

APPLICATION FOR EMPLOYMENT

PO BOX 5
West Chester OH, 45071



Phone: 513-777-7100
Fax: 513-777-9035

APPLICANT

INFORMATION

Name: _____

Current Address: _____

(Street) (City) (State, Zip) How Long?

Previous Address(es): _____

(Street) (City) (State, Zip) How Long?

(Street) (City) (State, Zip) How Long?

Phone#: _____ Date of Birth: _____ Social Security#: _____

Emergency Contact Name: _____ Relation: _____

Contact Address: _____ Phone#: _____

How did you hear about us? _____

DRIVER'S LICENSE INFORMATION

State	License#	Type	Expiration Date
/	/	/	/
/	/	/	/

DRIVER EXPERIENCE

Have you ever been denied a license permit or privilege to operate a motor vehicle? Yes No

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

If you answered yes to either of the above 2 questions, attach a statement of explanation

TICKETS / ACCIDENTS / ETC.

Date	Description	#of Injuries / Fatalities		
Accident _____				
Record _____		for _____		
Past 3Yrs. _____				
	Location	Date	Charge	Penalty
Traffic	_____	_____	_____	_____
Conviction	_____	_____	_____	_____
&Forfeitures__for Past 3Yrs.				

EMPLOYMENT RECORD

NOTE: DOT requires employment for 3 years previous and/or commercial driving experience for past 10 years be shown.

-Employer: _____ Employed From: _____ To: _____

Address: _____

Phone: () Supervisor: _____

Position: _____ Reason for Leaving: _____

Were you subject to the FMCSRs while employed? Yes No

Was your job designated as a safety sensitive function in any DOT regulated mode subject to the drug & alcohol testing requirements of 49 CFR Part 40? Yes No

-Employer: _____ Employed From: _____ To: _____

Address: _____

Phone: () Supervisor: _____

Position: _____ Reason for Leaving: _____

Were you subject to the FMCSRs while employed?? Yes No

Was your job designated as a safety sensitive function in any DOT regulated mode subject to the drug & alcohol testing requirements of 49 CFR Part 40 ? Yes No

-Employer: _____ Employed From: _____ To: _____

Address: _____

Phone: () Supervisor: _____

Position: _____ Reason for Leaving: _____

Were you subject to the FMCSRs while employed? Yes No

Was your job designated as a safety sensitive function in any DOT regulated mode subject to the drug & alcohol testing requirements of 49 CFR Part 40? Yes No

-Employer: _____ Employed From: _____ To: _____

Address: _____

Phone: () Supervisor: _____

Position: _____ Reason for Leaving: _____

Were you subject to the FMCSRs while employed? Yes No

Was your job designated as a safety sensitive function in any DOT regulated mode subject to the drug & alcohol testing requirements of 49 CFR Part 40? Yes No

SUPPLEMENTAL EMPLOYMENT RECORD

NOTE: DOT requires employment for 3 years previous and/or commercial driving experience for past 10 years be shown.

-Employer: _____ Employed From: _____ To: _____

Address: _____

Phone: () Supervisor: _____

Position: _____ Reason for Leaving: _____

Were you subject to the FMCSRs while employed? Yes No

Was your job designated as a safety sensitive function in any DOT regulated mode subject to the drug & alcohol testing requirements of 49 CFR Part 40? Yes No

-Employer: _____ Employed From: _____ To: _____

Address: _____

Phone: () Supervisor: _____

Position: _____ Reason for Leaving: _____

Were you subject to the FMCSRs while employed? Yes No

Was your job designated as a safety sensitive function in any DOT regulated mode subject to the drug & alcohol testing requirements of 49 CFR Part 40? Yes No

-Employer: _____ Employed From: _____ To: _____

Address: _____

Phone: () Supervisor: _____

Position: _____ Reason for Leaving: _____

Were you subject to the FMCSRs while employed? Yes No

Was your job designated as a safety sensitive function in any DOT regulated mode subject to the drug & alcohol testing requirements of 49 CFR Part 40? Yes No

-Employer: _____ Employed From: _____ To: _____

Address: _____

Phone: () Supervisor: _____

Position: _____ Reason for Leaving: _____

Were you subject to the FMCSRs while employed? Yes No

Was your job designated as a safety sensitive function in any DOT regulated mode subject to the drug & alcohol testing requirements of 49 CFR Part 40? Yes No

-Employer: _____ Employed From: _____ To: _____

Address: _____

Phone: () Supervisor: _____

Position: _____ Reason for Leaving: _____

Were you subject to the FMCSRs while employed? Yes No

Was your job designated as a safety sensitive function in any DOT regulated mode subject to the drug & alcohol testing requirements of 49 CFR Part 40? Yes No

Employer: _____ Employed From: _____ To: _____

Address: _____

Phone: () Supervisor: _____

Position: _____ Reason for Leaving: _____

Were you subject to the FMCSRs while employed? Yes No

Was your job designated as a safety sensitive function in any DOT regulated mode subject to the drug & alcohol testing requirements of 49 CFR Part 40? Yes No

SUPPLEMENTAL EMPLOYMENT RECORD

NOTE: DOT requires employment for 3 years previous and/or commercial driving experience for past 10 years be shown.

-Employer: _____ Employed From: _____ To: _____

Address: _____

Phone: () Supervisor: _____

Position: _____ Reason for Leaving: _____

Were you subject to the FMCSRs while employed? Yes No

Was your job designated as a safety sensitive function in any DOT regulated mode subject to the drug & alcohol testing requirements of 49 CFR Part 40? Yes No

-Employer: _____ Employed From: _____ To: _____

Address: _____

Phone: () Supervisor: _____

Position: _____ Reason for Leaving: _____

Were you subject to the FMCSRs while employed? Yes No

Was your job designated as a safety sensitive function in any DOT regulated mode subject to the drug & alcohol testing requirements of 49 CFR Part 40? Yes No

-Employer: _____ Employed From: _____ To: _____

Address: _____

Phone: () Supervisor: _____

Position: _____ Reason for Leaving: _____

Were you subject to the FMCSRs while employed? Yes No

Was your job designated as a safety sensitive function in any DOT regulated mode subject to the drug & alcohol testing requirements of 49 CFR Part 40? Yes No

-Employer: _____ Employed From: _____ To: _____

Address: _____

Phone: () Supervisor: _____

Position: _____ Reason for Leaving: _____

Were you subject to the FMCSRs while employed? Yes No

Was your job designated as a safety sensitive function in any DOT regulated mode subject to the drug & alcohol testing requirements of 49 CFR Part 40? Yes No

If more space is needed please request another sheet to complete history.

DECLARATION OF EMPLOYMENT STATUS

I understand that I must provide my complete employment history for the past 3 years, and all CDL required employment for the 7 years preceding that. Any gaps in employment longer than 1 month are explained as follows:

From: _____ To: _____

During this time, I was engaged in the following activity:

In addition:

_____ I was not employed by any company or individual

_____ I was not convicted of any criminal act involving the use of a commercial motor vehicle or while driving a commercial motor vehicle

To Be Read and Signed By Applicant

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

I understand that information I provide regarding current and/or previous employers may be used, and those employers will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23 (d) and (e). I understand that I have the right to:

- Review information provided by the previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to e-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

Signature: _____

Date _____

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.

ALCOHOL AND CONTROLLED SUBSTANCE CONSENT AND RELEASE

Have you ever refused to be tested for drugs & alcohol at any time in the last 2 years? Yes No

Have you ever tested positive for drugs or alcohol at any time in the last 2 years? Yes No

Have you ever tested positive on any pre-employment drug or alcohol test for a job which you applied for but did not obtain? Yes No

If you answered yes to any of the above questions, attach a statement of explanation and provide proof of return to duty process.

I understand that, as required by the Federal Motor Carrier Safety Regulations and company policy, all drivers must submit to alcohol and controlled substance testing as a condition of employment. I also understand that any offer of employment will be contingent upon the results of an alcohol and controlled substance test.

Therefore, I agree to submit to the following alcohol and controlled substance tests in accordance and as defined by the Federal Motor Carrier Safety Regulation and this company's policies:

- Pre-Employment, to determine employment eligibility
- Random
- Reasonable Suspicion
- Post-Accident

I certify that I have read, understand, and agree to abide by the condition of this consent and release form.

Applicant's Signature

Date

Print Name

Social Security Number

Employer Witness

Company Name

Section 3:

**To Be Completed by Previous Employer
Drug and Alcohol History**

If driver was not subject to DOT testing requirements while employed by this employer please check here, fill in the dates of employment from (m/y) _____ to (m/y) _____, complete bottom of Section 3, sign, and return.

Driver was subject to DOT testing requirements from(m/y) _____to(m/y) _____

	YES	NO
1. Has this person had an alcohol test with a result of 0.04 or higher?	<input type="checkbox"/>	<input type="checkbox"/>
2. Has this person tested positive or adulterated or substituted a test specimen for controlled substances?	<input type="checkbox"/>	<input type="checkbox"/>
3. Has this person refused to submit to a post-accident, random, reasonable suspicion, or follow up controlled substance test?	<input type="checkbox"/>	<input type="checkbox"/>
4. Has this person committed other violations of Subpart B of Part 382 or Part 40?	<input type="checkbox"/>	<input type="checkbox"/>
5. If this person has violated a DOT drug & alcohol regulation, did this person complete a SAP prescribed rehabilitation program in your employ, including return-to-duty and follow-up tests? If yes, please send documentation with this form.	<input type="checkbox"/>	<input type="checkbox"/>
6. For a driver who successfully completed a SAP's rehabilitation referral and, remained in your employ, did this driver subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refuse to be tested?	<input type="checkbox"/>	<input type="checkbox"/>

In answering these questions, include any required DOT drug or alcohol testing information obtained from prior previous employers in the previous 3 years prior to the application date shown in Section 1.

Name: _____ Telephone: (____) _____

Company: _____

Street: _____ City: _____ State: _____ Zip: _____

Section 3 completed by (Signature): _____ Date: _____

SECTION 4

TO BE COMPLETED BY TMX, INC.

1st Attempt

This form was (check one) Faxed to previous employer Mailed Other _____

By: _____ Date: _____

2nd Attempt

This form was (check one) Faxed to previous employer Mailed Other _____

By: _____ Date: _____

3rd Attempt

This form was (check one) Faxed to previous employer Mailed Other _____

By: _____ Date: _____

Information was received by: Fax Mail Other _____

Date received _____

7 DAY PRIOR HOURS STATEMENT

Instructions: Motor carriers when using a driver for the first time shall obtain from the driver a signed statement giving the total time on-duty during the immediately preceding 7 days and time at which such driver was last relieved from duty prior to beginning work for such motor carrier. Rule 395.8(j) (2) Federal Motor Carrier Safety Regulations. NOTE: Hours for any compensated work during the preceding 7 days, including work for a non-motor carrier entity, must be recorded on this form.

DRIVER NAME (print): _____
 SOCIAL SECURITY #: _____
 DRIVER'S LICENSE STATE: _____ NUMBER: _____ CLASS: _____
 ENDORSEMENTS: _____ RESTRICTIONS: _____

DAY	1	2	3	4	5	6	7		
DATE									
HOURS WORKED								TOTAL HOURS	

I HEREBY CERTIFY THAT THE INFORMATION GIVEN ABOVE IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND THAT I WAS RELIEVED FROM WORK ON:

DATE: ___/___/___ AT _____ A.M. P.M.
Time

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

DRIVER CERTIFICATION FOR OTHER COMPENSATED WORK

INSTRUCTIONS: When employed by a motor carrier, a driver must report to the motor carrier all on-duty time working for other employers. The definition of on-duty time found in Section 395.2 paragraphs 8 and 9 of the Federal Motor Carrier Safety Regulations includes time performing any other work in the capacity of, or in the employ or service of a common, contract or private motor carrier, also performing any compensated work for any non-motor carrier entity.

Are you currently working for another employer? YES NO
 At this time do you intend to work for another employer while still employed by this company? YES NO

I hereby certify that the information given above is true and I understand that once I begin driving for this company, if I begin working for any additional employer(s) for compensation that I must inform this company immediately of such employment activity.

X _____ _____
Driver's Signature Date

X _____ _____
Company Representative Date

FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT

In accordance with the provisions of Section 604(b)(2)(A) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I, of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on you for employment purposes. These reports are required by Sections 382.413 and 391.25 of the Federal Motor Carrier Safety Regulations.

Applicant's Signature

Date

Print Name

Social Security Number

Employer Witness

Company Name

CERTIFICATION OF COMPLIANCE WITH DRIVER LICENSE REQUIREMENTS

MOTORCARRIERINSTRUCTIONS: The requirements in Part 383 apply to every driver who operates in intrastate, interstate, or foreign commerce and operates a vehicle weighing 26,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

The requirements in Part 391 apply to every driver who operates in interstate commerce and operates a vehicle weighing 10,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

DRIVERREQUIREMENTS: Parts 383 and 391 of the Federal Motor Carrier Safety Regulations contain some requirements that you as a driver must comply with. These requirements are in effect as of July 1, 1987. They are as follows:

1. You, as a commercial vehicle driver, may not possess more than one license. The only exception is if a state requires you to have more than one license. This exception is allowed until January 1, 1990.

If you currently have more than one license, you should keep the license from your state of residence, and return the additional licenses to the states that issued them. Destroying a license does not close the record in the state that issued it: you must notify the state. If a multiple license has been lost, stolen, or destroyed, you should close your record by notifying the state of issuance that you no longer want to be licensed by that state.

2. Sections 392.42 and 383.33 of the Federal Motor Carrier Safety Regulations require that you notify your employer the NEXT BUSINESS DAY of any revocation or suspension of your driver's license. In addition, Section 383.31 requires that any time you violate a state or local traffic law (other than parking), you must report it to your employing motor carrier and the state that issued your license within 30 days.

DRIVERCERTIFICATION: I certify that I have read and understand the above

requirements. The following license is the only one I will possess:

Driver's License#: _____ State: _____ Exp. Date: _____

Driver's Signature: _____ Date: _____

Notes: _____

REGARDING BACKGROUND REPORTS FROM THE *PSP Online Service*

1. In connection with your application for employment with TMX, INC. it may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

2. I authorize TMX, INC.) 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 the Prospective Employer to make a determination regarding my suitability as an employee.

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.

Date: _____

Signature _____

Name (Please Print) _____

REQUEST FOR CHECK OF DRIVING RECORD

I hereby authorize you to release the following information to TMX, INC., INC. for the purpose of investigation as required by Section 391.23 of the FMCSR. You are released from any and all liability which may result from furnishing such information.

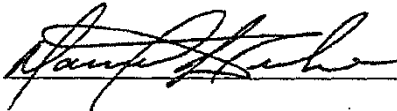
Applicant's Signature

Date

In accordance with the provisions of Sections 604 and 607 of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title Ir, Subtitle D, Chapter 1, of Public Law 104-208), I hereby certify the following:

1. The consumer (applicant) has authorized in writing the procurement of this report;
2. The consumer (applicant) has been informed in a separate written disclosure that a consumer report may be obtained for employment purposes;
3. The information requested below will be used for a "permissible purpose" (i.e. information for employment purposes) and will be used for no other purpose.
4. The information obtained will not be used in violation of any federal or state equal opportunity law or regulation; and
5. Before taking an adverse action based in whole or in part on the report the consumer (applicant) will receive a copy of the requested report and the summary of consumer rights as provided with the report by the consumer reporting agency.

I also hereby certify that this report request and the above applicant's release notice meet the definition of "permissible uses" of state motor vehicle records under the provisions of the Driver's Privacy Protection Act of 1994 (Public Law 03-322, Title XXX, Section 300002(a)).



Signature of Requester

Date

DEAR SIR/MADAM:

The following person has made application with our company for the position of truck driver. As in accordance with Section 391.23, FMCSR please furnish the undersigned with the applicant's driving record for the past three years.

Applicant: _____

Address: _____

Date of Birth: _____ SSN: _____ DL # _____

Requested By: TMX, INC, PO BOX 5, West Chester, OH 45071