

Trailer Corp.
2169 E. Blaine
Springfield, MO 65803
417-866-0082
800-769-3993
Fax: 417-866-1168



Office use only
DAC: _____
Recruit file: _____
Date Received: _____

DRIVER'S APPLICATION FOR EMPLOYMENT

The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age and over.

Please print plainly and complete all blanks

Date: _____ Email address: _____

Name: _____ Home Phone: () _____
(How it reads on your social security card)

List other names used: _____ Cell Phone: () _____

Current Address: _____ How Long? _____
(Street) (City) (State) (Zip code)

Other Addresses: _____ How Long? _____

Past 3 Years _____ How Long? _____
(Street) (City) (State) (zip code)

_____ How Long? _____
(Street) (City) (State) (Zip code)

Social Security #: _____ - _____ - _____ Date of Birth: _____ Age: _____

In Case of Emergency Notify: _____ (Name of Non-Spouse) _____ (Phone)

Name of Spouse _____

Have you worked or applied at this company before? _____ If yes, When? _____

Reason for Leaving: _____

List Names of any Relatives in our employ: _____

Do You Smoke? Yes _____ No _____ Will you run with a Smoker? Yes _____ No _____

LICENSE INFORMATION List ALL licenses/permits held in the past 3 years.

STATE	LICENSE NUMBER	TYPE	EXPIRATION DATE

Is your current license a CDL? Yes _____ No _____ Years and Months of Experience ____/____
 List Endorsements: _____

Do you have any experience with Reefer Trailers? Yes _____ No _____ List Amount (Years/Months) ____/____

Do you have any experience with Produce? Yes _____ No _____ List Amount (Years/Months) ____/____

How did you hear about this company? T.V. Advertisement _____ Name of Publication: _____

Friend _____ Relative _____ Other _____
(Name) (Name)

Referred by: Trailiner Employee _____

Are you applying to work for Trailiner as a Company Driver? Yes _____ No _____

Are you applying to work for Trailiner as a lease driver for an owner/operator? Yes _____ No _____

Name of owner/operator _____

What Position are you Seeking: Solo _____ Team _____ Training _____ Full/Part Time (circle one)

If Solo, which run are you seeking? _____

EMPLOYMENT HISTORY/PAST 10 YEARS

Begin with your present or most recent job, listing all your employers for the past 10 years including all full-time and part-time employment. All time must be accounted for including military service, self-employment, unemployment, and school. Use supplementary sheet if necessary.

WE MUST HAVE TELEPHONE NUMBERS AND PLEASE INCLUDE PERIODS OF UNEMPLOYMENT. WE ARE REQUIRED TO CONTACT YOUR CURRENT EMPLOYER BEFORE A FINAL DECISION CAN BE MADE ON YOUR APPLICATION.

Current or Most Recent Employer: Name _____ **Telephone ()** _____

Are you currently employed? Yes _____ No _____ **Can we contact your current employer? Yes** _____ **No** _____

Dates of employment: From _____ to _____

Address _____ Supervisor _____

Position Held _____ If Driver, what Position? Single _____ Team _____ 1st seat _____ 2nd seat _____ Trainee _____

Dry Van _____ Reefer _____ Flat Bed _____ Type of Commodities Hauled _____

OTR _____ Local _____ Regional _____ Tractor/Trailer _____ Straight _____ Other _____

Reason for Leaving: _____ Rate of Pay _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes _____ No _____

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as require by 49 CFR Part 40? Yes _____ No _____

Second Employer: Name _____ **Telephone ()** _____

Address _____

Supervisor _____ Dates of employment: From _____ to _____

Position Held _____ If Driver, what Position? Single _____ Team _____ 1st seat _____ 2nd seat _____ Trainee _____

Dry Van _____ Reefer _____ Flat Bed _____ Type of Commodities Hauled _____

OTR _____ Local _____ Regional _____ Tractor/Trailer _____ Straight _____ Other _____

Reason for Leaving: _____ Rate of Pay _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes _____ No _____

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as require by 49 CFR Part 40? Yes _____ No _____

Third Employer: Name _____ **Telephone ()** _____

Address _____

Supervisor _____ Dates of employment: From _____ to _____

Position Held _____ If Driver, what Position? Single _____ Team _____ 1st seat _____ 2nd seat _____ Trainee _____

Dry Van _____ Reefer _____ Flat Bed _____ Type of Commodities Hauled _____

OTR _____ Local _____ Regional _____ Tractor/Trailer _____ Straight _____ Other _____

Reason for Leaving: _____ Rate of Pay _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes _____ No _____

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as require by 49 CFR Part 40? Yes _____ No _____

Forth Employer: Name _____ **Telephone ()** _____

Address _____

Supervisor _____ Dates of employment: From _____ to _____

Position Held _____ If Driver, what Position? Single _____ Team _____ 1st seat _____ 2nd seat _____ Trainee _____

Dry Van _____ Reefer _____ Flat Bed _____ Type of Commodities Hauled _____

OTR _____ Local _____ Regional _____ Tractor/Trailer _____ Straight _____ Other _____

Reason for Leaving: _____ Rate of Pay _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes _____ No _____

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as require by 49 CFR Part 40? Yes _____ No _____

Truck Driving School: _____ **Telephone ()** _____

Address _____ **Contact:** _____

Beginning Date: _____ **Graduation Date:** _____ **Grade:** _____

Have you ever failed or refused a pre-employment drug and/or alcohol test? Yes__ No__

Have you ever failed or refused a random or post-accident drug and/or alcohol test? Yes__ No__

If yes, please state details, circumstances, and date: _____

Date and Location of Last DOT Physical Examination: _____

(Date)

(Location)

- Have you been granted a Skill Performance Evaluation (SPE) Certificate under section 391.49 of the Federal Motor Carrier Safety Regulations Pertaining to the Loss of Foot, Leg, Hand, or Arm? Yes _____ No _____
- Are you qualified by operation of 49 CFR 391.64? Yes _____ No _____

DRIVING RECORD

TRAFFIC CONVICTIONS/FORFEITURES

Please list **ALL** traffic convictions, violations and forfeitures for the past three years. (**IF NONE, WRITE NONE**)

DATE	LOCATION (STATE)	CHARGE	PENALTY

ACCIDENT RECORD

List ALL accidents/incidents with vehicles for past three years, include preventable and non-preventable, **EVEN IF NOT ON MVR.** (**IF NONE, WRITE NONE**)

DATE	TYPE OF VEHICLE	NATURE OF ACCIDENT (HEAD ON, REAR END, ETC.)	PREVENTABLE OR NON-PREVENTABLE	FATALITIES YES OR NO	INJURIES YES OR NO	AMOUNT OF PROPERTY DAMAGE

CRIMINAL RECORD

- A. Do you have any restrictions from working in the United States? Yes__ No__
- B. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes__ No__
- C. Have you ever had any license, permit or privilege suspended or revoked? Yes__ No__
- D. Have you ever been convicted for driving while under the influence of alcohol or drugs? Yes__ No__
- E. Have you ever been convicted for possession, sale, or use of a narcotic drug, amphetamine, or derivative thereof? Yes__ No__
- F. Have you ever been charged or convicted of a felony? Yes__ No__
- G. Have you ever been disqualified to drive by Federal Regulations? Yes__ No__

If the answer to any question is yes, state details, circumstances, and date _____

EDUCATIONAL BACKGROUND

TYPE OF SCHOOL	NAME	ADDRESS	DATES ATTENDED
GRADE SCHOOL			
HIGH SCHOOL			
COLLEGE			
TRADE SCHOOL			
DRIVING SCHOOL			

ADDITIONAL STATE LAW NOTICES

If you are a California, Maine, Massachusetts, New York or Washington State applicant, employee or contractor, please also note:

CALIFORNIA: Pursuant to section 1786.22 of the California Civil Code, you may view the file maintained on you by HireRight during normal business hours. You may also obtain a copy of this file, upon submitting proper identification and paying the costs of duplication services, by appearing at HireRight's offices in person, during normal business hours and on reasonable notice, or by mail. You may also receive a summary of the file by telephone, upon submitting proper identification. HireRight has trained personnel available to explain your file to you, including any coded information. If you appear in person, you may be accompanied by one other person, provided that person furnishes proper identification.

MAINE: You have the right, upon request, to be informed of whether an investigative consumer report was requested, and if one was requested, the name and address of the consumer reporting agency furnishing the report. You may request and receive from the Company, within five business days of our receipt of your request, the name, address and telephone number of the nearest unit designated to handle inquiries for the consumer reporting agency issuing an investigative consumer report concerning you. You also have the right, under Maine law, to request and promptly receive from all such agencies copies of any such reports.

MASSACHUSETTS: If we request an investigative consumer report, you have the right, upon written request, to a copy of the report.

NEW YORK: You have the right, upon request, to be informed of whether or not a consumer report was requested. If a consumer report is requested, you will be provided with the name and address of the consumer reporting agency furnishing the report. You may inspect and receive a copy of the report by contacting that agency. Attached below is additional information about New York law.

WASHINGTON STATE: If the Company requests an investigative consumer report, you have the right, upon written request made within a reasonable period of time after your receipt of this disclosure, to receive from the Company a complete and accurate disclosure of the nature and scope of the investigation requested by the Company. 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.

California, Minnesota or Oklahoma applicants only: Please check this box if you would like to receive (whenever you have such right under the applicable state law) a copy of your background report if one is obtained on you by the Company.

CONSUMER DISCLOSURE AND AUTHORIZATION FORM
Disclosure Regarding Background Investigation

Trailer Corp. (the "Company") may request, for lawful employment purposes, background information about you from a consumer reporting agency in connection with your employment or application for employment (including independent contractor assignments, as applicable). This background information may be obtained in the form of consumer reports and/or investigative consumer reports (commonly known as "background reports"). These background reports may be obtained at any time after receipt of your authorization and, if you are hired or engaged by the Company, throughout your employment or your contract period.

HireRight, Inc., or another consumer reporting agency, will prepare or assemble the background reports for the Company. HireRight, Inc. is located and can be contacted by mail at 5151 California, Irvine, CA 92617, and HireRight can be contacted by phone at (800) 400-2761.

The types of information that may be obtained include, but are not limited to: social security number verifications; address history; credit reports and history; criminal records and history; public court records; driving records; accident history; worker's compensation claims; bankruptcy filings; educational history verifications (e.g., dates of attendance, degrees obtained); employment history verifications (e.g., dates of employment, salary information, reasons for termination, etc.); personal and professional references checks; professional licensing and certification checks; drug/alcohol testing results, and drug/alcohol history in violation of law and/or company policy; and other information bearing on your character, general reputation, personal characteristics, mode of living and credit standing.

This information may be obtained from private and public record sources, including, as appropriate: government agencies and courthouses; educational institutions; former employers; personal interviews with sources such as neighbors, friends and associates; and other information sources. If the Company should obtain information bearing on your credit worthiness, credit standing or credit capacity for reasons other than as required by law, then the Company will use such credit information to evaluate whether you would present an unacceptable risk of theft or other dishonest behavior in the job for which you are being evaluated.

You may request more information about the nature and scope of any investigative consumer reports by contacting the Company. A summary of your rights under the Fair Credit Reporting Act is also being provided to you.

Authorization of Background Investigation

I have carefully read and understand this Disclosure and Authorization form and the attached summary of rights under the Fair Credit Reporting Act. By my signature below, I consent to preparation of background reports by a consumer reporting agency such as HireRight, Inc., and to the release of such background reports to the Company and its designated representatives and agents, for the purpose of assisting the Company in making a determination as to my eligibility for employment (including independent contractor assignments, as applicable), promotion, retention or for other lawful employment purposes. I understand that if the Company hires me or contracts for my services, my consent will apply, and the Company may obtain background reports, throughout my employment or contract period.

I understand that information contained in my employment or contractor application, or otherwise disclosed by me before or during my employment or contract assignment, if any, may be used for the purpose of obtaining and evaluating background reports on me. I also understand that nothing herein shall be construed as an offer of employment or contract for services.

I hereby authorize law enforcement agencies, learning institutions (including public and private schools and universities), information service bureaus, credit bureaus, record/data repositories, courts (federal, state and local), motor vehicle records agencies, my past or present employers, the military, and other individuals and sources to furnish any and all information on me that is requested by the consumer reporting agency.

By my signature below, I also certify the information I provided on and in connection with this form is true, accurate and complete. I agree that this form in original, faxed, photocopied or electronic (including electronically signed) form, will be valid for any background reports that may be requested by or on behalf of the Company.

Applicant Last Name _____ First _____ Middle _____

Applicant Signature _____ Date _____

RELEASE/AUTHORIZATION TO OBTAIN INFORMATION

Requesting Employer/Company Name: _____

City: _____ **State:** _____ **Phone#:** _____

PART I - DOT DRUG AND ALCOHOL RELEASE

I authorize, per 49 CFR 40, the release of information from my DOT regulated drug and alcohol testing records by the carriers (company/school) listed below for the sole purpose of transmitting such records to the above listed employer. I authorize release of the following information concerning DOT drug and alcohol testing violations during the past three years: (i) alcohol tests with a result of 0.04 or higher; (ii) verified positive drug tests; (iii) refusals to be tested (including verified adulterated or substituted results); (iv) other violations of DOT drug and alcohol testing regulations; (v) information obtained from previous employers of a drug and alcohol rule violations(s); and (vi) documents, if any, of completion of a return-to-duty process following a rule violation.

The information that I have authorized involves tests required by DOT. If any carrier (company/school) listed below furnishes information concerning items (i) through (vi) above, I also authorize that carrier (company/school) to release and furnish the dates of my negative drug and/or alcohol tests and/or tests with results below 0.04 during the three-year period and the name and phone number of any substance abuse professional who evaluated me during the past three years.

Company	City	State
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Print applicant Name: _____ **Applicant Signature:** _____

Social Security #: _____ **Date:** _____

FMCSA Notification of Driver Rights

In compliance with 49 CFR Part 391.23 you have certain rights regarding the performance history information that will be provided to prospective employers. I) You have the right to review information provided by previous employers. II) You have the right to have errors in the information corrected by the previous employer and for that previous employers to re-send the corrected information to prospective employers. III) You have the right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information. (2) Drivers who have previous DOT regulated employment history in the preceding three years and wish to review previous employer-provided investigative information must submit a written request to prospective employers. This may be done at any time, including when applying, or as late as 30 days after being employed or being notified of denial of employment. Prospective employers must provide this information within five business days of receiving the written request. If prospective employers have not yet received the requested information from the previous employers, then the five day deadline will began when the requested safety performance history information is received. If you have not arranged to pick up or receive the requested records within 30 days of prospective employers making them available, prospective employers may consider you to have waived your request to review the record.

Congratulations!

You have taken the first step toward joining the Trailiner Team. Please read the application carefully, follow the instructions and fill in the blanks completely. Please print legibly in black or blue ink.

PROPERLY COMPLETED APPLICATIONS GET FIRST PRIORITY!

Please remember an incomplete application and/or an application with incorrect phone numbers, date's, names, or other incorrect information will only delay processing of your application.

When completing the application be sure to:

- List all employers and periods of unemployment for the past 10 years. We are required to get this information by the DOT. We need specific and complete information; including, names, addresses and telephone numbers.
- If you were unemployed for a period of 30 days or longer please provide two references from sources unrelated to you, this can be provided in written form or by phone. If you were drawing unemployment benefits, you will be required to provide a "List of Benefits" form from the unemployment office.
- If you were self-employed, please provide a business license, profit and loss statements for each year you were self-employed or two references from customers/suppliers/accountants/bankers that you did business with on company letterhead.
- If you worked for a company that is no longer in business or has been sold, please provide either copies of your W-2 forms, pay check stubs, letter of recommendation from that company or two letters of verification from professional sources.
- List all drivers' licenses you have held in past three years. List any and all traffic convictions and accidents you have been involved in the past three years. All accidents must be supported by an accident report provided by the police/highway patrol who handled the accident or from your insurance company.
- If you have served in the military during the past ten years, please provide a copy of your DD214 form.
- PLEASE FULLY REVIEW YOUR APPLICATION FOR COMPLETENESS BEFORE TURNING IT IN. ALL APPLICATIONS MUST BE SIGNED AND DATED BEFORE PROCESSING CAN BEGIN.
- PLEASE INSERT A PHOTOCOPY OF YOUR DRIVER'S LICENSE AND SOCIAL SECURITY CARD OR BIRTH CERTIFICATE.
- PLEASE INSERT A PHOTOCOPY OF YOUR EMPLOYMENT AUTHORIZATION CARD, IF APPLICABLE.

If you have any questions, please feel free to contact Driver Personnel at 800-769-3993.
