

<b>Name</b>		<b>Date</b>	
<b>Phone Number</b>		<b>SS Number</b>	
<b>Email</b>		<b>DOB</b>	
<b>Current Address</b>		<b>How Long?</b>	
<b>City, State</b>		<b>Zip</b>	

Previous **three years** of residency. Attach an additional sheet if more space is needed.

<b>Previous Address 1</b>		<b>How Long?</b>	
<b>City, State</b>		<b>Zip</b>	
<b>Previous Address 2</b>		<b>How Long?</b>	
<b>City, State</b>		<b>Zip</b>	

**BASIC INFORMATION**

		<b>Yes</b>	<b>No</b>
<b>1</b>	Do you have the legal right to work in the United States?		
<b>2</b>	Can you provide required documentation?		
<b>3</b>	To operate a commercial motor vehicle in Interstate commerce you must be at least 21 years of age. Do you qualify?		
<b>4</b>	Can you provide proof of age?		
<b>5</b>	Have you ever been convicted of a felony?		

**LICENSE INFORMATION**

Section 383.21 FMCSR states "No person who operates a commercial motor vehicle shall at any time have more than one driver's license." I certify that I do not have more than one motor vehicle license, the information for which is listed below.

<b>State</b>	<b>License No</b>	<b>Type</b>	<b>Expiration Date</b>

<b>A.</b> Have you ever been denied a license, permit, or privilege to operate a motor vehicle?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>B.</b> Has any license, permit, or privilege ever been suspended, revoked or denied?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If yes to either A or B, explain:

**DRIVING EXPERIENCE**

<b>Class of Equipment</b>	<b>Type of Equipment</b>	<b>Date From</b>	<b>Date To</b>	<b>Approx # of Miles (Total)</b>
Straight Truck				
Tractor and Semi-Trailer				
Tractor – Two Trailers				
Motor Coach – School Bus				
Other				

**ACCIDENT RECORD FOR PAST 3 YEARS OR MORE**

Use the back of the sheet if more space is required. Indicate "none" if no accidents in the past 3 years.

Date	Nature of Accident	Fatalities	Injuries

**TRAFFIC CONVICTIONS AND FORFEITURES FOR PAST 3 YEARS**

Other than parking violations. Indicate "none" if no traffic convictions and/or forfeitures in the past 3 years.

Date	Violation	Location (State)	Penalty

**PHYSICAL HISTORY**

Federal and State Department of Transportation regulations require you to be medically qualified to drive a Commercial Motor Vehicle.

Can you provide a proof of current DOT Medical Examination Report?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Can you provide a current Medical Certificate?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Last DOT Physical Exam Date		Doctor's Name	
Doctor's Address			

**REGULATORY QUALIFICATIONS**

Can you read and speak the English language sufficiently to converse with the general public, to understand highway traffic signs and signals in the English language, to respond to official inquiries, and to make entries on reports and records?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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**DRUG AND ALCOHOL TESTING**

Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you have applied, but did not obtain, a safety-sensitive transportation job covered by DOT drug and alcohol testing rules during the past two years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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**EXPERIENCE AND QUALIFICATIONS**

Show any trucking, transportation, or other experience that may help you qualify for this job:

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List courses and training other than shown elsewhere in this application:

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List special equipment or technical materials you can work with (other than those already shown):

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**EMPLOYMENT HISTORY**

Give a Complete Record of all employment for the **past three years**, including any unemployment or self-employment, and all commercial driving experience for the **past ten years**. List the complete address, street number, city, state and zip code for each employer starting with the most recent. Attach an additional sheet(s) if more space is needed.

<b>Previous Employer 1</b>			
Name		Employment Dates	
Address		Position Held	
City, State, Zip		Salary/Wage	
Contact Person		Phone	
Reasons for Leaving			
Was this job subject to the Federal Motor Carrier Safety Regulations (FMCSRs)?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Was this job subject to alcohol and controlled substance testing as required by 49CFR part 40?			<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Previous Employer 2</b>			
Name		Employment Dates	
Address		Position Held	
City, State, Zip		Salary/Wage	
Contact Person		Phone	
Reasons for Leaving			
Was this job subject to the Federal Motor Carrier Safety Regulations (FMCSRs)?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Was this job subject to alcohol and controlled substance testing as required by 49CFR part 40?			<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Previous Employer 3</b>			
Name		Employment Dates	
Address		Position Held	
City, State, Zip		Salary/Wage	
Contact Person		Phone	
Reasons for Leaving			
Was this job subject to the Federal Motor Carrier Safety Regulations (FMCSRs)?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Was this job subject to alcohol and controlled substance testing as required by 49CFR part 40?			<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Previous Employer 4</b>			
Name		Employment Dates	
Address		Position Held	
City, State, Zip		Salary/Wage	
Contact Person		Phone	
Reasons for Leaving			
Was this job subject to the Federal Motor Carrier Safety Regulations (FMCSRs)?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Was this job subject to alcohol and controlled substance testing as required by 49CFR part 40?			<input type="checkbox"/> Yes <input type="checkbox"/> No

**TO BE READ AND SIGNED BY APPLICANT**

I authorize Trademark Transport to make sure investigations and inquiries to my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment 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 employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. 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 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 current/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 rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information."

<b>Date</b>		<b>Applicant's Signature</b>	
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This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge.

<b>Date</b>		<b>Applicant's Signature</b>	
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Note: A motor carrier may require an applicant to provide information in addition to the information required by the Federal Motor Carrier Safety Regulations.

<b>COMPANY</b>		<b>DATE</b>	
<b>ATTENTION</b>		<b>FAX</b>	
<b>DRIVER NAME</b>		<b>SSN</b>	

The above listed driver has made application to this company to for a position as an owner-operator and states that he/she was employed by you. Please reply to the inquiry below respecting this applicant. Your reply will be held in strict confidence and will in no way involve you in any responsibility.

**DRIVER TO COMPLETE**

In accordance with Section 382.413 and 40.25 of the FMCSR, I hereby authorize you, my previous employer, to release all employment information of my job performance, Drug and Alcohol results, safety performance & other information as may be requested from Trademark Transport, Inc. I release you from any liability related to the release of this information.

<b>Applicant Signature</b>		<b>Date</b>	
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<b>1</b>	Dates employed by your company?	
<b>2</b>	What kind of work did the applicant do?	
<b>3</b>	Did the applicant drive motor vehicles for you?	<input type="checkbox"/> Tractor Trailer <input type="checkbox"/> Straight Truck <input type="checkbox"/> Van <input type="checkbox"/> Flat <input type="checkbox"/> Reefer <input type="checkbox"/> Other:
<b>4</b>	What were the commodities transported?	
<b>5</b>	Areas of the country operated in?	
<b>6</b>	Was the applicant a safe and efficient driver?	
<b>7</b>	Give dates and details of vehicle accidents in which he/she was involved.	
<b>8</b>	Reason for leaving your company	<input type="checkbox"/> Discharged <input type="checkbox"/> Laid Off <input type="checkbox"/> Resigned
<b>9</b>	Is he/she eligible for rehire?	
<b>10</b>	Was the applicant's general conduct satisfactory?	
<b>11</b>	Is the applicant competent for the position sought?	

Place a checkmark in the appropriate box to the right of each category:

	<b>Excellent</b>	<b>Good</b>	<b>Fair</b>	<b>Poor</b>	<b>Very Poor</b>
<b>Quality of Work</b>					
<b>Cooperation with Others</b>					
<b>Safety Habits</b>					
<b>Personal Habits</b>					
<b>Driving Skill</b>					
<b>Attitude</b>					
<b>Complete Paperwork</b>					
<b>On Time</b>					
<b>Comments:</b>					

**DRUG & ALCOHOL TESTING INFORMATION**

Please complete each of the following questions regarding Alcohol and/or Substance Abuse Tests conducted on the above captioned individual. If the driver was not subject to 49 CFR, 382 testing requirements, please check here .

<b>1</b>	Has this individual tested positive for a controlled substance under 49CFR, 382 in the last three years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>2</b>	Has this individual been subject to an alcohol test 49CFR, 382 which resulted in a BAC of 0.04% or greater, in the last three years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>3</b>	Has this individual ever refused a test for alcohol/controlled substances (including verified adulterated or substituted drug test results) required under 49CFR, 382 in the last three years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>4</b>	Has the individual violated other DOT agency drug and alcohol testing regulations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you answered YES to any of the above questions, please provide the following information:

1. Documentation of the individual's successful completion of the DOT Return-to-Duty requirements (including follow-up tests).
2. Information received from other previous employers.
3. Name, address and phone number of the substance abuse professional.

<b>SIGNATURE</b>		<b>DATE</b>	
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Upon completion, please fax this from back to us at: **815-741-8350**

The Federal Motor Carrier Safety Regulations 382.301, Pre-Employment testing requirements, apply to all driver applicants of Trademark Transport who will operate vehicles 26,001 pounds GVWR or more.

I understand as a condition of employment with Trademark Transport, that I will consent to the collection of a urine sample and urinalysis controlled substance testing.

I further understand that a Positive test for controlled substances, based on the urinalysis test, will medically disqualify me from the operation of a commercial motor vehicle for Trademark Transport.

I further understand that a Medical Review Officer will maintain the results of the urinalysis test. Negative and positive results will be reported to Trademark Transport's consortium/third party administrator, Concentra Medical Centers, according to the Federal Motor Carrier Safety Regulation, Part 40, Subpart G; and that my urinalysis test results will not be disclosed to other parties without my written authorization.

I have read, or have had read to me, and fully understand the above conditions of this Controlled Substance Test Consent.

<b>Applicant's Name (Print)</b>		<b>SS Number</b>	
<b>Applicant's Signature</b>		<b>Date</b>	
<b>Company Rep Signature</b>		<b>Date</b>	
<b>Company Rep Title</b>			