

TRANSPORTATION SPECIALISTS, LTD.

10001 S. 152ND Street
Omaha, NE 68138-3801
402.895.9610 or 800.373.2146
Fax 402.891.8751



DRIVER'S APPLICATION FOR QUALIFICATION

Transportation Specialists, LTD. is an equal opportunity employer. We encourage all persons to file applications with us and we do not discriminate on the basis of race, color, religion, sex, national origin, age, disability, veteran status, or any other basis prohibited by law. Applicants should inform us if accommodations are needed to complete the application process.

The company will maintain this application in an active status for 30 days. If you would like to be considered for qualification after 30 days from the date of this application, you must complete and submit a new application.

A. PERSONAL HISTORY (print name in full) – REMAINDER OF APPLICATION MUST BE COMPLETED IN APPLICANT'S OWN HANDWRITING.

1. Name _____
(First) (Middle) (Last)

2. Phone _____ Cell Phone _____

2. Present Address _____ How Long _____
(Street) (City) (State) (Zip)

Address for _____ How Long _____
Past 3 years _____ How Long _____
_____ How Long _____

3. Social Security # _____ - _____ - _____ 4. Date of birth _____ / _____ / _____

5. Email Address _____

6. Are you a U.S. Citizen or authorized to be employed in the U.S.? Yes ___ No ___

5. Name and address of person to be notified in case of emergency – Relationship

(Name) (Address) (Phone) (Relationship)

6. Position applying for: _____

7. Have you worked for this company before? Yes ___ No ___

Position: _____ Reason for Leaving: _____

8. Have you applied for a position with this company before? Yes ___ No ___

9. Names of relative(s) employed by this company: _____

10. Are you employed at the present time? _____ If yes, why do you wish to leave? _____

11. If qualified for this position, when can you start? _____

12. Please describe any work schedule limitations: _____

13. Have you ever been convicted of a crime or felony (excluding traffic violations)? Yes _____ No _____

If yes, date, location and disposition of case: _____

14. Have you ever been convicted of driving while intoxicated (D.W.I.) or driving under the influence (D.U.I.) within the last five (5) years? Yes _____ No _____. If yes, when, where, disposition of the case: _____

(A conviction record will not necessarily disqualify an applicant from employment. The circumstances of the conviction will be considered in relation to the nature and duties of the job applied for.)

15. Have you ever been known by any other name(s), which this company will need to verify any of the information in this application? Yes _____ No _____. If yes, give name(s) and identify related employer, school, etc. _____

16. Do you have any reason why you could not perform any of the primary duties of the job for which you are applying with or without reasonable accommodations: Yes _____ No _____. If yes, explain if you wish: _____

17. Date of your last D.O.T. Physical _____/_____/_____

B. EDUCATION:

Circle highest grade completed:

Grammar 1 2 3 4 5 6 7 8 High School 1 2 3 4 College 1 2 3 4

Last School attended _____ City and State _____

Did you attend professional truck driving school? Yes____ No____

School name and location _____ Graduation Date _____

Show special courses or training that will help you as a driver:

C. 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 employers in reverse order starting with the most recent*)

EMPLOYER: _____ FROM: _____ TO: _____

ADDRESS: _____ START: _____ FINISH: _____

CITY _____ STATE _____ TELEPHONE #: _____

POSITION: _____ REASON FOR LEAVING: _____

Were you subject to the FMCSRs* while employed here? Yes___ No___

Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirement of 49 CFR Part 40? Yes ___ No___

EMPLOYER: _____ FROM: _____ TO: _____

ADDRESS: _____ START: _____ FINISH: _____

CITY _____ STATE _____ TELEPHONE #: _____

POSITION: _____ REASON FOR LEAVING: _____

Were you subject to the FMCSRs* while employed here? Yes___ No___

Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirement of 49 CFR Part 40? Yes___ No___

EMPLOYER: _____ FROM: _____ TO: _____

ADDRESS: _____ START: _____ FINISH: _____

CITY _____ STATE _____ TELEPHONE #: _____

POSITION: _____ REASON FOR LEAVING: _____

Were you subject to the FMCSRs* while employed here? Yes___ No___

Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirement of 49 CFR Part 40? Yes___ No___

EMPLOYER: _____ FROM: _____ TO: _____

ADDRESS: _____ START: _____ FINISH: _____

CITY _____ STATE _____ TELEPHONE #: _____

POSITION: _____ REASON FOR LEAVING: _____

Were you subject to the FMCSRs* while employed here? Yes___ No___

Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirement of 49 CFR Part 40? Yes___ No___

EMPLOYER: _____ FROM: _____ TO: _____

ADDRESS: _____ START: _____ FINISH: _____

CITY _____ STATE _____ TELEPHONE #: _____

POSITION: _____ REASON FOR LEAVING: _____

Were you subject to the FMCSRs* while employed here? Yes ___ No ___

Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirement of 49 CFR Part 40? Yes ___ No ___

EMPLOYER: _____ FROM: _____ TO: _____

ADDRESS: _____ START: _____ FINISH: _____

CITY _____ STATE _____ TELEPHONE #: _____

POSITION: _____ REASON FOR LEAVING: _____

Were you subject to the FMCSRs* while employed here? Yes ___ No ___

Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirement of 49 CFR Part 40? Yes ___ No ___

**The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone who operates a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) has a GVWR or weighs 10,001 pounds or more, (2) is designed or used to transport nine or more passengers, or (3) is of any size, used to transport hazardous materials in a quantity requiring placarding.*

D. DRIVING EXPERIENCE

Class of Equipment	Type of Equipment (Van, Tank, Flat, Etc.)	Dates		Approximate Number of Miles (Total)
		From:	To:	
Straight Truck				
Tractor and Semi Trailer				
Tractor-Two Trailers				
Other				

Type of Tractor/Trailer Experience	Dates		Approximate Number of Miles (Total)
	From:	To:	
City Driving			
Over the Road			
Mountain			

List special courses/training completed _____

List any Safe Driving Awards you hold and from whom _____

E. DRIVING RECORD

Driver's License (list each driver's license held in the past three years)

State	License Number	Expiration Date	Type of License	Endorsements

Accident Record for past three years

Date of Accident	Nature of Accident (Head-on, Rear-end, etc.)	Preventable/ Non-Preventable	Injuries/ Fatalities	Car/Truck

Traffic Convictions and Forfeitures for the last three years (other than parking violations)

Date	Offense or Charge	Location	Penalty	Car/Truck

Have you ever been denied a license, permit, or privilege to operate any type of motor vehicle? Yes ___ No ___

Has any license, permit, or privilege ever been suspended or revoked? Yes ___ No ___

Have you ever been disqualified subject to Section 383 or 391 of the Federal Motor Carrier Safety Regulations for other than a physical disability? Yes ___ No ___

If the answer to any of the above questions is yes, explain in detail the facts and circumstances, show dates, the name of authority, or agency that took the action, and the reason:

F. MISCELLANEOUS INFORMATION:

Who referred you? _____ What is your minimum weekly wage desired?
_____.

Drivers in this company are held solely responsible for all laws they violate; do you accept this rule?
Yes ___ No ___.

G. 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. I understand that falsifications or omissions in my application, resume or any other items provided to the company during the application and interview process will be grounds for denying or terminating employment with the company.

I authorize the company and request each previous employer and person, firm, or company listed in my application to furnish any information that may be sought by the company in regards to my work habits, character, skills, or abilities. I waive any privileges involved with this. I also understand that the company may examine my criminal record. I authorize the company or its agents to do this examination and authorize those in possession of these records to release the information to the company.

I understand in accordance with the Federal Motor Carrier Regulations Parts 390 and 391, that I have the right to request to review information provided by previous employers and have the right to have errors in this information corrected. If the previous employer and I cannot agree on the accuracy of the information, I have the right to have a rebuttal statement attached to the alleged erroneous information. This information must be requested by providing a written request to the company within 30 days after being employed or being notified of denial of employment.

I understand that as an applicant for a position with this company, I may be asked to demonstrate that I am capable of performing tasks that are pertinent to the job. I also understand that employment with the company is conditional upon a favorable medical examination consistent with the requirements set forth by the Department of Transportation and company procedures and shall include substance screening, to which I hereby consent. I understand that refusing such a request or failing to pass any such examination will cause the company to withdraw its job offer or terminate employment. Upon hire, employees will be expected to abide by the company's drug testing policy.

Federal law obligates the company to provide a reasonable accommodation to the known disabilities of applicants and employees, unless to do so would pose an undue hardship. I will notify the company should I need an accommodation to complete the application process or to perform any essential elements of the position sought.

If hired, I agree to abide by the guidelines, rules and policies of the company. I acknowledge and understand that if hired, my employment is terminable at will, with or without cause and without notice or liability at the option of either the company or myself. I acknowledge further that neither anything said to me during the company's application/interview process or during employment nor any provision in the company's policies or manuals constitutes the terms of an express or implied employment agreement.

I certify that I am a true applicant for employment and this application is being submitted solely for the purpose of seeking employment with the company and for no other reason. I certify that I have read and understand all this qualification application. I understand and agree to all of the conditions and statements set forth above and throughout this application. I also understand that by submitting this application, I am agreeing to the terms listed.

Date: _____ Applicant's Signature: _____

INQUIRY TO PAST EMPLOYERS

TO: _____ DATE: _____

FROM: Company: Transportation Specialists, Ltd.
Name/ Title: TSL Recruiting Specialist
Street Address: 10001 South 152nd Street
City: Omaha State: NE Zip: 68138

Personnel Manager:

The person named below has applied to this company for employment. Your firm is listed by the applicant as a past employer. Will you kindly reply to this inquiry respecting this applicant? As you will note from the waiver stated below, all liability of you and your company has been released by the applicant.

Please fax back to 402-891-8751.

1. Name of applicant: _____

2. Social Security Number: _____

3. Job applied for: _____

4. Dates of employment: From: _____ To: _____

5. Position: Driver ; Dock ; Office ; Other ; Specify: _____

6. If employed as a driver, please indicate type of equipment driven. Tractor trailer ; Bus ; Straight truck ; Other (specify): _____

7. If Tractor Trailer, what type of trailing equipment?: Dry Van ; Reefer ; Flatbed ; End/Side Dump ; Doubles/Triples ; Tank ; Container ; Other (specify): _____

8. What type of driving? Check all that apply: 48-State Intrastate City

9. Number of accidents: _____ Number preventable: _____

Accident Information

Date: _____ Location: _____ Preventable?: _____ DOT Recordable?: _____ Type: _____

Date: _____ Location: _____ Preventable?: _____ DOT Recordable?: _____ Type: _____

10. If the driver has **NOT** been involved in any motor vehicle accidents please check this box:

11. Number of on-the-job-injuries while in your employ: _____ Any recurring injuries?: _____ Any back injuries?: _____

12. Employees General Conduct: Above average ; Average ; Below Average ; Poor ; Satisfactory

13. Why did this employee leave your company?: Resigned ; Discharged ; Laid off

14. Would you re-employ this person?: Yes ; No ; Upon Review Please explain: _____

Remarks: _____

By: _____ Date: _____

Signature of person supplying information

(Detach here for your files)

(Former Employer)

(Date)

I hereby authorize this company to release all records of employment, including assessments of my job performance, ability, and fitness to each and every company (or their authorized agents) which may request such information in connection with my application for employment with said company. I hereby release this company from any and all liability of any type as a result of providing the above mentioned information to the above mentioned person.

X

(Applicant's signature)

X

(Witness's signature)



TRANSPORTATION SPECIALISTS, LTD.

DRIVER APPLICANT DRUG AND ALCOHOL PRE-EMPLOYMENT STATEMENT

Applicant Name: _____

As an applicant, applying to perform safety-sensitive functions for our company, you are required by CRF Part 40.25(j) to respond to the following questions.

1. Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years?

_____ YES _____ NO

2. If you answered yes, to the above question, can you provide proof that you have successfully completed the DOT return-to-duty requirements?

_____ YES _____ NO

My signature below certifies that the information provided is true and correct.

Applicant Signature: _____ Date: _____



TRANSPORTATION SPECIALISTS, LTD.

RELEASE & DOCUMENTATION OF TESTING INFORMATION BY PREVIOUS EMPLOYER

Date of driver's employment application: _____

Part 1 – To be completed by driver/applicant.

I, _____, hereby authorize _____

driver/applicant's name

previous employer/company name

to release to _____ at Transportation Specialists, Ltd.

company contact

new employer/company name

10001 S. 152nd Street

Omaha, NE 68138

address

city/state/zip

(402) 895-9610

(402) 891-8751

phone

fax

results of any verified positive drug tests; alcohol tests with a result of 0.04 or greater, evidence of refusal to be tested (including verified adulterated or substituted drug test results); other violations of DOT agency drug and alcohol testing regulations; and information on any required substance abuse professional (SAP) evaluation, determination of need for assistance, and compliance with SAP recommendations for the preceding three years. The information obtained from a previous employer includes any drug or alcohol test information obtained from previous employers under applicable DOT agency regulations. I request such records be released immediately.

Dated this _____ day of _____,

Name of driver _____

Signature of driver **X** _____

Social Security Number _____ Witness _____

Part 2 – To be completed by previous employer.

YES NO

1. Has this person ever tested positive for controlled substances under Part 382 in the past three years during employment with your company?
2. Has this person ever had an alcohol test with a result of 0.04 or greater under Part 382 in the past three years during employment with your company?
3. Has this person ever refused a required test for drugs or alcohol under Part 382 in the past three years during employment with your company?
4. Has the individual violated other DOT drug/alcohol regulations?
5. Have you received information from a previous employer that this individual violated DOT drug and alcohol regulations?

If YES to any of the above questions, please release any documentation relating to the SAP evaluation, determination, and compliance, and give the SAP's name, address, and phone number for further reference.

SAP name _____ SAP phone (____) _____

SAP address _____ SAP city/state/Zip _____

Name of person releasing information _____ Date _____

Signature of person releasing information _____

**IMPORTANT NOTICE AND CONSENT
REGARDING BACKGROUND REPORTS**

In connection with your application for employment or as an independent owner-operator with Transportation Specialists, Ltd. (“TSL”), TSL may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA). If TSL uses any information it obtains from FMCSA in a decision to not hire or contract with you or to make any other adverse decision regarding you, TSL 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, TSL will notify you that the action has been taken and that the action was based in part or in whole on this report. TSL cannot obtain background reports from FMCSA unless you consent in writing. If you agree that TSL may obtain such background reports, please read the following and sign below:

I authorize Transportation Specialists, Ltd. 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 TSL to make a determination regarding my suitability as an employee or independent owner-operator.

I further understand that neither TSL 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.

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

Date: _____

Signature

Name (Please Print)