



TRI STAR TRANSPORT, LLC

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 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 _____

APPLICANT TO COMPLETE

(answer all questions - please print)

Position(s) Applied for _____

Name _____ Social Security No. _____
Last First Middle

List your addresses of residency for the past 3 years.

Current Address _____
Street City

State _____ Zip Code _____ Phone _____ How Long? _____
yr./mo.

Previous
Addresses

Street _____ City _____ State & Zip Code _____ How Long? _____
yr./mo.

Street _____ City _____ State & Zip Code _____ How Long? _____
yr./mo.

Street _____ City _____ State & Zip Code _____ How Long? _____
yr./mo.

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

Date of Birth _____ / _____ / _____
 (Required for Commercial Drivers)

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

Dates: From _____ To _____ Position _____

Reason for leaving _____

Who referred you? _____ Rate of pay expected _____

Have you ever been bonded? _____ Name of bonding company _____
 (Answer only if a job requirement)

Can you perform, with or without reasonable accommodation, the essential functions of the job [as described in the attached job description]? YES NO

EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 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 7 years' information on those employers for whom the applicant operated such vehicle.
 (NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary.)

EMPLOYER			DATE			
NAME			FROM MO.	YR.	TO MO.	YR.
ADDRESS			POSITION HELD			
CITY	STATE	ZIP	REASON FOR LEAVING			
CONTACT PERSON		PHONE NUMBER				
WERE YOU SUBJECT TO THE FMCSRS [†] 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						

EMPLOYMENT HISTORY (continued)

EMPLOYER			DATE			
NAME	FROM MO.	YR.	TO MO.	YR.		
ADDRESS			POSITION HELD			
CITY	STATE	ZIP	REASON FOR LEAVING			
CONTACT PERSON		PHONE NUMBER				
WERE YOU SUBJECT TO THE FMCSRs [†] 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						

EMPLOYER			DATE			
NAME	FROM MO.	YR.	TO MO.	YR.		
ADDRESS			POSITION HELD			
CITY	STATE	ZIP	REASON FOR LEAVING			
CONTACT PERSON		PHONE NUMBER				
WERE YOU SUBJECT TO THE FMCSRs [†] 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						

EMPLOYER			DATE			
NAME	FROM MO.	YR.	TO MO.	YR.		
ADDRESS			POSITION HELD			
CITY	STATE	ZIP	REASON FOR LEAVING			
CONTACT PERSON		PHONE NUMBER				
WERE YOU SUBJECT TO THE FMCSRs [†] 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						

EMPLOYER			DATE			
NAME	FROM MO.	YR.	TO MO.	YR.		
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EMPLOYER			DATE			
NAME	FROM MO.	YR.	TO MO.	YR.		
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WERE YOU SUBJECT TO THE FMCSRs [†] 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 16 or more passengers (including the driver), or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

[†]The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport more than 8 passengers (including the driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED) IF NONE, WRITE NONE

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 3 YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE NONE

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

EXPERIENCE AND QUALIFICATIONS – DRIVER

Driver licenses or permits in the past 3 years	ISSUER	LICENSE NO.	CLASS	ENDORSEMENT(S)	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

CLASS OF EQUIPMENT	CIRCLE TYPE OF EQUIPMENT	DATES		APPROX. NO. OF MILES (TOTAL)
		FROM (M/Y)	TO (M/Y)	
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 <small>More than 8 passengers</small>	---			
MOTORCOACH - SCHOOL BUS <input type="checkbox"/> YES <input type="checkbox"/> NO <small>More than 15 passengers</small>	---			
OTHER _____				

LIST STATES OPERATED IN FOR LAST FIVE YEARS: _____

SHOW SPECIAL COURSES OR TRAINING 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 THIS COMPANY

LIST COURSES AND TRAINING OTHER THAN 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: 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 in it are true and complete to the best of my knowledge.

Signature: _____ Date: _____



ACKNOWLEDGMENT AND AUTHORIZATION FOR BACKGROUND CHECK

I acknowledge receipt of the separate document entitled DISCLOSURE REGARDING BACKGROUND INVESTIGATION, DISCLOSURE REGARDING INVESTIGATIVE BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" (i.e. driving records, criminal history, social security verification, and/or education history) and/or "investigative consumer reports" (i.e. employment and/or education verification) by EMPLOYER ("Employer") at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by J. J. Keller & Associates, Inc., PO Box 368, Neenah, WI 54957-0368, (877)-564-2333, www.jjkeller.com and/or Employer.

I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

Employer Name: Tri Star Transport, LLC

Last Name: _____

First: _____ Middle: _____

Date of Birth: _____

Social Security Number (SSN): _____

Address: _____

Email Address: _____

Signature: _____ Date: _____

Authorization for Release of Personal Records & Information

Print Name; First - Middle - Last _____

Social Security Number _____

Date of Birth _____

Print ALL other names used including maiden, married, nickname, legal name changes, etc:

From: _____ To: _____

From: _____ To: _____

From: _____ To: _____

Print current & former addresses; (start with current and include all addresses and dates for the past 7 years):

From: _____ To: _____

From: _____ To: _____

From: _____ To: _____

From: _____ To: _____

From: _____ To: _____

DISCLOSURE, CONSENT AND RELEASE:

My Signature below does authorize the company to now, and at any time during my employment, request any present or former employer, school, police department (Criminal History or Criminal Background Check), financial institution, division of motor vehicles, consumer reporting agencies, or other persons or agencies having knowledge about me to furnish bearer with any and all information in their possession regarding me. I further authorize the company to use any and all information included in my application for position and/or resume, and all information presented by me, or subsequently developed by the company in order that my employment qualifications may be evaluated.

According to the Fair Credit Reporting Act, if any adverse decision is made with regards to application for employment based entirely or in part on the information contained in a consumer report or investigative consumer report prepared by a consumer reporting agency, I am entitled to receive a copy of that report upon written request, and a disclosure of the nature and scope of the investigative report, including the name, address and telephone number of the consumer reporting agency.

I certify that all the information provided by me is true and complete to the best of my knowledge. If I am employed, any false statement given is grounds for immediate dismissal.

I hereby fully release and hold any and all parties and/or departments and/or organizations blameless and release them from any and all liability for statements or opinions made regarding my character, experience or qualifications. I sign this release with prior knowledge that individuals, departments, agencies and companies are fallible, and from time to time may make mistakes, and that this release allows the company to investigate and obtain information stated above. This information will be utilized for employment purposes only, and shall not be disclosed to any other party unless such disclosure is employment related.

I have read this statement and understand it. This release is given freely without pressure or duress. A copy or telefax of this authorization is to be accepted with the same authority as the original.

Signature

Date

Phone #

PART I – DOT DRUG AND ALCOHOL RELEASE

Tri-Star Transport

I authorize, per 49 CFR Part 40, the release of information from my DOT regulated drug and alcohol testing records by the carriers (company/school) listed below to Guaranty Research Services for the sole purpose of transmitting such records to the above listed employer. I authorize release of the following information concerning DOT drug and alcohol testing violations, including pre-employment tests during the past two years: (i) alcohol tests with a result of 0.04 or higher; (ii) verified positive drug tests; (iii) refusals to be tested (including verified adulterated or substituted results); (iv) other violations of DOT drug and alcohol testing regulations; (v) information obtained from previous employers of a drug and alcohol rule violation(s); and (vi) documents, if any, of completion of a return-to-duty process following a rule violation.

The information that I have authorized Guaranty Research Services to review involves tests required by DOT. If any carrier (company/school) listed below furnishes Guaranty Research Services with information concerning items (i) through (vi) above, I also authorize that carrier (company/school) to release and furnish the dates of my negative drug and/or alcohol tests and/or tests with results below 0.04 during the two-year period and the name and phone number of any substance abuse professional who evaluated me during the past two years.

Company	City	State	Phone Number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(Attach additional forms for additional past employers. Attached documents must also include the individual's signature.)

Print Applicant Name: _____ Applicant's Signature: _____

Social Security No.: _____ Date: _____

PART II – INVESTIGATIVE CONSUMER REPORT RELEASE

In connection with my application for employment (including contract for services) with the employer named above, I hereby fully release and discharge you and Guaranty Research Services, their respective affiliates, subsidiaries, directors, officers, employees, agents and attorneys thereof, and each of them, and any individual organization, entity, agency, or other source providing information for above-named employer and/or Guaranty Research Services from all claims and damages arising out of or relating to any investigation of my background for employment purposes. I have been provided a copy of the summary of rights of the consumer pursuant to the Fair Credit Reporting Act (FCRA), and have also been provided a disclosure that an investigative consumer report will be sought pursuant to the FCRA.

By signing below, I certify that I have read and fully understand this release, that prior to signing, I was given an opportunity to ask questions and to have those questions answered to my satisfaction, and that I executed this release voluntarily and with the knowledge that the information being released could affect my being hired. I further certify that all of the information that I have furnished on this form is true and complete.

I hereby authorize and give my consent to the above company procurement of consumer report(s). If hired or contracted, this authorization shall remain on file and shall serve as ongoing authorization for you to procure consumer reports at any time during my employment or contract period. THIS AUTHORIZATION DOES NOT APPLY TO DRUG AND ALCOHOL INFORMATION OBTAINED UNDER PART I.

Print Applicant Name: _____ Applicant's Signature: _____

For purposes of gathering this information, I agree to supply the following information, which may be required by law enforcement agencies and other entities for positive identification purposes when checking records. It is confidential and will not be used for any other purpose.

Print other last names you have used: _____

List states and counties of residence for the past 3 years 5 years 7 years 10 years (Attach a separate sheet if more space is needed.)

State _____ City/County _____ from 19 ____ to _____.

State _____ City/County _____ from 19 ____ to _____.

Home Address _____ City _____ State _____

ZIP _____ Date of Birth _____ Sex (circle one): Male Female

Driver's License No. _____ State Issuing License _____

Race: Asian Black Hispanic White Other: _____



TRI STAR
TRANSPORT, LLC

FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT

IN ACCORDANCE WITH THE PROVISIONS OF SECTION 604(B)(2)(A) OF THE FAIR REPORTING ACT OF 1966 (TITLE II, SUBTITLE D, CHAPTER 1 OF THE PUBLIC LAW 104-208),

YOU ARE BEING INFORMED THAT REPORTS VERIFYING YOUR PREVIOUS EMPLOYMENT, PREVIOUS DRUG AND ALCOHOL RESULTS, PAST WORKMAN'S COMP CLAIMS, PAST CRIMINAL CHARGES, AND YOUR DRIVING RECORD MAY BE OBTAINED ON YOU FOR EMPLOYMENT PURPOSES. THESE REPORTS ARE REQUIRED BY SECTIONS 382.413, 391.23, AND 391.25 OF THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS AND TRI STAR TRANSPORT, LLC.

Applicants signature _____ Date _____

Printed Name _____

Social Security Number _____