

DRIVER'S APPLICATION FOR EMPLOYMENT

Transportation Specialists, Ltd.
9902 South 148th Street
Omaha, NE 68138-3820
402-895-9610 or 866-HOME-TSL
FAX #: 402-895-9160

APPLICANT: READ THE FOLLOWING BEFORE SUBMITTING THIS APPLICATION:

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 (90 for non-drivers applications) days. If you want to be considered for employment after 30 (90 for non-drivers applications) 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.** Note: Federal law obligates us to provide reasonable accommodation to the known disabilities of applicants and employees, unless to do so would pose an undue hardship. Applicants should inform us if any special accommodations are needed to complete the application process or to perform any essential functions of the position sought.

1. Name _____ Phone _____
(First) (Middle) (Last) Alt. 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* _____/_____/_____.
*The U.S. Department of Transportation requires the applicants provide this information.

5. For purposes of compliance with the Immigration Reform and Control Act, are you authorized to be employed in the U.S.? Yes _____ No _____

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

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

7. Position applying for: _____
If Owner Operator, please supply the following information on your tractor:
Year: _____ Make: _____ Model: _____ Empty Weight/Fully Fueled: _____

8. Have you worked for this company before? Yes _____ No _____

Position: _____ Reason for Leaving: _____

9. Have you applied for a position with this company before? Yes _____ No _____

PERSONAL HISTORY (continued)

10. Please list the name(s) of any relatives employed by this company: _____

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

12. If hired, what is your desired start date? _____

13. Please describe any work schedule limitations you may have: _____

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

If you answered yes to the above, please list when, where, disposition of case: _____

15. 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: _____

Note: 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.

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. Are you presently using illegal drugs or narcotics? Yes _____ No _____

If yes, please explain: _____

18. Is there 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: _____

19. 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:

All driver applicants in order to drive in interstate commerce must provide the following information on all employers during the preceding three (3) years.

Applicants who drive a commercial motor vehicle in intrastate or interstate commerce shall also provide an additional seven (7) years' information on those employers for whom the applicant operated such vehicle. (NOTE: List employers in reverse order starting with the most recent) Use an additional sheet if necessary.

You must account for all periods of your employment history or periods when you were not employed, which cannot be verified by any other means.

DATES EMPLOYED:

EMPLOYER: _____ FROM: _____ TO: _____
(or Branch of Military) WAGE: _____
ADDRESS: _____ START: _____ FINISH: _____
CITY _____ STATE _____ TELEPHONE #: _____
POSITION: _____ REASON FOR LEAVING: _____

DATES EMPLOYED:

EMPLOYER: _____ FROM: _____ TO: _____
(or Branch of Military) WAGE: _____
ADDRESS: _____ START: _____ FINISH: _____
CITY _____ STATE _____ TELEPHONE #: _____
POSITION: _____ REASON FOR LEAVING: _____

DATES EMPLOYED:

EMPLOYER: _____ FROM: _____ TO: _____
(or Branch of Military) WAGE: _____
ADDRESS: _____ START: _____ FINISH: _____
CITY _____ STATE _____ TELEPHONE #: _____
POSITION: _____ REASON FOR LEAVING: _____

DATES EMPLOYED:

EMPLOYER: _____ FROM: _____ TO: _____
(or Branch of Military) WAGE: _____
ADDRESS: _____ START: _____ FINISH: _____
CITY _____ STATE _____ TELEPHONE #: _____
POSITION: _____ REASON FOR LEAVING: _____

EMPLOYMENT HISTORY (continued)

DATES EMPLOYED:

EMPLOYER: _____ FROM: _____ TO: _____

(or Branch of Military)

ADDRESS: _____ START: _____ FINISH: _____

CITY _____ STATE _____ TELEPHONE #: _____

POSITION: _____ REASON FOR LEAVING: _____

DATES EMPLOYED:

EMPLOYER: _____ FROM: _____ TO: _____

(or Branch of Military)

ADDRESS: _____ START: _____ FINISH: _____

CITY _____ STATE _____ TELEPHONE #: _____

POSITION: _____ REASON FOR LEAVING: _____

DATES EMPLOYED:

EMPLOYER: _____ FROM: _____ TO: _____

(or Branch of Military)

ADDRESS: _____ START: _____ FINISH: _____

CITY _____ STATE _____ TELEPHONE #: _____

POSITION: _____ REASON FOR LEAVING: _____

DATES EMPLOYED:

EMPLOYER: _____ FROM: _____ TO: _____

(or Branch of Military)

ADDRESS: _____ START: _____ FINISH: _____

CITY _____ STATE _____ TELEPHONE #: _____

POSITION: _____ REASON FOR LEAVING: _____

DATES EMPLOYED:

EMPLOYER: _____ FROM: _____ TO: _____

(or Branch of Military)

ADDRESS: _____ START: _____ FINISH: _____

CITY _____ STATE _____ TELEPHONE #: _____

POSITION: _____ REASON FOR LEAVING: _____

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 States operated in for last five (5) years: _____

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

Which safe driving awards do you hold and from whom? _____

E. DRIVING RECORD

You must list all driver licenses issued to you in the last three (3) years:

State	License Number	Expiration Date	Type of License	Endorsements

List all motor vehicle accidents in which you have been involved in last three (3) years.

Date of Accident	Nature of Accident (Head-on, Rearend)	Preventable/ Non-Preventable	Injuries/ Fatalities	Car/Truck

List all traffic violations of motor vehicle laws (Except Parking) for which you were convicted or forfeited bond or collateral during the last three (3) years.

Date	Offense or Charge	Location	Penalty	Car/Truck

DRIVING RECORD (continued)

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? _____.

Have you, the applicant, ever failed or refused a pre-employment drug test given by a company where you never accepted employment? Yes _____ No _____.

If yes, did you, the applicant, complete the return-to-duty process?* Yes _____ No _____.

** If yes, you, the applicant, will be required to provide the SAP's report provided to you at completion of treatment to TSL prior to going forward with your application.*

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

Do you agree NOT to use or be under the influence of drugs, or intoxicating liquor, while on duty or on company premises? _____.

Have you read the D.O.T. Safety Regulations within the past six (6) months? _____

If not, when? _____

Do you understand them? _____

Do you agree to abide by them? _____

G. TO BE READ AND SIGNED BY APPLICANT:

This certifies that I have completed this application, and that all entries on 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 employment 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: 10002 South 148th 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 _____ **X** _____
(Applicant's signature) (Witness's signature)



TRANSPORTATION SPECIALISTS, LTD.

RELEASE & DOCUMENTATION OF PRE-EMPLOYMENT TESTING INFORMATION BY DRIVER/APPLICANT

Date: _____

During the past (3) three years, have you **tested positive** on a 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 the Department of Transportation (DOT) drug and alcohol testing rules?

_____ YES _____ NO

During the past (3) three years, have you **refused to test** on a 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 the Department of Transportation (DOT) drug and alcohol testing rules?

_____ YES _____ NO

If you answered "YES" to either of the questions above, please provide documentation of your successful completion of the return-to-duty process.

Dated this _____ day of _____, _____

Name of driver: _____

Signature of driver: **X** _____

Social Security Number _____ Witness _____



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

10002 S. 148th Street
address

Omaha, NE 68138
city/state/zip

(402) 895-9610
phone

(402) 895-9160
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?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
4. Has the individual violated other DOT drug/alcohol regulations?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you received information from a previous employer that this individual violated DOT drug and alcohol regulations?	<input type="checkbox"/>	<input type="checkbox"/>

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 _____