

# APPLICATION | Non-DOT



## 1. Personal Information

**Name:**

Telephone:

Cell Phone:

Email:

SSN/SID:

Date of Application:

**Commercial Driver Applicant:**

Birthdate:

Current Address

Address:

From:

To:

Total:

Does this cover your last three years residence?

Second Address

Address:

From:

To:

Total:

Does this cover your last three years residence?

Third Address

Address:

From:

To:

Total:

Does this cover your last three years residence?

Fourth Address

Address:



From:

To:

Total:

Total Years for residence

**Total:**



## 2. Emergency Contact Information

Emergency Contact Name

Emergency Contact Relationship

Emergency Contact Primary Telephone number

Emergency Contact Secondary Telephone number

## 3. Employment Type Desired

Full time or Part-time desired?

Were you referred by someone and if so, whom?

Have you worked for this company before?

If you have worked for this Company Before, Why did you leave?

Date of employment from:

Date of employment to:

How will you get to work?

Are you willing to work any shift, including nights and weekends?

Please explain any limitations:

If Applicable, are you willing to work Overtime?

If Offered Employment, when would you be able to begin work?

Are you able to perform the essential function of the job position you seek with or without reasonable accommodation?

What reasonable accommodation, if any, would you request?

## 4. Salary Desired

**Salary Desired:**

Compensation Unit:

If Hired, are you able to submit proof that you are legally eligible for employment in the united states?

## 5. Criminal History

Do you live in a State that prohibits an employer asking about your criminal history?

**Have you ever been convicted of a Crime?**

Please Explain:



## 6. Education and Training

Educational Experience:

Last School Attended:

Did you receive a degree?

Degree type received:

Would you like to provide the school address?

School Address:

List any professional licenses or certifications that you hold:

Please indicate any Awards, Honors or Special Achievements:

Skill Type:

Microsoft Office Suite (Word, Excel, Powerpoint):

Typing, Keyboarding, Filing:

Accounting, Bookkeeping, Reconciliation, Auditing:

Telephones, VOIP Phones, Cellular Asset Management:

Customer Service, Sales, CRM:

Web Sites, HTML, CSS, WordPress:

Please describe OTHER:

## 7. Military Service

Are you or were you a member of the Military?

Military Branch Served:

Please list any specialized Training and Discharge Status:

Date from:

Date to:

Are you currently enlisted, in the reserves or otherwise still engaged with the military services?:

## 8. License Driving Record

**Do you have a CDL (commercial driver's license)?**

Current Driver's License Number:

Current License Class:

Current State of Issue:

Drivers License Expiration Date:

DOL Eye Color Listed on your License:

## 9. Ethnicity and Race

Ethnicity and race information is requested under the authority of 42 U.S.C. Section 2000e-16 and in compliance with the Office of Management and Budget's 1997 Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity. Providing this information is voluntary and has no impact on your employment status, but in the instance of missing information, your employing agency will attempt to identify your race and ethnicity by visual observation.

This information is used as necessary to plan for equal employment opportunity throughout the Federal government. It is also used by the U. S. Office of Personnel Management or employing agency maintaining the records to locate individuals for personnel research or survey response and in the production of summary descriptive statistics and analytical studies in support of the function for which the records are collected and maintained, or for related workforce studies.

Social Security Number (SSN) is requested under the authority of Executive Order 9397, which requires SSN be used for the purpose of uniform, orderly administration of personnel records. Providing this information is voluntary and failure to do so will have no effect on your employment status. If SSN is not provided, however, other agency sources may be used to obtain it.

Question 1. Are You Hispanic or Latino?

Question 2. Please select the racial category or categories with which you most closely identify.

Height:

Weight:

## 10. Previous Employment Summary

### 1. Employer:

**Date From:**

**Date To:**

Supervisor Name:

Company Phone:

Does this complete your ten year history?

### 2. Employer:

**Date From:**

**Date To:**

Supervisor Name:

Company Phone:

Does this complete your ten year history?

### 3. Employer:

**Date From:**

**Date To:**

Supervisor Name:

Company Phone:

Does this complete your ten year history?

### 4. Employer:

**Date From:**

**Date To:**

Supervisor Name:

Company Phone:

Does this complete your ten year history?

### 5. Employer:

**Date From:**

**Date To:**

Supervisor Name:

Company Phone:

Does this complete your ten year history?

### 6. Employer:

**Date From:**

**Date To:**

Supervisor Name:

Company Phone:



Does this complete your ten year history?

**7. Employer:**

**Date From:**

**Date To:**

Supervisor Name:

Company Phone:

Does this complete your ten year history?

**8. Employer:**

**Date From:**

**Date To:**

Supervisor Name:

Company Phone:

Does this complete your ten year history?

**9. Employer:**

**Date From:**

**Date To:**

Supervisor Name:

Company Phone:

Does this complete your ten year history?

**10. Employer:**

**Date From:**

**Date To:**

Supervisor Name:

Company Phone:

Did you drive any commercial vehicles for any company in the last ten years that you were unable to list above?

**Total years employment history provided:**





## 11. References

### First Reference

Name:

Phone:

Address:

Relationship:

### Second Reference

Name:

Phone:

Address:

Relationship:

### Previous Employer Request for information 1

Applicants must provide information to submit to previous employers. Previous employment background checks will be conducted on all applicants. The following information was provided by the applicant for submission to previous employers.

SECTION 1: To be completed by the applicant for submission to the previous employer. All fields are required.

Requesting Company Name:

Applicant Name:

Applicant Address:

Applicant Telephone:

Applicant Email Address:

**Previous Employer:**

Previous Employer Manager:

Previous Employer Address:

Previous Employer Telephone:

Previous Employer FAX:

Previous Employer Email:

**Employed From:**

**Employed to: (enter current date if still employed):**

Do you intend to remain employed with this employer:

Final hourly rate of Pay:

Reason for Leaving:

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) While employed by this employer?

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 49?

SECTION 2: We are forwarding this inquiry on the above named person who has made application to the above referenced company for employment. We respectfully request that you reply to this inquiry to the extent that your company policy allows, regarding this applicant. The applicant has signed the attached liability release for your records.

SECTION 3: RELEASE of INFORMATION: I hereby authorize the release of information from my Personnel file to the employer listed in the header section. This release is in accordance with federal regulations. I understand that information to be released in Section 3 by my previous employer is limited to the following items.

Was applicant's general conduct satisfactory?

Yes No

Was there a history of absenteeism or tardiness on this applicant?

Yes No

Did this applicant give adequate notice prior to leaving your employment?

Yes No

It is a violation of our policy to release information other than that information provided here.

Yes No

Please provide any information your company policy allows. Thank you for your cooperation.

Employer representative completing form: \_\_\_\_\_



Signature: \_\_\_\_\_

Date Completed: \_\_\_\_\_

Telephone Number of Representative: \_\_\_\_\_

Title of Representative: \_\_\_\_\_

**PLEASE SEND INFORMATION TO:**



## Previous Employer Request for information 2

Applicants must provide information to submit to previous employers. Previous employment background checks will be conducted on all applicants. The following information was provided by the applicant for submission to previous employers.

SECTION 1: To be completed by the applicant for submission to the previous employer. All fields are required.

Requesting Company Name:

Applicant Name:

Applicant Address:

Applicant Telephone:

Applicant Email Address:

**Previous Employer:**

Previous Employer Manager:

Previous Employer Address:

Previous Employer Telephone:

Previous Employer FAX:

Previous Employer Email:

**Employed From:**

**Employed to: (enter current date if still employed):**

Final hourly rate of Pay:

Reason for Leaving:

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) While employed by this employer?

Was the previous job position designated as a safety-sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 49?

SECTION 2: We are forwarding this inquiry on the above named person who has made application to the above referenced company for employment. We respectfully request that you reply to this inquiry to the extent that your company policy allows, regarding this applicant. The applicant has signed the attached liability release for your records.

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Was applicant's general conduct satisfactory?

Yes No

Was there a history of absenteeism or tardiness on this applicant?

Yes No

Did this applicant give adequate notice prior to leaving your employment?

Yes No

It is a violation of our policy to release information other than that information provided here.

Yes No

Please provide any information your company policy allows. Thank you for your cooperation.

Employer representative completing form: \_\_\_\_\_



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Signature: \_\_\_\_\_

Date Completed: \_\_\_\_\_

Telephone Number of Representative: \_\_\_\_\_

Title of Representative: \_\_\_\_\_

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Previous Employer Request for information 3

Applicants must provide information to submit to previous employers. Previous employment background checks will be conducted on all applicants. The following information was provided by the applicant for submission to previous employers.

SECTION 1: To be completed by the applicant for submission to the previous employer. All fields are required.

Requesting Company Name:

Applicant Name:

Applicant Address:

Applicant Telephone:

Applicant Email Address:

**Previous Employer:**

Previous Employer Manager:

Previous Employer Address:

Previous Employer Telephone:

Previous Employer FAX:

Previous Employer Email:

**Employed From:**

**Employed to: (enter current date if still employed):**

Final hourly rate of Pay:

Reason for Leaving:

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) While employed by this employer?

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 49?

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Was applicant's general conduct satisfactory?

Yes No

Was there a history of absenteeism or tardiness on this applicant?

Yes No

Did this applicant give adequate notice prior to leaving your employment?

Yes No

It is a violation of our policy to release information other than that information provided here.

Yes No

Please provide any information your company policy allows. Thank you for your cooperation.

Employer representative completing form: \_\_\_\_\_

Signature: \_\_\_\_\_



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Previous Employer Request for information 4

Applicants must provide information to submit to previous employers. Previous employment background checks will be conducted on all applicants. The following information was provided by the applicant for submission to previous employers.

SECTION 1: To be completed by the applicant for submission to the previous employer. All fields are required.

Requesting Company Name:

Applicant Name:

Applicant Address:

Applicant Telephone:

Applicant Email Address:

**Previous Employer:**

Previous Employer Manager:

Previous Employer Address:

Previous Employer Telephone:

Previous Employer FAX:

Previous Employer Email:

**Employed From:**

**Employed to: (enter current date if still employed):**

Final hourly rate of Pay:

Reason for Leaving:

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) While employed by this employer?

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 49?

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Was applicant's general conduct satisfactory?

Yes No

Was there a history of absenteeism or tardiness on this applicant?

Yes No

Did this applicant give adequate notice prior to leaving your employment?

Yes No

It is a violation of our policy to release information other than that information provided here.

Yes No

Please provide any information your company policy allows. Thank you for your cooperation.

Employer representative completing form: \_\_\_\_\_

Signature: \_\_\_\_\_





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Previous Employer Request for information 5

Applicants must provide information to submit to previous employers. Previous employment background checks will be conducted on all applicants. The following information was provided by the applicant for submission to previous employers.

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Requesting Company Name:

Applicant Name:

Applicant Address:

Applicant Telephone:

Applicant Email Address:

**Previous Employer:**

Previous Employer Manager:

Previous Employer Address:

Previous Employer Telephone:

Previous Employer FAX:

Previous Employer Email:

**Employed From:**

**Employed to: (enter current date if still employed):**

Final hourly rate of Pay:

Reason for Leaving:

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) While employed by this employer?

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 49?

SECTION 2: We are forwarding this inquiry on the above named person who has made application to the above referenced company for employment. We respectfully request that you reply to this inquiry to the extent that your company policy allows, regarding this applicant. The applicant has signed the attached liability release for your records.

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Was applicant's general conduct satisfactory?

Yes No

Was there a history of absenteeism or tardiness on this applicant?

Yes No

Did this applicant give adequate notice prior to leaving your employment?

Yes No

It is a violation of our policy to release information other than that information provided here.

Yes No

Please provide any information your company policy allows. Thank you for your cooperation.

Employer representative completing form: \_\_\_\_\_

Signature: \_\_\_\_\_



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Title of Representative: \_\_\_\_\_

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Previous Employer Request for information 6

Applicants must provide information to submit to previous employers. Previous employment background checks will be conducted on all applicants. The following information was provided by the applicant for submission to previous employers.

SECTION 1: To be completed by the applicant for submission to the previous employer. All fields are required.

Requesting Company Name:

Applicant Name:

Applicant Address:

Applicant Telephone:

Applicant Email Address:

**Previous Employer:**

Previous Employer Manager:

Previous Employer Address:

Previous Employer Telephone:

Previous Employer FAX:

Previous Employer Email:

**Employed From:**

**Employed to: (enter current date if still employed):**

Final hourly rate of Pay:

Reason for Leaving:

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) While employed by this employer?

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 49?

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Was applicant's general conduct satisfactory?

Yes No

Was there a history of absenteeism or tardiness on this applicant?

Yes No

Did this applicant give adequate notice prior to leaving your employment?

Yes No

It is a violation of our policy to release information other than that information provided here.

Yes No

Please provide any information your company policy allows. Thank you for your cooperation.

Employer representative completing form: \_\_\_\_\_

Signature: \_\_\_\_\_



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## Previous Employer Request for information 7

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Requesting Company Name:

Applicant Name:

Applicant Address:

Applicant Telephone:

Applicant Email Address:

**Previous Employer:**

Previous Employer Manager:

Previous Employer Address:

Previous Employer Telephone:

Previous Employer FAX:

Previous Employer Email:

**Employed From:**

**Employed to: (enter current date if still employed):**

Final hourly rate of Pay:

Reason for Leaving:

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) While employed by this employer?

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 49?

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Yes No

Was there a history of absenteeism or tardiness on this applicant?

Yes No

Did this applicant give adequate notice prior to leaving your employment?

Yes No

It is a violation of our policy to release information other than that information provided here.

Yes No

Please provide any information your company policy allows. Thank you for your cooperation.

Employer representative completing form: \_\_\_\_\_



Signature: \_\_\_\_\_

Date Completed: \_\_\_\_\_

Telephone Number of Representative: \_\_\_\_\_

Title of Representative: \_\_\_\_\_

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## Previous Employer Request for information 8

Applicants must provide information to submit to previous employers. Previous employment background checks will be conducted on all applicants. The following information was provided by the applicant for submission to previous employers.

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Requesting Company Name:

Applicant Name:

Applicant Address:

Applicant Telephone:

Applicant Email Address:

**Previous Employer:**

Previous Employer Manager:

Previous Employer Address:

Previous Employer Telephone:

Previous Employer FAX:

Previous Employer Email:

**Employed From:**

**Employed to: (enter current date if still employed):**

Final hourly rate of Pay:

Reason for Leaving:

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) While employed by this employer?

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Yes No

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Yes No

Please provide any information your company policy allows. Thank you for your cooperation.

Employer representative completing form: \_\_\_\_\_





Signature: \_\_\_\_\_

Date Completed: \_\_\_\_\_

Telephone Number of Representative: \_\_\_\_\_

Title of Representative: \_\_\_\_\_

**PLEASE SEND INFORMATION TO:**



Previous Employer Request for information 9

Applicants must provide information to submit to previous employers. Previous employment background checks will be conducted on all applicants. The following information was provided by the applicant for submission to previous employers.

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Requesting Company Name:

Applicant Name:

Applicant Address:

Applicant Telephone:

Applicant Email Address:

**Previous Employer:**

Previous Employer Manager:

Previous Employer Address:

Previous Employer Telephone:

Previous Employer FAX:

Previous Employer Email:

**Employed From:**

**Employed to: (enter current date if still employed):**

Final hourly rate of Pay:

Reason for Leaving:

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) While employed by this employer?

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Yes No

Did this applicant give adequate notice prior to leaving your employment?

Yes No

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Yes No

Please provide any information your company policy allows. Thank you for your cooperation.

Employer representative completing form: \_\_\_\_\_

Signature: \_\_\_\_\_



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Title of Representative: \_\_\_\_\_

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Previous Employer Request for information 10

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Requesting Company Name:

Applicant Name:

Applicant Address:

Applicant Telephone:

Applicant Email Address:

**Previous Employer:**

Previous Employer Manager:

Previous Employer Address:

Previous Employer Telephone:

Previous Employer FAX:

Previous Employer Email:

**Employed From:**

**Employed to: (enter current date if still employed):**

Final hourly rate of Pay:

Reason for Leaving:

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) While employed by this employer?

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 49?

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Did this applicant give adequate notice prior to leaving your employment?

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Employer representative completing form: \_\_\_\_\_

Signature: \_\_\_\_\_



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Telephone Number of Representative: \_\_\_\_\_

Title of Representative: \_\_\_\_\_

**PLEASE SEND INFORMATION TO:**



## Criminal Background Check Authorization

APPLICANT AUTHORIZATION TO OBTAIN INVESTIGATIVE BACKGROUND REPORT In connection with my application for employment or promotion or other job change, I hereby instruct and authorize (the "Company") to obtain an INVESTIGATIVE CONSUMER REPORT on me that will include information as to my character, general reputation , personal characteristics and mode of living.

This report may reveal information about my work habits, including oral assessments of my job performance, experiences and abilities, along with reasons for termination of past employment. Such a report may be requested by the Company or on behalf of the Company. Further, I understand and agree that the Company and/or the below-named Consumer Reporting Agency may request information from various federal, state, and other agencies, including public and private sources which maintain records concerning my past activities relating to my driving record, credit history , criminal record, civil matters , previous employment , educational background and professional licensing, if any. This report will be ordered from the below-named Consumer Reporting Agency:

Social Security Number:

Date of Birth:

Eye Color:

Gender:

Hair Color:

Would you like to provide your ethnicity information at this time:

Race:

Height:

Weight:

The address you have lived at for the last seven years:

Current Address:

Years at Current Address:

Does this cover your last three years of residency?

Second Address:

Years at Second Address:

Does this cover your last three years of residency?

Third Address:

Years at Third Address:

Fourth Address:

Years at Fourth Address:

This is written notice from the Company that an investigative consumer report is being obtained from a consumer reporting agency (CRA) for employment purposes. The undersigned applicant hereby instructs, authorizes and requests any present or former employer , school , police department , financial institution , division of motor vehicles , or other persons or agencies having personal knowledge about the undersigned applicant to furnish the above-named Consumer Reporting Agency with any and all information in their possession regarding the undersigned applicant, in connection with an application for employment. The undersigned applicant hereby instructs, authorizes and requests that a photocopy of this authorization be accepted with the same authority as the original.

Under the federal Fair Credit Reporting Act (FCRA) and other applicable state law, you have certain rights with regard to consumer reports obtained for employment purposes including , upon request , disclosure of information on you in the reporting agency's file at the time of the request, including the identification of persons who have procured a consumer report concerning you, and reasonable opportunity to respond to any information in the report that is disputed by you. The FCRA, 15 U.S.C. 1681, is designed to promote accuracy, fairness, and privacy of information in the files of every "consumer reporting agency " (CRA). You can obtain a copy of any investigative consumer report obtained by Association Background Checks, Inc. Request for disclosure



of the reporting agency's file should be made in writing within a 60 day time period to: .

**If a consumer investigative report is obtained and an adverse decision is made affecting your employment, the Company will provide to you, before making the adverse decision, a copy of the investigative consumer report and a copy of the Federal Trade Commission Publication, A Summary of Your Rights Under the Fair Credit Reporting Act. The undersigned applicant hereby acknowledges that he/she (i) has read or has had read to him/her the above authorization and disclosures, (ii) has understood it, (iii) had the opportunity to consult with and discuss this form with his/her attorney prior to signing this document, and (iv) agrees to be fully bound by it.**

EMPLOYER CERTIFICATION TO CONSUMER REPORTING AGENCY; By submitting this order to the above-referenced Consumer Reporting Agency, the undersigned Company and individual agent signing on behalf of the Company expressly certifies to the above-referenced Consumer Reporting Agency (i) that any reports procured relating hereto will be used for employment screening purposes only pursuant to FCRA Section 604(a)(3)(B) ; (ii) that prior to taking any adverse action, based in whole or in part upon said report(s), the Company will provide the applicant a copy of the report(s) and a copy of the publication, A Summary of Your Rights Under the Fair Credit Reporting Act; and (iii) that said report(s) will not be used in violation of any applicable Federal or State law or regulation including those specifically governing equal employment opportunity .

Employer Name:

Employer or Authorized Representative Signature: \_\_\_\_\_

I hereby Authorize: to run a criminal background check at this time.



## Drug and Alcohol Policy

**This document has been prepared for:**

**This individual is currently employed or applying for employment with:**

**On this Date:**

is a drug-free workplace. While we respect any legal rights, we choose to offer a drug-free work environment. Please refer to the employee manual or additional documents to explain the policy in greater detail. All employees will be subject to a pre-employment drug screen.



## Code of Conduct

**This document has been prepared for:**

**This individual is currently employed or applying for employment with:**

**On this Date:**

This document has been assembled electronically for review and Signature, the above-named person will review and digitally sign this document only when they are satisfied with the policies and procedures listed.

is pleased to offer you a position with the company. We have several policies that we take seriously. We would like to have you read and sign the following document. If you have any questions, please ask your supervisor for clarification. We look forward to having you as a member of the team and hope that you have a great experience.

### **Equal Employment Opportunity (“EEO”) Policy**

is an equal opportunity employer and complies fully with all government laws and regulations concerning nondiscriminatory employment practices. We believe that all persons are entitled to equal employment opportunities.

In order to provide equal employment and advancement opportunities to all individuals, employment decisions at will be based on merit, qualifications, and abilities. does not discriminate against employees or applicants for employment on the basis of race: color: Creed: religion: sex: national origin: age: the presence of any sensory, mental or physical disability: sexual orientation, gender identity or gender expression: marital status: honorably discharged veteran and military status: political affiliation or ideology: or any other characteristic or status protected by applicable federal, state or local law. This policy governs all aspects of employment, including, but not limited to, recruiting, hiring, selection, training, job assignment, compensation, benefits, promotions, transfers, discipline, layoffs, and termination.

### **Anti-Discrimination and Anti-Harassment Policy**

Harassment and discrimination are forms of employee misconduct that undermines the integrity of the employment relationship. They may also violate the law. It is the policy of to maintain a work environment free from all forms of prohibited harassment and discrimination, including but not limited to, harassment or discrimination on the basis of race: color: Creed: religion: sex: national origin: age: the presence of any sensory, mental or physical disability: sexual orientation, gender identity or gender expression: marital status: honorably discharged veteran and military status: political affiliation or ideology: or any other characteristic or status protected by applicable federal, state or local law. This policy includes, but is not limited to, harassing or discriminatory conduct of a sexual nature.

Prohibited harassment may consist of the following types of behavior, although it is not limited to these examples:

Jokes, comments, slurs, innuendo, pranks, or remarks that are "off color" or derogatory to a person based on his or her race, color, creed, religion, sex, national origin, age, the presence of any sensory, mental or physical disability, sexual orientation and gender identity and expression, marital status, honorably discharged veteran and military status, political affiliation or ideology, or any other characteristic or status protected by applicable federal, state or local

Pictures, cartoons, articles, or centerfolds that are sexist, racist, or derogatory as listed above.

Unwanted, inappropriate, or offensive looks, touches, gestures or other physical conduct.

Explicit or implicit pressure for a sexual or romantic relationship as a condition of employment or as a condition for any employment decision or benefit.

Sexual harassment is defined as follows: unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature constitute sexual harassment when:

Submission to such conduct is made either explicitly or implicitly a term or condition of the individual's employment;

Submission to or rejection of such conduct by an individual is used as a basis for employment decisions such individual; or

Such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile or offensive environment.

I acknowledge that I have been provided a copy of, have read and understand the EEO, Anti- Discrimination and Anti-Harassment policy. I further agree to adhere to this policy.

I have read and agree



## Complaint Procedure, Investigation, and Corrective Action

Conduct by employees in violation of 's EEO or Anti-Discrimination and Anti-Harassment Policies is absolutely prohibited and will not be tolerated.

If you believe that you have been or may be subjected to any harassment or discrimination in violation of 's policies, including but not limited to, sexual harassment or discrimination, you must promptly report any such incident to the Human Resources Manager. You should include details of the incident or incidents, the names of the individuals involved, and the names of any witnesses.

Every reported incident of harassment or discrimination will be promptly and appropriately investigated. While confidentiality cannot be guaranteed, investigations will be handled as discreetly and confidentially as practicable under the circumstances, consistent with 's need to conduct an adequate investigation.

Any employee found, after a reasonable investigation, to have engaged in conduct in violation of 's EEO Anti-Discrimination and Anti-Harassment Policies, will be subject to prompt and appropriate corrective action. Appropriate action might range from counseling to termination of employment. The complaining individual will be advised when the investigation has been completed. However, specific details regarding any corrective action are usually confidential and are not provided to the complaining individual.

## No Retaliation Policy

Retaliation against an individual for exercising his or her rights under 's EEO Anti-Discrimination and Anti-Harassment Policies is strictly prohibited and is a separate violation of these policies. This includes any retaliation for inquiring about rights under these Policies or reporting or complaining in good faith about possible violations or assisting in a complaint investigation, including providing information he or she in good faith believes to be about a possible violation. Concerns regarding retaliation should be reported and will be investigated using the same process under 's Complaint Procedure set forth above.

## Drug and Alcohol Policy

I certify that I have been provided a copy of and have read the policy on Alcohol and Drug Testing procedures. I understand that as a condition of employment as a driver/employee, I must comply with these guidelines, and do agree that I will remain medically qualified by following these procedures. If I develop a problem with drug alcohol or drug abuse during my employment with , I will seek assistance through the current alcohol and drug-testing program administrator.

I have read and agree

## Employee Nondisclosure Agreement

In consideration of my employment with and my receipt of the compensation now and hereafter paid to me by and as a condition of my employment by , I agree to the following:

Company Information: I agree at all times during the term of my employment and thereafter, to hold in strictest confidence, and not to use except for the benefit of , or to disclose to any person, firm or corporation without written authorization from the CEO or President any confidential information of , except to the extent required to perform Employee's duties and responsibilities or as may be compelled in connection with any legal proceeding. I understand that "Confidential Information" means any proprietary information, trade secrets or know-how, including but not limited to: research, product plans, products, services, Employee manuals, memos, customer lists and customers (including but not limited to: customers of on whom I called or with whom I became acquainted with during the term of my employment), markets, software, processes, formulas, marketing, finances and other business information disclosed to me by either directly or indirectly in writing, orally or by drawings or observation of parts or equipment. I further understand that Confidential Information does not include any of the foregoing items which have become publicly known or made available through no wrongful act of mine or of others who were under confidentiality obligations as to the item or items involved.

Former Employer information: I agree that I will not, during my employment with , improperly use or disclose any proprietary information or trade secrets of any former or current employer or other person or entity and that I will not bring onto the premises of any unpublished documents or proprietary information belonging to any such employer, person or entity unless consented to in writing by such employer, person or entity.

Third-Party Information: I recognize that has received and in the future will receive from third parties their confidential or proprietary information subject to a duty on 's part to maintain the confidentiality of such information and to use it only for certain limited purposes. I agree to hold all such confidential or proprietary information in the strictest confidence and not to disclose it to any person, firm, or corporation or to use it except as necessary in carrying out my work for consistent with the Company's agreement with such third party.

Confidential Information Remains Property of . All Confidential Information, whether tangible or intangible, shall be the sole and exclusive property of . I agree to hold in trust solely for the benefit of all such Confidential Information offered, made, conceived, or developed or made available (or any copies or extracts thereof). I will use such materials only as required during the term of my employment or as authorizes in writing.



## Rights to Creations

I agree to promptly disclose and assign to all Creations (as defined hereunder) that I create (either alone or with others) during my employment with , if the Creations: (i) relate, at the time created, to 's business; or (ii) result from any work performed for ; or (iii) were created, in whole or part, through the use of any of 's Confidential Information, time or property, including without limitation equipment, materials, documents, resources, supplies, and or facilities. I agree that all Creations are hereby assigned to and are 's exclusive property. shall have the exclusive worldwide rights, in all languages and in perpetuity, to use, license, exploit, sell, assign or otherwise dispose of all or any of the Creations, in any format or version, by any means and in any media, now known or hereafter developed. I hereby waive any and all claims that I may now or hereafter have in any jurisdiction to so-called moral rights to the Creations. I agree to execute, acknowledge and deliver to such applications, assignments, and other documentation necessary for to apply for, register, and obtain any trademark, patent or copyright or otherwise protect the Creations. I agree to assist in any proceeding, litigation or arbitrations relating to and protecting 's rights in the Creations.

As used herein, "Creations" shall refer to any means of compositions, discoveries, improvements, inventions (whether or not protectable under patent laws), works of authorship including without limitation to computer programming or coding, mobile applications, software, information fixed in any tangible medium of expression (whether or not protectable under copyright laws), moral rights, mask works, trademarks, trade names, trade dress, trade secrets, know-how, concepts, ideas (whether or not protectable under trade secret laws) and all other subject matter protectable under patent, copyright, moral right, mask work, trademark, trade secret or other laws, and includes without limitation all new or useful art, combinations, research, software, programs, techniques, technical developments, and tests.

## Returning Company Documents

I agree that, at the time of leaving the employment of , I will deliver to (and will not keep in my possession, recreate or deliver to anyone else) any and all devices, records, data, notes, reports, proposals, lists correspondence, materials, equipment, other documents or property, keys, radios or reproductions of any aforementioned items associated with my employment with or otherwise belonging to .

## Service Gratuity & Safety Bonus Plan

I acknowledge that I understand it is acceptable to receive a gratuity from a customer, passenger or other person or entity, however, it is not acceptable to solicit gratuities from any customer, passenger or other person or entity in any way at any time.

I have read and agree

## Representations

I agree to execute any proper oath or verify any proper document required to carry out the terms of this agreement. I represent that my performance of all the terms of this Agreement will not breach any agreement to keep in confidence proprietary information acquired by me in confidence or in trust prior to my employment with . I have not entered into, and I agree I will not enter into, any oral or written agreement in conflict herewith.

Equitable Remedies

I agree it would be impossible or inadequate to measure and calculate 's damages from any breach of the covenants set forth in this agreement. Accordingly, I agree that if I breach any of these covenants, will have available, in addition to any other right or remedy available, the right to obtain an injunction from a competent jurisdiction restraining such breach or threatened breach and to specific performance of any such provision of this agreement. I further agree that no bond or other security shall be required in obtaining such equitable relief and I hereby consent to the issuance of such injunction and to the ordering of specific performance.

## General Provisions

At-Will Employment: Many States are an "at-will" employment state. As such, if applicable, either party may terminate your employment with at any time for any reason whatsoever, with or without cause or advance notice.

Severability: If one or more of the provisions in this Agreement are deemed void by law, then the remaining provisions will continue in full force and effect.

Successors and Assigns: This agreement will be binding upon my heirs, executors, administrators, and other legal representatives and will be for the benefit of , its successors, and its assigns.

I have read and agree

I have read and agree

Acknowledged and Agreed



X



# Signature Certificate

Document name: APPLICATION | Non-DOT

Unique Document ID: A63B23BE067718A5BE0C12FFDBED474253C989E3

LEGALLY SIGNED USING  
**WP**signature  
Build. Track. Sign Contracts.

## Timestamp

## Audit

May 3, 2018 20:07 PDT

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This audit trail report provides a detailed record of the  
online activity and events recorded for this contract.

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