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# 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: \_\_\_\_\_

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**APPLICATION FOR CONTRACT**

**PERSONAL INFORMATION**

Date \_\_\_\_\_

Last Name _____	First Name _____	Middle Initial _____	Date of Birth <i>(DOT Drivers ONLY)</i> _____
Street Address _____	City _____	State _____	Zip _____
Phone Number _____	Alternate Phone Number _____	Social Security Number <i>(Required for DOT Drivers ONLY)</i> _____	
E-mail Address _____	Referred By _____		

**EDUCATION**

	Number of years completed	Did you Graduate?	Subjects studied/Degree received
Elementary School _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
High School _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Trade School/College _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Subjects of specialty study _____			
Activities other than religious (civic, athletic, etc.) _____			

**POSITION DESIRED**

Position _____	Date you can start _____	\$ _____ Hourly rate
Have you ever applied at TKI Intermodal before? <input type="checkbox"/> Yes <input type="checkbox"/> No   If so, when? _____		
Have you ever worked at TKI Intermodal before? <input type="checkbox"/> Yes <input type="checkbox"/> No   If so, when? _____		
If contracted, can you provide proof you are eligible to work in the U.S.A.? <input type="checkbox"/> Yes <input type="checkbox"/> No		

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

Company _____	_____ to _____ Dates
Address _____	Supervisor _____
City/State _____	Phone _____
May we contact this company? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Were you subject to the Federal Motor Carrier Safety Regulations during this period? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? <input type="checkbox"/> Yes <input type="checkbox"/> No	
\$ _____ Last pay rate	
Reason for leaving _____	

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**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?  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 \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

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

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 \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

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

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 \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

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

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 \_\_\_\_\_

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

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**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 \_\_\_\_\_

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? \_\_\_\_\_

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

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

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

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

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

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

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

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

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

Commercial Vehicle  Yes  No

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

Commercial Vehicle  Yes  No

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

Commercial Vehicle  Yes  No

**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: \_\_\_\_\_