

TRANSPORTATION SPECIALISTS, LTD.

10001 S. 152ND Street
Omaha, NE 68138-3801
402.895.9610 or 800.373.2146
Fax 402.891.8751



DRIVER'S APPLICATION FOR QUALIFICATION

Transportation Specialists, LTD. is an equal opportunity employer. We encourage all persons to file applications with us and we do not discriminate on the basis of race, color, religion, sex, national origin, age, disability, veteran status, or any other basis prohibited by law. Applicants should inform us if accommodations are needed to complete the application process.

The company will maintain this application in an active status for 30 days. If you would like to be considered for qualification after 30 days from the date of this application, you must complete and submit a new application.

A. PERSONAL HISTORY (print name in full) – REMAINDER OF APPLICATION MUST BE COMPLETED IN APPLICANT'S OWN HANDWRITING.

1. Name _____
(First) (Middle) (Last)

2. Phone _____ Cell Phone _____

2. Present Address _____ How Long _____
(Street) (City) (State)(Zip)

Address for _____ How Long _____
Past 3 years _____ How Long _____
_____ How Long _____

3. Social Security # _____ - _____ - _____ 4. Date of birth ____/____/____

5. Email Address _____

6. Are you a U.S. Citizen or authorized to be employed in the U.S.? Yes ___ No ___

5. Name and address of person to be notified in case of emergency – Relationship

(Name) (Address) (Phone) (Relationship)

6. Position applying for: _____

7. Have you worked for this company before? Yes ___ No ___

Position: _____ Reason for Leaving: _____

8. Have you applied for a position with this company before? Yes ___ No ___

9. Names of relative(s) employed by this company: _____

10. Are you employed at the present time? _____ If yes, why do you wish to leave? _____

11. If qualified for this position, when can you start? _____

12. Please describe any work schedule limitations: _____

13. Have you ever been convicted of a crime or felony (excluding traffic violations)? Yes _____ No _____

If yes, date, location and disposition of case: _____

14. Have you ever been convicted of driving while intoxicated (D.W.I.) or driving under the influence (D.U.I.) within the last five (5) years? Yes _____ No _____. If yes, when, where, disposition of the case: _____

(A conviction record will not necessarily disqualify an applicant from employment. The circumstances of the conviction will be considered in relation to the nature and duties of the job applied for.)

15. Have you ever been known by any other name(s), which this company will need to verify any of the information in this application? Yes _____ No _____. If yes, give name(s) and identify related employer, school, etc. _____

16. Do you have any reason why you could not perform any of the primary duties of the job for which you are applying with or without reasonable accommodations: Yes _____ No _____. If yes, explain if you wish: _____

17. Date of your last D.O.T. Physical _____/_____/_____

B. EDUCATION:

Circle highest grade completed:

Grammar 1 2 3 4 5 6 7 8

High School 1 2 3 4

College 1 2 3 4

Last School attended _____ City and State _____

Did you attend professional truck driving school? Yes____ No____

School name and location _____ Graduation Date _____

Show special courses or training that will help you as a driver:

C. EMPLOYMENT HISTORY:

Give a Complete Record of all employment for the past three years, including any unemployment or self-employment, and all commercial driving experience for the past ten years. *(List employers in reverse order starting with the most recent)*

EMPLOYER: _____ FROM: _____ TO: _____
ADDRESS: _____ START: _____ FINISH: _____
CITY _____ STATE _____ TELEPHONE #: _____
POSITION: _____ REASON FOR LEAVING: _____

Were you subject to the FMCSRs* while employed here? Yes ___ No ___
Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirement of 49 CFR Part 40? Yes ___ No ___

EMPLOYER: _____ FROM: _____ TO: _____
ADDRESS: _____ START: _____ FINISH: _____
CITY _____ STATE _____ TELEPHONE #: _____
POSITION: _____ REASON FOR LEAVING: _____

Were you subject to the FMCSRs* while employed here? Yes ___ No ___
Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirement of 49 CFR Part 40? Yes ___ No ___

EMPLOYER: _____ FROM: _____ TO: _____
ADDRESS: _____ START: _____ FINISH: _____
CITY _____ STATE _____ TELEPHONE #: _____
POSITION: _____ REASON FOR LEAVING: _____

Were you subject to the FMCSRs* while employed here? Yes ___ No ___
Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirement of 49 CFR Part 40? Yes ___ No ___

EMPLOYER: _____ FROM: _____ TO: _____
ADDRESS: _____ START: _____ FINISH: _____
CITY _____ STATE _____ TELEPHONE #: _____
POSITION: _____ REASON FOR LEAVING: _____

Were you subject to the FMCSRs* while employed here? Yes ___ No ___
Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirement of 49 CFR Part 40? Yes ___ No ___

EMPLOYER: _____ FROM: _____ TO: _____

ADDRESS: _____ START: _____ FINISH: _____

CITY _____ STATE _____ TELEPHONE #: _____

POSITION: _____ REASON FOR LEAVING: _____

Were you subject to the FMCSRs* while employed here? Yes ___ No ___

Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirement of 49 CFR Part 40? Yes ___ No ___

EMPLOYER: _____ FROM: _____ TO: _____

ADDRESS: _____ START: _____ FINISH: _____

CITY _____ STATE _____ TELEPHONE #: _____

POSITION: _____ REASON FOR LEAVING: _____

Were you subject to the FMCSRs* while employed here? Yes ___ No ___

Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirement of 49 CFR Part 40? Yes ___ No ___

**The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone who operates a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) has a GVWR or weighs 10,001 pounds or more, (2) is designed or used to transport nine or more passengers, or (3) is of any size, used to transport hazardous materials in a quantity requiring placarding.*

D. DRIVING EXPERIENCE

Class of Equipment	Type of Equipment (Van, Tank, Flat, Etc.)	Dates		Approximate Number of Miles (Total)
		From:	To:	
Straight Truck				
Tractor and Semi Trailer				
Tractor-Two Trailers				
Other				

Type of Tractor/Trailer Experience	Dates		Approximate Number of Miles (Total)
	From:	To:	
City Driving			
Over the Road			
Mountain			

List special courses/training completed _____

List any Safe Driving Awards you hold and from whom _____

E. DRIVING RECORD

Driver's License (list each driver's license held in the past three years)

State	License Number	Expiration Date	Type of License	Endorsements

Accident Record for past three years

Date of Accident	Nature of Accident (Head-on, Rear-end, etc.)	Preventable/ Non-Preventable	Injuries/ Fatalities	Car/Truck

Traffic Convictions and Forfeitures for the last three years (other than parking violations)

Date	Offense or Charge	Location	Penalty	Car/Truck

Have you ever been denied a license, permit, or privilege to operate any type of motor vehicle? Yes ___ No ___

Has any license, permit, or privilege ever been suspended or revoked? Yes ___ No ___

Have you ever been disqualified subject to Section 383 or 391 of the Federal Motor Carrier Safety Regulations for other than a physical disability? Yes ___ No ___

If the answer to any of the above questions is yes, explain in detail the facts and circumstances, show dates, the name of authority, or agency that took the action, and the reason:

F. MISCELLANEOUS INFORMATION:

Who referred you? _____ What is your minimum weekly wage desired?
_____.

Drivers in this company are held solely responsible for all laws they violate; do you accept this rule?
Yes ___ No ___.

MILITARY DATA

Veteran of the U.S. Military Service? Yes or No.

Branch of Service: _____ From _____ To _____ Rank _____

Please provide details of Service duties, which may apply to civilian occupations: _____

G. TO BE READ AND SIGNED BY APPLICANT:

This certifies 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. I understand that falsifications or omissions in my application, resume or any other items provided to the company during the application and interview process will be grounds for denying or terminating employment with the company.

I authorize the company and request each previous employer and person, firm, or company listed in my application to furnish any information that may be sought by the company in regards to my work habits, character, skills, or abilities. I waive any privileges involved with this. I also understand that the company may examine my criminal record. I authorize the company or its agents to do this examination and authorize those in possession of these records to release the information to the company.

I understand in accordance with the Federal Motor Carrier Regulations Parts 390 and 391, that I have the right to request to review information provided by previous employers and have the right to have errors in this information corrected. If the previous employer and I cannot agree on the accuracy of the information, I have the right to have a rebuttal statement attached to the alleged erroneous information. This information must be requested by providing a written request to the company within 30 days after being employed or being notified of denial of employment.

I understand that as an applicant for a position with this company, I may be asked to demonstrate that I am capable of performing tasks that are pertinent to the job. I also understand that employment with the company is conditional upon a favorable medical examination consistent with the requirements set forth by the Department of Transportation and company procedures and shall include substance screening, to which I hereby consent. I understand that refusing such a request or failing to pass any such examination will cause the company to withdraw its job offer or terminate employment. Upon hire, employees will be expected to abide by the company's drug testing policy.

Federal law obligates the company to provide a reasonable accommodation to the known disabilities of applicants and employees, unless to do so would pose an undue hardship. I will notify the company should I need an accommodation to complete the application process or to perform any essential elements of the position sought.

If hired, I agree to abide by the guidelines, rules and policies of the company. I acknowledge and understand that if hired, my employment is terminable at will, with or without cause and without notice or liability at the option of either the company or myself. I acknowledge further that neither anything said to me during the company's application/interview process or during employment nor any provision in the company's policies or manuals constitutes the terms of an express or implied employment agreement.

I certify that I am a true applicant for employment and this application is being submitted solely for the purpose of seeking employment with the company and for no other reason. I certify that I have read and understand all this qualification application. I understand and agree to all of the conditions and statements set forth above and throughout this application. I also understand that by submitting this application, I am agreeing to the terms listed.

Date: _____ Applicant's Signature: _____



TRANSPORTATION SPECIALISTS, LTD.

DRIVER APPLICANT DRUG AND ALCOHOL PRE-EMPLOYMENT STATEMENT

Applicant Name: _____

As an applicant, applying to perform safety-sensitive functions for our company, you are required by CRF Part 40.25(j) to respond to the following questions.

1. Have you 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, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years?

_____ YES _____ NO

2. If you answered yes, to the above question, can you provide proof that you have successfully completed the DOT return-to-duty requirements?

_____ YES _____ NO

My signature below certifies that the information provided is true and correct.

Date: _____ Applicant's Signature: _____

CONSUMER DISCLOSURE AND AUTHORIZATION FORM

Disclosure Regarding Background Investigation

Transportations Specialists, Ltd., ("TSL") may request, for lawful employment purposes, background information about you from a consumer reporting agency in connection with your employment or application for employment (including independent contractor assignments, as applicable). This background information may be obtained in the form of consumer reports and/or investigative consumer reports (commonly known as "background reports"). These background reports may be obtained at any time after receipt of your authorization and, if you are hired or engaged by the Company, throughout your employment or your contract period.

HireRight, Inc., or another consumer reporting agency, will prepare or assemble the background reports for the Company. HireRight, Inc. is located and can be contacted by mail at 5151 California, Irvine, CA 92617, and HireRight can be contacted by phone at (800) 400-2761. Information about HireRight's privacy practices is available at www.hireright.com/Privacy-Policy.aspx.

The background report may contain information concerning your character, general reputation, personal characteristics, mode of living, and credit standing, to include the DAC Employment History File. The types of information that may be obtained include, but are not limited to: social security number verifications; address history; credit reports and history; criminal records and history; public court records; driving records; accident history; worker's compensation claims; bankruptcy filings; educational history verifications (e.g., dates of attendance, degrees obtained); employment history verifications (e.g., dates of employment, salary information, reasons for termination, etc.); personal and professional references checks; professional licensing and certification checks including a CDLIS report; drug/alcohol testing results, and drug/alcohol history in violation of law and/or company policy; and other information bearing on your character, general reputation, personal characteristics, mode of living and credit standing.

This information may be obtained from private and public record sources, including, as appropriate: government agencies and courthouses; educational institutions; former employers; personal interviews with sources such as neighbors, friends and associates; and other information sources. If TSL should obtain information bearing on your credit worthiness, credit standing, or credit capacity for reasons other than as required by law, then TSL will use such credit information to evaluate whether you would present an unacceptable risk of theft or other dishonest behavior in the job for which you are being evaluated.

You may request more information about the nature and scope of any investigative consumer reports by contacting TSL.

I have carefully read and understand this Disclosure and Authorization form. By my signature below, I consent to preparation of background reports (to include the DAC Employment History File) by a consumer reporting agency such as HireRight, Inc., and to the release of such background reports to TSL, its designated representatives and agents, for the purpose of assisting TSL in making a determination as to my eligibility for employment (including independent contractor assignments, as applicable), promotion, retention or for other lawful employment purposes. I understand that if TSL hires me or contracts for my services, my consent will apply, and TSL may obtain background reports, throughout my employment or contract period. I understand that information contained in my employment or contractor application, or otherwise disclosed by me before or during my employment or contract assignment, if any, may be used for the purpose of obtaining and evaluating background reports on me. I also understand that nothing herein shall be construed as an offer of employment or contract for services.

I hereby authorize law enforcement agencies, learning institutions (including public and private schools and universities), information service bureaus, credit bureaus, record/data repositories, courts (federal, state and local), motor vehicle records agencies, my past or present employers, the military, and other individuals and sources to furnish any and all information on me that is requested by the consumer reporting agency. By my signature below, I also certify the information I provided on and in connection with this form is true, accurate and complete. I agree that this form in original, faxed, photocopied or electronic (including electronically signed) form, will be valid for any background reports that may be requested by or on behalf of TSL.

Applicant Last Name _____ First _____ Middle _____

Applicant Signature _____ Date _____



APPLICANT INFORMATION:

I hereby authorize this company to release all records of employment, including assessments of my job performance, ability, and fitness to each and every company (or their authorized agents) which may request such information in connection with my application for employment with said company. I hereby release this company from any and all liability of any type as a result of providing the above mentioned information to the below mentioned company contact. I also hereby authorize this former employer to release drug and alcohol information and SAP information for the preceding three years under applicable DOT agency regulations. This release is in accordance with DOT FMCSR CFR 49 Part 40.

Date: _____ Name (printed): _____

Social Security Number: _____ Signature: _____

EMPLOYER INFORMATION:

The person named above has applied to this company for employment. Your firm is listed by the applicant as a past employer. Will you kindly reply to this inquiry respecting this applicant? As you will note from the waiver stated above, all liability of you and your company has been released by the applicant.

1. Dates of Employment: _____
2. Position: Driver Dock Office Other (Please specify) _____
3. If employed as a driver, please indicate type of equipment driven: Tractor/Trailer Bus Straight Truck Other
(Please specify) _____
4. If Tractor/Trailer, what kind of trailing equipment) Dry Van Reefer Flatbed End/Side Dump
Doubles/Triples Tank Container Other (Please specify) _____
5. What type of driving? 48-state Regional Intrastate City
6. Number of accidents: _____ Number preventable: _____
Date: _____ Location: _____ Preventable: _____ DOT Recordable?: _____ Type: _____
Date: _____ Location: _____ Preventable: _____ DOT Recordable?: _____ Type: _____
7. Number of on-the-job injuries: _____ Recurring injuries? _____ Back injuries? _____
8. Employee's general conduct: Above Average Average Below Average Poor Satisfactory
9. Reason for leaving your company: Resigned Discharged Laid Off
10. Would you re-employ this person?: Yes No Upon Review Please explain: _____
11. Additional remarks: _____
12. Has this person ever tested positive for controlled substances under Part 382 in the past three years during employment with your company? Yes No
13. Has this person ever had an alcohol test with a result of 0.04 or greater under Part 382 in the past three years during employment with your company? Yes No
14. Has this person ever refused a required test for drugs or alcohol under Part 382 in the past three years during employment with your company? Yes No
15. Has the individual violated other DOT drug/alcohol regulations? Yes No
16. Have you received information from a previous employer that this individual violated DOT drug/alcohol regulations? Yes No
17. If YES to any of the above D&A questions, please release any documentation relating to the SAP evaluation, determination, and compliance, and give the SAP's name, address, and phone number for further reference.

SAP Name _____ SAP Phone (____) _____

SAP Address _____ SAP City/State/Zip _____

Former Employer _____ Sent By _____

Employer Signature _____ Date _____

IMPORTANT DISCLOSURE

REGARDING BACKGROUND REPORTS FROM THE *PSP Online Service*

In connection with your application for employment with Transportation Specialists, LTD. ("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 Transportation Specialists, LTD. may obtain such background reports, please read the following and sign below: I authorize Transportation Specialists, LTD. ("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)