NOTICE TO DRIVERS

**&**

**CERTIFICATE OF COMPLIANCE**

**(NOTE: Original to be retained by carrier, copy for driver)**

# NOTICE TO DRIVERS

 The Commercial Motor Vehicle Safety Act of 1986 provides for a new set of controls over drivers of commercial vehicles. The new law applies to all drivers of commercial vehicles with a Gross Vehicle Weight Rating over 26,000 pounds, and to any vehicle, regardless of weight, transporting hazardous materials.

 The following provisions of this legislation become effective July 1, 1987:

1. No driver may possess more than one license, and no motor carrier may use a driver having more than one license. A limited exception is made for drivers who are subject to non-resident licensing requirements of any state. This exception does not apply after December 31, 1989
2. A driver convicted of a traffic violation (other than parking) in any vehicle must notify the motor carrier AND the state which issued the license to that driver of the conviction within 30 days.
3. Any person applying for a job as a commercial vehicle driver must inform the prospective employer of all previous employ- ment as the driver of a commercial vehicle for the past ten years, in addition to any other required information about the applicant’s employment history.
4. The Federal Motor Carrier Safety Regulations require that a driver who loses any privileges to operate a commercial vehicle, or who is disqualified from operating a commercial vehicle, must advise the motor carrier the next business day after receiving notification.

PENALTIES – Any violation of the above is punishable by a fine not to exceed $2,500. Willful violation of (1) or (3), above, or failure to notify the motor carrier within 30 days of the loss of any privilege to operate a commercial vehicle can result in criminal penalties not to exceed $5,000 and/or 90days in jail.

1. **CERTIFICATION BY DRIVER**

I hereby certify that I have read the above and understand the driver provisions of the Commercial Motor Vehicle Safety Act of 1986, effective on July 1, 1987.

Driver’s Name (print)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Soc. Sec.#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Driver’s Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

License: State\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Type/Class\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I further certify that I have surrendered the following licenses to the state(s) indicated.

State\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Type/Class\_\_\_\_\_\_\_\_\_\_\_\_\_ ID No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Type/Class\_\_\_\_\_\_\_\_\_\_\_\_\_ ID No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  **Check if applicable**

I further certify that I am required by the state of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to maintain a non-resident license.

 Type/Class\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Driver’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**TERMINAL TRANSFER, INC.**

PORTLAND

15745 N LOMBARD SUITE # 100 • PORTLAND, OR 97203

P (503) 288-7164 • F (503) 249-2113

SEATTLE

25802 74TH AVE SOUTH • KENT, WA 98032

P (253) 981-6718 • F (253) 243-7815

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| --- |
| Applications are held for 90 days. Applications are considered for position without regard to race, creed, color, sex, religion, age (other than minimum requirements), disability, marital status, or national origin. |

**Application for Authorization to Drive**

***Please print plainly in ink and all blanks must be filled out***

**Date of Application:\_\_\_\_/\_\_\_\_/\_\_\_\_Phone#:(\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_Alt. Phone#:(\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Position Applied for:** **[ ] Company Driver** **[ ] Contractor** **[ ] Driver for contractor**

**[ ] Full-time** **[ ] Part-time**(Specify what days & hours)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email Address (Required):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **First Middle Last Previously Used Names****Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Street City State Zip How Long?****Current Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Street City State Zip How Long?*****List all previous addresses for past 5 years:*** **:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Street City State Zip How Long?** **:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Street City State Zip How Long?** |
| **SS# / / / Drivers License# State Class \_\_\_\_\_\_\_**  |
| Date of Birth:\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ If you are applying for a job as a commercial truck driver, in case of an emergency, whom should we contact?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name Phone Number Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name Phone Number Relationship |
| **Do you have your TWIC card or are you TSA Certified? [ ] Yes [ ] No****Have you ever failed or refused a pre-employment drug/alcohol test given by a company where you never accepted employment? [ ] Yes [ ] No****Are you a U.S. citizen?** **[ ] Yes** **[ ] No****Have you worked for this company before? [ ] Yes [ ] No Dates\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Reason for leaving:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Do you have any relatives working for this company? [ ] Yes [ ] No If yes, please answer:****Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**DOH:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ HAZMAT:** **[ ] YES** **[ ] NO**

**WAGE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FULL/PART TIME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DIVISION:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**8 / 10 HR \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ LUNCH PAID\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NEED TO BE TSA CERTIFIED: Y / N**

Page 2

**EMPLOYMENT RECORD FOR THE PAST TEN (10) YEARS**

Begin with your present or most recent job and work backward in order, listing your employers for at least 10 years including all full and part time employment. All times must be accounted for including military service, self-employment, and periods of unemployment.

**WE MUST HAVE TELEPHONE NUMBERS. INCLUDE PERIODS OF UNEMPLOYMENT**

Are you presently employed? [ ]  Yes [ ]  No May we contact your current employer? [ ]  Yes [ ]  No

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| ***Previous Employer*****Dates of Employment** **To\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **(Month, Year)****From\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **(Month, Year)** |

**Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Supervisor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code:\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Position Held:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Rate of Pay:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Driving Experience: [ ]  All 48 [ ]  Midwest [ ]  South [ ]  East [ ]  West [ ]  Northwest [ ]  Mountains

 Average Number of Miles Per Week:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Days out Per Trip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Equipment Driven: [ ]  Straight Truck [ ]  Cabover [ ]  Conventional [ ]  Reefer [ ]  Van [ ]  Dump

 [ ]  Flatbed [ ]  Tanker [ ]  Autohauler [ ]  Doubles [ ]  Trailer Length:\_\_\_\_\_\_ Ft. Logbook required:\_\_\_\_

 Approximate Total Number of Miles Driven for This Employer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Reason for Leaving:** **[ ]  Quit** **[ ]  Fired** **[ ]  Lay Off** **[ ]  Other**

 **Explain Circumstances:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| ***Second Last Employer*****Dates of Employment** **To\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **(Month, Year)****From\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **(Month, Year)** |

**Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Supervisor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code:\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Position Held:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Rate of Pay:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Driving Experience:[ ] All 48 [ ]  Midwest [ ]  South [ ]  East [ ]  West [ ]  Northwest [ ] Mountains

 Average Number of Miles Per Week:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Days out Per Trip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Equipment Driven: [ ]  Straight Truck [ ]  Cabover [ ]  Conventional [ ]  Reefer [ ]  Van [ ]  Dump

 [ ]  Flatbed [ ]  Tanker [ ]  Autohauler [ ]  Doubles [ ]  Trailer Length:\_\_\_\_\_\_ Ft. Logbook required:\_\_\_\_

 Approximate Total Number of Miles Driven for This Employer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Reason for Leaving: [ ]  Quit [ ]  Fired [ ]  Lay Off [ ]  Other**

 **Explain Circumstances:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
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| ***Third Last Employer*****Dates of Employment** **To\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **(Month, Year)****From\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **(Month, Year)** |

**Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Supervisor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code:\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Position Held:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Rate of Pay:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Driving Experience:[ ] All 48 [ ]  Midwest [ ]  South [ ]  East [ ]  West [ ]  Northwest [ ] Mountains

 Average Number of Miles Per Week:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Days out Per Trip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Equipment Driven: [ ]  Straight Truck [ ]  Cabover [ ]  Conventional [ ]  Reefer [ ]  Van [ ]  Dump

 [ ]  Flatbed [ ]  Tanker [ ]  Autohauler [ ]  Doubles [ ]  Trailer Length:\_\_\_\_\_\_ Ft. Logbook required:\_\_\_\_

PAGE 3

 Approximate Total Number of Miles Driven for This Employer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Reason for Leaving: [ ]  Quit [ ]  Fired [ ]  Lay Off [ ]  Other**

 **Explain Circumstances:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| ***Fourth Last Employer*****Dates of Employment** **To\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **(Month, Year)****From\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **(Month, Year)** |

**Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Supervisor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code:\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Position Held:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Rate of Pay:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Driving Experience:[ ] All 48 [ ]  Midwest [ ]  South [ ]  East [ ]  West [ ]  Northwest [ ] Mountains

 Average Number of Miles Per Week:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Days out Per Trip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Equipment Driven: [ ]  Straight Truck [ ]  Cabover [ ]  Conventional [ ]  Reefer [ ]  Van [ ]  Dump

 [ ]  Flatbed [ ]  Tanker [ ]  Autohauler [ ]  Doubles [ ]  Trailer Length:\_\_\_\_\_\_ Ft. Logbook required:\_\_\_\_

 Approximate Total Number of Miles Driven for This Employer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Reason for Leaving: [ ]  Quit [ ]  Fired [ ]  Lay Off [ ]  Other**

 **Explain Circumstances:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| ***Fifth Last Employer*****Dates of Employment** **To\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **(Month, Year)****From\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **(Month, Year)** |

**Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Supervisor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code:\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Position Held:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Rate of Pay:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Driving Experience:[ ] All 48 [ ]  Midwest [ ]  South [ ]  East [ ]  West [ ]  Northwest [ ] Mountains

 Average Number of Miles Per Week:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Days out Per Trip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Equipment Driven: [ ]  Straight Truck [ ]  Cabover [ ]  Conventional [ ]  Reefer [ ]  Van [ ]  Dump

 [ ]  Flatbed [ ]  Tanker [ ]  Autohauler [ ]  Doubles [ ]  Trailer Length:\_\_\_\_\_\_ Ft. Logbook required:\_\_\_\_

 Approximate Total Number of Miles Driven for This Employer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Reason for Leaving: [ ]  Quit [ ]  Fired [ ]  Lay Off [ ]  Other**

 **Explain Circumstances:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| ***Sixth Last Employer*****Dates of Employment** **To\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **(Month, Year)****From\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **(Month, Year)** |

**Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Supervisor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code:\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Position Held:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Rate of Pay:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Driving Experience:[ ] All 48 [ ]  Midwest [ ]  South [ ]  East [ ]  West [ ]  Northwest [ ] Mountains

 Average Number of Miles Per Week:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Days out Per Trip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Equipment Driven: [ ]  Straight Truck [ ]  Cabover [ ]  Conventional [ ]  Reefer [ ]  Van [ ]  Dump

 [ ]  Flatbed [ ]  Tanker [ ]  Autohauler [ ]  Doubles [ ]  Trailer Length:\_\_\_\_\_\_ Ft. Logbook required:\_\_\_\_

 Approximate Total Number of Miles Driven for This Employer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 **Reason for Leaving: [ ]  Quit [ ]  Fired [ ]  Lay Off [ ]  Other**

**Explain Circumstances:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
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| ***Seventh Last Employer*****Dates of Employment** **To\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **(Month, Year)****From\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **(Month, Year)** |

**Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Supervisor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code:\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Position Held:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Rate of Pay:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Driving Experience:[ ] All 48 [ ]  Midwest [ ]  South [ ]  East [ ]  West [ ]  Northwest [ ] Mountains

 Average Number of Miles Per Week:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Days out Per Trip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Equipment Driven: [ ]  Straight Truck [ ]  Cabover [ ]  Conventional [ ]  Reefer [ ]  Van [ ]  Dump

 [ ]  Flatbed [ ]  Tanker [ ]  Autohauler [ ]  Doubles [ ]  Trailer Length:\_\_\_\_\_\_ Ft. Logbook required:\_\_\_\_

 Approximate Total Number of Miles Driven for This Employer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Reason for Leaving: [ ]  Quit [ ]  Fired [ ]  Lay Off [ ]  Other**

 **Explain Circumstances:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
 **←⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯→**

## Please answer the following questions with a “YES” or “NO”

1. ***Is there any reason you might be unable to perform the functions of the job, for which you have applied, (Truck Driver), i.e.: but not limited to lifting, loading, unloading, minor maintenance, tarping and securement of loads, fueling, and driving?*** [ ] Yes [ ] No

 ***If yes, explain;\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

2. Have you ever been convicted for driving while intoxicated or driving while under the influence of drugs within the last five (5) years? [ ] Yes [ ] No

3. Are you familiar with the Federal Motor Carrier Safety Regulations? [ ] Yes [ ] No

4. Have you ever been denied a bond? [ ] Yes [ ] No

5. Have you ever had your drivers’ license suspended or revoked? [ ] Yes [ ] No

6. Do you drink alcohol? [ ] Yes [ ] No

7. Do you currently use drugs illegally? [ ] Yes [ ] No

8. Do you take any Schedule I substance as listed in 21 CFR 1308.11? [ ] Yes [ ] No

**←⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯­­⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯→**

### License Information (You must have a valid CDL) List all licenses held the past 5 years

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Issuing State | **License Number** | **Type** | **Expiration Date** | **Restrictions** | **Turned In?** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

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##### Driving Record

**Have you ever been convicted of any traffic violations in the past 4 years?** **[ ]** Yes [ ] No

**List all traffic violations except parking tickets the last 4 years. If none, write “None”.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Month/Year | Violation | **Type of Vehicle** | **Location, City, State** | **Penalty/Fine** | **Points Assessed** |
|  |  |  |  |  |  |
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##### Accidents

**Have you been involved in any accident in the past 4 years?** **[ ]** Yes [ ] No

**List all accidents: preventable, non-preventable, regardless of $$ amount or fault in the past 4 years. If none, write “None”.**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Month/Year | **Type of accident** | **Type of Vehicle** | **Location, City/State** | **$$ Amount of Damage** | **Number of Fatalities** | **Number of Injuries** | **Were you ticketed?** | **Were you at Fault?** |
|  |  |  |  |  |  |  |  |  |
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Cargo Claims

**Have you ever had any cargo claims in the past 4 years?** [ ] Yes [ ] No

**List all accidents: preventable, non-preventable, regardless of $$ amount or fault in the past 4 years. If none, write “None”.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Month/Year | **Type of Claim** | **$$ Amount of Claim** | **Type of Cargo** | **Were you charged for the claim?** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Education

# Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 College: 1 2 3 4 5 6 7 8

**Check the following that apply:** **[ ] High School Diploma** **[ ] G.E.D.** **[ ] College Degree** **[ ] None of These**

**List any Truck Driving Schools you have attended, dates of completion, and other safety training:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Military Status

**Have you served in the United States Armed Forces?** **[ ] Yes** **[ ] No**

**Branch of Service\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dates:From\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_to\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_**

**Reason for Leaving:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Honorable Discharge?** **[ ] Yes** **[ ] No, Explain\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Are you currently involved in the National Guard or Reserves?** **[ ] Yes** **[ ] No**

**How long are you willing to be away from home?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**How much home time will you need when you return?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**How many miles or hours are you expecting per week?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**How much do you expect to make per week, (gross)?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**When are you available to start work for this company?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

I hereby acknowledge that prior to submitting this application, I have been informed that the information provided herein may be used to conduct current and previous employers, references, or any other individuals this Company considers necessary.

**I hereby authorize my current and previous employers, references, and any other individuals contacted by this company to release any past or present information requested, including but not limited to past drug and alcohol test results, and I release all providers of said information from any liability stemming from release of same information.**

**I understand that any false, misleading, or incomplete answers or statements shall be considered sufficient cause for denial or termination of employment and/or authorization to drive.**

**I understand that nothing contained in this application or in the granting of an interview or a road test is intended to create an employment contract between this Company and myself, for employment, authorization to drive, or providing of any benefits. No promises regarding employment or authorization to drive have been made to me, and no such promises exist unless specifically made by this company in writing. If an employment relationship is established, I understand that, as an employee at will, I have the right to terminate my employment at any time, and this Company has the same right.**

# Print Name Social Security Number

# Applicant’s Signature Date

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**TERMINAL TRANSFER, INC.**

**FAX (503-249-2113)**

**FORMER EMPLOYER VERIFICATION**

**SECTION 1: PREVIOUS EMPLOYEE INFORMATION RELEASE**

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SSN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby authorize \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FAX# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to release the following requested information to drive a commercial motor vehicle as required by the U.S. Department of Transportation & Federal Motor Carrier Safety Regulations Parts 382, 391, 392, &49 CFR Part 40. You are hereby released from any and all liability that may result from furnishing such information. Your quick response to the request will be greatly appreciated.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SECTION 2: PREVIOUS EMPLOYEE WORK HISTORY**

Employed from: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ as a\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did previous employee drive a motor vehicle for you? Yes\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_

If yes, please indicate the specific type of vehicle and time driven for you:

Tractor/Semi-Trailer\_\_\_\_\_ Yrs. \_\_\_\_\_ Months \_\_\_\_\_ Straight Truck \_\_\_\_\_ Yrs.\_\_\_\_\_ Months \_\_\_\_\_\_

Other (Please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Yrs.\_\_\_\_\_\_\_ Months\_\_\_\_\_\_\_\_

Was previous employee a safe and efficient driver? \_\_\_\_\_\_\_\_\_\_

Was previous employee’s general conduct satisfactory? \_\_\_\_\_\_\_\_\_\_

Reason for leaving your employ: Discharged \_\_\_\_\_ Resigned \_\_\_\_\_ Laid off \_\_\_\_\_

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is previous employee eligible for re-hire? \_\_\_\_\_\_\_\_\_\_

Did previous employee have any accidents/incidents? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If yes, \_\_\_\_\_\_\_\_\_\_preventable \_\_\_\_\_\_\_\_\_\_non-preventable

**SECTION 3: NOTE REGULATIONS OF THE DEPT. OF TRANSPORTATION (49 CFR PART 40)** requires your company to provide us with information concerning named driver’s past drug and alcohol test results, including refusals to be tested.

In the past two years has the previously named applicant ever:

Tested positive for a controlled substance? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tested with an alcohol concentration of 0.04 or higher? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Refused to submit to a DOT drug or alcohol test, including

 a verified adulterated or substituted result? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Had any other violations of DOT drug/alcohol testing

Requirements? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Had any other violations of drug/alcohol regulations

From previous employers? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your Name (print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your Telephone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**THANK YOU FOR YOUR TIME, PLEASE FAX YOUR RESPONSE TO (503) 249-2113**

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**TERMINAL TRANSFER, INC.**

**AUTHORIZATION TO OBTAIN INFORMATION**

I have read and understood the preceding Disclosure to Consumer. Under the Fair Credit Reporting Act (“FCRA”), 15 U.S.C. § 1681 et seq., the regulations applicable to the federal Department of Transportation’s Federal Motor Carriers Safety Administration, including 49 CFR § 40.329, the Americans with Disabilities Act and all other applicable federal, state, and local laws.

I hereby authorize and permit the above named company to obtain information about me, where permitted, which may pertain to my employment records, driving history, records, driving performance and safety history, criminal history, civil records, workers’ compensation (post-offer only), alcohol and drug testing, verification of my academic and/or professional credentials, and information and copies of documents from any military service records.

I understand an “investigative consumer report” may include information as to my character, general reputation, personal characteristics, and mode of living that may be obtained by interviews with individuals that may have knowledge concerning any such item of information. I authorize information to be obtained from my former employers to satisfy driver qualification regulations.

**DOT Drivers.** I understand that Title 49 of the Federal Code of Regulations, § 391.23, requires that my prospective employer and/or its agent(s) may contact all former employers of a driver within the last three years under the regulation of the Department of Transportation. Information such as dates of employment, position, accident history, as well as information pertaining to my drug and alcohol testing history, may be requested from each employer in accordance with Section 391.23 and 49 CFR 40.25.

By signing below, I consent to and authorize the gathering of this information by my prospective employer or employer and those who my prospective employer or employer has engaged to request and obtain this information including former employers and/or from or through a consumer reporting agency, such as iiX, a Verisk Analytics Business.

I understand and acknowledge that the information provided in the consumer reports or investigative consumer reports may assist my employer or prospective employer to make a determination regarding my suitability as an employee.

I further understand that, under the FCRA, in the event of Adverse Action, I may request a copy of any consumer report from the consumer reporting agency that compiled the report, after I have provided proper identification.

I agree that a copy of this authorization has the same effect as an original. Where permitted this Authorization shall remain in effect over the course of my employment and reports may be ordered periodically during the course of my employment.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant / Employee Full Name (Print Clearly)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_

Applicant / Employee Signature Date of Signature

Applicant License # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

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**Release of Interest**

Employer, prospective employer, or volunteer organization name: TERMINAL TRANSFER INC

Agent business name if acting on behalf of the company for employment purposes: This is an authorization of:

 iiX, a unit of ISO Claims Services, Inc

1. Employee. for release of my driving record for employment purposes, at my employer’s discretion for the full term of my

employment; or

1. Prospective employee. for release of my driving record for employment purposes, not to exceed 30 days from date signed; or
2. Volunteer. for release of my driving record for a position applied for that requires me driving at the direction of the volunteer organization.

I,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, am an employee, prospective employee, or volunteer of the Your name

company named above and I request DOL release a copy of my official driving record in the state of Washington to my employer, prospective employer, volunteer organization, or their agent.

No employer, prospective employer, or their agent may use information contained in a driving record related to the sealed juvenile record of an employee or prospective employee for any purpose unless required by federal law. The employee or prospective employee must furnish a copy of the court order sealing the juvenile record to the employer, prospective employer, or their agent.

|  |  |
| --- | --- |
| Employee / Prospective employee / Volunteer full name *(First, Middle, Last)* | WA driver license number or date of birth |
| Employee / Prospective employee / Volunteer signature**X** | Date signed |

The company listed below agrees to, and shall indemnify and hold harmless the state of Washington, Department of Licensing (DOL), the DOL Director, and all DOL employees from any and all suits at law or equity, and from any and all claims, demands or loss of any nature, including but not limited to all costs and attorney’s fees, arising from any incorrect or improper disclosure of individual names or addresses under this “Release of Interest;” any defects in any of Company’s procedures followed or omitted or arising from the failure of Company or its officers, employees, customers, contractors or agents to fulfill any of its obligations under this contract; or arising in any manner from any negligent act or omission by the company or its officers, employees, customers, contractors, or agents.

I hereby certify:

1. The company named below is an employer, prospective employer, or volunteer organization of the above-named individual.
2. The information contained in the driving record obtained from DOL shall be used in accordance with the requirements and in no way violate the provisions of RCW 46.52.130. No information contained therein will be divulged, sold, assigned, or otherwise transferred to any third person or party. The driving record shall be used exclusively for:

 Purpose

I affirm that I am a representative authorized to bind the company named below.

|  |  |  |
| --- | --- | --- |
| Company nameTerminal Transfer Inc | Authorized representative nameJay Sargent | TitleC.E.O. |
| Address15745 N Lombard St. Ste# 100 Portland, OR 97203 |

CORPORATE **X**

Date and place signed Authorized representative signature

*NOTE: The employer or prospective employer must maintain this record for a period of not less than 3 years from the date of the most recent request. Failure to obtain all signatures or misuse of records obtained from the state of Washington may result in prosecution under RCW 46.52.130.*

*We are committed to providing equal access to our services.*

DSC-425-020 (R/5/15)E *If you need accommodation, please call (360) 902-3708 or TTY (360) 664-0116.*

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