

DRIVER'S APPLICATION FOR EMPLOYMENT

Applicant Name _____ Date of Application _____

Company _____

Address _____

City _____ State _____ Zip _____

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status.

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 interview(s) may result in discharge. I understand, also, 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 employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand I have the right to:

- Review information provided by previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-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 _____

FOR COMPANY USE

PROCESS RECORD

APPLICANT HIRED _____ REJECTED _____

DATE EMPLOYED _____ POINT EMPLOYED _____

DEPARTMENT _____ CLASSIFICATION _____

(IF REJECTED, SUMMARY REPORT OF REASONS SHOULD BE PLACED IN FILE)

SIGNATURE OF INTERVIEWING OFFICER _____

TERMINATION OF EMPLOYMENT

DATE TERMINATED _____ DEPARTMENT RELEASED FROM _____

DISMISSED _____ VOLUNTARILY QUIT _____ OTHER _____

TERMINATION REPORT PLACED IN FILE _____ SUPERVISOR _____

This form is made available with the understanding that J. J. Keller & Associates, Inc. is not engaged in rendering legal, accounting, or other professional services. J. J. Keller & Associates, Inc. assumes no responsibility for the use of this form or any decision made by an employer which may violate local, state or federal law.

APPLICANT TO COMPLETE

(answer all questions - please print)

Position(s) Applied for _____
 Name _____ Social Security No. _____
 Last First Middle

List your addresses of residency for the past 3 years.

Current Address _____
 Street _____ City _____
 State _____ Zip Code _____ Phone _____ How Long? _____ yr./mo.

Previous Addresses _____
 Street _____ City _____ State & Zip Code _____ How Long? _____ yr./mo.

_____ Street _____ City _____ State & Zip Code _____ How Long? _____ yr./mo.

_____ Street _____ City _____ State & Zip Code _____ How Long? _____ yr./mo.

Do you have the legal right to work in the United States? _____

Date of Birth _____ Can you provide proof of age? _____
 (Required for Commerical Drivers)

Have you worked for this company before? _____ Where? _____

Dates: From _____ To _____ Rate of Pay _____ Position _____

Reason for leaving _____

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

Who referred you? _____ Rate of pay expected _____

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 seperate sheet of paper. Conviction of a crime is not an automatic bar to employment - all circumstances will be considered.

Is there any reason you might be unable to perform the functions of the job for which you have applied [as described in the attached job description]?

If yes, explain if you wish.

EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceeding 3 years. List complete mailing address, street number, city, state, and zip code.

Applicants to drive a commercial motor vehicle* in intrastate or interstate commerce shall also provide an additional 7 years' information on those employers for whom the applicant operated such vehicle.

(NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary.)

EMPLOYER			DATE			
NAME			FROM MO.	YR.	TO MO.	YR.
ADDRESS			POSITION HELD			
CITY	STATE	ZIP	SALARY/WAGE			
CONTACT PERSON			PHONE NUMBER			
WERE YOU SUBJECT TO THE FMCSRs† WHILE EMPLOYED?			<input type="checkbox"/> YES <input type="checkbox"/> NO			
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40?			<input type="checkbox"/> YES <input type="checkbox"/> NO			

EMPLOYMENT HISTORY (continued)

EMPLOYER			DATE	
NAME	FROM MO. YR.		TO MO. YR.	
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRs† WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO				
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO				

EMPLOYER			DATE	
NAME	FROM MO. YR.		TO MO. YR.	
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRs† WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO				
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO				

EMPLOYER			DATE	
NAME	FROM MO. YR.		TO MO. YR.	
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	
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WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO				

* Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 16 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

† The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport 8 or more passengers (including the driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED) IF NONE, WRITE NONE

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES	HAZARDOUS MATERIAL SPILL
LAST ACCIDENT				
NEXT PREVIOUS				
NEXT PREVIOUS				

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE NONE

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

EXPERIENCE AND QUALIFICATIONS - DRIVER

List all driver licenses or permits held in the past 3 years

DRIVER LICENSES	STATE	LICENSE NO.	TYPE	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 _____
- IF THE ANSWER TO EITHER A OR B IS YES, GIVE DETAILS _____

DRIVING EXPERIENCE CHECK YES OR NO

CLASS OF EQUIPMENT	CIRCLE TYPE OF EQUIPMENT	DATES		APPROX. NO. OF MILES (TOTAL)
		FROM(M/Y)	TO(M/Y)	
STRAIGHT TRUCK <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN,TANK,FLAT,DUMP,REFER)			
TRACTOR AND SEMI-TRAILER <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN,TANK,FLAT,DUMP,REFER)			
TRACTOR - TWO TRAILERS <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN,TANK,FLAT,DUMP,REFER)			
TRACTOR - THREE TRAILERS <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN,TANK,FLAT,DUMP,REFER)			
MOTORCOACH - SCHOOL BUS <input type="checkbox"/> YES <input type="checkbox"/> NO <small>More than 16 passengers</small>	_____			
MOTORCOACH - SCHOOL BUS <input type="checkbox"/> YES <input type="checkbox"/> NO <small>More than 8 passengers</small>	_____			
OTHER _____				

LIST STATES OPERATED IN FOR THE LAST FIVE YEARS _____

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER _____

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM? _____

EXPERIENCE AND QUALIFICATIONS - OTHER

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH(OTHER THAN THOSE ALREADY SHOWN)

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 HIGH SCHOOL: 1 2 3 4 COLLEGE: 1 2 3 4

LAST SCHOOL ATTENDED (NAME) _____ (CITY, STATE) _____

TO BE READ AND SIGNED BY APPLICANT

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.

Signature: _____ Date: _____

Motor Vehicle Report Consent Form

I _____ give my consent for *Triple T's Linings, LLC* to complete a background check on my previous driving record in accordance with *Triple T's Linings, LLC* Motor Vehicle Record Policy. As part of this procedure, the *Triple T's Linings, LLC* has my permission to order Motor Vehicle Records (MVRs) from any and all states in which I have currently and previously held a drivers license. I understand that *Triple T's Linings, LLC* has an established MVR review program that my driving history will be compared against to determine my driving eligibility. I further understand that failure to release consent for *Triple T's Linings, LLC* to conduct a background check on my previous driving record means, at a minimum, that I forfeit my driving privileges. In the event that I forfeit my driving privileges, I understand that, since my job duties include driving, my duties will be reviewed to determine whether I can continue my position without driving and, if so, which additional non-driving duties the *Triple T's Linings, LLC* will require.

_____(Signature) _____(Date)

Name (exactly as it appears on driver's license): _____

Position: _____

Date of Hire (if employee): _____ Sex: _____ Date of Birth: _____

Driver's License #: _____ State: _____

Applicant Disclosure and Authorization Statement

In connection with your employment or application for employment (or contract for services) and any future employment (or contract for services) with Triple T's Linings, LLC (Triple T's Linings, LLC) and any subsidiary, you may have information requested about you from a consumer reporting agency in connection with your application for employment purposes. This information may be obtained in the form of background reports and/or investigative reports. These reports may be obtained at any time after receipt of your signed authorization and, if you are hired by TRIPLE T'S LININGS, LLC, throughout your employment if permissible under applicable TRIPLE T'S LININGS, LLC policy and/or state law.

These reports may contain information about your character, general reputation and/or mode of living. The types of information that may be obtained include, but are not limited to: social security number verifications; address history; criminal records checks; public court records checks; driving records checks; employment history verifications; and professional licensing/certification checks. This information may be obtained from private and/or public records sources, including, as appropriate, governmental agencies and courthouses; educational institutions; former employers; or other information sources.

If adverse action is taken resulting from information obtained, in whole or in part, from consumer reports and/or investigative reports, you will have the option to receive a copy of the report from S2Verify, LLC. S2Verify, LLC can be contacted at P.O. Box 2597, Roswell, GA 30077 or by phone at (877)671-1933 or by email at customerservice@s2verify.com.

A summary of your rights under the Fair Credit Reporting Act and other applicable state laws can be found at: <http://www.S2Verify.com/Resources.html> or at the hiring site.

Authorization of Background Investigation

I have carefully read, and understand, this Disclosure and Authorization form and the summary of rights under the Fair Credit Reporting Act and the applicable state laws at (<http://www.S2Verify.com/resources.html>) or the office copy provided at the hiring site. By my signature below, I consent to the release of background reports and/or investigative background reports prepared by a background reporting agency, such as S2Verify, Inc., to TRIPLE T'S LININGS, LLC and its designated representatives and agents for the purposes of determining my eligibility for employment, retention, or other lawful employment purposes. I understand that if TRIPLE T'S LININGS, LLC hires me, my consent will apply, and TRIPLE T'S LININGS, LLC may obtain background reports throughout my employment if permissible under applicable TRIPLE T'S LININGS, LLC policy.

I understand that information contained in my employment application, or otherwise disclosed by me before, or during, my employment, if any, may be used for the purpose of obtaining background reports and/or investigative background reports. I also understand that nothing herein shall be construed as an offer of employment. I hereby authorize law enforcement agencies, educational institutions (including public and private schools/universities), information service bureaus, record/data repositories, courts (federal, state, and local), motor vehicle records agencies, my past or present employers, the military, and other information sources to furnish any, and all, information on me that is requested by the background reporting agency.

By my signature below, I certify the information I provided on, and in connection with, this form is true, accurate, and complete. I agree that this Disclosure and Authorization form in original, facsimile, photocopy, or electronic (including electronically signed) formats, will be valid for any reports that may be requested by, or on behalf of, TRIPLE T'S LININGS, LLC.

First Name: _____ Middle Initial _____ Last Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Social Security Number: _____ Date of Birth: _____
Drivers License Number _____ State of Issue _____
Email Address: _____

Office Use Only

Hire: Yes No

Employee ID _____

Start date: _____

Position:

Operator: _____

Truck driver: _____

Field labor: _____

Yard labor: _____

Welder: _____ Rig Pay

Welder helper: _____

Pay rate:

\$ _____ Per. Hour

\$ _____ Salary

Supervisor: _____

Date: _____

OFFICE USE ONLY:

Comments:



Welcome to Triple T's Linings, LLC!!

Your first day of employment will start on _____. You must have all of the requirements listed below in order to begin training.

- Please be at the office before 6:30 a.m. to begin training. **CLASS WILL START AT 6:30!**
- Direct Deposit Information will need to be provided so that we can begin to pay you. Please be sure to bring the **routing and account numbers** for the account(s) you wish to use for your payroll.
- I-9 Documents (Proof of Work Eligibility) will also need to be provided. Typically a driver's license, state issued ID card, or social security card are used. **YOU MUST HAVE (2) FORMS OF ID!**
- Dress code your first day is casual. You will not need your steel toe boots until your second day of employment (You are required to furnish your own steel toe boots).
- You must be **CLEAN SHAVEN** at the beginning of every work day!

Please be aware that we are offering you employment based on the satisfactory results of your background screening and drug testing. Once results are received we reserve the right to terminate employment in the event of a failed test or unfavorable background result.

By signing this letter, you are stating that you understand the information above. If you have any questions between the time you sign this letter and your first day of employment, please do not hesitate to call our office at 575-234-2006. Also, if anything comes up that could possibly delay you being able to start at the above agreed upon date, it is your responsibility to contact the office at the number listed as early as possible.

Again, welcome to the Triple T's Linings team!

Signature

Date