

COMBINED TRANSPORT

INCORPORATED



DRIVER APPLICATION FOR EMPLOYMENT

Applicants are considered for positions without regard to race, color, religion, creed, age, sex, handicap, or national origin.

I. GENERAL

PLEASE PRINT PLAINLY AND COMPLETE ALL BLANKS.

Name _____					Date: _____
	FIRST	MIDDLE	LAST	Home Phone #: () _____	
Current Address: _____					
	NUMBER	STREET	CITY	STATE	ZIP CODE
Other Addresses (past 3 years):					
_____					How Long? _____
	STREET	CITY	STATE		
_____					How Long? _____
	STREET	CITY	STATE		
Social Security No.: _____ - _____ - _____			Do you have the right to legally remain and work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No		
			In the event of an offer of employment, all persons are required to provide documentation in compliance with the immigration control and reform act.		
Are you 25 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No			Is there any reason you might be unable to perform the functions of the job for which you have applied? _____		
Date of birth _____			If yes, explain: _____		
In case you cannot be located at your current address, whom may we contact?					
Name: _____			Relationship: _____		
Address: _____			Phone #: () _____		
	STREET	CITY	STATE		
Do you have any friends and/or relatives employed by this company? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Name: _____			Relationship: _____		
Name an individual, other than a relative, who can verify periods of unemployment.					
Name: _____			Workday Phone #: _____		
Have you worked here before? <input type="checkbox"/> Yes <input type="checkbox"/> No In what capacity? _____					
How did you hear about this company? <input type="checkbox"/> Advertisement <input type="checkbox"/> Friend <input type="checkbox"/> Relative <input type="checkbox"/> Other _____					
Referred by: Company Employee: _____			ID #: _____		

II. EMPLOYMENT RECORD FOR PAST 10 YEARS

Begin with your present or most recent job and work backward in order, listing your employer for at least 10 years including all full-time and part-time employment. All time must be accounted for including military service, self-employment and periods of unemployment. Use supplementary sheet if necessary. **WE MUST HAVE TELEPHONE NUMBERS. INCLUDE PERIODS OF UNEMPLOYMENT.**

Current or most recent employer: Name: _____ Supervisor: _____	
Are you presently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No May we call your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address: _____ Phone #: () _____	
Position Held: _____ From: _____ To: _____ Rate of Pay: _____	
Did you operate motor vehicle weighing 26,001 pounds or more? <input type="checkbox"/> Yes <input type="checkbox"/> No Type of Equipment: _____ % of Loads Tarpred: _____ Number of states driven in: _____	
(VAN, TANK, FLAT, ETC.)	
Why do you want to change employers? _____	
Were you subject to the FMCSR's? Yes ___ No ___	
Was Job Designated as a Safety Sensitive function in any DOT regulated mode subject to drug and alcohol testing as required by 49 CFR part 40? Yes ___ No ___	
Second last employer: Name: _____ Supervisor: _____	
Address: _____ Phone #: () _____	
Position Held: _____ From: _____ To: _____ Rate of Pay: _____	
Did you operate motor vehicle weighing 26,001 pounds or more? <input type="checkbox"/> Yes <input type="checkbox"/> No Type of Equipment: _____ % of Loads Tarpred: _____ Number of states driven in: _____	
(VAN, TANK, FLAT, ETC.)	
Why do you want to change employers? _____	
Were you subject to the FMCSR's? Yes ___ No ___	
Was Job Designated as a Safety Sensitive function in any DOT regulated mode subject to drug and alcohol testing as required by 49 CFR part 40? Yes ___ No ___	
Third last employer: Name: _____ Supervisor: _____	
Address: _____ Phone #: () _____	
Position Held: _____ From: _____ To: _____ Rate of Pay: _____	
Did you operate motor vehicle weighing 26,001 pounds or more? <input type="checkbox"/> Yes <input type="checkbox"/> No Type of Equipment: _____ % of Loads Tarpred: _____ Number of states driven in: _____	
(VAN, TANK, FLAT, ETC.)	
Why do you want to change employers? _____	
Were you subject to the FMCSR's? Yes ___ No ___	
Was Job Designated as a Safety Sensitive function in any DOT regulated mode subject to drug and alcohol testing as required by 49 CFR part 40? Yes ___ No ___	
Fourth last employer: Name: _____ Supervisor: _____	
Address: _____ Phone #: () _____	
Position Held: _____ From: _____ To: _____ Rate of Pay: _____	
Did you operate motor vehicle weighing 26,001 pounds or more? <input type="checkbox"/> Yes <input type="checkbox"/> No Type of Equipment: _____ % of Loads Tarpred: _____ Number of states driven in: _____	
(VAN, TANK, FLAT, ETC.)	
Why do you want to change employers? _____	
Were you subject to the FMCSR's? Yes ___ No ___	
Was Job Designated as a Safety Sensitive function in any DOT regulated mode subject to drug and alcohol testing as required by 49 CFR part 40? Yes ___ No ___	
Fifth last employer: Name: _____ Supervisor: _____	
Address: _____ Phone #: () _____	
Position Held: _____ From: _____ To: _____ Rate of Pay: _____	
Did you operate motor vehicle weighing 26,001 pounds or more? <input type="checkbox"/> Yes <input type="checkbox"/> No Type of Equipment: _____ % of Loads Tarpred: _____ Number of states driven in: _____	
(VAN, TANK, FLAT, ETC.)	
Why do you want to change employers? _____	
Were you subject to the FMCSR's? Yes ___ No ___	
Was Job Designated as a Safety Sensitive function in any DOT regulated mode subject to drug and alcohol testing as required by 49 CFR part 40? Yes ___ No ___	
Sixth last employer: Name: _____ Supervisor: _____	
Address: _____ Phone #: () _____	
Position Held: _____ From: _____ To: _____ Rate of Pay: _____	
Did you operate motor vehicle weighing 26,001 pounds or more? <input type="checkbox"/> Yes <input type="checkbox"/> No Type of Equipment: _____ % of Loads Tarpred: _____ Number of states driven in: _____	
(VAN, TANK, FLAT, ETC.)	
Why do you want to change employers? _____	
Were you subject to the FMCSR's? Yes ___ No ___	
Was Job Designated as a Safety Sensitive function in any DOT regulated mode subject to drug and alcohol testing as required by 49 CFR part 40? Yes ___ No ___	

III. DRIVING RECORD/EXPERIENCE

LICENSE:

List ALL drivers licenses/permits held in past three (3) years.

STATE	LICENSE NUMBER	TYPE	EXPIRATION DATE

Is your current license a CDL? Yes No State _____

Endorsements: 1) Combination vehicles over 26,001 lbs. Yes No
 2) Hazardous material Yes No
 3) Air brakes Yes No
 4) Doubles / Triples Yes No

TRAFFIC CONVICTIONS/FORFEITURES:

List ALL car and truck moving convictions and forfeitures for the past three (3) years. (IF NONE, WRITE NONE.)

DATE	LOCATION (STATE)	CHARGE	PENALTY

ACCIDENT RECORD:

List ALL accidents with truck and car for past three years, include preventable and non-preventable, whether or not on MVR. (IF NONE, WRITE NONE.)

DATE	TYPE OF VEHICLE	NATURE OF ACCIDENT (HEAD ON, REAR-END, UPSET, ETC.)	INDICATE PREVENTABLE OR NON-PREVENTABLE	FATALITIES	INJURIES	AMOUNT OF PROPERTY DAMAGE
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

NATURE AND EXTENT OF EXPERIENCE:

TYPE	TRAILER LENGTH	DATES		APPROX. NUMBER OF MILES	STATES OPERATED
		FROM	TO		
Tractor with Flatbed					
Tractor with Van					
Tractor with Reefer					
Tractor with Tank					
Heavy Haul					
Glass Hauling					
Other (specify)					

Show special courses or training that will help you as a Driver: _____

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

- A. Have you EVER been denied a license, permit or privilege to operate a motor vehicle? Yes No
 - B. Have you EVER had license, permit or privilege suspended or revoked? Yes No
 - C. Have you EVER been convicted for driving while under the influence of alcohol or drugs? Yes No
 - D. Have you EVER been refused liability insurance? Yes No
 - E. Have you EVER been convicted of a crime? Yes No
 - F. Have you EVER been disqualified to drive by Federal Regulations? Yes No
- If answer to ANY question is yes, state details, circumstances, and date: _____
- _____
- _____
- _____
- _____

IV. EDUCATIONAL BACKGROUND

TYPE OF SCHOOL	NAME AND CITY/STATE	GRADUATED	HOW MANY YEARS ATTENDED	MAJOR
Grade		<input type="checkbox"/> Yes <input type="checkbox"/> No		
High School		<input type="checkbox"/> Yes <input type="checkbox"/> No		
College		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Graduate		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Business or Trade		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Driving School		<input type="checkbox"/> Yes <input type="checkbox"/> No	Start Date:	Graduation Date:

V. MILITARY STATUS

Have you served in the U.S. Armed Forces? Yes No Branch _____ Dates: From _____ To _____
 Do you have a DD214? Yes No Where did you file your DD214? _____ COUNTY / STATE DISCHARGED _____

VI. AGREEMENT

TO BE READ AND SIGNED BY APPLICANT

In connection with my application for employment (including contract for services) with you, I understand that an investigative consumer report is being requested from DAC Services, Tulsa Oklahoma, that will include information as to my character, work habits, performance and experience, along with reasons for termination of past employment from previous employers. Further, I understand that you will be requesting information concerning my driving record and/or information from various federal, state, and other agencies which maintain records concerning traffic offenses, accidents, etc., as well as information from DAC concerning (1) previous driving record requests made by others from such state agencies; (2) state provided driving records; (3) claims involving me in the files of insurance companies.

I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY DAC TO FURNISH THE ABOVE-MENTIONED INFORMATION.

I have a right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of this investigation. I hereby consent to your obtaining the above information from DAC, and agree that such information which DAC has or obtains, and my employment history with you if I am hire, will be supplied by DAC to other companies which subscribe to DAC's services.

To Applicant: READ THIS INFORMATION CAREFULLY BEFORE SUBMITTING THIS APPLICATION.

The Civil Rights Act of 1964 and 1991 prohibits discrimination in employment because of race, color, religion, sex or national origin. Federal law also prohibits discrimination on the basis of age and disability. The laws of most States also prohibit some or all of the above types of discrimination as well as some additional types such as discrimination based upon ancestry, sexual preference or marital status.

It is agreed and understood that any misrepresentations of information given above shall be considered an act of dishonesty.

It is agreed and understood that the employer or his agents may investigate the applicant's background to ascertain any and all information of concern to applicant's record, whether same is of record or not and applicant releases employers and persons named herein from all liability for any damages on account of his furnishing such information.

The applicant agrees to furnish such additional information and complete such examinations as may be required to complete his employment file.

It is agreed and understood that this application for employment in no way obligates the employer to employ the applicant.

It is agreed and understood that if hired, the employee may be on a probationary period during which time he may be discharged without recourse.

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 hereby authorize former employers to release to Combined Transport Inc. any positive controlled substances test results; alcohol test of .04 or greater; evidence of refusals to be tested; and information on any required substance abuse professional evaluation, determination of driver's need for assistance, and driver's compliance with these recommendations for the three years preceding today's date. I request that such records be released immediately.

This authorization is valid until withdrawn by me in writing.

Date: _____ Applicant's Signature: _____

Call 1-800-290-2327

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

In connection with your application for employment with Combined Transport Inc ("Prospective Employer"), it may obtain one or more reports regarding your credit, driving, and/or criminal background history from a consumer reporting agency and/or other sources. If the Prospective Employer uses any information it obtains from a background report 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 a background report, the Prospective Employer will notify you that the action has been taken and that the background report was the reason for the action. The Prospective Employer cannot obtain background reports from consumer reporting agencies or other sources regarding you unless you consent in writing. If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

Combined

I authorize Transport, Inc ("Prospective Employer") to contact any organization or individual that I have listed on my employment application or resume or mentioned in job interviews and obtain from them any relevant information about my job qualifications, including my experience, skills, and abilities. 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, as well as any reference-related information about me held or known by my former employers, supervisors, and co-workers. In addition, I consent to the release of any information about my education, experience, abilities, or work-related characteristics or traits held or known by other organizations or individuals, including schools and educational institutions, professional or business associates, and friends and acquaintances that Prospective Employer might contact in the course of conducting a reference check or background investigation of my suitability for employment.

I understand and acknowledge that this release of information can involve my qualifications, performance, credentials, or other characteristics or factors affecting my suitability for employment with Prospective Employer. Specifically, I am authorizing the release of any information about my performance, experience, capability, attitude, specific events, or other work-related characteristics that currently are in the possession of the requested organizations or their managers or representatives.

In exchange for Prospective Employer's consideration of my employment application, I agree not to file or pursue any complaints, claims, or legal actions of any kind against any organization or individual that provides work-related information about me to Prospective Employer or its agents in accordance with the terms and intent of this release. I also agree not to file or pursue any complaints, claims, or legal actions against Prospective Employer or any of its employees, representatives, or agents arising out of their efforts to obtain work-related information about me.

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 and/or any entity it retains to obtain such background reports may obtain reports of my credit, driving, and/or criminal background history in addition to information regarding my background, references, education, specific events, and past employment.

I hereby authorize Prospective Employer and its employees, agents, and affiliates to obtain the information authorized above.

Date: _____

Signature

Name (Please Print)

NOTICE: The information contained herein is made available to monthly account holders by NICT solely for use as an example of template content. NICT assumes no legal liability or responsibility for the accuracy, completeness or currency of the information disclosed in this example. The intent of the template example is to illustrate for a monthly account holder an example of a driver consent form, but all monthly account holders and third party information providers should consult their own legal counsel with respect to the proper format and content of this notice.

COMBINED TRANSPORT

INCORPORATED

POST OFFICE BOX 3667 CENTRAL POINT, OREGON 97502
(541) 734-7418 (800) 547-2870 FAX (541) 826-3459

Employment Verification

Applicant's Name _____

Social Security Number _____

You are hereby authorized to give Combined Transport all information concerning records of employment, including oral assessments of my job performance, ability, and fitness, to each and every company (or their authorized agents) which may request such information in connection with my application for DOT qualification. You are released from any liability, which may result from giving such information; I understand that the information in this form will be used and that prior employers will be contacted for purposes of investigation as required by 391.23 of the Motor Carrier Safety Regulation. I authorize the release of any information related to my alcohol and controlled substance testing and training records, by any former employers and hold them harmless of any liability from release of said information.

I understand that I have the right to review information provided by previous employers, have errors corrected by previous employer and resubmitted to Combined Transport and/or have a rebuttal statement attached to erroneous information if my previous employer and I cannot agree on the accuracy of the information. I understand that I must request past employer information obtained by Combined Transport in writing within 30-days of employment or denial of employment.

Applicant's Signature _____

Company Name: _____

Address: _____

Dates of Employment: from _____ to _____

Please circle all that apply:

Company Driver Over the Road Single Tractor Trailer Van/Reefer
Owner Operator Regional Team Straight Truck Flat Bed
Other _____ Local Trainee Tanker Other _____

Type of Commodities hauled: _____

States operated in: _____

Number of out of service (OOS) violations _____ Percentage of Tarp loads _____

Accident Information:

Date	Location	# of Injuries	Fatalities	H/M Involved	Description

Why did the employee leave your company? Resigned _____ Discharged _____ Laid Off _____ Other _____

Explanation: _____

Would you rehire this person? Yes _____ No _____ Upon Review _____ Is this company policy? _____

Verified by: _____ Signature: _____

Job Title: _____ Phone: _____

REQUEST/CONSENT FOR ALCOHOL AND CONTROLLED SUBSTANCE INFORMATION FROM PREVIOUS EMPLOYERS

SECTION 1: To be completed by prospective employee

I, (Print Name) _____, hereby authorized that:

First, M.I., Last

Social Security Number

Previous Employer: _____

Street: _____ Telephone: _____

City, State, Zip: _____ Fax: _____

May release and forward all information requested by Section 2 (below) of this document concerning my Alcohol and Controlled Substances Testing records to:

Prospective Employer: Combined Transport Inc. Attn: Recruiting

Address: 5656 Crater Lake Avenue P.O. Box 3667 Telephone: 541-734-7418

City, State, Zip: Central Point, OR 97502 Fax: 800-867-3459

Applicant Signature: _____ **Date:** _____

This request is in compliance with 49 CFR Part 40.25, which states: Records shall be made available to a subsequent employer upon receipt of a written request from an employee.

SECTION 2: To be completed by previous employer

If the employee was not subject to 49 CFR Part 40 testing requirements while employed by you, please check here _____, sign below and return.

Under 49 CFR Part 391.23e:

	YES	NO	N/A
1. Has this person within the previous three years violated the alcohol and controlled substances prohibitions under subpart B of part 381, or 49 CFR Part 40?	_____	_____	_____
2. If this person violated the alcohol and controlled substances prohibitions did they fail to undertake or complete a rehabilitation program prescribed by a substance abuse professional?	_____	_____	_____
3. If this person violated the alcohol and controlled substances prohibitions did they successfully complete a rehabilitation program?	_____	_____	_____
4. If this person completed a substance abuse program and remained in your employ, did they have any of the following testing violations:			
a. Alcohol tests with a result of 0.04 or higher alcohol concentration?	_____	_____	_____
b. Verified positive drug tests?	_____	_____	_____
c. Refusals to be tested (including verified adulterated or substituted drug test results)?	_____	_____	_____

PLEASE INCLUDE INFORMATION RECEIVED FROM PREVIOUS EMPLOYERS

If **YES** to any of the above questions, please provide the name, address, and phone number of the Substance Abuse Professional (SAP) for further reference.

Name: _____

Street: _____

City, State, Zip: _____ Telephone: _____

Completed by (Signature): _____ **Date:** _____