _____ Supervisor: _____
City, State, Zip code: _____ Telephone: _____

Were you subject to the Federal Motor Carrier Safety Regulations during this period? Yes No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? Yes No

Reason for Leaving: _____

2) Employer: _____ Dates: _____ to _____
Address: _____ Supervisor: _____
City, State, Zip code: _____ Telephone: _____

Were you subject to the Federal Motor Carrier Safety Regulations during this period? Yes No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? Yes No

Reason for Leaving: _____

3) Employer: _____ Dates: _____ to _____
Address: _____ Supervisor: _____
City, State, Zip code: _____ Telephone: _____

Were you subject to the Federal Motor Carrier Safety Regulations during this period? Yes No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? Yes No

Reason for Leaving: _____

4) Employer: _____ Dates: _____ to _____
Address: _____ Supervisor: _____
City, State, Zip code _____ Telephone: _____

Were you subject to the Federal Motor Carrier Safety Regulations during this period? Yes No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? Yes No

Reason for Leaving: _____

5) Employer: _____ Dates: _____ to _____
Address: _____ Supervisor: _____
City, State, Zip code: _____ Telephone: _____

Were you subject to the Federal Motor Carrier Safety Regulations during this period? Yes No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? Yes No

Reason for Leaving: _____

6) Employer: _____ Dates: _____ to _____
Address: _____ Supervisor: _____
City, State, Zip Code: _____ Telephone: _____

Were you subject to the Federal Motor Carrier Safety Regulations during this period? Yes No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? Yes No

Reason for Leaving: _____

7) Employer: _____ Dates: _____ to _____
 Address: _____ Supervisor: _____
 City, State, Zip code: _____ Telephone: _____

Were you subject to the Federal Motor Carrier Safety Regulations during this period? Yes No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? Yes No

Reason for Leaving: _____

Use backside of sheet for additional employers

For driver applicants of commercial motor vehicles that require a Commercial Driver License (CDL) the applicant must disclose their controlled substance and alcohol status per the requirements of 49 CFR part 40.25(j).

As a prospective driver employee, you have the right to review information provided by previous employers. You have the right to have errors in the information corrected by the previous employer(s) and for that previous employer(s) to re-send the corrected information to the prospective employer; the right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

Driver employees who have previous Department of Transportation regulated employment history in the preceding three years, and wish to review previous employer provided investigative information, must submit a written request to the prospective employer, which may be done at anytime, including when applying or as late as thirty (30) days after being employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five (5) business days of receiving the written request. If the prospective employer has not yet received the requested information from the previous employer(s), then the five (5) business day deadlines will begin when the prospective employer receives the requested safety performance history information. If the driver has not arranged to pick up or receive the requested records within thirty (30) days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived their request to review the records.

Certification

"I certify 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."

 Applicant's Signature Date Signed

TO BE COMPLETED BY THE EMPLOYER:

Application received by:		Application reviewed for completeness by:	
_____ Name	_____ Date	_____ Name	_____ Date
_____ Title	_____ Date	_____ Title	_____ Date

SIGNIFICANT DATES:

Date of Hire: _____
 Time & Date of Pre-Employment CST: _____
 Time & Date of Pre-Employment CST Results Received: _____
 Date First Used in Safety Sensitive Position: _____
 Date of Termination: _____

Thomas Truck Lines, Inc.
P.O. Box 644
Donalsonville, GA 39845
(229) 524-0090

COMMERCIAL VEHICLE DRIVER APPLICANT
Controlled Substance and Alcohol Questionnaire
Pursuant to 49 CFR part 40.25(j)

Application Date _____

Name First _____ Middle _____ Last _____

Address _____ Home Telephone _____

City _____ State _____ Zip _____ Cell Telephone _____

Date of Birth _____ Social Security Number _____ - _____ - _____

49 CFR 40.25(j)

Have you ever tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, <u>safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules</u> during the past two years?	YES	NO
If YES — Have you successfully completed the return-to-duty process?	YES	NO
If YES — Documentation <u>MUST BE PROVIDED</u> before any safety-sensitive transportation function is performed.		

Applicant's Signature

Date Signed

TO BE COMPLETED BY EMPLOYER:

Received by: _____

Reviewed by: _____

Title: _____

Date: _____

Title: _____

Date: _____

The Federal Motor Carrier Safety Regulations require all previous employers of this applicant to respond to this request for information within 30 days. Failure to comply with this request is in violation of 49CFR 391.23 and 40.25, for which you may be prosecuted. Questions concerning the requirements of this regulation should be directed to the Minnesota Division Office of the Federal Motor Carrier Safety Administration at 651-291-6150, during business hours.

TO: _____ DATE: _____

Former Employer's Name _____

Mailing Address _____

City / State / Zip _____

Telephone # _____ Fax Number _____

I, _____, hereby authorize _____ to release to all records of employment, including assessments of my job performance, ability, and fitness, including the dates of any and all alcohol or drug tests, with confirmed results, and/or my refusal to submit to any alcohol and drug tests and any rehabilitation completion under direction of Substance Abuse Professional (SAP) and/or Medical Review Officer (MRO) to each and every company (or their authorized agents) making such request in connection with my application for employment with said company. I, hereby, release the above named company, and its employees, officers, directors, and agents from any and all liability of any type as a result of providing the following information to the below mentioned person and/or company.

Applicant's Signature & Date _____

Witness's Signature & Date _____

REQUEST FROM:

Company: Thomas Truck Lines, Inc. _____

Address/City/State/Zip: P.O. Box 644 Donalsonville, GA 39845 _____

Telephone Number: (229) 524-0090 Fax Number: (229) 524-0081 _____

Contact Person & Title: Human Resources _____

NAME OF APPLICANT: _____ SSN _____

JOB APPLYING FOR: Truck Driver _____

INQUIRY INTO EMPLOYMENT HISTORY, PRECEDING 3 YEARS

- Did applicant work for you as a _____ from ___/___/___ to ___/___/___ YES or NO IF NO, please explain: _____
- If employed as driver, please answer the following: Company Driver? _____ Owner/Operator? _____ Other? _____
Type of truck(s) and/or truck/tractor(s) operated: _____
Commodities transported: _____ Area of operations: _____
- Accidents? YES or NO IF YES, please give date(s) and brief description of each accident: _____
- Why did this employee leave your company? _____
- Would you re-employ this person? YES or NO IF NO, please explain: _____
- Additional comments: _____

INQUIRY FOR ALCOHOL AND CONTROLLED SUBSTANCES INFORMATION, PRECEDING 2 YEARS

- Alcohol tests with a result of 0.04 or greater? YES or NO If yes, please give date(s): _____
- Verified positive controlled substances test results? ... YES or NO If yes, please give date(s): _____
- Refusals to be tested? YES or NO If yes, please give date(s): _____
- Was rehabilitation completed as required? YES or NO If yes, please give date(s): _____

Person providing the above information:

Name: _____ Title: _____

Company: _____ Date: _____

THE BELOW DISCLOSURE AND AUTHORIZATION LANGUAGE IS FOR MANDATORY USE BY ALL ACCOUNT HOLDERS

IMPORTANT DISCLOSURE

REGARDING BACKGROUND REPORTS FROM THE PSP Online Service

In connection with your application for employment with Thomas Truck Lines, Inc. ("Prospective Employer"), Prospective Employer, its employees, agents or contractors 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.

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. You may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If you challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. Your request will be forwarded by the DataQs system to the appropriate State for adjudication.

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 Federal Motor Carrier Safety Regulations (FMCSR) violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

The Prospective Employer cannot obtain background reports from FMCSA without your authorization.

AUTHORIZATION

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

I authorize Thomas Truck Lines, Inc. ("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 authorizing 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.

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 challenge 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.

I understand that any crash or inspection in which I was involved will display on my PSP report. Since the PSP report does not report, or assign, or imply fault, I acknowledge it will include all CMV crashes where I was a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, I understand all inspections, with or without violations, will appear on my PSP report, and State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on my PSP report.

I have read the above Disclosure Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this Disclosure and Authorization, 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: _____

Signature

Name (Please Print)

NOTICE: This form is made available to monthly account holders by NIC on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain an Applicant's written or electronic consent prior to accessing the Applicant's PSP report. Further, account holders are required by FMCSA to use the language contained in this Disclosure and Authorization form to obtain an Applicant's consent. The language must be used in whole, exactly as provided. Further, the language on this form must exist as one stand-alone document. The language may NOT be included with other consent forms or any other language.

NOTICE: The prospective employment concept referenced in this form contemplates the definition of "employee" contained at 49 C.F.R. 383.5.

LAST UPDATED 12/22/2015

Motor Vehicle Record Release Form

This Section to be completed by the Driver:

Driver's Name _____
Last Name First Name MI

Date of Birth ____/____/____ Driver's Sex: M____ F____ Social Security # ____-____-____

Driver's License # _____ Issuing State: _____

Employee Driving Record—To be completed by the Company Driver

During the three (3) years prior to the date of this application, have you:

- | | | |
|--|-----|----|
| 1. Had your driver's license suspended or revoked? | YES | NO |
| 2. Been cited for driving a vehicle under the influence of alcohol or drugs? | YES | NO |

DRIVER COMMITMENT:

I agree to fulfill all my responsibilities that include but are not limited to:

1. Adhere to all policies and procedures governing the operation of my vehicle.
2. Report unsafe operating conditions of the vehicle.
3. Report any accident immediately.
4. Prohibit the use of company vehicle by unauthorized drivers.
5. Prohibit unauthorized passengers from riding in the company vehicle—NO EXCEPTIONS.

I understand that these commitments and responsibilities are monitored and failure on my part to fulfill these requirements may result in loss of fleet driving privileges or other disciplinary actions.

The undersigned hereby authorizes any State Department of Motor Vehicles to release any and all information pertaining to my driving record to the company or its designee, to evaluate for employment purposes. This authorization shall remain in effect for the duration of my employment with the company.

Driver's Signature: _____

Date: _____

Printed Name: _____



TURNER & HAMRICK, LLC

Your partner in risk management

PQ Box 985 • Troy, Alabama 36081

(334) 566-7665 • Fax: (334) 566-7215 • Wats: 888-385-0186

**DISCLOSURE UNDER
FAIR CREDIT REPORTING ACT
AND
CONSENT TO PROCUREMENT OF
CONSUMER REPORT
FOR
EMPLOYMENT PURPOSES**

The undersigned hereby authorizes _____
name of employer

or its insurance agency AssuredPartners NL, or its assigns, to obtain copies of consumer reports, including a motor vehicle report, pertaining to me for employment purposes, and for use in rating and/or underwriting insurance for which the above-named employer may apply, and any renewal thereof. I understand that in obtaining such consumer reports, a consumer reporting agency may be used, and I do hereby authorize such use.

Dated: _____

Signed: _____

Print Name
(Driver)

Date of Birth: _____

Drivers License #: _____

State Licensed In: _____

Transport Passengers (if applicable): _____ Yes _____ No _____ N/A

Years experience (if applicable): _____