



## Page 1

# DRIVER'S APPLICATION FOR CONTRACT

### TO BE READ AND SIGNED BY APPLICANT

I authorize you to make such investigations and inquiries of my personal, employment or medical history and other related matters as may be necessary in arriving at a contract decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of contract 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 a contract offer, I understand that false or misleading information given in my application or interviews may result in termination. 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/contracted companies may be used, and those companies 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/contracted companies;
- Have errors in the information corrected by previous companies and for those previous companies to re-send the corrected information to the prospective company; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer/contracted company and I cannot agree on the accuracy of the information.

By clicking **yes**, you agree to the terms and conditions as stated above:  Yes

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



Continued from page 1

APPLICATION FOR CONTRACT

PERSONAL INFORMATION

Date \_\_\_\_\_

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Initial

\_\_\_\_\_  
Date of Birth (DOT Drivers ONLY)

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Alternate Phone Number

\_\_\_\_\_  
Social Security Number  
(Required for DOT Drivers ONLY)

\_\_\_\_\_  
E-mail Address

\_\_\_\_\_  
Referred By

EDUCATION

Number of years completed

Did you Graduate?

Subjects studied/Degree received

\_\_\_\_\_  
Elementary School

\_\_\_\_\_

Yes  No

\_\_\_\_\_

\_\_\_\_\_  
High School

\_\_\_\_\_

Yes  No

\_\_\_\_\_

\_\_\_\_\_  
Trade School/College

\_\_\_\_\_

Yes  No

\_\_\_\_\_

\_\_\_\_\_  
Subjects of specialty study

\_\_\_\_\_  
Activities other than religious (civic, athletic, etc.)

EMPLOYMENT DESIRED

\_\_\_\_\_  
Position

\_\_\_\_\_  
Date you can start

\$ \_\_\_\_\_  
Hourly rate

Have you ever applied at TKI Intermodal before?  Yes  No If so, when? \_\_\_\_\_

Have you ever worked at TKI Intermodal before?  Yes  No If so, when? \_\_\_\_\_

If contracted, can you provide proof you are eligible to work in the U.S.A.?  Yes  No

EMPLOYMENT/CONTRACT HISTORY (Last 10 years of employment/contracted work)

\_\_\_\_\_  
Company

\_\_\_\_\_  
Dates

\_\_\_\_\_  
Address

\_\_\_\_\_  
Supervisor

\_\_\_\_\_  
City/State

\_\_\_\_\_  
Phone

May we contact this company?  Yes  No

Were you subject to the Federal Motor Carrier Safety Regulations during this period?  Yes  No

\$ \_\_\_\_\_

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period?  Yes  No

\_\_\_\_\_  
Last pay rate

\_\_\_\_\_  
Reason for leaving

1



Continued from page 2

EMPLOYMENT/CONTRACT HISTORY CONTINUED

Company \_\_\_\_\_

Address \_\_\_\_\_

City/State \_\_\_\_\_

May we contact this company?  Yes  No

Were you subject to the Federal Motor Carrier Safety Regulations during this period?

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period?

Yes  No

Yes  No

\$ \_\_\_\_\_  
Last pay rate

Reason for leaving \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

City/State \_\_\_\_\_

May we contact this company?  Yes  No

Were you subject to the Federal Motor Carrier Safety Regulations during this period?

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period?

Yes  No

Yes  No

\$ \_\_\_\_\_  
Last pay rate

Reason for leaving \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

City/State \_\_\_\_\_

May we contact this company?  Yes  No

Were you subject to the Federal Motor Carrier Safety Regulations during this period?

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period?

Yes  No

Yes  No

\$ \_\_\_\_\_  
Last pay rate

Reason for leaving \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

City/State \_\_\_\_\_

May we contact this company?  Yes  No

Were you subject to the Federal Motor Carrier Safety Regulations during this period?

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period?

Yes  No

Yes  No

\$ \_\_\_\_\_  
Last pay rate

Reason for leaving \_\_\_\_\_

If above past employment/contract history does **NOT** cover the past 10 years, please complete here.



123 27th Ave NE | Minneapolis, MN 55418  
Phone: 612-782-9626  
www.tkiintermodal.com

Continued from page 3

# Page 4

### DRIVER'S LICENSE *(List all licenses held within the past 3 years)*

Do you have a valid Drivers License?  Yes  No

\_\_\_\_\_  
Driver's License Number                      State                      Expiration Date

### ACCIDENTS *(If none, write NONE)*

\_\_\_\_\_  
Date                      Describe

\_\_\_\_\_  
Date                      Describe

\_\_\_\_\_  
Date                      Describe

### TRAFFIC VIOLATIONS / CONVICTIONS *(Last 3 years. If none, write NONE)*

\_\_\_\_\_  
Date                      Violation                      State

\_\_\_\_\_  
Date                      Violation                      State

\_\_\_\_\_  
Date                      Violation                      State

### REFERENCES *(Offer 3 people not related to you whom you have known for at least 1 year)*

\_\_\_\_\_  
Name                      Address                      Business                      Telephone Number                      Yrs. Acquainted

\_\_\_\_\_  
Name                      Address                      Business                      Telephone Number                      Yrs. Acquainted

\_\_\_\_\_  
Name                      Address                      Business                      Telephone Number                      Yrs. Acquainted

How did you hear about the open position? \_\_\_\_\_

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

Do you have a current CDL License?  Yes  No

Endorsements:  Tanker  HazMat  \_\_\_\_\_ Other

Class:  A  B  C  D  \_\_\_\_\_ Other

How many years of commercial driving experience? \_\_\_\_\_

\_\_\_\_\_  
Fatalities/Injuries

\_\_\_\_\_  
Fatalities/Injuries

\_\_\_\_\_  
Fatalities/Injuries

Commercial Vehicle  Yes  No

Commercial Vehicle  Yes  No

Commercial Vehicle  Yes  No