

TSI TRUCKING, LLC
1618 Fabricon Blvd.
Jeffersonville, IN 47130

DRIVER'S APPLICATION FOR EMPLOYMENT

Applicant name: _____ **Date of application** _____

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 CFR391.23(d) and (e). I understand 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:** _____

APPLICANT TO COMPLETE

(Answer all questions-Please print)

Position Applied for: _____

Name: _____, _____, _____ Social Security No. _____ - _____ - _____
Last First Middle

List your addresses of residency for the past three (3) years:

Current Address: _____
House number-Street Apt. City
State Zip Code Phone #() How Long
yr./mo.

Previous Addresses: _____
House number-Street City State-Zip Code How Long
yr./mo.

House number-Street City State-Zip Code How Long
yr./mo.

House number-Street City State-Zip Code How Long
yr./mo.

Do you have the legal right to work in the United States? _____

Date of Birth: _____ Place of Birth: _____ Can you provide proof of age? _____
(Required for commercial drivers)

Have you worked for this company before? _____ Where? _____

Dates of employment: From _____ to _____ Rate of Pay: \$ _____ /hr. Position: _____

Reason for Leaving: _____

Are you now employed? _____ If not, how long since leaving last employment? _____

Who referred you? _____ Rate of Pay Expected: _____

Have you ever been bonded? _____ Name of Bonding Company: _____

Have you ever been convicted of a felony? _____ If yes, in what county and state: _____

If yes, please list the charges on which you were convicted: _____
(Conviction of a crime is not an automatic bar to Employment-all circumstances will be considered.)

Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the attached job description)? _____ If yes, please list specific reason(s): _____

EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding three (3) years. List complete mailing address, street number, city, state, and zip code.

Applicants to drive a commercial motor vehicle in intrastate or interstate commerce shall also provide an additional seven (7) years' information on those employers for whom the applicant operated such vehicle.

(NOTE: List employers in reverse order beginning with the most recent. Add another sheet if necessary.)

EMPLOYER	DATE
NAME	From: _____ To: _____
ADDRESS	Mo. Yr. Mo. Yr.
CITY	SALARY/WAGE
CONTACT PERSON	PHONE
	REASON FOR LEAVING
WERE YOU SUBJECT TO THE FMCSR** WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
WAS YOUR JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO	

* Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

** The Federal Motor Carrier Safety Regulations (FMCSR) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weights or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport nine (9) or more passengers, OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

EMPLOYER	DATE
<u>NAME</u>	<u>From:</u> <u>To:</u>
<u>ADDRESS</u>	<u>Mo. Yr. Mo. Yr.</u>
<u>CITY</u>	<u>SALARY/WAGE</u>
<u>CONTACT PERSON</u>	<u>PHONE</u>
	<u>REASON FOR LEAVING</u>
<hr/>	
<u>WERE YOU SUBJECT TO THE FMCSR WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO</u>	
<u>WAS YOUR JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO</u>	

EMPLOYER	DATE
<u>NAME</u>	<u>From:</u> <u>To:</u>
<u>ADDRESS</u>	<u>Mo. Yr. Mo. Yr.</u>
<u>CITY</u>	<u>SALARY/WAGE</u>
<u>CONTACT PERSON</u>	<u>PHONE</u>
	<u>REASON FOR LEAVING</u>
<hr/>	
<u>WERE YOU SUBJECT TO THE FMCSR WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO</u>	
<u>WAS YOUR JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO</u>	

EMPLOYER	DATE
<u>NAME</u>	<u>From:</u> <u>To:</u>
<u>ADDRESS</u>	<u>Mo. Yr. Mo. Yr.</u>
<u>CITY</u>	<u>SALARY/WAGE</u>
<u>CONTACT PERSON</u>	<u>PHONE</u>
	<u>REASON FOR LEAVING</u>
<hr/>	
<u>WERE YOU SUBJECT TO THE FMCSR WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO</u>	
<u>WAS YOUR JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO</u>	

EMPLOYER	DATE
<u>NAME</u>	<u>From:</u> <u>To:</u>
<u>ADDRESS</u>	<u>Mo. Yr. Mo. Yr.</u>
<u>CITY</u>	<u>SALARY/WAGE</u>
<u>CONTACT PERSON</u>	<u>PHONE</u>
	<u>REASON FOR LEAVING</u>
<hr/>	
<u>WERE YOU SUBJECT TO THE FMCSR WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO</u>	
<u>WAS YOUR JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO</u>	

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES	HAZARDOUS MATERIAL SPILL
Last accident				
Next previous				
Next previous				

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST THREE (3) YEARS (OTHER THAN PARKING VIOLATIONS). IF NONE, WRITE NONE. ATTACH ADDITIONAL SHEET IF MORE SPACE IS NEEDED

LOCATION	DATE	CHARGE	PENALTY

EXPERIENCE AND QUALIFICATIONS-DRIVER

List all driver licenses or permits held in the past three (3) years.

STATE	LICENSE NUMBER	TYPE	EXPIRATION DATE

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes No
 B. Has any license, permit, or privilege ever been suspended or revoked? Yes No

IF THE ANSWER TO EITHER A OR B IS YES, GIVE DETAILS: _____

DRIVING EXPERIENCE: CHECK YES OR NO AS TO EACH TYPE OF EQUIPMENT

CLASS OF EQUIPMENT	CIRCLE TYPE OF EQUIPMENT	DATES FROM M/Y TO M/Y	APPROXIMATE NUMBER OF MILES (TOTAL)
Straight Truck <input type="checkbox"/> Yes <input type="checkbox"/> No	(VAN, TANK, FLAT, DUMP, REFER)		
Tractor and Semi-trailer <input type="checkbox"/> Yes <input type="checkbox"/> No	(VAN, TANK, FLAT, DUMP, REFER)		
Tractor-Two Trailers <input type="checkbox"/> Yes <input type="checkbox"/> No	(VAN, TANK, FLAT, DUMP, REFER)		
Tractor-Three Trailers <input type="checkbox"/> Yes <input type="checkbox"/> No	(VAN, TANK, FLAT, DUMP, REFER)		
Motorcoach-School Bus <input type="checkbox"/> Yes <input type="checkbox"/> No			
Other _____			

LIST STATES OPERATED IN FOR THE LAST FIVE YEARS: _____

SHOW SPECIAL COURSES OR TRAINING WHICH YOU HAVE RECEIVED THAT WILL HELP YOU AS A DRIVER: _____

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM: _____

EXPERIENCE AND QUALIFICATIONS-OTHER

Show any trucking, transportation or other experience that may help in your work for us. _____

List courses and training other than those shown elsewhere in this application. _____

List special equipment or technical materials you can work with (other than those already shown). _____

EDUCATION

Circle highest grade completed: Elementary 1 2 3 4 5 6 7 8 High school 1 2 3 4 College 1 2 3 4

Last school attended: Name _____ (City, State) _____

TO BE READ AND SIGNED BY APPLICANT

This certifies that this application was completed by me, and that all entries on it and information contained therein are true and complete to the best of my knowledge.

Signature: _____

Date: _____

TSI TRUCKING, LLC

1618 Fabricon Blvd.

Jeffersonville, IN 47130

Telephone (812)280-0800 Fax (812) 280-0008

Date Faxed: _____

Date Mailed: _____

PREVIOUS EMPLOYMENT VERIFICATION FORM

APPLICANT NAME: _____ **SS#** ____ - ____ - ____

COMPANY: _____ **Phone ()** ____ - ____ **Fax ()** ____ - ____

ADDRESS: _____
Number Street City State Zip Code

The above applicant has listed your company as a previous employer. Please complete as much information as possible on the verification form below:

Dates of Employment:

From _____ to _____ and From _____ to _____

Position: _____ Full Time _____ Part Time _____

Over the Road: _____ Local _____ Solo _____ Team _____
Tractor/trailer ___ Straight Truck ___ Van ___ Tanker ___ Reefer ___ Flatbed ___ Other _____

WAS THE DRIVER INVOLVED IN ANY ACCIDENTS WHILE EMPLOYED?: Yes ___ No ___

If yes, please describe:

Date	Nature of Accident	Preventable	Injuries/Fatalities	Amount

Has the employee tested positive for drugs or alcohol within the last three years? Yes ___ No ___

Has the employee had a BAC of 0.04 or greater within the last three years? Yes ___ No ___

Has the employee refused a test for drugs or alcohol within the last three years? Yes ___ No ___

Has the employee violated any DOT drug or alcohol regulations in the past three years? Yes ___ No ___

If yes to DOT violations, please provide documentation of employee's successful completion of DOT return-to-duty requirements (including follow-up drug and alcohol tests).

Was the employee's general conduct and performance satisfactory? Yes ___ No ___

Comments: _____

Is employee eligible for rehire? Yes____No_____ Why or why not? _____

I hereby authorize you to release the following information to TSI, LLC for purpose of investigations as required by Sec 391.33 and 383.413 of Federal Motor Carrier's Safety Regulations. You are released from any and all liability, which may result from furnishing this information.

APPLICANT'S SIGNATURE: _____ **DATE:** _____

Form completed by: _____ **Position:** _____ **DATE:** _____