

TRANSPORTATION SPECIALISTS, LTD.

10001 S. 152nd Street
Omaha, NE 68138-3801
402.895.9610 or 866-466-3875
Fax 402.891.8752



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 _____
3. Present Address _____ How Long _____
Addresses for Past 3 Years _____ How Long _____
4. Social Security # _____ - _____ - _____
5. Date of birth _____ / _____ / _____
6. Email Address _____
7. Are you a U.S. Citizen or authorized to be employed in the U.S.? Yes ___ No ___
8. Name and address of person to be notified in case of emergency – Relationship

(Name)	(Address)	(Phone)	(Relationship)
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9. Position applying for: _____
10. Have you worked for this company before? Yes ___ No ___

Position: _____ Reason for Leaving: _____
11. Have you applied for a position with this company before? Yes ___ No ___
12. Names of relative(s) employed by this company: _____

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

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

15. Please describe any work schedule limitations: _____

16. 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. _____

17. 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: _

18. 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/CITY/STATE/ZIP: _____ 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/CITY/STATE/ZIP: _____ 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/CITY/STATE/ZIP: _____ 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/CITY/STATE/ZIP: _____ 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/CITY/STATE/ZIP: _____ 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/CITY/STATE/ZIP: _____ 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 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 ___.

MILITARY DATA

Veteran of the U.S. Military Service? Yes or No.

Branch of Service: _____ From _____ To _____ Rank _____

Please provide details of Service duties, which may apply to civilian occupations: _____

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: _____



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.

Date: _____ Applicant's Signature: _____