



DRIVER ENROLLMENT FORM

O/O OR CO.DRV

DRIVER CODE _____

(CIRCLE ONE)

DRIVER NAME _____

(LAST)

(FIRST)

(MI)

ADDRESS _____

(CITY)

(STATE)

(ZIP)

MAILING ADDRESS _____

(IF DIFFERENT FROM HOME ADDRESS)

EMERGENCY CONTACT NAME _____

EMERGENCY CONTACT PHONE # _____ - _____ - _____

HOME PHONE# _____ - _____ - _____ CELL# _____ - _____ - _____

DATE OF BIRTH ____ / ____ / ____ SSN _____ - _____ - _____

DRIVER LICENSE INFORMATION

STATE _____ NUMBER _____ EXP.DATE ____ / ____ / ____

CLASS _____ ENDORSEMENTS _____

MARRIED OR SINGLE _____ # OF EXEMPTIONS _____

MEDICAL EXAM CERTIFICATE DUE DATE ____ / ____ / ____

DRIVERS SIGNATURE _____ DATE ____ / ____ / ____

OFFICE USE

DATE OF HIRE ____ / ____ / ____

RATE OF PAY _____

FUEL CARD# _____



CONTRACT CARRIERS
Gordonsville, TN

DRIVER'S APPLICATION FOR EMPLOYMENT

TENNESSEE CONTRACT CARRIERS, INC.
P.O. BOX 157
CARTHAGE, TN., 37030

(ALL QUESTIONS MUST BE ANSWERED - PLEASE PRINT)

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

Position(s) Applied for _____ Date of Application ___/___/___

Name _____ Soc. Sec. No. ___-___-___
(LAST) (FIRST) (MIDDLE)

Address _____
(STREET) (CITY) (STATE) (ZIP)

Address _____
(STREET) (CITY) (STATE) (ZIP)

Home Phone ___-___-___ Cell Phone ___-___-___

E-Mail _____

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

Date of Birth ___/___/___ (REQUIRED FOR ALL DRIVING APPLICANTS)

Can you provide of age? Yes ___ No ___

Have you worked for this company before? Yes ___ No ___ Where _____

If yes, 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? _____

Is there any reason you might be unable to perform the function of the job for which you have applied (as described in the job description)?

EMPLOYMENT HISTORY

Give a **complete record** of all employment for the past three (3) years, **including** any unemployment or self-employment (no gaps in employment) and **all commercial driving** experience for the past **ten (10) years**.

EMPLOYMENT HISTORY (NO GAPS)			DATE	
COMPANY NAME	FROM MO. YR.	TO MO. YR.		
ADDRESS	POSITION HELD			
CITY	STATE	ZIP	RATE OF PAY	
CONTACT PERSON	PHONE NUMBER		REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSR WHILE EMPLOYED?			YES _____	NO _____
WAS YOUR JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION IN DOT REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? YES _____ NO _____				

EMPLOYMENT HISTORY (NO GAPS)			DATE	
COMPANY NAME	FROM MO. YR.	TO MO. YR.		
ADDRESS	POSITION HELD			
CITY	STATE	ZIP	RATE OF PAY	
CONTACT PERSON	PHONE NUMBER		REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSR WHILE EMPLOYED?			YES _____	NO _____
WAS YOUR JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION IN DOT REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? YES _____ NO _____				

EMPLOYMENT HISTORY (NO GAPS)			DATE	
COMPANY NAME	FROM MO. YR.	TO MO. YR.		
ADDRESS	POSITION HELD			
CITY	STATE	ZIP	RATE OF PAY	
CONTACT PERSON	PHONE NUMBER		REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSR WHILE EMPLOYED?			YES _____	NO _____
WAS YOUR JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION IN DOT REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? YES _____ NO _____				

EMPLOYMENT HISTORY (NO GAPS)			DATE	
COMPANY NAME	FROM MO. YR.	TO MO. YR.		
ADDRESS	POSITION HELD			
CITY	STATE	ZIP	RATE OF PAY	
CONTACT PERSON	PHONE NUMBER		REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSR WHILE EMPLOYED?			YES _____	NO _____
WAS YOUR JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION IN DOT REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? YES _____ NO _____				

ACCIDENT RECORD FOR THE PAST THREE (3) YEARS, OR MORE (ATTACH SHEET IF NECESSARY). IF NONE, WRITE NONE.

DATES	NATURE OF ACCIDENT HEAD-ON, REAR-END, ETC.	FATALITIES	INJURIES

(ATTACH SHEET IF MORE SPACE IS NEEDED)

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)

DRIVER'S LICENSE

LIST DRIVERS LICENSES FOR LAST 3 YEARS	STATE	LICENSE NO.	TYPE	EXPERATION 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 BELOW.

DRIVING EXPERIENCE AND QUALIFICATIONS (IF NONE, WRITE NONE)

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT VAN, FLAT, TANK	DATES		APPROX. NO. OF MILES
		FROM	TO	
STRAIGHT TRUCK				
SEMI-TRAILER				
DOUBLES/TRIPLES				
MOTORCOACH-BUS				
OTHER				

LIST ALL STATES OPERATED IN FOR THE PAST FIVE YEARS _____

SHOW SPECIAL COURSES OT TRAINING THAT WILL HELP YOU DRIVE _____

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM _____

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

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE ON THIS APPLICATION _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES ___ NO ___ PLEASE EXPLAIN _____

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 HIGH SCHOOL 9 10 11 12 COLLEGE 1 2 3 4

LAST SCHOOL ATTENDED _____

(SCHOOL 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.

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 THE FALSE OR MISLEADING INFORMATION GIVEN IN MY APPLICATION OR INTERVIEW(S) MAY RESULT IN DISCHARGE. I UNDER STAND ALSO THAT I AM REQUIRED TO ABIDE BY ALL RULES AND REGULATIONS OF THE COMPANY.

____/____/____

DATE

APPLICANTS SIGNATURE

OFFICE USE ONLY

APPLICANT HIRED _____ REJECTED _____
DATE EMPLOYED ___ / ___ / _____ POINT EMPLOYED _____
DEPARTMENT _____ CLASSIFICATION _____

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

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

	SUPERIOR	GOOD	FAIR	BELOW AVERAGE	POOR	WRITTEN RECORD ON FILE
APPLICATION						
INTERVIEW						
PAST EMPLOYMENT						
ROAD TEST						
MVR REVIEW						
CRIMINAL RECORD						

SIGNATURE OF REVIEWING OFFICER _____

DATE ___ / ___ / 20___

TRANSFERS

FROM _____ TO _____	FROM _____ TO _____
DATE ___ / ___ / _____	DATE ___ / ___ / _____
REASON FOR TRANSFER _____	REASON FOR TRANSFER _____
_____	_____

TERMINATION OF EMPLOYMENT

DATE TERMINATED ___ / ___ / _____ DEPARTMENT RELEASED FROM _____

DISMISSED - YES ___ NO ___ VOLUNTARY QUIT - YES ___ NO ___ OTHER ___

TERMINATION REPORT PLACED IN FILE - YES ___ NO ___ SUPERVISOR _____



CONTRACT CARRIERS
Gordonville, TN

DISCLOSURE AND RELEASE

FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT:

In accordance with the provisions of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 2005 (Title II, Subtitle D, Chapter I, of Public Law 104 – 208), Section 604(b)(2)(A)(B)(3)(C)(i), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on you for employment purposes. These reports are required by Sections 382.413, 391.23 and 391.25 of the Federal Motor Carrier Safety Regulations.

In connection with my application for employment (including contract for services) with you, I understand that consumer reports, which may contain public records information, may be requested by **Tennessee Contract Carriers, Inc.** These reports 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 reports may contain public record information concerning my driving record, worker's compensation claims, credit, bankruptcy proceeding, criminal records, etc., from federal, state and other agencies which maintain such records.

I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY TENNESSEE CONTRACT CARRIERS, INC., OR ITS AGENT, HIGHLAND SUPPORT, LLC, TO FURNISH THE ABOVE MENTIONED INFORMATION.

I have the right to make a request to **Tennessee Contract Carriers, Inc.**, to request the nature and substance of all information in its files on me at the time of my request. Including the source of information: and the recipients of any reports on me. I hereby consent to your obtaining the above information, and I agree that such information which **Tennessee Contract Carriers, Inc.** has, or obtains, and my employment history with you, if I am hired, will be supplied to other companies upon receipt of an authorized release.

I hereby authorize procurement of consumer report(s). If hired (or contracted), this authorization shall remain on file and shall serve as ongoing authorization for you to procure consumer reports at any time during my employment (or contract) period.

Applicant Name (Print) _____ **Soc. Sec. No.** _____ - _____ - _____

Date of Birth ____/____/19____ **Date** ____/____/20____

Applicant Signature

DRIVER'S RIGHTS PERTAINING TO RELEASE OF DRIVER INFORMATION
UNDER REGULATION 391.23

Motor carriers have the responsibility to make the following investigations and inquiries with respect to each driver employed, other than a person who has been a regularly employed driver of the motor carrier for a continuous period which began before January 1, 1971.

- (a)(1) An inquiry into the driver's driving record during the preceding three years to the appropriate agency of every State in which the driver held a motor vehicle operator's license or permit during those three years; and,
- (a)(2) An investigation of the driver's employment record during the preceding three years.
- (b) A copy of the driver record(s) obtained in response to the inquiry or inquiries to each State driver record agency as required must be placed in the Driver Qualification File within 30 days of the date the driver's employment begins and be retained in compliance with 391.51.
- (c) Replies to the investigations of the driver's safety performance history must be placed in the Driver Investigation History File within 30 days of the date the driver's employment begins. This goes into effect after October 29, 2004.
- (d) Prospective motor carrier must investigate the information from all previous employers of the applicant that employed the driver to operate a CMV within the previous three years. This information must cover general driver identification and employment verification information, data elements as specified in 390.15 for accident involving the driver that occurred in the three-year period preceding the date of the employment application, and any accidents the previous employer may wish to provide.
- (e) Prospective motor carrier must investigate the information from all previous DOT regulated employers that employed the driver within the previous three years from the date of the employment application in a safety-sensitive function that required alcohol and controlled substance testing specified by 49 CFR Part 40.

Drivers have the following rights:

1. The right to review information provided by previous employers.
2. The right to have errors in the information corrected by the previous employer and for that previous employer to send the corrected information to the prospective employer.
3. 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.

Drivers who wish to review previous employer-provided investigative information must submit a written request to the prospective employer when applying or as late as 30 days after employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five business days of receiving the written request. If the driver has not arranged to pick up or receive the requested records within 30 days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived his/her request to review the records.

Drivers wishing to request correction of erroneous information in records must send the request for the correction to the previous employer that provided the records. After October 29, 2004, the previous employer must either correct and forward the information to the prospective motor carrier employer or notify the driver within 15 days of receiving the driver's request to correct the data that it does not agree to correct the data. Drivers wishing to rebut information in records must send the rebuttal to the previous employer with instruction to include the rebuttal in the driver's Safety Performance History.

I acknowledge that I have read and understand the contents of this document.

Driver's Signature: _____ Date: ____/____/20____

Driver Name (Printed): _____

COPY TO DRIVER PERSONNEL FILE, COPY TO DRIVER

MANDATORY USE FOR ALL ACCOUNT HOLDERS

**IMPORTANT NOTICE
REGARDING BACKGROUND REPORTS FROM THE PSP Online Service**

1. In connection with your application for employment with Tennessee Contract Carriers, Inc. ("Prospective Employer"), Prospective Employer, its employees, agents or contractors may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

When the application for employment is submitted in person, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report.

When the application for employment is submitted by mail, telephone, computer, or other similar means, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer must provide you within three business days of taking adverse action oral, written or electronic notification: that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

The Prospective Employer cannot obtain background reports from FMCSA unless you consent in writing.

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

2. I authorize Tennessee Contract Carriers, Inc. ("Prospective Employer") to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am consenting to the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.

3. I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I am challenging crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

4. Please note: Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

I have read the above Notice Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this consent form, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Date: _____

Signature

Name (Please Print)

NOTICE: This form is made available to monthly account holders by NICT on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain an Applicant's written or electronic consent prior to accessing the Applicant's PSP report. Further, account holders are required by FMCSA to use the language provided in paragraphs 1-4 of this document to obtain a prospective Applicant's consent. The language must be used in whole, exactly as provided. The language may be included with other consent forms or language at the discretion of the account holder, provided the four paragraphs remain intact and the language is unchanged.

Employment Verification
 Tennessee Contract Carriers, Inc.
 P.O. Box 157
 Carthage, Tn., 37030
 Phone: 615-683-6777

Agent: Highland Support, LLC
 P.O. Box 1523
 Crossville, Tn., 38558
 Fax: 888-281-5599

Driver _____ SSN: _____ Date: ____/____/20__

I, _____, hereby authorize this company to release all records of employment, including an assessment of my job performance, ability and fitness, including any, and all, alcohol and/or drug test results to each and every company (or their authorized agents) which may request such information in connection with my application for employment with said company. I hereby release this company, and its employees, officers, directors, and agents from any and all liability of any type as a result of providing information to the above mentioned person and/or company.

Company: _____

Employment Dates: Start _____ End _____ Position Held? _____ Eligible for rehire? Yes No
 Subject to FMCSR? Driver Class: Type: Truck: Trailer:
 Yes _____ Company _____ Solo _____ Tractor/Trailer _____ Van _____
 No _____ Lease _____ Team _____ Straight Truck _____ Flatbed _____
 O/O _____ Student _____ Other _____ Tank _____
 Other _____ Other _____ Trailer Length _____

Accidents: (if none, please enter zero) Preventable _____ Non-Preventable _____ DOT Reportable _____
 If more space is needed, please attach a separate sheet.

Date	Location	Description	Fatalities	Injuries	Hazmat	Preventable

Drug and Alcohol Information:

Please provide the following drug and alcohol information as required by FMCSR Part 391.23 & 40.25

If no drug and alcohol information is available on above-named applicant check here.

- | | | |
|--|-----|----|
| 1) Any alcohol test with a result of 0.04 or higher alcohol concentration? | Yes | No |
| 2) Any verified positive drug test? | Yes | No |
| 3) Any refusals to be tested (including verified adulterated or substituted drug test results)? | Yes | No |
| 4) Any other violations of DOT agency drug and alcohol testing regulations (Part 382 or Part 40)? | Yes | No |
| 5) If this driver did successfully complete a SAP rehabilitation referral and remain in your employ, did he/she have any subsequent violations for: an alcohol test result of 0.04 or greater, a verified positive drug test or a refusal to test (including a verified adulterated/substituted drug test result)? | Yes | No |
| 6) If yes to any of the above questions, please provide documentation of successful completion of a SAP evaluation prescribed treatment and return-to-duty requirements (including follow-up-tests) if they remained in your employ. | Yes | No |

Info provided by _____ Title, Date _____ Phone _____

Signature _____ e-mail _____ Company DOT# _____