

Thank you for applying to **TVM**

In order to qualify for employment you will need a minimum of **12** months of verifiable tractor trailer over the road or regional experience within the past **5** years.

Please read and follow instructions to complete this application.



Minimum Qualifications

- ✓ Print name at the top
- ✓ Initial all that apply
- ✓ Be sure to include your License# and State in the space provided (about the middle of the page on the right)
- ✓ Print name, sign and date at bottom



Application

- ✓ Do not overlook the top of the page - We need your phone number!
- ✓ Read and answer all questions – If your answer is zero please put O, if the question does not apply to you please answer N/A for not applicable.
- ✓ Be sure to answer the two small boxes near the bottom of the page on the right (most full time over the road drivers average 100,000 miles per year or more)



Previous Employment

- ✓ Make sure that the top of the page is complete for each page you fill out (Name, Contractor you are applying for, SSN, Date, DOB)
- ✓ We need **10** years of past employment history
- ✓ Most recent or current employer is listed first
- ✓ All previous employers must be listed including periods of unemployment
- ✓ Sign the bottom!!!
- ✓ If you fill out more than one page please indicate the page# in the space provided at the bottom right.



Employment Verification

- ✓ Fill out ONLY the bottom of the page: Signature, SS#, and Date.



Driver Acknowledgement

- ✓ Name and address on the line at the top of the page
- ✓ Check on the line that best applies to you
- ✓ Date, Sign and print your name at the bottom



Certificate of Compliance

- ✓ Put your information in the spaces provided
- ✓ Put your initials in the space within the sentence "I further understand that the above..."
- ✓ Sign and date



Bring to Orientation

- ✓ Medical Card and Long Form (must be completed within the last 12 months)
- ✓ License AND one other form of ID
 - Social Security Card/ or/ Birth Certificate /or/ Voter's Registration Card /or/ Passport
- ✓ While at orientation you will complete a drug screen.

WARNING: FALSIFICATION WILL RESULT IN DISQUALIFICATION!

~ DRIVER MINIMUM QUALIFICATIONS ~

Applicant's Name: _____, Applying to what company: _____

APPLICANTS PLEASE WRITE YOUR INITIALS IN THE SPACE BESIDE EACH REQUIREMENT THAT YOU MEET OR EXCEED

- Minimum age....22
- 18 Months of verifiable all-weather experience with a Tractor-Trailer and/or with the type vehicle to be driven in the job for which you are applying, (within the past five years).
- Physically qualified with a current Long Form DOT Physical within the past 12 months.
- No more than 4 moving violations within the previous three (3) years of which no more than one can be considered a "Serious" violation under US DOT Standards (See FMCSR 383.5)
Note: Poor/Bad driving records beyond three years are considered & may prevent qualification!
- No Reckless/Careless Driving convictions within three years, never in a commercial vehicle.
- Must have a valid CDL from state of residence. CDL License #: _____, State: _____
- No CDL driving suspensions within the past three (3) years, exception one event of failing to pay a ticket timely, (unintentionally).
- No *Major Preventable Highway Accident within the past 5 years.
- No more than 2 minor preventable accidents within the past three (3) years
- No DUI/DWI (Alcohol or Drugs) within the past 5 years and never in a commercial vehicle.
(No more than one DUI, DWI ever)
- No convictions for the possession and/or use of Controlled Substances or Illegal Drugs within the past 5 years
- No convictions ever for the manufacturing and/or distribution of Controlled Substances or Illegal Drugs
- No Felony Convictions, criminal or traffic within the past 10 years. ("Special Circumstances" cases will be reviewed, example bad checks several years ago, etc.)
- No Prior positive DOT Drug or Alcohol Tests within the past 5 years. (Example: a "positive random," a "positive post-accident," or a "positive reasonable suspicion" drug test.)

***A Major Preventable Highway Accident is:**

A Major Preventable, Highway Accident, whether cited or not, that involves either:

1. Personal injury that requires immediate emergency medical treatment away from the scene,
2. Extensive property damage, or
3. The involvement of 3 or more vehicles.

By signing below I am certifying that I have read and understand the above "Driver Minimum Qualifications" and that my initials in the space beside each minimum requirement means that I meet or exceed that particular requirement. Further, that my initials beside all of the minimum requirements is certification that I meet or exceed each and every minimum requirement.

Printed Name : _____

Date: ___/___/___

Signature: _____

db

Company applying to: _____, Applying as a Contractor Yes No, if not to drive for what Contractor? _____

Applicant's Home Phone #:(_____) _____ : Cell Phone #: (_____) _____ Other: (_____) _____

~ DRIVER APPLICATION ~

Revised
5/01/04
db

In compliance with Federal and State equal opportunity laws, qualified applicants are considered for all independent contractor positions without regard to race, creed, sex, national origin, age, or the presence of non-job related medical condition or handicap.

Name: _____ SS #: _____ - _____ - _____ Age: _____ DOB: ____/____/____
Last First Middle

Current Address: _____, How Long at this address? ____ Years, ____ Months
Street City State Zip code (If less than 3 years please list all addresses for the past 3 years)

Prior Addresses: (1) _____ (2) _____
Street City State Zip code Street City State Zip Code

Are you a citizen of the United States? Yes No Are you legally eligible to work in the United States? Yes No Have you ever been convicted of a Felony? Yes No If Yes, please provide the approximate date, location and a brief description of the crime committed: _____

Have you ever had a prior relationship with this company? Yes No If yes, in what capacity and when? _____

From: ____/____/____ Until ____/____/____. Reason for leaving? _____ Are you presently employed? Yes No.

What was the last date worked with your previous employer? ____/____/____. Can you read, write and speak the English language? Yes

No. Can you perform the essential functions of the position for which you are applying? Yes No. Has your license, permit or privilege to operate a motor vehicle ever been denied, revoked or suspended? Yes, No. If yes please explain: _____

Note: In last 3 years have you refused or tested positive for drugs or alcohol when applying for a commercial driving position? Yes, No. If yes, provide list of these employers on a separate sheet of paper entitled Pre-employment Positive(s)/Refusal(s).

CAN YOU: Inspect and adjust all types of brakes? Yes No; Assist in loading and unloading trailers? Yes No; Drive a tractor semi-trailer over long distances? Yes No; Climb up and down without effort? Yes No; Determine that trailers are properly loaded, secured, and freight properly distributed? Yes No. Comments: _____

EDUCATION

Please circle the highest grade you've completed: **Grammar:** 1 2 3 4 5 6 7 8 **High School:** 1 2 3 4 **College:** 1 2 3 4

Additional training or courses taken: _____

Any Driver Safety Awards? Yes No If yes, for what time period and with what company? _____

Have you ever tested positive, refused a drug test or refused rehabilitation for a commercial driving position? Yes No. If Yes was it a (1) Pre-employment, (2) Post Accident, (3) Random or (4) a Reasonable Suspicion test or tests? _____
Also, please provide the name, address and phone number of your employer at the time of the positive test, or tests:

List Drivers License Numbers for each state of all drivers licenses held in the past 3 years:

State	License #	Type	Expiration Date
_____	_____	_____	_____
_____	_____	_____	_____

Number of years and months of
Commercial Tractor-Trailer
Driving Experience while li-
censed as a CDL Class A Driver?
Yrs: _____ Months: _____

ACCIDENT RECORD For the past 5 years: Number of accidents? _____, Number preventable: _____, Any fatalities? Yes, No Please list all accidents by Date, Location, type of accident, If there were fatalities, injuries, and who was charged/at fault.

Date	Location	Type	Fatalities	Injuries	Who was at fault
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

TRAFFIC CONVICTIONS & FORFEITURES for the past 5 years (other than parking violations) Please list Violation, location, date and penalty.

Violation	Location	Date	Penalty
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Number of Miles Driving a TT/ST?
Local: _____
Regional: _____
O/T/R: _____

* This application must be completed and signed by the **applicant!** FMCS 391-21

Please attach an additional page if needed...

***Applicants:** The information that you provide may be used and your previous employers contacted for the purpose of investigating your work history!

Applicant's Name: _____ **Applying to what company?:** _____
Name of Company

Social Security #: _____ - _____ - _____. **Date:** ____/____/____, **DOB:** ____/____/____, **Notes:** _____.

FMCSR 391.21 "Application for Employment" requires a list of previous employers beginning on the date of the submission of the application and going back a minimum of three years. Also, if the applicant has commercial driving experience prior to the three year period, he/she must provide their previous employment information for up to 7 years prior to the minimum three year period. Please use a copy of this form or another sheet of paper with the same previous Employer Information requested on this form. db

<p>~EMPLOYER INFORMATION~ <i>Contact Person:</i> _____</p> <p>NAME: _____, PH: _____ - _____ - _____</p> <p>ADDRESS: _____</p> <p>CITY: _____, STATE: _____, ZIP _____</p> <p><i>Number of Accidents with this company? _____, number preventable? _____, any accidents with injuries or extensive property damage? _____ yes, _____ no. Please describe accidents: _____</i></p> <p>Were you subject to the FMCSRs while employed with this employer? ___ Yes, ___ No. Was your job designated as a safety sensitive function subject to alcohol & controlled substances testing as required by CFR part 40? ___ Yes, ___ No</p>	<p>DATES</p> <p>From: ____/____/____, To: ____/____/____</p> <p>Position: _____</p> <p>If Driver: Circle type truck: <u>Small Van-Box-Dump-TT/ST</u></p> <p>Circle Driving Classification <u>Local, Regional or O/T/R</u></p> <p>Reason for leaving: _____</p>
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Note: My signature certifies that this application was completed by me and all entries on it and information in it are true and complete to the best of my knowledge. 391.21(b)(12). **Applicant's Signature:** _____.

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Name of Company

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Note: My signature certifies that this application was completed by me and all entries on it and information in it are true and complete to the best of my knowledge. 391.21(b)(12). **Applicant's Signature:** _____

Please fax back to: _____, in _____ at fax #: _____ ph #: _____

~ EMPLOYMENT VERIFICATION FORM ~

Mail to:

SAFETY IS JOB # 1

Return Address:

PREVIOUS EMPLOYER: _____, Attention: _____ Date: ___/___/___
 Address: _____, City: _____, State: _____
 Phone: (____) _____, Ext #: _____ Fax #: (____) _____, MC # _____

APPLICANT: _____, SS #: ____ - ____ - _____, Position applied for: _____
 He/She states that he/she was employed by you as a: _____, From: ___/___/___ To: ___/___/___
 What was his/her job title? _____, actual dates of employment: ___/___/___ to ___/___/___ Reason for leaving
 your employment? __Resigned, __Lay Off, __Discharged, __Quit Eligible for rehire? __Yes, __No Did he/she drive a Tractor-
 Trailer? __Yes, __No. Solo or Team driver? _____. Full time? __Yes, __No Did he/she drive __Local, __Regional or __OTR
 Number of accidents: _____, Number of Preventable Accidents? _____. Any Serious/Major Accidents? __Yes, __No. If so, please
 indicate what happened _____ Any disciplinary problems? __Yes, __No Has applicant
 ever been placed out of service due to H.O.S. (CFR Part 395)? __Yes, __No If yes, explain: _____. To your
 knowledge was this person's license suspended or revoked while in your employ? __Yes, __No If yes, Explain: _____.

APPLICANT EVALUATION					
PLEASE CHECK (✓)	GOOD	AVG.	FAIR	POOR	COMMENTS
1. JOB PERFORMANCE	_____	_____	_____	_____	_____
2. SAFETY HABITS	_____	_____	_____	_____	_____
3. ATTENDANCE	_____	_____	_____	_____	_____
4. ATTITUDE	_____	_____	_____	_____	_____
5. PEOPLE SKILLS	_____	_____	_____	_____	_____

Has this applicant been subject to D.O.T. Required Drug or Alcohol testing within the past three years? __Yes, __No. If Yes, When? ___/___/___
 Has this applicant tested positive to a D.O.T. Drug or Alcohol test in the past three years? (Alcohol 04% Or More), __Yes, __No.
 If Yes, When? ___/___/___ Has this applicant refused to take a DOT Drug or Alcohol Test in the past three years? __Yes, __No.
 If Yes, When? ___/___/___ If The Applicant has had a positive D.O.T. Drug or Alcohol Test was he/she referred to a Substance Abuse
 Professional for Evaluation and/or treatment? __Yes, __No. If Yes, Please provide the name, address, and phone number of the
 Substance Abuse Professional: _____, Did the applicant refuse treatment? __Yes, __No. Any other violations of the US DOT Drug and Alcohol Rules? __Yes, __No. If yes, explain _____
 The responses to these questions were provided by: _____, Title: _____ Date: ___/___/___
 This form was completed by: _____, Title: _____ Date: ___/___/___

Pursuant to sections 604 and 607 of the fair credit reporting act (FCRA) P.L. 91-508, and in regard to my application for driver/contracted services, I hereby authorize and/or allow the release of any and all information, on an as needed basis per Title 49 of the Code of Federal Regulations, including, but not limited to a "Driver's" driving record/MVR /Abstract. I hereby authorize/allow USIS Services, my previous employers, insurance companies, health care providers, educational institutions, law enforcement/state agencies, or references to release any and all information necessary for the purposes of conducting an investigation as required by 49CFR 391.23, and to obtain the Drug/Alcohol Test Result information as required by 49CFR 382.405 (f) AND 49CFR 382.413 of The Regulations. I authorize, without reservation or time limit, any employer, party or agency contacted by this company or other information provider to furnish the above mentioned information. You and or your company are released from all Liability which may result from furnishing any of the above information.

Applicant's signature: _____, SS #: ____ - ____ - _____ **Date:** ___/___/___

DRIVER ACKNOWLEDGMENT OF: INDEPENDENT CONTRACTOR STATUS, DUTIES AND INDEMNIFICATION

understand that I: _____ (Print complete name and address)

Check Which One Applies

- _____ Own and will drive a tractor contracted to a Trucking Company/Carrier or any affiliate
- _____ Will drive a truck/tractor contracted to a Trucking Company/Carrier or any affiliate

I understand and agree that I am an Independent Contractor as it relates to the Trucking Company/Carrier (to be identified at orientation), which includes any of the following: Contracted owner-operators and their drivers, agents, terminals, affiliates, or related or subsidiary Corporations/Companies (hereinafter collectively referred to as Trucking Company). I further agree and understand that I am not and will not be considered an employee of the Trucking Company. I further understand that any contracted wages I am to receive shall be paid to me by the owner of the truck/tractor, not by, nor as an employee, of the Trucking Company. **Driver acknowledges that the use of phones/cell phones and interactive mobile data communication devices (such as keyboards, tablets, laptops, Blackberries, texting, or other such activity), when the vehicle is in motion, is dangerous and is prohibited.** The Driver is not authorized to use the equipment nor any of these devices when the vehicle is in motion. Contractor shall further indemnify, defend and save harmless the Company and the manufacturer of the device from any and all accidents, losses, expenses, claims, damages, liabilities, personal injury and death incurred by the Company or the manufacturer arising out of the use of the equipment when the vehicle is in motion.

My services as an independent contractor are available to other trucking companies/carriers. Therefore, I agree that I am not an employee of the Trucking Company, and I am not entitled to and I will not make any claim against the Trucking Company or any of its insurance companies for any claims, including but not limited to, no-fault benefits, worker's compensation, unemployment benefits, industrial accident benefits, paid vacation, sick leave, health insurance, or any other type of insurance whatsoever. Transportation necessarily involves the Trucking Company and Customers, Suppliers and Shippers (hereinafter referred to as Customer) upon whose premises I must enter and perform contracted services. In consideration of the time and expenses incurred by the Trucking Company in qualifying me as a driver, and for other good and valuable consideration, I do agree to indemnify, hold harmless, and will not sue nor make any claim against the Trucking Company (as defined in the first paragraph) or any of its insurance companies or any Customer (including any automotive manufacturer, railroad or other company) that requires the Trucking Company to indemnify or hold it harmless. I agree to be bound to the terms of the contract between Trucking Company and any Customer and a copy is available upon request. I further agree to indemnify and hold Trucking Company and any of its insurance companies harmless from any and all claims identified in this Acknowledgment/agreement or arising out of any injury or death to myself (including heirs and beneficiaries) which occur as a result of an incident or accident with Trucking Company or for any injury or death which occur on the property/premises of Trucking Company (as defined in the first paragraph) and any customer of Trucking Company with whom such Customer (including any automotive manufacturer, railroad or other company) requires Trucking Company to indemnify and hold Customer harmless from or for any and all claims in connection with the performance of any transportation, trucking, loading or related services. I acknowledge, for transportation purposes only, that I am a representative of the Trucking Company and that this indemnification includes any and all claims arising from being on the property/premises of the Trucking Company (including any affiliated terminals) or Customer.

As an Independent Contractor to the Trucking Company and as a professional truck driver, I agree and guarantee to operate the commercial tractor and trailer in good faith and good judgment at all times. As an Independent Contractor, I shall have the absolute discretion with respect to the manner and method of performing driving and hauling services subject only to my duty to perform these services in accordance with this Acknowledgment/agreement. I acknowledge having read the Truck Owner's Independent Contractor Operating Agreement (Contract) and guarantee and agree to be bound by all of its terms and agree the terms are incorporated within this Acknowledgment/agreement, including all terms involving electronic monitoring of the vehicle or any of my communications. A copy of such Contract shall be maintained in the truck/tractor. As a commercially licensed driver, I acknowledge, understand, and agree to follow all rules and regulations of commercial drivers as required by all local, state, and federal rules and regulations. As a driver, I understand and agree that a customer or shipper has requested pick-up and/or delivery on certain days and at certain times while also controlling the approximate size of the shipment and any special handling requirements. I will provide courteous, professional, businesslike, safe, and efficient contracted services for the transportation of freight and will turn in all appropriate paperwork including, but not limited to: (1) A delivery receipt; (2) accurate and properly filled out driver's daily logs; (3) properly filled out pre-trip and post-trip inspection; (4) accident reports; (5) shippers bill of lading; (6) fuel purchase receipts; (7) trip reports indicating accurate mileage; (8) toll receipts; (9) detention reports; and (10) if the contract is terminated, assist in the return of all satellite equipment, independent contractor operating agreement, IFTA stickers, and all identification devices of any authorized Trucking Company. Driver, if involved in an accident, shall contact the Trucking Company within two (2) hours or sooner, and then provide a written accident report within twenty-four (24) hours following any such accident. Until the statute of limitations has expired on any accident, the Driver agrees to cooperate with Company and its insurance companies regarding any accident, claim, lawsuit, including discovery requests, interrogatories, requests to produce, depositions, and appearance at trial; failure to do so may result in the Driver being personally responsible for the claim or lawsuit.

This Acknowledgment/agreement shall be governed by the laws of the County and State of contract, both as to interpretation and performance. Other than injunctive or equitable relief, the parties agree that all matters will be submitted to binding arbitration, and that any action brought by either of the parties arising out of this agreement shall be commenced and maintained within the jurisdiction of the State and County of contract. The parties expressly agree and consent, and do not object that service of process by regular mail or certified mail (whether or not signed for) at the last known address, or personal service on either of the parties outside the State of employment and contract shall be sufficient to give the State/County of contract and any court or arbitration panel personal jurisdiction over the parties. The parties agree that any claim or dispute involving this Acknowledgment/agreement or claims involving injury or death shall be made within one hundred eighty (180) days from the time of the alleged dispute or any allegation or breach of the Acknowledgment/agreement and then the same shall be submitted to **Independent Arbitration** pursuant to the Federal Arbitration Act (9 USC § 1 et. seq.), in which each side will provide to the other side a list of five (5) Arbitrator names for mutual selection. If the parties are unable to select an agreed upon sole Arbitrator, either party may petition a court (9 USC § 5) for an appointment of an independent Neutral Arbitrator. Generally, the Federal Rules of Evidence/Civil Procedure shall apply for discovery/arbitration purposes. The Rules and Guidelines For The Administration of The Arbitration Process shall be supplied upon request. The sole arbitrator, who shall be familiar with commercial trucking and transportation, shall interpret and enforce this Acknowledgment/agreement and the claims of the parties, including customers/shippers, in accordance with this Acknowledgment/agreement or any contract between any affiliated Trucking Company, Carrier and Customer, including any reference to negligence, sole negligence or comparative negligence. The determination of the arbitrator shall be binding on the parties, shall not be appealable, and judgment on the award/decision rendered may be entered in any State of employment or other court having jurisdiction over the matter/parties. Each party is responsible for one-half of the fees and costs associated with the arbitration and is also responsible for its own costs and expenses (including, but not limited to attorney fees and one-half of the fees and expenses of the arbitrator) incurred in enforcing its rights under the arbitration process. The Arbitrator is not empowered to award damages in excess of compensatory damages nor have the power to decide a class action claim.

Driver has had adequate time to review and read this Acknowledgment/agreement and agrees by signing below that it is voluntary and without force or coercion. Driver further agrees that he/she is familiar with the English language and has read this paragraph and Agreement and further understands its contents. If any one or more of the provisions contained in this Acknowledgment/agreement is held to be invalid or unenforceable, that invalidity or unenforceability will not affect any other provisions of this Acknowledgment/agreement and the Acknowledgment/agreement will be enforceable to the extent applicable. **Failure to read this Acknowledgment/agreement does not prevent its enforcement.**

Date: _____

Signed: Driver Signature

(Print Name)

NOTICE TO ALL DRIVERS & CERTIFICATE OF COMPLIANCE

I. NOTICE TO ALL DRIVERS

The Commercial Motor Vehicle Act of 1986 provides for a new set of controls over the drivers of commercial vehicles. The new law applies to all drivers operating vehicles and combinations 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 became 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) must notify the motor carrier and the state which issued the license to that driver of such conviction within 30 days.
3. Any person applying for a contract position as a commercial vehicle driver must inform the prospective carrier of all previous employment 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. Any violation is punishable by a fine not to exceed \$2,500.00. In addition, the Federal Motor Carrier Safety Regulations now require that a driver who loses any privilege 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 of such action.

~ TO BE RETAINED BY MOTOR CARRIER ~

II. CERTIFICATION BY DRIVER

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

Driver's Name: (Print) _____ S/S #: _____ - _____ - _____

Driver's Address: _____, _____, _____
Address State Zip

License: State: _____, Type/Class _____ ID #: _____

I further understand that the above commercial vehicle license is the only one held ____, or that I have surrendered the following licenses to the state indicated.

State: _____ Type/Class _____ ID Number: _____

State: _____ Type/Class _____ ID Number: _____

Driver's Signature: _____

Notes: _____
