

DRIVER/CONTRACTOR APPLICATION FORM



Terminal: Houston Laredo Pharr Brownsville El Paso

Hire Date: _____

Position for which you are applying: Driver Owner Operator Driver for Owner Operator

GENERAL INFORMATION

Today's Date: _____

Name _____
First M Last

Present Address _____ Telephone # _____ How Long (Months) _____
Street, City, State, Zip Code

List Addresses _____ How Long (Months) _____
 for Past 3 _____
Street, City, State, Zip Code

Years: _____ How Long (Months) _____
Street, City, State, Zip Code

Social Security # _____ Date of Birth _____ Drivers License # _____

Class A B C State _____ Expiration Date _____ Endorsements _____

EDUCATION AND SKILLS

Circle Highest Grade Completed:

First through Ninth Grade
 1 2 3 4 5 6 7 8 9

High School
 10 11 12

College
 1 2 3 4

Graduate School
 1 2 3 4 5 6

Type of School	Name and City/State	From Month/Year	To Month/Year	Did You Graduate?	Type of School	Name and City/State	From Month/Year	To Month/Year	Did you Graduate?
High School					College				
Other					Specialized Training				

DRIVER PAST RECORD

Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes No

Have you ever been disqualified for violation(s) of the Federal Motor Carrier Safety Regulations? Yes No

Has any license, permit or privilege ever been suspended or revoked? Yes No

Describe: _____

Do you have a CDL? Yes No

Do you have driving Experience? Yes No

Type of Equipment	Dates From/To

Type of Equipment	Dates From/To

Type of Equipment	Dates From/To

Please list any other relevant experience: _____

Please list all states and provinces you have operated a commercial motor vehicle during the past 5 years: _____

Please list any safe driving awards you have received: _____

ACCIDENTS AND INCIDENTS

Have you been involved in an accident in the past 3 years? (If yes, please complete the information below.) Yes No

Date of Accident _____ Location (City/State) _____ Fine (if any) \$ _____

Describe the Accident _____

No. of Injuries _____ No. of Fatalities _____ Was HazMat (other than fuel from tanks) released? Yes No

Type of Vehicle Operated _____ DOT Regulation Cited _____

Date of Accident _____ Location (City/State) _____ Fine (if any) \$ _____

Describe the Accident _____

No. of Injuries _____ No. of Fatalities _____ Was HazMat (other than fuel from tanks) released? Yes No

Type of Vehicle Operated _____ DOT Regulation Cited _____

Have you been involved in forfeiture in the past 3 years? (If yes, please complete the information below.) Yes No

Date of Incident _____ Location (City/State) _____ Fine (if any) \$ _____

Describe the Incident _____ DOT Regulation Cited _____

No. of Injuries _____ No. of Fatalities _____ Was HazMat (other than fuel) released? Yes No

Date of Incident _____ Location (City/State) _____ Fine (if any) \$ _____

Describe the Incident _____ DOT Regulation Cited _____

EMPLOYMENT INFORMATION

List all periods of employment and unemployment in reverse order starting with the most recent. CFR § 391.51(b) requires 3 years history to be verified and 7 subsequent years to be recorded for a total of **10 years employment history**, or to the extent of which the applicant has worked. (If additional space is needed, please use Employment Information Attachment.)

Employer Name _____	Telephone # () - _____	Facsimile # () - _____
Address _____	Position _____	
(Street, City, State, Zip Code)		
Supervisor's Name _____	Employed From _____ / _____ To _____ / _____	Reason for Leaving _____
(month/year) (month/year)		Ending Salary _____
CDL Required? Yes <input type="checkbox"/> No <input type="checkbox"/>	Were you subject to the FMCSR's while employed? Yes <input type="checkbox"/> No <input type="checkbox"/>	Was the job designated as a safety sensitive function in any DOT regulated mode subject to alcohol & controlled substance testing required by 49 CFR Part 40? Yes <input type="checkbox"/> No <input type="checkbox"/>

If gap between employers, indicate reason: Unemployed Attending School Self-Employed Other _____

Employer Name _____	Telephone # () - _____	Facsimile # () - _____
Address _____	Position _____	
(Street, City, State, Zip Code)		
Supervisor's Name _____	Employed From _____ / _____ To _____ / _____	Reason for Leaving _____
(month/year) (month/year)		Ending Salary _____
CDL Required? Yes <input type="checkbox"/> No <input type="checkbox"/>	Were you subject to the FMCSR's while employed? Yes <input type="checkbox"/> No <input type="checkbox"/>	Was the job designated as a safety sensitive function in any DOT regulated mode subject to alcohol & controlled substance testing required by 49 CFR Part 40? Yes <input type="checkbox"/> No <input type="checkbox"/>

If gap between employers, indicate reason: Unemployed Attending School Self-Employed Other _____

Employer Name _____	Telephone # () - _____	Facsimile # () - _____
Address _____	Position _____	
(Street, City, State, Zip Code)		
Supervisor's Name _____	Employed From _____ / _____ To _____ / _____	Reason for Leaving _____
(month/year) (month/year)		Ending Salary _____
CDL Required? Yes <input type="checkbox"/> No <input type="checkbox"/>	Were you subject to the FMCSR's while employed? Yes <input type="checkbox"/> No <input type="checkbox"/>	Was the job designated as a safety sensitive function in any DOT regulated mode subject to alcohol & controlled substance testing required by 49 CFR Part 40? Yes <input type="checkbox"/> No <input type="checkbox"/>

If gap between employers, indicate reason: Unemployed Attending School Self-Employed Other _____

EMPLOYMENT INFORMATION (CONT.)

Employer Name _____ Telephone # () - _____ Facsimile # () - _____
Address _____ Position _____
(Street, City, State, Zip Code)
Supervisor's Name _____ Employed From / / To / / Reason for Leaving _____ Ending Salary _____
(month/year) (month/year)
CDL Required? Were you subject to the FMCSR's while Was the job designated as a safety sensitive function in any DOT regulated mode subject to
Yes No employed? Yes No alcohol & controlled substance testing required by 49 CFR Part 40? Yes No

If gap between employers, indicate reason: Unemployed Attending School Self-Employed Other _____

Employer Name _____ Telephone # () - _____ Facsimile # () - _____
Address _____ Position _____
(Street, City, State, Zip Code)
Supervisor's Name _____ Employed From / / To / / Reason for Leaving _____ Ending Salary _____
(month/year) (month/year)
CDL Required? Were you subject to the FMCSR's while Was the job designated as a safety sensitive function in any DOT regulated mode subject to
Yes No employed? Yes No alcohol & controlled substance testing required by 49 CFR Part 40? Yes No

If gap between employers, indicate reason: Unemployed Attending School Self-Employed Other _____

Employer Name _____ Telephone # () - _____ Facsimile # () - _____
Address _____ Position _____
(Street, City, State, Zip Code)
Supervisor's Name _____ Employed From / / To / / Reason for Leaving _____ Ending Salary _____
(month/year) (month/year)
CDL Required? Were you subject to the FMCSR's while Was the job designated as a safety sensitive function in any DOT regulated mode subject to
Yes No employed? Yes No alcohol & controlled substance testing required by 49 CFR Part 40? Yes No

If gap between employers, indicate reason: Unemployed Attending School Self-Employed Other _____

Employer Name _____ Telephone # () - _____ Facsimile # () - _____
Address _____ Position _____
(Street, City, State, Zip Code)
Supervisor's Name _____ Employed From / / To / / Reason for Leaving _____ Ending Salary _____
(month/year) (month/year)
CDL Required? Were you subject to the FMCSR's while Was the job designated as a safety sensitive function in any DOT regulated mode subject to
Yes No employed? Yes No alcohol & controlled substance testing required by 49 CFR Part 40? Yes No

If gap between employers, indicate reason: Unemployed Attending School Self-Employed Other _____

Employer Name _____ Telephone # () - _____ Facsimile # () - _____
Address _____ Position _____
(Street, City, State, Zip Code)
Supervisor's Name _____ Employed From / / To / / Reason for Leaving _____ Ending Salary _____
(month/year) (month/year)
CDL Required? Were you subject to the FMCSR's while Was the job designated as a safety sensitive function in any DOT regulated mode subject to
Yes No employed? Yes No alcohol & controlled substance testing required by 49 CFR Part 40? Yes No

If gap between employers, indicate reason: Unemployed Attending School Self-Employed Other _____

Applicant Certification

By signing this statement I certify that:

- This application for employment/contract was completed by me and that all entries on it and the information contained within it are true and correct to the best of my knowledge.
- As required by § 383.21 of the FMCSR's, I only have one motor vehicle operator's license.

Furthermore, I authorize you (the company or agencies) 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/contract decision. I hereby release any and all of; the employers, the schools, the health care providers, Terrier Transportation, Inc. and their subsidiaries, as well as the other persons associated with this application for employment/contract and the subsequent processes and procedures from all liability in response to inquiries and the releasing of information in connection with my application. In the event of employment/contract, I understand that false or misleading information given in my application or interview(s) may be considered fraud and could be construed as criminal, and may be grounds for termination and permanent discharge from this company. I understand that I am required to abide by all rules and regulations of the company as outlined in the company policies and statements.

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 that I have the right to:

- a.) Review information provided by previous employers;
- a.) Have errors in the information corrected by previous employers and for those previous employers to resend the corrected information to the prospective employer; and
- a.) 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.

Applicant's Signature _____ Date _____

Terrier Transportation, Inc. is an equal opportunity employer. Terrier does not discriminate on the basis of race, color, religion, gender, age, sexual orientation, national origin or ancestry, physical or mental disability, marital status, pregnancy, veteran status, medical condition, or any other protected status as defined by law.

For Completion by Terrier Transportation, Inc. Representative

Reviewed by: _____ **Date:** _____

Comments: _____



RELEASE OF CDL HOLDER'S REPORTED POSITIVE ALCOHOL OR CONTROLLED SUBSTANCE TEST RESULTS



Use this form to obtain the CDL holder's reported positive alcohol or controlled substance test results information.

This form should **ONLY** be used if you wish to inquire whether or not a prospective driver (CDL Holder) has had a positive alcohol or controlled substance test result reported to the Texas Department of Public Safety in compliance with state law.

THIS FORM IS NOT REQUIRED FOR REPORTING A POSITIVE ALCOHOL OR CONTROLLED SUBSTANCE TEST.

1. This form must be completed in full and include the driver's original signature.
2. Deliver or mail the completed form to:

**Texas Department of Public Safety
Motor Carrier Bureau, MSC# 0522
6200 Guadalupe, Building P
Austin, Texas 78752-4019**

I, _____ ,
Print Name of CDL Holder

of _____ ,
Print Address of CDL Holder

authorize release of the CDL holder's reported positive alcohol or controlled substance test results reported under state law

to _____ ,
Print Name

of _____ ,
Print Address

Driver License Number: _____ State: _____ Date of Birth: _____

Signature of Driver:

Date:

X

DO NOT SEND THIS FORM BY FACSIMILE

MCS-21 (REV 09/01/05)

Terrier Transportation, Inc.

4708 Fidelity, Houston, TX 77029
713-554-1791 Phone
713-554-1833 or 713-672-6226 Fax



REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYERS

By signing below, I acknowledge and authorize the release of the following information for the purpose of investigation to Terrier Transportation, Inc., as required by § 391.23 and allowed by § 383.35 of the Federal Motor Carrier Safety Regulations. I fully understand and do hereby give my consent to obtain the information required by 49 CFR § 382.413. You are released from any and all liability that may result from furnishing such information.

Printed Name _____ Date: _____

Signature: _____ SSN: _____

TO BE COMPLETED BY TERRIER TRANSPORTATION REPRESENTATIVE

PREVIOUS EMPLOYER INFORMATION:

Company Name: _____ Telephone #: _____

Supervisor Name: _____ Facsimile #: _____

Address: _____
Street City State Zip

TO BE COMPLETED BY PREVIOUS EMPLOYER – REQUIRED BY FMCSR § 391.23 AND § 40.25

Accident History

The applicant named above was employed by us. Yes No

Position Held: _____ From (mm/yyyy): _____ To (mm/yyyy): _____

Did he/she drive motor vehicles for you? Yes No If yes, what type? Straight Truck Tractor-Trailer Bus

Cargo Tank Doubles/Triples Other (specify) _____

Reason for leaving? Resignation Discharge Lay-Off Military Duty Other _____

If there is no safety performance history to report, check here , sign below and return.

Accidents: Complete the following for any accidents included on your accident register that involved the applicant or check here if there is no accident register data for this person.

Date	Location	No. of Injuries	No. of Fatalities	HazMat Spill
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Please provide information concerning any other accidents involving the applicant that were reported to government agencies, insurers or retained under company policy. _____

Drug and Alcohol History

If the driver was **not** subject to Dept of Transportation testing requirements while employed by you, please check here .

Driver was subject to DOT testing requirements from _____ to _____ . **Yes No**

- 1. Has this person had an alcohol test with a result of 0.04 or higher alcohol concentration? **Yes** **No**
- 1. Has this person tested positive or adulterated or substituted a test specimen for controlled substance? **Yes** **No**
- 1. Has this person refused to submit to a post-accident random, reasonable suspicion, or follow-up alcohol or controlled substance test? **Yes** **No**
- 1. Has this person committed other violations of Subpart B of Part 382, or Part 40? **Yes** **No**
- 1. If this person violated a drug and alcohol regulation, did this person complete a SAP-prescribed rehabilitation program in your employ, including return-to-duty and follow-up tests? If yes, please send documentation back with this form. **Yes** **No**
- 1. For a driver who successfully completed a SAP's rehabilitation referral and remained in your employ, did this driver subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test or a refusal to be tested? **Yes** **No**

In answering these questions, include any required DOT drug or alcohol testing information obtained from prior previous employers in the previous 3 years. Indicate their contact information below:

Company Name/Address _____ Tel. # _____

Completed by: _____ Date: _____



4708 Fidelity, Houston, TX 77029

Request for Check of Driving Record

I hereby authorize Terrier Transportation, Inc. to generate a Motor Vehicle Report for the purpose of investigation as required by § 391.23 and 391.25 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability that may result from furnishing such information.

Applicant's Signature

Date

Printed Name

Date of Birth

Driver's License Number and State of Issuance

Date of Expiration

Fair Credit Reporting Act Disclosure Statement

In accordance with the FAIR CREDIT REPORTING ACT (Public Law 91-508), as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I, of Public Law 104-208), you are being informed that consumer reports verifying your previous employment, drug and alcohol test results, and driving record may be obtained on you for employment purposes.

I acknowledge the receipt of the above disclosure and authorize Terrier Transportation, Inc. to obtain consumer reports on me for employment purposes. The authorization is ongoing in the event such a report is needed in the future.

Applicant's Signature

Date



4708 Fidelity, Houston, TX 77029

Pre-Employment/Contract Drug & Alcohol Statement

FMCSR §40.25(j) As the employer; you must also ask the employee whether he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past three years. If the employee admits that he or she had a positive test or a refusal to test, you must not use the employee to perform safety-sensitive functions for you until and unless the employee documents successful completion of the return-to-duty process. (See §40.25(b)(5) and (e).)

Prospective Employee/Contractor Name (please print): _____

Social Security Number: _____ Date of Birth: _____

The prospective employee/contractor is required by §40.25(j) to respond to the following questions.

- 1.) 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 three years?

Check one: Yes No

- 2.) If you answered yes, can you provide/obtain proof that you've successfully completed the DOT return-to-duty requirements?

Prospective Employee/Contractor: _____ Date: _____
(Signature)

Witnessed By: _____ Date: _____
(Signature)