



# Driver's Application For Employment



Applicant Name \_\_\_\_\_ Date of Application \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

In compliance with Federal and State equal employment opportunities 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 inquires of my personal, employment, financial or medial history and other related matters as may be necessary in arriving at an employmnet decision. (Generally, inquires 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 personal 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 regbarding 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 that I have the right to:

- \* Review informatioun provided by previous employers;
- \* Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected informatioun to the prospective employer; and
- \* Have a rebuttal statement attached to the alleged erroneous informatioun, 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 AGENT \_\_\_\_\_

### TERMINATION OF EMPLOYMENT

DATE TERMINATED \_\_\_\_\_ DEPARTMENT RELEASED FROM \_\_\_\_\_

DISMISSED \_\_\_\_\_ VOLUNTARILY QUIT \_\_\_\_\_ OTHER \_\_\_\_\_

TERMINATION REPORT PLACED IN FILE \_\_\_\_\_ SUPERVISOR \_\_\_\_\_

# APPLICANT TO COMPLETE

(answer all questions - please print)

Position(s) Applied for \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_ SSN \_\_\_\_\_

List your addresses for the past 3 years.

**Current Addresses**  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Zip \_\_\_\_\_ Phone \_\_\_\_\_ How Long? \_\_\_\_\_

## Previous Addresses

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ How Long? \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ How Long? \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ How Long? \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ How Long? \_\_\_\_\_

Do you have the legal right to work in the United States?  Yes  No

Date of Birth \_\_\_\_\_ (Required for Commercial Drivers) Can you provide proof of age?  Yes  No

Have you worked for this company before?  Yes  No Where? \_\_\_\_\_

Dates: From \_\_\_\_\_ To \_\_\_\_\_ Rate of Pay \_\_\_\_\_ Position \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Are you now employed?  Yes  No If not, how long since leaving last employment? \_\_\_\_\_

Who referred you? \_\_\_\_\_ Rate of pay expected \_\_\_\_\_

Have you ever been bonded?  Yes  No Name of bonding company \_\_\_\_\_

(Answer only if a job requirement)

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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]?  Yes  No

If yes, explain if you wish

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## EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 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 _____	To: _____
Address _____			
City _____ State _____	Zip _____	Position Held _____	
Contact Person _____	Phone Number _____	Salary/Wage _____	
Were you subject to the FMCRs^ While Employed? <input type="radio"/> Yes <input type="radio"/> No		Reason For Leaving _____	
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="radio"/> Yes <input type="radio"/> No			

## EMPLOYMENT HISTORY (continued)

EMPLOYER		DATE	
Name _____	From _____	To: _____	
Address _____	_____	_____	
City _____ State _____ Zip _____	Position Held _____		
Contact Person _____ Phone Number _____	Salary/Wage _____		
Were you subject to the FMCRs^ While Employed? <input type="radio"/> Yes <input type="radio"/> No	Reason For Leaving _____		
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to teh drug and alcohol testing requirements of 49 CFR Part 40? <input type="radio"/> Yes <input type="radio"/> No			

EMPLOYER		DATE	
Name _____	From _____	To: _____	
Address _____	_____	_____	
City _____ State _____ Zip _____	Position Held _____		
Contact Person _____ Phone Number _____	Salary/Wage _____		
Were you subject to the FMCRs^ While Employed? <input type="radio"/> Yes <input type="radio"/> No	Reason For Leaving _____		
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to teh drug and alcohol testing requirements of 49 CFR Part 40? <input type="radio"/> Yes <input type="radio"/> No			

EMPLOYER		DATE	
Name _____	From _____	To: _____	
Address _____	_____	_____	
City _____ State _____ Zip _____	Position Held _____		
Contact Person _____ Phone Number _____	Salary/Wage _____		
Were you subject to the FMCRs^ While Employed? <input type="radio"/> Yes <input type="radio"/> No	Reason For Leaving _____		
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to teh drug and alcohol testing requirements of 49 CFR Part 40? <input type="radio"/> Yes <input type="radio"/> No			

EMPLOYER		DATE	
Name _____	From _____	To: _____	
Address _____	_____	_____	
City _____ State _____ Zip _____	Position Held _____		
Contact Person _____ Phone Number _____	Salary/Wage _____		
Were you subject to the FMCRs^ While Employed? <input type="radio"/> Yes <input type="radio"/> No	Reason For Leaving _____		
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to teh drug and alcohol testing requirements of 49 CFR Part 40? <input type="radio"/> Yes <input type="radio"/> No			

\*Includes vehicles having GVWR of 26,001 lbs. or more, vehicles designed to transport 16 or more passengers (including the driver), or any size vehicle used to transport hazardous materials in the 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 more than 8 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 required). If non, 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 required)  
**EXPERIENCE AND QUALIFICATIONS - DRIVER**

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

State	Licence Number	Type	Expiration Date
<b>DRIVER</b> _____	_____	_____	_____
<b>LICENSES</b> _____	_____	_____	_____
_____	_____	_____	_____

- A. Have you ever been denied a licens, permit or privilege to operate a motor vehicle?  Yes  No  
 B. Has any license, permit or privilege ever bee suspended or revoked?  Yes  No  
 IF THE ANSWER IS TO EITHER A OR B IS YES, GIVE DETAILS

**DRIVING EXPERIENCE** check yes or no

Class of Equipment	Equipment Type	From	Dates	To	Approx. No. of Miles (Total)
Straight Truck <input type="radio"/> Yes <input type="radio"/> No	_____	_____	_____	_____	_____
Tractor and Semi-Trailer <input type="radio"/> Yes <input type="radio"/> No	_____	_____	_____	_____	_____
Tractor - Two Trailers <input type="radio"/> Yes <input type="radio"/> No	_____	_____	_____	_____	_____
Tractor - Three Trailers <input type="radio"/> Yes <input type="radio"/> No	_____	_____	_____	_____	_____
Motorcoach - School Bus <input type="radio"/> Yes <input type="radio"/> No More than 8 passengers.	_____	_____	_____	_____	_____
Motorcoach - School Bus <input type="radio"/> Yes <input type="radio"/> No More than 15 passengers.	_____	_____	_____	_____	_____
Other _____	_____	_____	_____	_____	_____

List states operated in for last five years: \_\_\_\_\_

Which safe driving awards do you hold and from whom? \_\_\_\_\_

**EXPERIENCE AND QUALIFICATIONS - OTHER**

Show any tricking, transportation or other experience that may help in your work for this company

\_\_\_\_\_

List courses and training other than shown elsewhere in the application

\_\_\_\_\_

List special equipment or technical materials you can work with (other than already shown)

**EDUCATION**

Highest Grade Completed \_\_\_\_\_

Last School Attended & Location (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