

Texas Freight RELOCATORS

7918 Mansfield Hwy.
Kennedale, TX 76060
P.O. Box 707
Crowley, TX 76036
817-572-9929 main
817-561-5155 fax

Last Name _____ First _____ Middle _____

Date of Birth (MM/DD/YY) ___/___/___ SSN ___-___-___

Current Address _____ City _____ State ___ ZIP _____

Phone (____) ____-____ Cell Phone (____) ____-____

Emergency Contact _____ Relationship _____ Phone(____) ____-____

List previous address if less than 3 years at current:

Address _____ City _____ State ___ ZIP _____ From ___/___ to ___/___

Position Applying For _____ Part Time ___ Full Time _____

Are you applying as an employee or owner operator? _____

Who referred you? _____ Rate of Pay Expected _____

Are you currently employed? _____ May we contact your present employer? _____

If not, how long since leaving last employment? ___ Yr(s) ___ (Mos.)

General

Have you ever been convicted of a felony? _____. If yes, please explain below. (Conviction of a crime is not an automatic bar to employment, all circumstances will be considered.)

Have you ever been convicted of/or have a pending DWI/DUI? _____ If yes, when? _____

Are you authorized to work in the United States? _____

Employment Record

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

Federal Motor Carrier Safety Regulations Code 391.23(i).

(1) The prospective employer must expressly notify drivers with the Department of Transportation regulated employment during the preceding three years-via the application form or other written document prior to any hiring decision-that he or she had the following rights regarding the investigative information that will be provided to the prospective employer.

(i) The right to review information provided by the previous employers;

(ii) The right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to the prospective employer.

(iii) The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

Start with the current or most recent position, including military experience.

Employer _____ Supervisor's Name _____

Address _____ City _____ State _____ ZIP _____

Telephone Number _____ Fax Number _____

Position Held _____ From _____ to _____ Rate of Pay _____

Reason for Leaving _____

Employer _____ Supervisor's Name _____

Address _____ City _____ State _____ ZIP _____

Telephone Number _____ Fax Number _____

Position Held _____ From _____ to _____ Rate of Pay _____

Reason for Leaving _____

Employer _____ Supervisor's Name _____

Address _____ City _____ State _____ ZIP _____

Telephone Number _____ Fax Number _____

Position Held _____ From _____ to _____ Rate of Pay _____

Reason for Leaving _____

Employer _____ Supervisor's Name _____

Address _____ City _____ State _____ ZIP _____

Telephone Number _____ Fax Number _____

Position Held _____ From _____ to _____ Rate of Pay _____

Reason for Leaving _____

Employer _____ Supervisor's Name _____

Address _____ City _____ State _____ ZIP _____

Telephone Number _____ Fax Number _____

Position Held _____ From _____ to _____ Rate of Pay _____

Reason for Leaving _____

Employer _____ Supervisor's Name _____

Address _____ City _____ State _____ ZIP _____

Telephone Number _____ Fax Number _____

Position Held _____ From _____ to _____ Rate of Pay _____

Reason for Leaving _____

Driver Experience and Qualification

License Type	State	License Number	Received Date	Expiration Date

Driver licenses held in the past 3 years must be shown.

1. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes ___ No ___
2. Has any license, permit or privilege ever been suspended or revoked? Yes ___ No ___
3. Have you ever been disqualified for violations of the Federal Motor Carrier Safety Regulations?
Yes ___ No ___
4. If "yes" to any above questions, please explain. _____

Driving Experience

Class of Equipment	Types of Equipment (Van, Flat, Tank, etc)	From	To	Approximate Miles
Straight Truck				
Tractor & Semi Trailer				
Twin Trailers				
Other				

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

Accident Review for Past 3 Years

Dates (Most Recent First)	Nature of Accident (Head-On, Rear-End, Upset, etc.)	Injuries	Fatalities or Damages Over \$10K

Traffic Convictions and Forfeitures for the Past 3 Years Other than Parking Violations

Location	Date	Charge	Penalty

Note: If you need additional space for the accident portion or traffic violations, please note them in the other comments section in the back of this application.

Drug and Alcohol Testing

Pursuant to changes effective August 1, 2001, in Part 40 of the Federal Motor Carrier Safety Regulations, this section is being added to the driver application and should be completed by each applicant. These changes require each motor carrier to inquire of prospective drivers the information in the question below.

Have you, the applicant, had a positive alcohol or drug test result, or refused to take a DOT drug or alcohol pre-employment test within the past three years from a motor carrier who did not hire you? Yes ___ No ___

Other comments that you think might help us in making our decision:

Applicant must read and sign.

I certify that I have read and understood all of this employment application. It is agreed and understood that the employer or its agents may investigate my background to ascertain any and all information of concern to my employment/criminal history, whether same is of record or not. I hereby release Texas Freight Relocators, its officers, employees, affiliates and attorneys and any 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 that 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.

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 an Investigative Consumer Report, including information regarding my character, general reputation, personal characteristics and mode.

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 omission of information of facts may result in my rejection or dismissal. It is agreed and understood that this application for employment in no way obligates the employer to employ the applicant.

If hired, I agree to abide by all the results and policies of my 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.

Applicant Signature _____ Date _____

In compliance with 49 CFR Part 391.23 you have certain rights regarding the performance history information that will be provided to prospective employers. I.) You have the right to review information provided by previous employers. II). You have the right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to prospective employers. III). You have the right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information. (2) Drivers who have previous DOT regulated employment history in the preceding three years and wish to review previous employer-provided investigative information must submit a written request to prospective employers. This may be done at anytime, including when applying, or as late as 30 days after being employed or being notified of denial of employment. Prospective employers must provide this information within five business days of receiving the written request. If prospective employers have not yet received the requested information from the previous employer, then the five day deadline will begin when the requested safety performance history information is received. If you have not arranged to pick up or receive the requested records within 30 days of prospective employers making them available. Prospective employers may consider you to have waived your request to review the record.

Texas Freight Relocators Use Only

Comments:

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7918 Mansfield Hwy.
 Kennedale, TX 76060
 P.O. Box 707
 Crowley, TX 76036
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DOT DRUG AND ALCOHOL RELEASE

I authorize, per 49 CFR Part 40, the release of information from my DOT regulated drug and alcohol testing records by the carriers (company/school) listed below for the sole purpose of transmitting such records to the above listed employer. I authorize release of the following information concerning drug and alcohol tests: DOT drug and alcohol testing violations including pre-employment tests during the past three years; (i) Alcohol tests with a result of 0.04 or higher; (ii) verified positive drug tests; (iii) refusals to be tested (including verified adulterated or substituted results); (iv) other violations of DOT drug and alcohol testing regulations; (v) information obtained from previous employers of a drug and alcohol rule violation(s) and (vi) documents, if any, of completion of a return-to-duty process following a rule violation. You are released from any and all liability which may result from furnishing such information.

The information that I have authorized involves tests required by DOT. If any carrier (company/school) listed below furnishes information concerning items (i) through (vi) above, I also authorize that carrier (company/school) to release and furnish the dates of my negative drug and/or alcohol tests and/or tests with results below 0.04 during the two-year period and the name and phone number of any substance abuse professional who evaluated me during the past three years.

Company	City	State	Phone Number	Fax Number
_____	_____	_____	() _____ - _____	() _____ - _____
_____	_____	_____	() _____ - _____	() _____ - _____
_____	_____	_____	() _____ - _____	() _____ - _____
_____	_____	_____	() _____ - _____	() _____ - _____

Print Name: _____ Signed: _____
 (Applicant Name) (Applicant Signature Required)

Social Security No: _____ Date: _____

1. Has this person ever tested positive for a controlled substance in the last three (3) years?
 YES NO
2. Has this person ever had an alcohol test with a Breath Alcohol Concentration of 0.04 or greater in the last two (3) years?
 YES NO
3. Has this person refused a required test for drugs or alcohol in the last three (3) years?
 YES NO
4. Has this person committed other violations of DOT agency drug and alcohol testing regulations?
 YES NO

Signature of person furnishing information: _____
 Title: _____
 Date: ____/____/____

Texas Freight RELOCATORS

PREVIOUS EMPLOYMENT REQUEST

I hereby authorize you to release the following information to Texas Freight Relocators at P.O. Box 707, Crowley, TX 76036, (817) 572-9929 main, (817) 561-5155 fax, for purposes of investigation as required by Section 391.23 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information.

X _____ / /
Applicant's Signature Date

Company	City	State	Dates of Employment
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Dear Sir/Madam:

_____, Social Security # _____ has submitted an application to our company for a position as a DRIVER, and states that he/she previously worked for your company as stated above. Would you please take a moment and complete the information requested below? Your reply will be held in strict confidence and we appreciate your prompt response.

Sincerely,

1. Did the above named applicant work for your company? YES NO
If YES, please state the actual dates of employment: FROM ___/___/___ TO ___/___/___
2. Did he/she drive a motor vehicle for your company? YES NO
If YES, please check the appropriate type of vehicle Straight Truck Tractor/Semi-trailer Tanker Other
Please list types of trailers _____
If NO, please state what kind of work he/she performed _____
3. Was he/she a safe efficient driver? YES NO
4. Was the above individual ever involved in a preventable collision(s)? YES NO
How Many? _____
Please give a brief driving history if available for the past three years. _____
5. Was his/her general conduct satisfactory? YES NO OTHER _____
6. Would you permit this driver to drive for you again? YES NO OTHER _____
7. Why did this driver leave your company? Discharge Lay Off Resigned Other _____
8. Do you have any further comments concerning the named individual's driving history? _____

Company _____

Signature of person furnishing information _____
Title _____
Date ___/___/___

DRIVING RECORD Release Form

As part of our hiring background and investigation, we may obtain consumer reports to prepare an investigative consumer report. The investigative consumer report may consist of contacting all listed prior employers to verify your employment history. It may also include, but not limited to, credit information reports, criminal history reports and driving history records. Under the provisions of the Fair Credit Reporting Act (FCRA), 15 U.S.C. 1681 et seq., before we can seek such reports, we must have our written permission to obtain the information. You have the right, upon written request, to a complete and accurate disclosure of the nature and scope of the investigation. You are also entitled to a copy of your Rights under the Fair Credit Reporting Act.

Employers should obtain prior written authorization from the consumer before ordering reports.

Under the provisions of the Fair Credit Reporting Act (FCRA), 15 U.S.C. 1681 et seq., the Americans with Disabilities Act and all federal, state and local laws, I hereby authorize and permit Texas Freight Relocators, Inc. to obtain a consumer report and/or an investigative consumer report which may include the following: my employment records, driving history records, criminal history, credit history, civil record, workers' compensation (post-offer only), drug testing, verification of my academic and/or professional credentials, and information and/or copies of documents from any military service records.

I understand that an "investigative consumer report" may include information as to my character, general reputation, personal characteristics, and mode of living which may be obtained by interviews with individuals with whom I am acquainted or who may have knowledge concerning any such items of information. I hereby release and hold harmless any person, firm, or entity that discloses matters in accordance with this authorization, as well as iX from liability that might otherwise result from the request for use of and/or disclosure of any or all of the foregoing information.

I understand and acknowledge that under provision of the FCRA, I may request a copy of any consumer report from the consumer reporting agency that compiled the report, after I have provided proper identification. I understand a copy of this report may be obtained from iX located at 3011 Earl Rudder Fwy S, College Station, TX 77845-6021. Their telephone number is (866) 560-7015 and fax number is (201) 748-1449.

I hereby authorize iX to obtain and prepare a consumer report as set forth above, as part of its investigation of my employment application on behalf of my employer. I agree that a copy of this authorization has the same effect as an original. This authorization shall remain effect over the course of my employment and reports may be ordered periodically during the course of my employment.

Applicant's Full Name (please print clearly)

Signature

Date