

Please send a copy of your CDL license with your application.

DRIVERS APPLICATION FOR EMPLOYMENT

T.T.I. Inc., • P.O. Box 188 • Eden, WI 53019

Dear Applicant: Per FMCSR 391.21 (d) Before an application is submitted, the motor carrier shall inform the applicant that the information he/she provides for the employment history may be used, and the applicant's prior employers may be contacted, for the purpose of investigating the applicant's safety performance history information. The prospective employer must also notify the driver in writing of his/her due process rights as specified in § 391.2(i) regarding information received as a result of these investigations. You the applicant have the following rights: (i) The right to review information provided by 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.

Driver Applicant Printed Name _____ Driver Applicant Signature _____ Date _____

Position(s) Applied for: Van Driver Flatbed Driver Stepdeck Driver

Name _____ Social Security No. _____
Last First Middle

Address _____ Phone _____
Street City State Zip

ADDRESS FOR PAST THREE YEARS }
Street City State & Zip Code How Long? _____
Street City State & Zip Code How Long? _____

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

Date of Birth ____ / ____ / ____ Can you provide proof of age? _____
(Required for Truck Drivers)

In case of emergency, notify _____
Name Address Phone

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 _____

TRUCK DRIVER JOB DESCRIPTION

Driver is required to be knowledgeable and skilled in loading trailer, securing the load, and driving a semi-truck with trailer. Driver is responsible for performing pre-trip and post-trip vehicle inspections, keeping log on miles, filling out trip reports, etc. Filling fuel tanks, hook and unhook trailers, and performing preventative maintenance inspections.

Are you capable of the above job description? _____

Are you physically capable of lifting 50 pounds over your head? _____

Are you physically capable of listing 50 pounds repetitively? _____

Are you physically capable of sitting and driving for long periods of time? _____

If applying for flatbed driver position, are you physically capable of pulling chain binder? _____

If applying for van driver position, are you physically capable of shutting van trailer doors? _____

Would you be willing to take a pre-placement physical examination? _____

Would you be willing to take a pre-placement drug test? _____

Do you have any pending convictions or charged against you? _____

DRIVERS APPLICATION FOR EMPLOYMENT

EMPLOYMENT RECORD Complete all data for EACH last employer COMPLETELY. The U.S. Department of Transportation requires that the driver applicants show all employment for the past **three years**. Effective July 1, 1987, they **must also show commercial driver employment for the seven years preceding this three year period**. Sec. 291.21 (b) (10) 911). Account for any gaps in employment between employers.

Last Employer

Name _____ Phone (____) _____

Address _____
Street City State Zip

Position Held _____ Dates ____/____/____ - ____/____/____

Type of Equip. Driven _____
Were you regulated by FMCSA during this job?
 YES NO

Areas Driven In _____
Was this job a FMCSA safety sensitive function position subject to DOT regulated controlled substance & alcohol testing?
 YES NO

Reason for Leaving _____
 YES NO

Second Last Employer

Name _____ Phone (____) _____

Address _____
Street City State Zip

Position Held _____ Dates ____/____/____ - ____/____/____

Type of Equip. Driven _____
Were you regulated by FMCSA during this job?
 YES NO

Areas Driven In _____
Was this job a FMCSA safety sensitive function position subject to DOT regulated controlled substance & alcohol testing?
 YES NO

Reason for Leaving _____
 YES NO

Third Last Employer

Name _____ Phone (____) _____

Address _____
Street City State Zip

Position Held _____ Dates ____/____/____ - ____/____/____

Type of Equip. Driven _____
Were you regulated by FMCSA during this job?
 YES NO

Areas Driven In _____
Was this job a FMCSA safety sensitive function position subject to DOT regulated controlled substance & alcohol testing?
 YES NO

Reason for Leaving _____
 YES NO

Fourth Last Employer

Name _____ Phone (____) _____

Address _____
Street City State Zip

Position Held _____ Dates ____/____/____ - ____/____/____

Type of Equip. Driven _____
Were you regulated by FMCSA during this job?
 YES NO

Areas Driven In _____
Was this job a FMCSA safety sensitive function position subject to DOT regulated controlled substance & alcohol testing?
 YES NO

Reason for Leaving _____
 YES NO

Fifth Last Employer

Name _____ Phone (____) _____

Address _____
Street City State Zip

Position Held _____ Dates ____/____/____ - ____/____/____

Type of Equip. Driven _____
Were you regulated by FMCSA during this job?
 YES NO

Areas Driven In _____
Was this job a FMCSA safety sensitive function position subject to DOT regulated controlled substance & alcohol testing?
 YES NO

Reason for Leaving _____
 YES NO

Sixth Last Employer

Name _____ Phone (____) _____

Address _____
Street City State Zip

Position Held _____ Dates ____/____/____ - ____/____/____

Type of Equip. Driven _____
 Were you regulated by FMCSA during this job?
 YES NO

Areas Driven In _____
 Was this job a FMCSA safety sensitive function position subject to DOT regulated controlled substance & alcohol testing?
 YES NO

Reason for Leaving _____
 YES NO

Seventh Last Employer

Name _____ Phone (____) _____

Address _____
Street City State Zip

Position Held _____ Dates ____/____/____ - ____/____/____

Type of Equip. Driven _____
 Were you regulated by FMCSA during this job?
 YES NO

Areas Driven In _____
 Was this job a FMCSA safety sensitive function position subject to DOT regulated controlled substance & alcohol testing?
 YES NO

Reason for Leaving _____
 YES NO

Eighth Last Employer

Name _____ Phone (____) _____

Address _____
Street City State Zip

Position Held _____ Dates ____/____/____ - ____/____/____

Type of Equip. Driven _____
 Were you regulated by FMCSA during this job?
 YES NO

Areas Driven In _____
 Was this job a FMCSA safety sensitive function position subject to DOT regulated controlled substance & alcohol testing?
 YES NO

Reason for Leaving _____
 YES NO

ACCIDENT RECORD OF PAST 10 YEARS OR MORE (Attach sheet if more space is needed.)

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

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 10 YEARS (Other than parking violations.)

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

EDUCATION

Check 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

EXPERIENCE AND QUALIFICATIONS – DRIVER

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
- C. Have you ever been convicted of a felony? YES NO
- D. Have you ever been convicted of a DWI/OWI? YES NO
- E. Have you tested positive or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years? YES NO
- F. If the answer is yes, did you go to a substance abuse professional for an evaluation? YES NO

IF YES TO ANY ANSWER ATTACH STATEMENT GIVING DETAILS!

DRIVING EXPERIENCE – FOR THE PAST TEN YEARS

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES		APPROX. NO. OF MILES (TOTAL)
		FROM	TO	
STRAIGHT TRUCK				
TRACTOR & SEMI-TRAILER				
TRACTOR - TWO TRAILERS				
OTHER				

List states operated in for last five years. _____

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

Which safe driving award do you hold and from whom? _____

List flatbed experience for the past 10 years. _____

List van experience for the past 10 years. _____

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). _____

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. I hereby release employers, schools or persons from all liability in responding to inquiries 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, as permitted by Law.

_____ Date

_____ Applicant's Signature

PROCESS RECORD

APPLICANT HIRED _____

REJECTED _____

DATE EMPLOYED _____

POINT EMPLOYED _____

DEPARTMENT _____

CLASSIFICATION _____

(IF REJECTED, SUMMARY REPORT OR REASONS SHOULD BE PLACE IN FILE)

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

	SUPERIOR	GOOD	FAIR	BELOW AVERAGE	POOR	WRITTEN RECORD ON FILE
1. APPLICATION						
2. INTERVIEW						
3. PAST EMPLOYMENT						
4. WRITTEN EXAM						
5. ROAD TEST						
6. POLICE AND TRAFFIC RECORD						

Signature or interviewing officer: _____

REQUEST FOR CHECK OF DRIVING RECORD

I hereby authorize you to release the following information to T.T.I., Inc.
Prospective Employer
for purposes of investigation as required by Sections 391.23 and 391.25 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information.

Applicant's Signature Date

In accordance with the provisions of Sections 604 and 607 of the **Fair Credit Reporting Act**, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter 1, of Public Law 104-208), I hereby certify the following:

1. The consumer (applicant) has authorized in writing the procurement of this report.
2. The consumer (applicant) has been informed in a separate written disclosure that a consumer report may be obtained for employment purposes;
3. The information requested below will be used for a "permissible purpose" (i.e., information for employment purposes) and will be used for no other purpose;
4. The information being obtained will not be used in violation of any federal or state equal opportunity law or regulation; and
5. Before taking an adverse action based in whole or in part on the report the consumer (applicant) will receive a copy of the requested report and the summary of consumer rights as provided with the report by the consumer reporting agency.

I also hereby certify that this report request and the above applicant's release notice meet the definition of "permissible uses" of state motor vehicle records under the provisions of the **Driver's Privacy Protection Act of 1994** (Public Law 103-322, Title XXX, Section 300002(a)).

Ruth Dudarenke
Signature of Requestor Date

TO: _____

DEAR SIR / MADAM:

- The following named person has made application with our company for the position of _____. In accordance with Section 391.23, Federal Department of Transportation Regulations, please furnish the undersigned with the applicant's driving record for the past three years.
- The following named person is employed with our company in the position of _____. In accordance with Section 391.23, Federal Department of Transportation Regulations, please furnish the undersigned with the applicant's driving record for the past three years.

NAME OF APPLICANT/DRIVER _____

ADDRESS _____
Number & Street City State Zip

FORMER ADDRESS _____
Number & Street City State Zip

DATE OF BIRTH _____ SSN _____ LICENSE NO. _____

REQUESTED BY

T.T.I., Inc.
Name of Company
P.O. Box 188
Address
Eden, WI 53019
City State

Ruth Dudarenke
Typed Name
Driver Recruiter
Title
Ruth Dudarenke
Signature

FAX'D _____
 TO: _____
 ATTN: _____
 FAX: _____

FROM: T.T.I., Inc.
 ATTN: Ruth Dudarenke
 FAX: 920-477-5201 or 920-477-2708
 PHONE: 1-800-558-2664

REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER

SECTION 1 (to be completed by driver)

I hereby authorize you to release the following information to T.T.I., Inc. for the purpose of investigation as required by Section 391.23 and 382.405 and 40.25 and 382.413 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability, which may result from furnishing such information. I also realize I may not be offered a job based on information from this report.

Date ____ - ____ - ____ Social Security # _____ - _____ - _____ Applicant's Signature _____

SECTION 2 (to be completed by previous employer ONLY; drivers do not fill this section out)

Applicant's Name _____

Employment Date(s): From _____ To _____ From _____ To _____

Type of work performed? _____ If Driver, answer below:

- | | | | | | |
|--------------------------------|-----------------------------------|---|--------------------------------------|------------------------------------|---|
| <input type="checkbox"/> OTR | <input type="checkbox"/> 1ST SEAT | <input type="checkbox"/> TRACTOR/SEMI | <input type="checkbox"/> FLATBED | <i>Type of Commodities Hauled?</i> | |
| <input type="checkbox"/> LOCAL | <input type="checkbox"/> 2ND SEAT | <input type="checkbox"/> STRAIGHT TRUCK | <input type="checkbox"/> LOWBOY | <input type="checkbox"/> MACHINERY | <input type="checkbox"/> GENERAL COMMODITIES |
| | <input type="checkbox"/> STUDENT | <input type="checkbox"/> BUS | <input type="checkbox"/> VAN REEFER | <input type="checkbox"/> HOUSEHOLD | <input type="checkbox"/> IRON, STEEL PRODUCTS |
| | | <input type="checkbox"/> OTHER _____ | <input type="checkbox"/> OTHER _____ | <input type="checkbox"/> LUMBER | <input type="checkbox"/> OTHER _____ |

States Operated in: _____

Was Applicant involved in any accidents with you? YES NO

3 Year Accident History: _____ # Chargeable _____ # Non-Chargeable

DATE	CITY/STATE	# OF FATALITIES	# OF INJURIES	TOW
_____	_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO \$ _____
_____	_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO \$ _____
_____	_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO \$ _____

- Has driver had any hours of service violations that resulted in and out of service order? YES NO
- Did he/she have any problems with customers? YES NO
- Was he/she a safe and conscientious driver? YES NO
- Did he/she have any cargo claims? YES NO \$ _____
- Was he/she considered cooperative & dependable? YES NO
- Were loading and unloading schedules made on time? YES NO
- Did he/she have a good safety attitude toward logs? YES NO
- Would you re-employ or re-qualify? YES NO

What was his/her reason for leaving? Discharged Resignation Lay-off Military Other

Comments: _____

If driver was not subject to DOT test requirements while employed by this employer, please check here. Sign below and return.

1. Has this person ever tested positive for controlled substances in the last three years? YES NO
2. Has this person ever had an alcohol test with a Breath Alcohol Concentration 0.04 or greater in the last three years? YES NO
3. Has this person ever refused a required test for drugs or alcohol in the last three years (including adulterated or substituted drug test results)? YES NO
4. If this person has violated a DOT drug/alcohol regulation, do you have documentation of the employee's successful completion of DOT return-to-duty requirement, including follow-up test? YES NO
5. Had driver ever failed to undertake or complete a rehabilitation program recommended by a professional? YES NO
6. Has this person violated any other DOT agency drug and alcohol testing regulations? (Please send this documentation, if applicable.) YES NO

Completed by _____ Title _____ Date _____
 Company _____ Address _____