

DRIVER APPLICATION



TRANSCORPS ENTERPRISES, INC.
 P.O. Box 60606
 Harrisburg, PA 17106
 1-800-635-7494 / 1-717-231-4039
Fax (717)232-4375

CONTRACTOR APPLICATION

Signature of Applicant _____ Date _____

Print Name: _____ Phone: (____) _____
 First Middle Last

Current Address: _____
 Street City State Zip Code

*If at the above residence less than three years, list below all residences for the past three years. Attach a separate sheet if necessary.

Street _____ City State Zip Code

Street _____ City State Zip Code

Position applying for _____ Temporary _____ Part Time _____ Full Time _____

Who referred you? _____ Rate of pay expected? _____

Have you worked for this company before? _____ Dates: From _____ To _____
 Month / Year Month / Year

Where? _____ Rate of Pay _____ Position _____

Reason for leaving? _____

Names of any relatives employed by this company _____

Are you currently employed? _____ If not, how long since leaving last employment? _____

EDUCATION

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 College: 1 2 3 4

Last school attended _____
 Name Address

GENERAL

Have you ever been bonded? _____ Name of bonding company _____
 (Answer only if a job requirement)

Have you ever been convicted of a felony? _____

If yes, please explain fully on a separate sheet of paper. Conviction of a crime is not an automatic bar to employment - all circumstances will be considered.

Have you ever worked for this company under another name? _____ If so, under what name? _____

MARRIED?

Driver Experience & Qualification

Answer the questions in this section only if applying for a driver position

Date of Birth _____ The U.S. department of Transportation requires that driver applicants state their date of birth (391.21(b)(2))
 (month/day/year)

Social security No. _____

DRIVER EXPERIENCE & QUALIFICATIONS (cont'd) Answer the questions in this section only if applying for driver position.

Licenses

Drivers Licenses held in past 3 years must be shown	State	License No.	Class	Endorsement(s)	Expiration Date

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes _____ No _____
- B. Has any license, permit or privilege ever been suspended or revoked? Yes _____ No _____
- C. Have you ever been disqualified for violations of the federal Motor Carrier safety Regulations? Yes _____ No _____

If you answered, "yes" to A, B, C, attach a statement giving details.

Driving Experience

Class of Equipment	Type of Equipment (Van, Tank, Flat, etc.)	Dates		Approximate Total Miles
		From	To	
Straight Truck				
Tractor and Semi-Trailer				
Twin trailers – LVC's				
Other				

List states operated in during last five years _____

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

List driving awards held and who awards were presented by? _____

Accident Review for the past 3 years (Attach separate sheet of paper if more space is needed)

Dates	Nature of accident (Head-On, Rear-End, Overturn, etc.)	Fatalities	Injuries
Last Accident			
Next Previous			
Next Previous			

Traffic Convictions and Forfeitures for the past 3 years other than parking violations

Location	Date	Charge	Penalty

EMPLOYMENT RECORD (Need a 10 year work history)

The U.S. Department of Transportation requires that driver applications show all employment for the past three years. Effective July 1987 they must also show commercial driver employment for the seven years immediately preceding this year period. 391.21(B)(10),(11)

Start with last or current position, including military experience, and work back. (Attach a separate sheet of paper if necessary)

Current Employer: _____ Supervisors Name: _____

Address: _____ Phone: (_____) _____

Position Held: _____ From _____ To _____ Salary _____
Month/Year Month/Year

Reason for Leaving _____

Company: _____ Supervisors Name: _____

Address: _____ Phone: (_____) _____

Position Held: _____ From _____ To _____ Salary _____
Month/Year Month/Year

Reason for leaving _____

Company: _____ Supervisors Name: _____

Address: _____ Phone: (_____) _____

Position Held: _____ From _____ To _____ Salary _____
Month/Year Month/Year

Reason for leaving _____

USE THIS SHEET FOR ADDITIONAL EMPLOYMENT HISTORY INFORMATION

Company: _____ Supervisor's Name: _____

Address: _____ Phone: () _____

Position Held: _____ From _____ To _____ Salary _____
month/year month/year

Reason for leaving _____

Company: _____ Supervisor's Name: _____

Address: _____ Phone: () _____

Position Held: _____ From _____ To _____ Salary _____
month/year month/year

Reason for leaving _____

Company: _____ Supervisor's Name: _____

Address: _____ Phone: () _____

Position Held: _____ From _____ To _____ Salary _____
month/year month/year

Reason for leaving _____

Company: _____ Supervisor's Name: _____

Address: _____ Phone: () _____

Position Held: _____ From _____ To _____ Salary _____
month/year month/year

Reason for leaving _____

Company: _____ Supervisor's Name: _____

Address: _____ Phone: () _____

Position Held: _____ From _____ To _____ Salary _____
month/year month/year

Reason for leaving _____

Company: _____ Supervisor's Name: _____

Address: _____ Phone: () _____

Position Held: _____ From _____ To _____ Salary _____
month/year month/year

Reason for leaving _____

Company: _____ Supervisor's Name: _____

Address: _____ Phone: () _____

Position Held: _____ From _____ To _____ Salary _____
month/year month/year

Reason for leaving _____

(Over)

USE THIS SHEET FOR ADDITIONAL EMPLOYMENT HISTORY INFORMATION

Company: _____ Supervisor's Name: _____

Address: _____ Phone: () _____

Position Held: _____ From _____ To _____ Salary _____
month/year month/year

Reason for leaving _____

Company: _____ Supervisor's Name: _____

Address: _____ Phone: () _____

Position Held: _____ From _____ To _____ Salary _____
month/year month/year

Reason for leaving _____

Company: _____ Supervisor's Name: _____

Address: _____ Phone: () _____

Position Held: _____ From _____ To _____ Salary _____
month/year month/year

Reason for leaving _____

Company: _____ Supervisor's Name: _____

Address: _____ Phone: () _____

Position Held: _____ From _____ To _____ Salary _____
month/year month/year

Reason for leaving _____

Company: _____ Supervisor's Name: _____

Address: _____ Phone: () _____

Position Held: _____ From _____ To _____ Salary _____
month/year month/year

Reason for leaving _____

Company: _____ Supervisor's Name: _____

Address: _____ Phone: () _____

Position Held: _____ From _____ To _____ Salary _____
month/year month/year

Reason for leaving _____

Company: _____ Supervisor's Name: _____

Address: _____ Phone: () _____

Position Held: _____ From _____ To _____ Salary _____
month/year month/year

Reason for leaving _____

PLATFORM EXPERIENCE & QUALIFICATIONS

List types of platform experience and numbers of years of each _____

List platform equipment you can operate (lift truck, etc.) _____

List Courses or training in platform work _____

APPLICANT MUST READ AND SIGN

I certify that I have read and understood all this employment application. It is agreed and understood that the employer or his agents may investigate my background to ascertain any and all information of concern to my employment history, whether same is of record or not, and I release employers and other persons named herein from all liability for any damages on account of furnishing such information. 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 which are pertinent to the job. I also understand that if offered a job, it may be conditioned on the results of a physical examination and drug test.

I further certify that I am a genuine applicant for employment and this application is being submitted solely for the purpose of seeking employment with the employer and for no other reason.

It is also agreed and understood that under the Fair Credit Reporting Act, Public Law 91-508, I have been told that this investigation may include and investigate Consumer Report, including information regarding my character, general reputation, personal characteristics, and mode of living.

I agree to furnish such additional information and complete such examinations as may be required to complete my employment file.

I also understand that misrepresentation or omissions of information or facts may result in my rejection or dismissal.

If hired, I agree to abide by all the rules and policies of the employer.

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.

_____ Date

_____ Applicant Signature

**FOR OFFICE USE – DO NOT WRITE IN THIS SPACE
PROCESS RECORD**

Applicant Hired? _____ Yes _____ No

Date Employed _____

Department _____

(If not hired, summary report of reasons should be placed in file)

IN CASE OF EMERGENCY NOTIFY: _____ Phone: (_____) _____

Address _____

THIS SECTION TO BE FILLED IN BY RESPONSIBLE OFFICER OR COMPANY REPRESENTATIVE

	Superior	Good	Fair	Below Avg.	Poor	Written Record on File
1. Application						
2. Interview						
3. Physical Exam *						
4. Past Employment						
5. Written Exam						
6. Road Test						
7. Policy and Traffic Record						

*Driver applicants only

Signature of Interviewing Officer _____ Date _____

TRANSFERS

From: _____ To: _____ From: _____ To: _____

Date: _____ Date: _____

Reason for Transfer: _____ Reason for Transfer: _____

TERMINATION OF EMPLOYMENT

Date Terminated _____ Department Released From _____

Dismissed _____ Voluntarily Quit _____ Other _____

Termination Report Placed in File _____ Supervisor _____



DRIVER NOTIFICATION AND RELEASE

In connection with my application for employment (including contract for services) with you, I understand that a consumer report which may contain public record information is being requested from DAC Services, Tulsa, Oklahoma. This report may include the following types of information: names and dates of previous employers, reason for termination of employment, work experience, accidents, etc. I further understand that such report may contain public record information concerning my driving record, worker's compensation claims, credit, bankruptcy proceedings, etc. from federal, state and other agencies which maintain such records as well as information from DAC concerning (1) previous driving record requests made by others from such state agencies; (2) state provided driving record; (3) claims involving me in the files of insurance companies.

I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY DAC TO FURNISH THE ABOVE-MENTIONED INFORMATION.

I have the right to make a request to DAC, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request; the sources of information; the recipients of any reports on me which DAC has previously furnished within the two year period preceding my request. I hereby consent to your obtaining the above information from DAC, and I agree that such information which DAC has or obtains, and my employment history with you if I am hired, will be supplied by DAC to other companies which subscribe to DAC Services.

Print Name

Social Security No.

Applicant's Signature

Date

Transcorps Xpress Company

P.O. Box 60606

Harrisburg, PA 17106-0606

Phone (717)231-4040 Fax (717)232-4375

Inquiry to Past Employers

Applicants Name: _____ Social Security Number: _____

WAIVER

I hereby authorize you to release all information concerning my employment, including oral assessments of my job performance, ability, and fitness, to Transcorps Xpress Co. and their authorized agents, who may request such information in connection with my application for employment with said company. I hereby release you from any and all liability of any type as a result of providing the above mentioned information to Transcorps Xpress Co.

Applicants Signature _____

Date _____

Witness's Signature _____

FOR OFFICE USE ONLY

TO FORMER EMPLOYER: Please give the following information about this applicant. It will be held in strict confidence.

Name of Company: _____ Phone: _____ Fax: _____

Address: _____
Street Town State Zip

Period of employment from _____ to _____ Position held _____

Is this Correct? Yes No If not, please give dates: from: _____ to _____

Driver: Yes No Part Time Full Time Company Driver Owner Operator Driver for Contractor

Type of Power Unit Straight Truck Tri-Axle Dump Truck Single Axle Tractor Tandem Axle Tractor

Was it Local Over the Road Hazardous Materials Yes No

Type Trailer Flat Bed Low Boy Dry Van Reefer Container Other _____

Did He/She Secure Loads Tarp Loads Bind or Chain Loads Load/Unload

What States Covered? _____

Drivers License Number on record with you: _____ State Issued: _____

Previous Employer(s): _____

Was employee involved in any accidents while with you? Yes No

DATE	NATURE OF ACCIDENT (Head on, read-end, upset etc.)	Preventable or Non-preventable	Amount of Damage

Did He/she have any problems with: Cargo Claims Equipment Abuse Log Violations Attitude
 Customer Complaints Late Deliveries Moving Violations Dependability Other _____

Please Explain: _____

Why did applicant leave your employment? _____

If discharged, please describe: _____

Is applicant eligible for rehire Yes No If no, please explain why: _____

By: _____ Date: _____
(Signature of person supplying information)

Thank You for your Cooperation

Transcorps Xpress Co.

Phone (717) 231 - 4040

Request/Consent for Information From Previous Employer(s)
On Alcohol & Controlled Substances Testing

SECTION TO BE COMPLETED BY PROSPECTIVE DRIVER

Date: _____

Print Name (First, M.I., Last)

(Signature)

I, the above mentioned signed, hereby authorized that

(Previous Employer)

release and forward all information on my Alcohol and Controlled Substances Testing/Training records to
Transcorps Xpress Co. P.O. Box 60606, Harrisburg, PA 17106-0606 (Fax 717-232-4375)

NOTICE TO PREVIOUS EMPLOYERS

This is in compliance with 382.405 (f) and (h), which state:

(f) Records shall be made available to a subsequent employer upon receipt of a written request from a former driver. Disclosure by that subsequent employer is permitted only as expressly authorized by the driver's request.

(h) An employer shall release information regarding driver's records as directed by the specific written consent of the driver authorizing release of the information to an identified person. Release of such information by the person receiving the information is permitted only in accordance with the terms of the of the employee's consent.

382.413(a)(b)(c)(e)(f) further state:

(a) An employer may obtain, pursuant to a driver's written consent, any of the information concerning the driver, which is maintained under this part by the driver's previous employers.

(b) An employer shall obtain, pursuant to a driver's consent, information on the driver's alcohol tests with a concentration result of 0.04 or greater, positive controlled substances test results, and refusals to be tested, within the preceding three years, which are maintained by the driver's previous employer under 382.401(b)(1)(i) through (iii).

(c) The information in paragraph (b) of this section must be obtained and reviewed by the employer no later than 14 calendar days after the first time a driver performs safety-sensitive functions for an employer.

(e) The prospective employer must provide to each of the driver's employers within the three preceding years the driver's specific written authorization for release of information in paragraph (b).

(f) The release of any information under this part may take the form of personal interviews, telephone interviews, letters, or any other method of obtaining information that ensures confidentiality. Each employer must maintain a written confidential record with respect to each past employer contacted.

SECTION 2 TO BE COMPLETED BY PREVIOUS EMPLOYER

	YES	NO
Has this individual had an alcohol test with a confirmed breath alcohol concentration of .04 or greater, in the past three years?	<input type="checkbox"/>	<input type="checkbox"/>
Has this individual had a controlled substance test with a positive result in the past 3 years?	<input type="checkbox"/>	<input type="checkbox"/>
Has this individual refused a control substance test and/or alcohol test in the past 3 years? (Includes verified adulterated or substituted results)	<input type="checkbox"/>	<input type="checkbox"/>
Has the individual violated other DOT drug/alcohol regulations in the past 3 years?	<input type="checkbox"/>	<input type="checkbox"/>
Have you received information from a previous employer that this individual violated DOT drug and alcohol regulations in the past 3 years?	<input type="checkbox"/>	<input type="checkbox"/>

Information furnished by: (Name and Signature) _____

If you answered yes to any of the above questions, please provide the name of the contact person, if different from you.

Contacts Name: _____ Phone: _____

SECTION 3 COMPANY USE ONLY

CONSENT FORM

- Fax Number _____
- Faxed on _____ to previous employer
- 2nd Request _____
- 3rd (Final) Request _____
- Mailed on _____
- 2nd Request _____

INFORMATION RECEIVED

- Fax received _____
- Received back (mail) _____



Please photocopy and retain original for future use.



Record-keeping requirement:

If driver/applicant answers "yes" to either question - 5 years

If driver/applicant answers "no" to both questions - keep for length of driver's employment



This form may be used to fulfill the requirement of Part 40.25(j). As an employer you must ask the driver whether he/she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the driver applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past 3 years.

Release & documentation of pre-employment testing information by driver/applicant

Date: _____

To be completed by driver/applicant.

During the past ~~th~~ree 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 ~~th~~ree 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 _____

Social Security Number _____ Witness _____