

APPLICATION FOR EMPLOYMENT

(First) (Middle) (Maiden name, if any) (Last):	Contact Phone:
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Address (Street) (City) (State/Zip):	# Years at this Address:
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Social Security #:	Date of Birth:
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Previous Three Years Residency

(Street)	(City)	(State/Zip)	# Years
(Street)	(City)	(State/Zip)	# Years
(Street)	(City)	(State/Zip)	# Years

License Information

Make corrections (if needed) →	State	License Number	Type/Class	Expiration Date

All other CDL's held for the past 3 years (see 383.21)

State	License	Expiration Date	Class A,B,C,D	Endorsements

Total amount of Commercial Vehicle Driving experience: _____ years

Driving Experience (circle types of vehicles driven)

Tractor & Semi-Trailer	Tractor Two Trailers	Straight Truck	Van	Flat	Tank	Bus	Other
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Accident Record for past 3 years or more (attach sheet if more space is needed)

Date	Nature of Accident (Rear-end, Head-on, etc.)	Fatalities?	Injuries?

Traffic Convictions and Forfeitures for the past 3 years (other than parking violations)

State of Violation Location	Date (Month/Year)	Violation/Penalty	Type of Motor Vehicle Operated

Questions

	Yes/No
A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Explain:	
B. Has any license, permit or privilege ever been suspended or revoked? Explain:	
C. 40.25(j) Within the past 2 years, have you tested positive or refused a test for drugs or alcohol in a pre-employment situation to which you applied for, but did not obtain safety sensitive transportation work covered by DOT agency Drug & Alcohol testing rules?	
D. Transport One, Inc. requires all Drivers who drive Commercial Motor Vehicles (CMV) which requires a Commercial Drivers License, to be controlled substances tested with a negative result prior to driving. Do you consent to such Testing?	

Transport One, Inc., 3801 Centerpoint Way, Joliet, IL 60436

EMPLOYMENT RECORD (Attach sheet if more space is needed)

NOTE: ALL EMPLOYERS for the past 3 (three) years and ALL Commercial Vehicle Driving for the past 10 (ten) years.

Last Employer:			Position held:		CDL required? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Street:		City:		State:		Zip:
Phone#:	Fax#:	Contact:		From:	To:	
Reason(s) for leaving?				I was subject to FMCSR rules while employed at this company: Yes <input type="checkbox"/> No <input type="checkbox"/>		
Any gaps in employment and/or unemployment must be explained. Include date (month/year) and reason:				I was subject to DOT Drug and Alcohol testing (49 CFR part 40): Yes <input type="checkbox"/> No <input type="checkbox"/>		

Prior Employer:			Position held:		CDL required? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Street:		City:		State:		Zip:
Phone#:	Fax#:	Contact:		FROM:	TO:	
Reason(s) for leaving?				I was subject to FMCSR rules while employed at this company: Yes <input type="checkbox"/> No <input type="checkbox"/>		
Any gaps in employment and/or unemployment must be explained. Include date (month/year) and reason:				I was subject to DOT Drug and Alcohol testing (49 CFR part 40): Yes <input type="checkbox"/> No <input type="checkbox"/>		

Prior Employer:			Position held:		CDL required? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Street:		City:		State:		Zip:
Phone#:	Fax#:	Contact:		From:	To:	
Reason(s) for leaving?				I was subject to FMCSR rules while employed at this company: Yes <input type="checkbox"/> No <input type="checkbox"/>		
Any gaps in employment and/or unemployment must be explained. Include date (month/year) and reason:				I was subject to DOT Drug and Alcohol testing (49 CFR part 40): Yes <input type="checkbox"/> No <input type="checkbox"/>		

Prior Employer:			Position held:		CDL required? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Street:		City:		State:		Zip:
Phone#:	Fax#:	Contact:		From:	To:	
Reason(s) for leaving?				I was subject to FMCSR rules while employed at this company: Yes <input type="checkbox"/> No <input type="checkbox"/>		
Any gaps in employment and/or unemployment must be explained. Include date (month/year) and reason:				I was subject to DOT Drug and Alcohol testing (49 CFR part 40): Yes <input type="checkbox"/> No <input type="checkbox"/>		

Prior Employer:			Position held:		CDL required? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Street:		City:		State:		Zip:
Phone#:	Fax#:	Contact:		From:	To:	
Reason(s) for leaving?				I was subject to FMCSR rules while employed at this company: Yes <input type="checkbox"/> No <input type="checkbox"/>		
Any gaps in employment and/or unemployment must be explained. Include date (month/year) and reason:				I was subject to DOT Drug and Alcohol testing (49 CFR part 40): Yes <input type="checkbox"/> No <input type="checkbox"/>		

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.

Date

Applicant's Signature

Note: A motor carrier may require an applicant to provide information in addition to the information required by the Federal Motor Carrier Safety Regulations.

REQUEST & CONSENT for INFORMATION FROM A PREVIOUS EMPLOYER

A separate form must be signed/filled out by the applicant for each DOT regulated employer for whom the applicant has worked in the last (3) three years.

Applicant's Signature:		Date:
Previous Employer:		Attention:
Dates Employed:	From:	To:
Position Held:		
Address/City/State:		
Voice#:	Fax#:	

I, _____, (ss# _____) authorize the release of my employment records, my alcohol and controlled substances testing records and my vehicle accident information as required by 49 CFR PARTS 40, 382, & 391 to TRC, its agents, and _____ of _____ . You are released from any and all liability that may result from releasing such information.

APPLICANT: DO NOT COMPLETE ANYTHING BELOW THIS LINE

1. This applicant shows working for you. Employment dates FROM _____ TO _____

2. ACCIDENT HISTORY

a. Did the applicant have any DOT reportable accidents? YES _____ NO _____

b. If yes, please list the information:

DATE	CITY, STATE	# INJURIES	# FATALTIES	HAZMAT
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

3. Information pertaining to this employee in the past 3 years:

1. Had an alcohol test with a result of 0.04 or higher alcohol concentration? NO YES Date: _____
2. Had a verified positive drug test? NO YES Date: _____
3. Refusal to be tested (including verified adulterated or substituted drug test results)? NO YES Date: _____
4. Had other violations of DOT agency drug & alcohol testing regulations? NO YES Date: _____
5. Did a previous employer report a drug & alcohol rule violation to you? NO YES Date: _____
6. If you answered yes to any of the above items, did this employee complete the Return-to-Duty Process? NO YES N/A

NOTE: If you answered "YES" to item 5, you must provide the previous employer's report. If you answered "YES" to item 6 you must also transmit the appropriate return-to-duty documentation (i.e. SAP report(s), follow-up-testing record).

4. Type of equipment driven: _____Straight Truck _____Tractor Trailer _____Bus _____Other

5. Was the applicant safe and efficient? _____Yes _____No

6. Reason for leaving: _____Discharged _____Laid off _____Resigned _____Other

_____/_____
 Information provided by (SIGNATURE) Title Date

This form was presented to the Previous Employer via _____Fax _____Mail _____Phone

1st Attempt date _____
 2nd Attempt date _____
 3rd Attempt date _____

MOTOR VEHICLE DRIVER'S CERTIFICATION OF COMPLIANCE WITH DRIVER LICENSE REQUIREMENTS

DRIVER REQUIREMENTS: Parts 383 of the Federal Motor Carrier Safety Regulations contain some requirements that you as a driver must comply with. They are as follows:

- 1) **Possess only one License:** You, as a commercial vehicle driver, may not possess more than one motor vehicle operator's license, as per 49 CFR 383.21 "No person who operates a commercial motor vehicle shall at any time have more than one driver's license."
- 2) **Notification of License suspension, revocation or cancellation:** Section 383.33 of the Federal Motor Carrier Safety Regulations states: "Each employee who has a driver's license suspended, revoked, or canceled by a State or jurisdiction, who loses the right to operate a commercial motor vehicle in a State or jurisdiction for any period, or who is disqualified from operating a commercial motor vehicle for any period, shall notify his/her current employer of such suspension, revocation, cancellation, lost privilege, or disqualification. The notification must be made before the end of the business day following the day the employee received notice of the suspension, revocation, cancellation, lost privilege, or disqualification."

The following license is the only one I will possess:

Driver's License No. _____ State _____ Expiration Date _____

DRIVER CERTIFICATION: I certify that I have read and understand the above requirements.

Driver's Name _____ (Print) Driver's Signature _____

EMPLOYEE'S RECEIPT

I acknowledge the receipt of the D & A policy entitled "Alcohol & Controlled Substance Testing Policy" covering the following employee awareness topics: Introduction, Abbreviations, Definitions, Who is covered by the Alcohol & Drug rule, What is a safety-sensitive function, What are Alcohol & Drug prohibitions, What tests are required and when will I be tested, Pre-employment, Post-accident, Random, Reasonable suspicion, Return-to-duty and Follow-up, What happens if I refuse to be tested, How is Alcohol testing done, How is Drug testing done, What are the consequences of violating the Alcohol or Drug prohibitions, Where can I go for help, What are the effects of Alcohol and Drugs on the body. (For more information, see employer for a personal copy of the D & A policy)

Drivers Signature _____ Date _____

DRIVER'S RECEIPT

I acknowledge that I have received a copy, have my own copy or have electronic access to the Federal Motor Carrier Safety Regulations, 49 parts 40 and 382, 383 and 390-397 of the Department of Transportation. In addition, I agree to familiarize myself with these regulations and to comply with all the provisions of these regulations. I will also follow all company procedures as required by the Motor Carrier.

My signature on this receipt indicates I realize that the Department of Transportation demands my understanding and compliance with its rules and regulations. Further, I realize my employer demands full compliance and that my employment depends upon such compliance.

Driver Name _____ Driver Signature _____

Transport One, Inc.	Joliet	IL	60436
Company Name	Company City	Company State	Zip Code

COMPANY REPRESENTATIVE'S SIGNATURE _____

NOTE: This receipt shall be read and signed by the driver. Questions regarding these regulations should be directed to the Driver Supervisor.

Transport One, Inc., 3801 Centerpoint Way, Joliet, IL 60436

MOTOR VEHICLE DRIVER'S CERTIFICATION OF VIOLATIONS

I certify that the following is a true and complete list of traffic violations (other than parking violations) for which I have been convicted or forfeited bond or collateral during the past 12 months.

Date	Offense	Location	Type of Vehicle Operated
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation required to be listed during the past 12 months.

(Date of Certification)

Transport One, Inc.
(Motor Carrier's Name)

(Driver's Signature)

3801 Centerpoint Way Joliet, IL 60436
(Motor Carrier's Address)

(Reviewed by: Signature)

(Title)

U.S. DEPARTMENT OF TRANSPORTATION
MOTOR CARRIER SAFETY PROGRAM ANNUAL REVIEW OF DRIVING RECORD
391.25

Name _____
Last First Middle Initial Social Security Number

This day I reviewed the driving record of the above named driver in accordance with 391.25 of the Motor Carrier Safety Regulations. I considered any evidence that the driver has violated applicable provisions of the FMCSA Regulations and the Hazardous Materials Regulations. I considered the driver's accident record and any evidence that he/she has violated laws governing the operation of motor vehicles, and gave great weight to violations, such as speeding, reckless driving, and operation while under the influence of alcohol or drugs, that indicate that the driver has exhibited a disregard for the safety of the public. Having done the above, I find that:

- the driver meets the minimum requirements for safe driving, or
- the driver is disqualified to drive a motor vehicle pursuant to 391.15

Date of Review

Transport One, Inc.

Motor Carrier's Name

Reviewed by: Signature and Title

3801 Centerpoint Way

Motor Carrier's Address - Street
Joliet, IL 60436

City State Zip

DRIVER NAME:
ADDRESS:
PHONE:
CDL INFORMATION:

Transport One, Inc., 3801 Centerpoint Way, Joliet, IL 60436

DRIVER'S ROAD TEST EXAMINATION

DRIVER'S NAME: _____

STATE:	EXPIRATION DATE:	LICENSE#:
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RATING OF PERFORMANCE

- 1. _____ The Pre-Trip inspection as required by §392.7
- 2. _____ Placing the CMV in operation.
- 3. _____ Backing and parking the CMV.
- 4. _____ Coupling and uncoupling of combination units, if the equipment driven includes combination units.
- 5. _____ Use of CMV's controls and emergency equipment.
- 6. _____ Turning the CMV, maneuvering tunnels, bridges, and railroad crossings.
- 7. _____ Operating the CMV in traffic and while passing other commercial motor vehicles.
- 8. _____ Braking and slowing the CMV by means other than braking.
- 9. _____ Other, explain: _____

Type of equipment used in giving test: _____

Date _____ 20 _____ Examiner's Signature _____

*****FOR HAZMAT CARRIERS ONLY*****

Driver _____ has completed the items below in a performance and observed orientated training.

DATE:	LOCATION:	UNIT:	TIME:
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	INSPECTION ITEM	YES	NO	N/A
1	Vehicle Pre-Trip inspection: (Include emergency control features of the cargo or portable tank)			
2	Inspect Tank			
3	Terminal Gate locked after departure			
4	Proceed to loading rack assigned			
5	Followed loading facilities rules and regulations			
6	Loaded on correct account numbers			
7	Placards correct for product			
8	Entered destination correctly			
9	Orange traffic cones deployed around delivery area			
10	Tank locks opened by driver			
11	Stick readings taken before delivery			
12	Hose flushed to correct product			
13	Delivery connections secured			
14	Vapor recovery connected			
15	Off loading valves attended			
16	Ending stick readings taken			
17	Tanks relocked by driver			
18	Paperwork completed			
19	Customer signatures (If required)			
20	Equipment returned to truck and secured			
21	Any product spilled during loading			
22	Any product spilled during offloading			
23	Driver smoking during any part of delivery			
24	Any accidents or incidents during delivery (with reporting procedures)			
25	Post-Trip inspection			

NUMBER CORRECT _____ out of 25: PASS _____ FAIL _____ If more than 6 (six) items are missed, the driver fails the test.

(1) Smoking during any part of delivery where prohibited or (2) not using vapor recovery where required or (3) not re-locking the tanks constitutes an automatic failure and the driver will be subject to disciplinary actions up to and including termination.

Signature of Examiner / Title _____ Driver Signature _____ DATE _____

Certification of Road Test

Driver's Name: _____ Social Security Number: _____
 License No.: _____ CDL State: _____
 Type of Power Unit or Bus: _____ Trailer Type: _____

DRIVER'S LICENSE ACCEPTED IN LIEU OF ROAD TEST (§391.33)

This is to certify the above named driver was given a road test under my supervision on _____/_____, 20____ consisting of approximately _____miles of driving. It is my considered opinion that this driver possesses sufficient driving skill to operate safely the type of motor vehicle listed above.



DISCLOSURE AND AUTHORIZATION
IMPORTANT—PLEASE READ CAREFULLY BEFORE SIGNING AUTHORIZATION
Transport One, Inc. is hereinafter referred to as "The Company".

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

"The Company" may obtain information about you for employment and/or volunteer purposes from a third party consumer reporting agency and you understand that the information in your background check may be disclosed to **TRC SOLUTIONS, INC.** Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records ("driving records"), verification of your education including transcripts or employment history, or other background checks. Credit history will only be requested where such information is substantially related to the duties and responsibilities of the position for which you are applying. You have the right, upon proper request to request whether a consumer report has been run about you, and disclosure and scope of any investigative consumer report and to request a copy of your report. Please be advised that the consumer report" and/or "investigative consumer report" will be conducted by Aurico Reports Inc., 116 W. Eastman St. Arlington Heights, Illinois, 60004, (866)-255-1852, www.aurico.com, or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

New York and Maine applicants, volunteers, contractors or employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by Employer by contacting the consumer reporting agency identified above directly. You may also contact the Company to request the name, address and telephone number of the nearest unit of the consumer reporting agency designated to handle inquiries, which the Company shall provide within 5 days.

New York Applicants, volunteers, contractors or employees only: Upon request, you will be informed whether or not a consumer report was requested by Employer, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law.

Oregon applicants, volunteers, contractors or employees only: Information describing your rights under federal and Oregon law regarding consumer identity theft protection, the storage and disposal of your credit information, and remedies available should you suspect of find that the Company has not maintained secured records is available to you upon request.

Washington State applicants, volunteers, contractors or employees only: You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

ACKNOWLEDGEMENT AND AUTHORIZATION

I acknowledge the receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understood both of those documents. I hereby authorize the obtaining of "consumer reports" and /or "investigative consumer reports" by the Company at any time after receipt of this authorization and throughout my employment and/or volunteering, 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 to release transcripts), information service bureau, employer, or insurance company to furnish any and all background information requested by Aurico Reports Inc., 116 W. Eastman St., Arlington Heights, Illinois, 60004, (866)-255-1852, www.aurico.com, another outside organization acting on behalf of the Company, and/or the Company itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

New York applicants, volunteers, contractors or employees only: By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law.

Minnesota and Oklahoma applicants, volunteers, contractors or employees only: Please check this box if you would like to receive a copy of a consumer report if on is obtained by the Company.

California applicants, volunteers, contractors or employees only: By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT OF CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law.

Signature:

Date:

Transport One, Inc., 3801 Centerpoint Way, Joliet, IL 60436

Authorization to access the FMCSA Pre-Employment Screening Program (PSP) system

1. In connection with your application for employment with Transport One, Inc. ("Prospective Employer"), Prospective Employer, its employees, agents or contractors may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

When the application for employment is submitted in person, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report.

When the application for employment is submitted by mail, telephone, computer, or other similar means, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer must provide you within three business days of taking adverse action oral, written or electronic notification: that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

The Prospective Employer cannot obtain background reports from FMCSA unless you consent in writing.

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

2. I authorize Transport One, Inc. ("Prospective Employer") to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am consenting to the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.

3. I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I am challenging crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

4. Please note: Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.



I have read the above Notice Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this consent form, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Date: _____

Signature

Name (Please Print)