



Thank you for your interest in **TAA Logistics Inc.**

In compliance with Federal and State equal employment opportunity 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 fill out this form, you will need to know the following:

- Social Security Number
- Home address history for the past 3 years
- Current driver license number and driver license history for the past 3 years
- Employment history up to 10 years
- History of traffic accidents, violations and/or convictions from the last 3 years (including DUI or reckless driving conviction and license suspension)

REQUIREMENTS

To qualify with TAA LOGISTICS INC, you must meet the following criteria:

- Must be 23 years of age or older
- Must meet all DOT requirements and qualifications
- Must have a valid Class A CDL
- Must have two (2) years of verifiable OTR experience
- Must have acceptable driving record as reflected on MVR and PSP
- Must have valid DOT physical
- Must pass required pre-employment drug test
- Must pass company driving test (if required)
- Must have stable work history
- No more than 3 preventable accidents in 5 years, at company discretion
- No DUI or DWI convictions in the past 5 years, at company discretion
- No positive or refused drug screens in the past 5 years, at company discretion

APPLICATION FOR EMPLOYMENT

Name: _____

(Street) (City) (State & Zip Code)

Date of Birth: _____ Social Security Number _____

Hire Date: _____

Phone Number: _____ Email Address: _____

PREVIOUS THREE YEARS RESIDENCY

(Street) (City) (State & Zip Code) How Long? _____

(Street) (City) (State & Zip Code) How Long? _____

(Street) (City) (State & Zip Code) How Long? _____

LICENSE INFORMATION

Section 383.21 FMCSR states “No person who operates a commercial motor vehicle shall at any time have more than one driver’s license”. I certify that I do not have more than one motor vehicle license, the information for which is listed below:

STATE	LICENSE NO.	TYPE	EXPIRATION DATE

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS

(Other than parking violations – attach sheet if needed)

DATE CONVICTED	VIOLATION	STATE OF VIOLATION	PENALTY

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT	DATES From To	APPROX NO. OF MILES (TOTAL)
STRAIGHT TRUCK			
TRACTOR & SEMI-TRAILER			
TRACTOR-TWO TRAILERS			
OTHER			

ACCIDENT RECORD FOR THE PAST 3 YEARS OR MORE

(Attach sheet if needed)

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPDET, ETC.)	NUMBER OF FATALITIES	NUMBER OF INJURIES	CHEMICAL SPILLS (yes or no)

FMCSR

Are you currently disqualified from driving a commercial motor vehicle? [49 CFR 391.15]

Yes ____ No ____

Has your license, permit, or privilege to drive ever been suspended or revoked for any reason?
[49 CFR 391.21 (b)(9)]

Yes ____ No ____

Have you ever been denied a license, permit, or privilege to operate a motor vehicle? [49 CFR 391.21(b)(9)]

Yes ____ No ____

Within the past two years, have you tested positive, or refused to test, on a pre-employment drug or alcohol test by an employer to whom you applied, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules? [49 CFR 40.25)]

Yes ____ No ____

In the past three (3) years, have you ever been convicted of any of the following offenses committed during on-duty time (49 C.F.R. 391.15 and 49 C.F.R. 395.2]:*

- Driving a commercial motor vehicle with a blood alcohol concentration ("BAC") of .04 percent or more

Yes ____ No ____

- Driving under the influence of alcohol, as prescribed by state law

Yes ____ No ____

- Refusal to undergo drug and alcohol testing as required by any jurisdiction for the enforcement of Federal Motor Carrier Safety Act regulations

Yes ____ No ____

• Driving a commercial motor vehicle under the influence of any 21 C.F.R. 1308.11 Schedule I identified controlled substance, an amphetamine, a narcotic drug, a formulation of an amphetamine, or a derivative of a narcotic drug

Yes ____ No ____

• Transportation, possession, or unlawful use of a 21 C.F.R. 1308.11 Schedule I identified controlled substance, amphetamines, narcotic drugs, formulations of an amphetamine, or derivatives of narcotic drugs while you were on duty driving for a motor carrier

Yes ____ No ____

• Leaving the scene of an accident while operating a commercial motor

Yes ____ No ____

EMPLOYMENT RECORD

(Attach sheet if needed)

Applicants that desire to drive in intrastate/interstate commerce must provide the following information on all employers

during the previous 3 years. You must give the same information for all employers you have driven a commercial motor

vehicle for the 7 years prior to the initial 3 years (total of 10 years employment record).

Must list the complete mailing address: street number and name, city, state, and zip code.

Last Employer: Name _____

Address _____ Phone _____

Position Held _____ From _____ To _____ Salary _____

Reasons for Leaving _____

Any gaps in employment and/or unemployment must be explained. Include Dates (month/year) and reason. _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes No (circle one)

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substance testing requirements as required by 49 CFR Part 40? Yes No (circle one)

Second Employer: Name _____

Address _____ Phone _____

Position Held _____ From _____ To _____ Salary _____

Reasons for Leaving _____

Any gaps in employment and/or unemployment must be explained. Include Dates (month/year) and reason. _____

EMPLOYMENT RECORD (cont...)

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes No (circle one)

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substance testing requirements as required by 49 CFR Part 40? Yes No (circle one)

Third Employer: Name _____

Address _____ Phone _____

Position Held _____ From _____ To _____ Salary _____

Reasons for Leaving _____

Any gaps in employment and/or unemployment must be explained. Include Dates (month/year) and reason. _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes No (circle one)

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substance testing requirements as required by 49 CFR Part 40? Yes No (circle one)

TO BE READ AND SIGNED BY APPLICANT

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 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 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 I have the right to:

1. Review information provided by previous employers;
2. Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer;
3. and 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.

Signature _____ **Date:** _____

This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge

Date _____ **Applicant's Signature** _____

Note: A motor carrier may require an applicant to provide information in addition to the information required by the FMSCA.

SAFETY PERFORMANCE HISTORY RECORDS REQUEST

I, _____
(First, Middle, Last) (SSN) (DOB)

Hereby Authorize:

Previous Employer: _____ Phone: _____

Street _____ Fax No: _____

City, State, Zip: _____ Email: _____

To Release and forward the information requested by FMCSR Section of this document concerning my Alcohol and Controlled Substance Testing records within the previous 3 years from _____

Date of Application

To Attn: _____ Phone: (708) 567-5424

Prospective Employer: (Company) **TAA LOGISTICS INC**

Street: (Address) **18949 Wolf Road**

City, State, Zip: (City) **Mokena, IL, 60448**

Fax: (Fax) **(708) 567-5424**

In compliance with Section 40.25 (g) and 391.23(h), release of this information must be made in a written form that ensures confidentiality, such as fax, letter or email.

Applicant's Signature

Date