

DRIVER APPLICATION FOR EMPLOYMENT

Complies with 49 CFR Part 391.21 Application for employment.

EMPLOYING MOTOR CARRIER INFORMATION

Company Name: TCO Transport L.L.C.
Address: 5820 N. Canton Ctr. Rd.
Suite # 165
City, State Zip: Canton, Michigan 48187
Telephone: 734-928-2276
Fax: 734-780-3147
Contact (DER): Tammy L. Rice 734-673-4846
Email : tammy@tco7transport.com

TO BE COMPLETED BY APPLICANT

Date Application Submitted: _____ Email: _____
Applicant Name: _____
Address 1: _____
Address 2: _____
City, State, Zip: _____
Date of Birth: _____
Social Security Number: _____

Please provide complete and truthful answers to the best of your knowledge for the below listed questions.

(1). Please provide the addresses at which you have resided during the 3 years preceding the date on which this application is submitted:

(2). Please provide the issuing State, number, and expiration date of each unexpired commercial motor vehicle operator's license or permit that you have been issued;

(3). Please provide the nature and extent of your experience in the operation of motor vehicles, including the type of equipment (such as buses, trucks, truck tractors, semitrailers, full trailers, and pole trailers) which you have operated;

(4). Please list all motor vehicle accidents in which you were involved during the 3 years preceding the date this application is submitted, specifying the date and nature of each accident and any fatalities or personal injuries it caused;

(5). Please list all violations of motor vehicle laws or ordinances (other than violations involving only parking) of which you were convicted or forfeited bond or collateral during the 3 years preceding the date this application is submitted;

(6). Please provide a statement setting forth in detail the facts and circumstances of any denial, revocation, or suspension of any license, permit, or privilege to operate a motor vehicle that has been issued to you, or a statement that no such denial, revocation, or suspension has occurred;

(7). Please list the names and addresses of your employers during the 3 years preceding the date this application is submitted. Also include the dates you were employed by that employer, the reason for leaving the employ of that employer, whether you were subject to the FMCSRs while employed by that previous employer, and if the Job was designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40;

_____ I understand the information I provide to answer this question may be used, and my previous
INITIALS employers will be contacted, for the purpose of investigating my safety performance history information. I understand my due process rights regarding the investigation are as follows: The right to review information provided by previous employers; 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; 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.

Employer Name: _____

Address: _____

City, State Zip: _____

Dates Employed: _____

Reason for leaving: _____

Were you subject to the FMCSRs while employed by that previous employer? _____

Was your job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40? _____

Employer Name: _____

Address: _____

City, State Zip: _____

Dates Employed: _____

Reason for leaving: _____

Were you subject to the FMCSRs while employed by that previous employer? _____

Was your job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40? _____

Employer Name: _____

Address: _____

City, State Zip: _____

Dates Employed: _____

Reason for leaving: _____

Were you subject to the FMCSRs while employed by that previous employer? _____

Was your job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40? _____

Employer Name: _____

Address: _____

City, State Zip: _____

Dates Employed: _____

Reason for leaving: _____

Were you subject to the FMCSRs while employed by that previous employer? _____

Was your job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40? _____

Employer Name: _____

Address: _____

City, State Zip: _____

Dates Employed: _____

Reason for leaving: _____

Were you subject to the FMCSRs while employed by that previous employer? _____

Was your job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40? _____



Return to Secure Fax: (813) 282-0107

Client: TCO Transport

Client ID: 3056 Account ID: 7287

Release of Information Authorization Form - 49 CFR Part 40 Drug and Alcohol Testing

The purpose of this Authorization For Release of Confidential Information is to facilitate compliance with U.S. Department of Transportation regulations (49 CFR Part 40.25 and 49 CFR Part 391.23), requiring prospective employers of regulated employees to obtain the below information from all your previous employers during the last three (3) years.

1. Alcohol tests with a result of 0.04 or higher;
2. Verified positive drug tests;
3. Refusals to be tested;
4. Other violations of DOT agency drug and alcohol testing regulations;
5. Information obtained from previous employers of a drug and alcohol rule violation;
6. Documentation, if any, of completion of the return-to-duty process following a rule violation.

An employer may not use a new employee in a safety-sensitive position for more than 30 days without obtaining this information or documenting that a good faith effort was made to obtain it on a timely basis.

Please list all DOT-regulated employers for whom you have worked in a safety-sensitive function during the previous three (3) years.

DOT-Regulated Employer Name	City	State	Phone Number
_____	_____	_____	() - _____
_____	_____	_____	() - _____
_____	_____	_____	() - _____
_____	_____	_____	() - _____
_____	_____	_____	() - _____
_____	_____	_____	() - _____

I hereby authorize release of the above listed information and/or documents from all DOT-regulated employers I have entered above to Applicant360 for the purpose of transmitting these records to Applicant360's client listed above. I understand that my records may be protected under the Federal Civilian Employee Alcoholism and Drug Abuse Confidentiality of Records Act (42 CFR Part 2) and the Privacy Act of 1974. I also understand that information about me cannot be disclosed without my written consent unless otherwise provided for specifically in the regulations. I understand I may revoke this consent at any time, except to the extent that any actions may already have been taken in reliance upon this informed consent.

By signing below, I certify all information I provided herein is complete and accurate. I have read and understand the attached Driver Rights Regarding Safety Performance History Information prior to signing and I was given an opportunity to ask questions and to have those questions answered to my satisfaction. I execute this authorization voluntarily and with the knowledge that the information obtained pursuant to this authorization could affect my eligibility for employment, promotion, retention or other lawful purpose. I agree that facsimile or photographic copies of this authorization are as valid as an original.

Printed Name: _____

Social Security #: _____

Signature: _____

Date: _____

**DISCLOSURE AND AUTHORIZATION REGARDING
BACKGROUND INVESTIGATION FOR EMPLOYMENT PURPOSES**

Disclosure

T C O Transport LLC (the "Company") may request from a consumer reporting agency and for employment-related purposes, a "consumer report(s)" (commonly known as "background reports") containing background information about you in connection with your employment, or application for employment, or engagement for services (including independent contractor or volunteer assignments, as applicable).

Applicant 360 will prepare or assemble the background reports for the Company. Applicant 360 is located and can be contacted at 5635 Hoover Blvd., Tampa, FL 33634, (877) 963-2583.

The background report(s) may contain information concerning your character, general reputation, personal characteristics, mode of living, or credit standing. The types of background information that may be obtained include but are not limited to: criminal history; litigation history; motor vehicle record and accident history; social security number verification; address and alias history; credit history; verification of your education, employment and earnings history; professional licensing, credential and certification checks; drug/alcohol testing results and history; military service; and other information.

Authorization

I hereby authorize Company to obtain the consumer reports described above about me. I agree that a fax, photocopy or electronic reproduction of this authorization is to be considered and accepted with the same authority as the original.

Applicant Name (Please Print): _____

Applicant Signature: _____

Date: _____

**APPLICANT INFORMATION FOR BACKGROUND INVESTIGATION
FOR EMPLOYMENT PURPOSES**

Last Name _____ **First Name** _____ **Middle** _____

Street Address: _____ **Phone:** _____

City: _____ **State:** _____ **Zip:** _____ **Email:** _____

Driver's License Number: _____ **License State:** _____ **Exp. Date:** _____

Professional License Type (if applicable): _____

Professional License #: _____ **Professional License State:** _____

The following information is for identification purposes only for the purpose of performing the employment screening and will not be used in violation of any class protection laws such as the Equal Employment Opportunity Commission (EEOC), Title VII of the Civil Rights Act of 1964, Equal Pay Act of 1963, the Age Discrimination in Employment Act of 1967 (ADEA) or the Americans with Disabilities Act of 1990 (ADA)

Social Security Number: _____ - _____ - _____ **Date of Birth:** _____ / _____ / _____

Gender (M or F): _____ **Race:** _____ **Other Names (maiden, AKA, etc.):** _____