



T C A R

APPLICATION FOR DRIVER QUALIFICATION AS REQUIRED BY SECTION 391 DOT SAFETY REGULATIONS

Applicants are considered for job without regard to race, color, creed, age, sex, handicap, or national origin.

Company applying for: TRANS CARRIERS INC. 5135 Hwy 78 Memphis, TN 38118

Company Driver _____ Owner Operator _____ Part Time _____ Full Time _____

No application will be processed unless it's completed in full

REFERRED BY: _____

Date _____ Home (____) _____ Cell (____) _____

Name _____
First Middle Last Suffix

Social Security No. _____ Date of Birth _____ Place of Birth _____

Please list any other names you have been known by (include Maiden name) _____

List current and previous addresses for the prior 3 years.

Current	_____	_____	_____	_____	_____
	Number	Street	City	State	Zip
Previous	_____	_____	_____	_____	_____
	Number	Street	City	State	Zip
Previous	_____	_____	_____	_____	_____
	Number	Street	City	State	Zip

List current driver's license and any other license or permit you have had even if expired.

Current	_____	_____	_____	_____
	State	License/Permit Number	Class/Type	Expiration Date
Previous	_____	_____	_____	_____
	State	License/Permit Number	Class/Type	Expiration Date
Previous	_____	_____	_____	_____
	State	License/Permit Number	Class/Type	Expiration Date

Check Endorsements that you have: Combinations Hazardous Materials Air Brakes

1. Have you ever been denied a license, permit, or privilege to operate a motor vehicle? Yes ___ No ___
2. Have you ever been disqualified to drive by Federal Regulations? Yes ___ No ___
3. Have you ever had any license, permit, or privilege to operate a motor vehicle denied, suspended, or revoked? Yes ___ No ___

If Question 3 is yes, list date(s) and details _____

Notify in Case of Emergency

Name _____	Phone #: (____) _____	Relationship _____
Name _____	Phone #: (____) _____	Relationship _____
Name _____	Phone #: (____) _____	Relationship _____

EMPLOYMENT RECORD FOR PAST TEN (10) YEARS

You **MUST COMPLETE** your 10-year employment history. Begin with your present or most recent employer and work backward, in order, listing ALL of your previous employers, self-employment, and periods of unemployment. You **MUST** provide ALL addresses & phone numbers for the Application to be processed. All 10 years must be accounted for. Use additional paper if necessary.

Current or Most Recent Employer _____ Supervisor _____
Are you currently employed? Yes ___ No ___ May we contact your current employer? Yes ___ No ___ Telephone (____) _____
Address _____
Position _____ Hire Date ____/____/____ Term Date ____/____/____ Rate of Pay _____
Why do you want to change employers? _____ # of states driven in _____
of Accidents ____ Details _____ Were you subject to the FMCSRs? Yes ___ No ___
Was this job a safety sensitive function regulated by the DOT and subject to alcohol and controlled substances testing? Yes ___ No ___

Second Last Employer: Name _____ Supervisor _____
Address _____ Telephone (____) _____
Position _____ Hire Date ____/____/____ Term Date ____/____/____ Rate of Pay _____
Reason For Leaving? _____ # of states driven in _____
of Accidents ____ Details _____ Were you subject to the FMCSRs? Yes ___ No ___
Was this job a safety sensitive function regulated by the DOT and subject to alcohol and controlled substances testing? Yes ___ No ___

Third Last Employer: Name _____ Supervisor _____
Address _____ Telephone (____) _____
Position _____ Hire Date ____/____/____ Term Date ____/____/____ Rate of Pay _____
Reason For Leaving? _____ # of states driven in _____
of Accidents ____ Details _____ Were you subject to the FMCSRs? Yes ___ No ___
Was this job a safety sensitive function regulated by the DOT and subject to alcohol and controlled substances testing? Yes ___ No ___

Fourth Last Employer: Name _____ Supervisor _____
Address _____ Telephone (____) _____
Position _____ Hire Date ____/____/____ Term Date ____/____/____ Rate of Pay _____
Reason For Leaving? _____ # of states driven in _____
of Accidents ____ Details _____ Were you subject to the FMCSRs? Yes ___ No ___
Was this job a safety sensitive function regulated by the DOT and subject to alcohol and controlled substances testing? Yes ___ No ___

Fifth Last Employer: Name _____ Supervisor _____
Address _____ Telephone (____) _____
Position _____ Hire Date ____/____/____ Term Date ____/____/____ Rate of Pay _____
Reason For Leaving? _____ # of states driven in _____
of Accidents ____ Details _____ Were you subject to the FMCSRs? Yes ___ No ___
Was this job a safety sensitive function regulated by the DOT and subject to alcohol and controlled substances testing? Yes ___ No ___

Sixth Last Employer: Name _____ Supervisor _____
Address _____ Telephone (____) _____
Position _____ Hire Date ____/____/____ Term Date ____/____/____ Rate of Pay _____
Reason For Leaving? _____ # of states driven in _____
of Accidents ____ Details _____ Were you subject to the FMCSRs? Yes ___ No ___
Was this job a safety sensitive function regulated by the DOT and subject to alcohol and controlled substances testing? Yes ___ No ___

Previous Employer: Name _____ Supervisor _____
Address _____ Telephone (____) _____
Position _____ Hire Date ____/____/____ Term Date ____/____/____ Rate of Pay _____
Reason For Leaving? _____ # of states driven in _____
of Accidents ____ Details _____ Were you subject to the FMCSRs? Yes ___ No ___
Was this job a safety sensitive function regulated by the DOT and subject to alcohol and controlled substances testing? Yes ___ No ___

Previous Employer: Name _____ Supervisor _____
Address _____ Telephone (____) _____
Position _____ Hire Date ____/____/____ Term Date ____/____/____ Rate of Pay _____
Reason For Leaving? _____ # of states driven in _____
of Accidents ____ Details _____ Were you subject to the FMCSRs? Yes ___ No ___
Was this job a safety sensitive function regulated by the DOT and subject to alcohol and controlled substances testing? Yes ___ No ___

Previous Employer: Name _____ Supervisor _____
Address _____ Telephone (____) _____
Position _____ Hire Date ____/____/____ Term Date ____/____/____ Rate of Pay _____
Reason For Leaving? _____ # of states driven in _____
of Accidents ____ Details _____ Were you subject to the FMCSRs? Yes ___ No ___
Was this job a safety sensitive function regulated by the DOT and subject to alcohol and controlled substances testing? Yes ___ No ___

Previous Employer: Name _____ Supervisor _____
Address _____ Telephone (____) _____
Position _____ Hire Date ____/____/____ Term Date ____/____/____ Rate of Pay _____
Reason For Leaving? _____ # of states driven in _____
of Accidents ____ Details _____ Were you subject to the FMCSRs? Yes ___ No ___
Was this job a safety sensitive function regulated by the DOT and subject to alcohol and controlled substances testing? Yes ___ No ___

Previous Employer: Name _____ Supervisor _____
Address _____ Telephone (____) _____
Position _____ Hire Date ____/____/____ Term Date ____/____/____ Rate of Pay _____
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of Accidents ____ Details _____ Were you subject to the FMCSRs? Yes ___ No ___
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of Accidents ____ Details _____ Were you subject to the FMCSRs? Yes ___ No ___
Was this job a safety sensitive function regulated by the DOT and subject to alcohol and controlled substances testing? Yes ___ No ___

EXPERIENCE AND QUALIFICATIONS

Can you speak and read 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 record? (49 CFR Part 391.11(b)(2))

Yes __ No __

TRAFFIC CONVICTIONS/FORFEITURES (IF NONE WRITE NONE)
List ALL vehicle moving traffic convictions and forfeitures for the past 3 (three) years

Date	Location (ST)	Charge	Penalty

1. Have you ever been convicted
- a. for driving while under the influence of alcohol or drugs? Yes __ No __
 - b. for possession, sale, or use of a narcotic drug? Yes __ No __
 - c. of a felony? Yes __ No __
 - d. of a misdemeanor? Yes __ No __

If the answer to a, b, c, or d is yes, list date(s) and details.

- a. _____
- b. _____
- c. _____
- d. _____

ACCIDENT RECORD (IF NONE WRITE NONE)

List all accidents/incidents in the past 3 years, include all preventable and non-preventable whether or not on MVR

Date	Type of Vehicle	Nature of Accident (Head on, rear end, etc.)	Preventable		Fatalities		Injuries		Vehicles Towed	
			Yes	No	Yes	No	Yes	No	Yes	No

2. Have you ever been refused liability insurance? Yes __ No __

NATURE AND EXTENT OF EXPERIENCE

TYPE	Trailer Length	Years of Experience	Approximate Number Of Miles	States Operated in
Tractor with Flatbed				
Tractor with Van				
Tractor with Reefer				
Tractor with Tank				

3. Have you ever driven a manual transmission tractor trailer? Yes __ No __
If yes, number of years _____ months _____ Start date _____ End Date _____

List any trucking, transportation, or other experience that may help in your work for this company.

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

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

Certification of a Positive Pre-employment Drug or Alcohol Test Result or Report of Refusal to Test

In accordance with the provisions of the Federal Motor Carrier Safety Regulations regarding the Procedures for Transportation Workplace Drug and Alcohol Testing Programs (49 CFR Part 40.25(j)), every person applying for a safety-sensitive position with a Commercial Motor Carrier must answer the following questions:

1. Have you ever tested positive on any pre-employment drug 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. Have you ever tested positive on any pre-employment 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 __
3. Have you ever refused 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 __

I certify with my signature below that the information above is true and correct. I understand that providing false or misleading information is a serious violation of federal law and, if approved for a driving position, doing so could be the cause for the immediate termination of any employment or contractual agreement I may have with the company.

Applicant's Signature: X _____ Date: X _____ SSN: X _____

Certification of a Positive Drug or Alcohol Test Result or Report of Refusal to Test

Have you ever tested positive or refused any required DOT Drug or Alcohol test administered by an employer in the past five (5) years? Yes __ No __

Applicant's Signature: X _____ Date: X _____ SSN: X _____

TO BE READ AND SIGNED BY APPLICANT

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. I understand that the information provided concerning previous employer(s) must involve contact of the previous employer(s) for the purpose of investigating my safety performance history information as required in part 391.23 of FMCSR.

I also understand that part 391.23 of FMCSR provides me specific process rights regarding the information received as a result of these investigations. These rights include:

- (1) the right to review information provided by my previous employer(s);
- (2) the right to have errors in the information corrected by my previous employer(s) and for that previous employer(s) to re-send the corrected information to the prospective employer;
- (3) the right to have a rebuttal statement attached to the alleged erroneous information, if my previous employer(s) and I cannot agree on the accuracy of the information.

Along with these rights, I understand that in accordance with FMCSR part 391.23(l), I may not take action or proceeding for defamation, invasion of privacy, or interference with a contract that is based on the furnishing or use of information by providers of information, agents of motor carriers, or insurers except for providers of knowingly false information in accordance with this regulation.

I authorize you to make such investigations and inquiries of my personal, employment, financial, 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 may result in discharge. I also understand that I am required to abide by all rules and regulations of the company.

X _____
Applicant's Signature

X _____
Date



REQUEST FOR INFORMATION FROM A PREVIOUS/PRESENT EMPLOYER FOR SAFETY PERFORMANCE HISTORY RECORDS

SECTION 1: APPLICANT PLEASE PRINT NAME, SSN, SIGNATURE, & DATE ONLY (X)

I, X _____ X ___/___/___
Print Name Social Security Number

hereby authorize the previous/present employer listed in Section 2 below to release and forward employment and accident history (391.23) to Trans Carriers, Inc. 5135 Hwy 78 Memphis, TN 38118.

X _____ X ___/___/___
Applicant's Signature Date

APPLICANT DO NOT WRITE BELOW THIS LINE

SECTION 2: TO BE COMPLETED THE BY PREVIOUS/PRESENT EMPLOYER (Employment / Accident History)

Previous/Present Employer: _____
Address: _____
City, State, Zip: _____
Attention: _____ Phone: _____ Fax : _____

Was the applicant employed by your company? Yes__ No__ Position: _____

Hire Date ___/___/___ Hire Date ___/___/___ Hire Date ___/___/___ Eligible for Rehire? Yes__ No__
Term Date ___/___/___ Term Date ___/___/___ Term Date ___/___/___ Upon Review __

Reason for Leaving Experience Type Tractor Type Trailer Type
__ Resigned __ Long Haul __ Solo __ Tractor __ Van __ Reefer
__ Layoff __ Short Haul __ Team __ Straight Truck __ Containers __ Tanker
__ Discharged __ Local __ Student __ Other __ Flatbed __ Doubles
reason _____ __ Other _____

Disciplinary Problems? Yes__ No__ If yes, explain _____ License Suspension? Yes__ No__

ACCIDENTS: Did the applicant have ANY accidents while employed or leased by your company? Yes__ No__ If yes, please list .

Table with 9 columns: Date, Type of Accident, DOT REC, Preventable, # Injuries, # Fatalities, Towed, Hazmat Spill. Rows 1, 2, 3.

Please sign, date, and complete Company DOT, MCC, or ICC Number then complete page 2 Sections 4 and 5.

Page 1 of 2
Company Representative's Signature and Title Company DOT, MCC, or ICC Number Date

Please fax this form to Trans Carriers Recruiting Dept. Fax 901-794-0303 Phone 901-869-3713

Section 3: TO BE COMPLETED BY PROSPECTIVE EMPLOYER (Verification Request Record)

1st request (date/initial) 2nd request (date/initial) 3rd request (date/initial) 4th request (date/initial)



RELEASE OF INFORMATION – 49 CFR PART 40 DRUG AND ALCOHOL TESTING

SECTION 4: APPLICANT PLEASE PRINT NAME, SSN, SIGNATURE, & DATE ONLY (X)

I, X _____ X ____/____/____
Print Name Social Security Number

hereby authorize the release of information from my Department of Transportation regulated drug and alcohol testing records by my previous/present employer listed in section 5 to

Trans Carriers, Inc. 5135 Hwy 78 Memphis, TN 38118

This release is in accordance with DOT regulation 49 CFR Part 40, Section 40.25. I understand that information to be released in Section 5 by my previous/present employer, is limited to the following DOT regulated testing items: 1) Alcohol tests with a result of 0.04 or higher; 2) Verified positive drugs tests; 3) Refusals to be tested; 4) Other violations of DOT agency drug and alcohol testing regulations; 5) Information obtained from previous employers of a drug and alcohol rule violation; 6) Documentation, if any, of completion of the return-to-duty process following a rule violation. In compliance with 40.25(g) and 391.23(h) the release of information must be made in a written form that ensures confidentiality, including letter, facsimile, or e-mail.

X _____ X ____/____/____
Applicant's Signature Date

APPLICANT DO NOT WRITE BELOW THIS LINE

SECTION 5: TO BE COMPLETED BY THE PREVIOUS EMPLOYER (Drug and Alcohol History)

Previous/Present Employer: _____

Address, City, State, Zip: _____

Attention: _____ Phone: _____ Fax : _____

___ Check here if the driver WAS NOT subject to DOT testing requirements while employed with your company.

- 1. Did the individual have an alcohol test with a result of 0.04 or higher? Yes__ No__
2. Did the individual have verified positive drug test? Yes__ No__
3. Did the individual refuse to be tested? Yes__ No__
4. Did the individual have other violations of DOT agency drug and alcohol testing? Yes__ No__
5. Did a previous employer report a drug and alcohol rule violation to you? Yes__ No__

6. If you answered "yes" to any of the above items, did the employee complete the return-to-duty process? Yes__ No__ 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 (e.g. SAP report(s), follow up testing record).

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Company Representative's Signature and Title Company DOT, MCC, or ICC Number Date

Please fax this from to Trans Carriers Recruiting Dept. Fax 901-794-0303 Phone 901-869-3713

Section 6: TO BE COMPLETED BY PROSPECTIVE EMPLOYER (Verification Request Record)

1st request (date/initial) 2nd request (date/initial) 3rd request (date/initial) 4th request (date/initial)

PART II - CONSUMER REPORT AND INVESTIGATIVE CONSUMER REPORT DISCLOSURE
(FOR EMPLOYMENT PURPOSES)

In connection with your employment or application for employment (including contract for services) and in accordance with applicable laws, USIS may obtain or assemble consumer reports and/or investigative consumer reports (collectively, "Reports") which may include information about you related to: previous employment (including employers, dates of employment, salary information, reasons for termination, etc.), accident history, academic history, verification of references, and other information supplied by applicant, professional credentials, drug/alcohol use in violation of law and/or company policy, driving record, workers' compensation claims, credit history, creditworthiness, credit capacity, bankruptcy filings, criminal history records, information about your character, general reputation, personal characteristics and mode of living (collectively, "Information"). Information may be obtained from government agencies, educational institutions, USIS clients, personal references, personal interviews and other information suppliers (collectively, "Suppliers").

Upon providing proper identification and complying with any applicable legal requirements, you have the right to request the nature and substance of all information in USIS's files pertaining to you at the time of your request, including but not limited to (i) whether any Reports have been provided by USIS to other parties; (ii) identification of any Suppliers utilized by USIS in compiling such Reports; and (iii) identification of any recipients of Reports furnished by USIS within the two (2) year period preceding your request. USIS may be contacted by mail at P O Box 33181, Tulsa, Oklahoma, 74153, or by phone at (800) 381-0645.

- Check this box if you are applying for employment in California and/or you are a California resident and, in either case, you wish to receive a copy of your credit report or investigative consumer report if one is obtained or assembled by USIS. Pursuant to the California Civil Code, you may view the file maintained on you by USIS during normal business hours. You may also obtain a copy of this file by submitting proper identification and paying applicable costs for such file, if required by law, by contacting USIS in person or by mail. USIS is required to have personnel available to explain your file to you and must explain to you any coded information appearing in your file. If you appear in person, a person of your choice may accompany you, provided that this person furnishes proper identification.

- Check this box if you are applying for employment in Oklahoma and/or you are a Oklahoma resident and, in either case, you wish to receive a copy of your consumer report if one is obtained or assembled by USIS.

- Check this box if you are applying for employment in Minnesota and/or you are a Minnesota resident and, in either case, you wish to receive a copy of your consumer report if one is obtained or assembled by USIS.

PART II - AUTHORIZATION FOR RELEASE OF INFORMATION (FOR EMPLOYMENT PURPOSES)

I hereby authorize USIS to receive Information and disclose such information to its customers for the purpose of making a determination as to my eligibility for employment, promotion, retention or other lawful purpose. If hired or contracted, I authorize USIS and the USIS customer named above ("Customer") to retain this document on file to act as ongoing authorization for the procurement and possession of Reports at any time during my employment or contract period. I fully release USIS and Suppliers from all claims of damages related to the investigation of my background and provision of Information as set forth in this disclosure and authorization. I agree that Information in USIS's possession and my employment history with Customer if I am hired, may be supplied by USIS to other USIS customers for legally permissible purposes: provided, such Information will not include the Drug and Alcohol Information set forth in Part I above, unless I have given a separate specific consent for USIS to share such Information.

By signing below, I certify that: (i) all information provided herein is complete and accurate; (ii) I have read and fully understand this Part II disclosure and authorization for release; (iii) prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction; (iv) I execute this authorization voluntarily and with the knowledge that the Information obtained pursuant to this authorization could affect my eligibility for employment, promotion, retention or other lawful purpose; (v) I understand I may review this document with legal counsel prior to signing; (vi) I authorize USIS and any person or entity contacted by USIS to furnish the above mentioned Information; and (vii) facsimile or photographic copies of this authorization are as valid as an original.

NOTE - THIS AUTHORIZATION DOES NOT APPLY TO DRUG & ALCOHOL INFO ADDRESSED IN PART 1.

Applicant Print Name: X _____ Social Security #: X _____

Applicant's Signature: X _____ Date: X _____



IMPORTANT NOTICE
REGARDING BACKGROUND REPORTS
FROM THE *PSP Online Service*

In connection with your application for employment with **TRANS CARRIERS, INC.** ("Prospective Employer"), it may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA). 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. 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:

I authorize **TRANS CARRIERS, INC.** ("Prospective Employer") to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving 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.

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.

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.

Applicant Print Name: X _____ Social Security #: X _____

Applicant's Signature: X _____ Date: X _____