

**DRIVER'S EMPLOYMENT APPLICATION  
TRANS-CONTINENTAL SYSTEMS, INC.**

10801 EVENDALE DRIVE  
EVENDALE, OH 45241  
PH: 800-788-8726  
Fax: 800-939-8726 OR 513-769-0239  
(answer all questions-please print)

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, religion, sex, national origin, age, marital status, or non-job related disability.

**TO BE READ AND SIGNED BY APPLICANT**

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 also understand that I have the right to:

- Review information provided by previous employers
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer, 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

**Applicant Signature: X** \_\_\_\_\_ **Date** \_\_\_/\_\_\_/\_\_\_

DRIVER NAME _____		
(LAST)	(FIRST)	(MIDDLE)
ADDRESS _____		
CITY _____, STATE _____, ZIP _____		
TELEPHONE NUMBER (____) _____ - _____ CELL PHONE NUMBER (____) _____ - _____		
DATE OF BIRTH ___/___/___ SOCIAL SECURITY NUMBER ____ - ____ - ____		

**ADDRESS FOR PAST THREE YEARS**

1) ADDRESS _____
CITY _____, STATE _____, ZIP _____ FROM _____ TO _____
2) ADDRESS _____
CITY _____, STATE _____, ZIP _____ FROM _____ TO _____
3) ADDRESS _____
CITY _____, STATE _____, ZIP _____ FROM _____ TO _____

**Who referred you?** \_\_\_\_\_

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TRANS CONTINENTAL SYSTEMS, INC  
800-788-8726 PHONE  
513-769-0239 OR 513-769-0239FAX

**REQUEST FOR MVR**

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**FIRST NAME:** \_\_\_\_\_

**LAST NAME:** \_\_\_\_\_ **MIDDLE:** \_\_\_\_\_

**D.O.B:** \_\_\_\_\_ **SS#** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**CDL A #** \_\_\_\_\_ **STATE** \_\_\_\_\_

**OWNERS NAME** \_\_\_\_\_

**REQUESTED BY THE SAFETY DEPARTMENT**

**PLEASE RETURN TO FAX # 513-769-0239 OR 513-769-3215 ATTN: SAFETY**

**THANK YOU**

**I, \_\_\_\_\_, release to Trans-Continental Systems permission to obtain all information available on my driving record. The purpose of the request is to be used solely for the purpose of determining suitability for working with them.**

*If all pages are not received, please call (513) 769-4774 so we can retransmit.*

## WORK EXPERIENCE

In accordance with §391.21 of the Federal Motor Carrier Safety Regulations (FMCSR), an applicant must list all previous work experience for the three (3) years prior to the date of application shown on page one, as well as all commercial driving experience for seven (7) years prior to those three years, for a total of 10 years.

**PLEASE LIST STARTING WITH MOST RECENT EMPLOYER, USE ADDITIONAL SHEET IF NEEDED.**

<b>CURRENT OR LAST EMPLOYER COMPANY NAME:</b> _____	
ADDRESS: _____	CITY _____ STATE _____
PHONE: _____	FAX _____ E-MAIL: _____
SUPERVISOR NAME: _____	REASON FOR LEAVING? _____
JOB DESCRIPTION _____	FROM ____/____/____ TO ____/____/____
Was this job designated as a safety sensitive function in any DOT regulated mode subject to a controlled substance and alcohol testing specify by 49 CFR Part40?    YES    NO    *was this job subject to FMCSA Regulations?    YES    NO	
<b>**ACCOUNT FOR PERIOD BETWEEN JOBS- Include dates (month/year) and reason</b> _____	
_____	

<b>SECOND LAST EMPLOYER COMPANY NAME:</b> _____	
ADDRESS: _____	CITY _____ STATE _____
PHONE: _____	FAX _____ E-MAIL: _____
SUPERVISOR NAME: _____	REASON FOR LEAVING? _____
JOB DESCRIPTION _____	FROM ____/____/____ TO ____/____/____
Was this job designated as a safety sensitive function in any DOT regulated mode subject to a controlled substance and alcohol testing specify by 49 CFR Part40?    YES    NO    *was this job subject to FMCSA Regulations?    YES    NO	
<b>**ACCOUNT FOR PERIOD BETWEEN JOBS- Include dates (month/year) and reason</b> _____	
_____	

<b>THIRD LAST EMPLOYER COMPANY NAME:</b> _____	
ADDRESS: _____	CITY _____ STATE _____
PHONE: _____	FAX _____ E-MAIL: _____
SUPERVISOR NAME: _____	REASON FOR LEAVING? _____
JOB DESCRIPTION _____	FROM ____/____/____ TO ____/____/____
Was this job designated as a safety sensitive function in any DOT regulated mode subject to a controlled substance and alcohol testing specify by 49 CFR Part40?    YES    NO    *was this job subject to FMCSA Regulations?    YES    NO	
<b>**ACCOUNT FOR PERIOD BETWEEN JOBS- Include dates (month/year) and reason</b> _____	
_____	

WORK EXPERIENCE (ADDENDUM PAGE 1)

Driver Applicant Name: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_

**FORTH LAST EMPLOYER COMPANY NAME:** \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_  
PHONE: \_\_\_\_\_ FAX \_\_\_\_\_ E-MAIL: \_\_\_\_\_  
SUPERVISOR NAME: \_\_\_\_\_ REASON FOR LEAVING? \_\_\_\_\_  
JOB DESCRIPTION \_\_\_\_\_ FROM \_\_\_\_/\_\_\_\_/\_\_\_\_ TO \_\_\_\_/\_\_\_\_/\_\_\_\_

Was this job designated as a safety sensitive function in any DOT regulated mode subject to a controlled substance and alcohol testing specify by 49 CFR Part40?    YES    NO    \*was this job subject to FMCSA Regulations?    YES    NO

**\*\*ACCOUNT FOR PERIOD BETWEEN JOBS- Include dates (month/year) and reason** \_\_\_\_\_  
\_\_\_\_\_

**FIFTH LAST EMPLOYER COMPANY NAME:** \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_  
PHONE: \_\_\_\_\_ FAX \_\_\_\_\_ E-MAIL: \_\_\_\_\_  
SUPERVISOR NAME: \_\_\_\_\_ REASON FOR LEAVING? \_\_\_\_\_  
JOB DESCRIPTION \_\_\_\_\_ FROM \_\_\_\_/\_\_\_\_/\_\_\_\_ TO \_\_\_\_/\_\_\_\_/\_\_\_\_

Was this job designated as a safety sensitive function in any DOT regulated mode subject to a controlled substance and alcohol testing specify by 49 CFR Part40?    YES    NO    \*was this job subject to FMCSA Regulations?    YES    NO

**\*\*ACCOUNT FOR PERIOD BETWEEN JOBS- Include dates (month/year) and reason** \_\_\_\_\_  
\_\_\_\_\_

**SIXTH LAST EMPLOYER COMPANY NAME:** \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_  
PHONE: \_\_\_\_\_ FAX \_\_\_\_\_ E-MAIL: \_\_\_\_\_  
SUPERVISOR NAME: \_\_\_\_\_ REASON FOR LEAVING? \_\_\_\_\_  
JOB DESCRIPTION \_\_\_\_\_ FROM \_\_\_\_/\_\_\_\_/\_\_\_\_ TO \_\_\_\_/\_\_\_\_/\_\_\_\_

Was this job designated as a safety sensitive function in any DOT regulated mode subject to a controlled substance and alcohol testing specify by 49 CFR Part40?    YES    NO    \*was this job subject to FMCSA Regulations?    YES    NO

**\*\*ACCOUNT FOR PERIOD BETWEEN JOBS- Include dates (month/year) and reason** \_\_\_\_\_  
\_\_\_\_\_

\*The Federal motor Carrier Safety Regulation apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: 1) weighs or has a GVWR of 10,001 pounds or more, 2) is designed or used to transport 9 or more passengers, or 3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

## WORK EXPERIENCE (ADDENDUM PAGE 2)

All driver applicants to drive in interstate must provide the following information on all employers during the preceding 3 years. Applicants to drive a commercial motor vehicle\* in intrastate or interstate commerce shall also provide an additional 7 years' information on those employers for whom the applicant operated such vehicle.

(NOTE: list employers in reverse order starting with the most recent. Add another sheet as necessary.)

EMPLOYER			DATE	
NAME			FROM: MO.    YR.	TO: MO.    YR.
ADDRESS				
CITY	STATE	ZIP		
CONTACT PERSON	PHONE #			

EMPLOYER			DATE	
NAME			FROM: MO.    YR.	TO: MO.    YR.
ADDRESS				
CITY	STATE	ZIP		
CONTACT PERSON	PHONE #			

EMPLOYER			DATE	
NAME			FROM: MO.    YR.	TO: MO.    YR.
ADDRESS				
CITY	STATE	ZIP		
CONTACT PERSON	PHONE #			

EMPLOYER			DATE	
NAME			FROM: MO.    YR.	TO: MO.    YR.
ADDRESS				
CITY	STATE	ZIP		
CONTACT PERSON	PHONE #			

EMPLOYER			DATE	
NAME			FROM: MO.    YR.	TO: MO.    YR.
ADDRESS				
CITY	STATE	ZIP		
CONTACT PERSON	PHONE #			

EMPLOYER			DATE	
NAME			FROM: MO.    YR.	TO: MO.    YR.
ADDRESS				
CITY	STATE	ZIP		
CONTACT PERSON	PHONE #			

EMPLOYER			DATE	
NAME			FROM: MO.    YR.	TO: MO.    YR.
ADDRESS				
CITY	STATE	ZIP		
CONTACT PERSON	PHONE #			

\*Includes vehicles having a GVWR of 26,001 lbs. Or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

\*\*Any gaps in employment and/or unemployment must be explained.



**EDUCATION**

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8	HIGH SCHOOL: 1 2 3 4	COLLEGE: 1 2 3 4
OTHER TRAINING: _____		
HAVE YOU RECEIVED ANY SAFETY AWARDS OR SPECIAL TRAINING? _____		
DO YOU HAVE FULL KNOWLEDGE OF THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS?    YES    NO		

HAVE YOU BEEN A DRIVER FOR THIS COMPANY BEFORE?    YES    NO		
IF SO, WHEN? _____/_____/_____		WHERE? _____
IS THERE ANY REASON YOU MIGHT BE UNABLE TO PERFORM THE FUNCTIONS OF THE JOB FOR WHICH YOU HAVE APPLIED?    YES    NO		
HAVE YOU EVER BEEN CONVICTED FOR DUI, DWI, OR OUI?    YES		NO IF YES WHEN? _____
HAVE YOU EVER BEEN CONVICTED FOR A FELONY?    YES		NO IF YES WHEN? _____
IN CASE OF EMERGENCY, CONTACT: _____ (____) _____		
Name	Telephone number	Relationship

**MUST BE READ AND SIGNED BY THE APPLICANT**

I authorize the carrier to make such inquiries and investigations of my personal, employment, driving, 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 my employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I agree to abide by the rules and regulations of the carrier as well as the Federal Motor Carrier Safety Regulations. I also agree and understand that if I am selected to drive for TRANS-CONTINENTAL SYSTEMS, INC., that I will be on a probationary period during which time I 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.

X \_\_\_\_\_  
**APPLICANT SIGNATURE**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
**DATE**

**SAFETY PERFORMANCE HISTORY RECORDS REQUEST  
DRUG/ALCOHOL TESTING HISTORY**

**PART 1: TO BE COMPLETED BY PROSPECTIVE EMPLOYEE**

I, ( Print name) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
First Middle Last Social Security # Date of Birth

Hereby authorize my previous employer \_\_\_\_\_ to release and forward the information requested below concerning my Alcohol and Controlled Substances Testing records within the previous (3) Three years from the date of my Employment application, which is \_\_\_\_/\_\_\_\_/\_\_\_\_. The information should be sent to my prospective employer **TRANS-CONTINENTAL SYSTEMS, INC** to the address, confidential fax or confidential e-mail shown below.

**APPLICANT'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PART 2: TO BE COMPLETED BY PROSPECTIVE EMPLOYER**

This form is being (check one):    \_\_\_ Faxed    \_\_\_ Mailed    \_\_\_ E-mailed

By: Robin Wright Date: \_\_\_\_\_  
To Previous Employer: \_\_\_\_\_ Phone No.: (\_\_\_\_) \_\_\_\_\_  
Street Address: \_\_\_\_\_ Fax No.: (\_\_\_\_) \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ E-mail \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Please take a moment and complete the information requested in Part 3. We would appreciate your prompt response. As you are aware, after October 29, 2004, failures to respond within 30 days to investigative requests for safety performance history will result in a complaint notification being filed with the Federal Motor Carrier safety Administration using the complaint process specified at § 386.12.

**PLEASE SEND RESPONSES TO:**

Company: **TRANS-CONTINENTAL SYSTEMS, INC.** Confidential Fax No.: **(513) 769-0239**  
Street Address: **10801 EVENDALE DRIVE** Confidential E-mail **rwright@tcsohio.com**  
City, State, Zip: **EVENDALE, OH 45241** Attention: **ROBIN**

**PART 3: TO BE COMPLETED BY PREVIOUS EMPLOYER**

**DRUG AND ALCOHOL HISTORY**

If applicant was **not** subject to Department of Transportation (DOT) testing requirements while employed by \_\_\_\_\_, please check here \_\_\_\_\_, Fill in the dates of employment, sign below and return.

DATES OF EMPLOYMENT: FROM \_\_\_\_/\_\_\_\_/\_\_\_\_ TO \_\_\_\_/\_\_\_\_/\_\_\_\_

APPLICANT WAS SUBJECT TO DOT TESTING REQUIREMENTS FROM \_\_\_\_/\_\_\_\_/\_\_\_\_ TO \_\_\_\_/\_\_\_\_/\_\_\_\_

- YES NO Has this person had an alcohol test with a result of 0.04 or higher alcohol concentration?
- YES NO Has this person tested positive for controlled substances?
- YES NO Has this person refused to submit a post-accident, random, reasonable suspicion, or follow up alcohol or controlled substances test or adulterated or substituted a drug test specimen?
- YES NO Has this person committed other violations of Subpart B of Part 382, or 49 CFR part 40?
- YES NO If this person has violated a DOT drug and alcohol regulation, did this person complete an SAP-prescribed rehabilitation program while in your employ, including return-to-duty and follow-up tests?
- YES NO For a driver who successfully completed an 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 refuse to be tested?

In answering these questions, include any required DOT drug or alcohol testing information obtained from past previous employers in the previous 3 years prior to the application date shown above. **INCLUDE A SUPPLEMENTAL SHEET, IF NECESSARY.**

PART 3 COMPLETED BY (signature): \_\_\_\_\_ Title: \_\_\_\_\_  
PLEASE PRINT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

**PART 4: TO BE COMPLETED BY PROSPECTIVE EMPLOYER**

Information received on (date) \_\_\_\_/\_\_\_\_/\_\_\_\_ by (check one):    \_\_\_ Faxed    \_\_\_ Mailed    \_\_\_ E-mailed

# SAFETY PERFORMANCE HISTORY RECORDS REQUEST-ACCIDENT HISTORY

## PART 1: TO BE COMPLETED BY PROSPECTIVE EMPLOYER

This form is being (check one):  Faxed  Mailed  E-mailed  Completed by Phone  Other \_\_\_\_\_

By: \_\_\_\_\_ Date: \_\_\_\_\_  
 To Previous Employer: \_\_\_\_\_ Phone No.: (\_\_\_\_) \_\_\_\_\_  
 Street Address: \_\_\_\_\_ Fax No.: (\_\_\_\_) \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_ E-mail \_\_\_\_\_  
 Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

The applicant named below has applied to our company for a position as a DRIVER, and states that he/she previously worked for your company from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_.

**APPLICANT NAME:** \_\_\_\_\_  
**Social Security Number:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

Please take a moment and complete the information requested in Part 3. We would appreciate your prompt response. As you are aware, after October 29, 2004, failures to respond within 30 days to investigative requests for safety performance history will result in a complaint notification being filed with the Federal Motor Carrier safety Administration using the complaint process specified at § 386.12.

**PLEASE SEND RESPONSES TO:**

Company: **TRANS-CONTINENTAL SYSTEMS, INC.** Confidential Fax No.: **(513) 769-0239**  
 Street Address: **10801 EVENDALE DRIVE** Confidential E-mail **rwright@tcsohio.com**  
 City, State, Zip: **EVENDALE, OH 45241** Attention: **ROBIN**

## PART 2: TO BE COMPLETED BY PREVIOUS EMPLOYER

Did the above named applicant work for your company? YES NO  
 If yes, please state the actual dates of employment: FROM: \_\_\_\_/\_\_\_\_/\_\_\_\_ TO: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Did he/she drive a motor vehicle for your company? YES NO  
 If yes Pleas check the type(s) of vehicles operated: STRAIGHT TRUCK TRACTOR/SEMI-TRAILER  
 CARGO TANK FLATBED DOUBLES/TRIPLES BUS RAIL CONTAINERS OTHER (Please specify) \_\_\_\_\_  
 Reason for leaving your company: DISCHARGE RESIGNATION LAYOFF MILITARY DUTY  
 Would this applicant be considered for employment with your company again? YES NO  
 If there is no safety performance history to report, check here , sign below and return.

**ACCIDENT HISTORY:** Please give the following information for any accidents included on your accident register (§390.15(b)) that involved the applicant (regardless of fault) which occurred in the previous three (3) years. Note: Until May 1, 2006 only information for accidents that occurred after April 29, 2003 need to be included.  
 Or, check here  if there is no accident register data for this applicant.

Date	City, State	Description	# of injuries	#of fatalities	HazMat Spill
_____	_____	_____	_____	_____	YES NO
_____	_____	_____	_____	_____	YES NO
_____	_____	_____	_____	_____	YES NO

Please provide any other accident information involving the applicant which is retained under internal company policies.  
 \_\_\_\_\_

Any other remarks: \_\_\_\_\_

PART 2 COMPLETED BY (signature): \_\_\_\_\_ Title: \_\_\_\_\_  
 PLEASE PRINT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

## PART 3: TO BE COMPLETED BY PROSPECTIVE EMPLOYER

Information received on (date) \_\_\_\_/\_\_\_\_/\_\_\_\_ by (check one): Fax Mail E-mail Telephone Other \_\_\_\_\_

# AUTHORIZATION FOR RELEASE OF INFORMATION

Employee Name: \_\_\_\_\_

In accordance with the provisions of the Privacy Act of 1974, 5 U.S.C. 552a, and The Department of the Treasury Regulations promulgated to implement the Act, 31 CFR Part 1; I hereby authorize the U.S. Customs Service (“the Agency”) to disclose any records or information pertaining to me contained in the Agency’s files, including such records which may be contained in a system of records, as that term is defined under 5 U.S.C. 552a(a)(5), by any means or communication to \_\_\_\_\_

(employer or other designated person)

provided that the Agency deems such disclosure relevant to the enforcement of any federal law and/or regulation or the grant, denial suspension or revocation of any bonded status or license or authority to operate. The authority to disclose information, as provide herein, shall constitute a release by me of the United States of America, the Department of Treasury, the Agency, and/or any employee thereof from any liability for damages alleged to have been caused, directly or indirectly, as a result of the Agency’s acquisition, maintenance and/or disclosure of such information, or any subsequent disclosure thereof by any individual or entity.

I understand that my execution of this authorization for disclosure of information is not required by law or regulation, and I declare that such execution is my voluntary act. A copy of this executed document shall be considered to be of equal force and effect as the original document.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee’s Signature

**TRANS-CONTINENTAL SYSTEMS, INC.**

**OWNER INFORMATION**

HIRE DATE: \_\_\_\_\_ BASE RATE: \_\_\_\_\_  
UNIT #: \_\_\_\_\_ CODE: \_\_\_\_\_  
NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
CITY STATE ZIP  
PHONE #: \_\_\_\_\_ CELL OR PAGER#: \_\_\_\_\_  
SS OR FED ID #: \_\_\_\_\_  
OWNER SIGNATURE \_\_\_\_\_ TODAY'S DATE \_\_\_\_\_

**TRACTOR INFORMATION**

YEAR: \_\_\_\_\_ MAKE: \_\_\_\_\_  
SERIAL #: \_\_\_\_\_  
LICENSE PLATE #: \_\_\_\_\_ STATE: \_\_\_\_\_ EXPIRES: \_\_\_\_\_  
LAST INSPECTION DATE: \_\_\_\_\_  
BOBTAIL INSURANCE EXPIRES: \_\_\_\_\_  
YES NO  
TCS IFTA: \_\_\_\_\_ STICKER #: \_\_\_\_\_ )  
TCS BOBTAIL INS: \_\_\_\_\_ DATE STARTED: \_\_\_\_\_  
TCS OCC/ACC INS: \_\_\_\_\_ DATE STARTED: \_\_\_\_\_  
TCS NEXTEL: \_\_\_\_\_ NEXTEL#: \_\_\_\_\_  
TCS PLATE PROGRAM: \_\_\_\_\_ PLATE #: \_\_\_\_\_  
CHECKS SENT: \_\_\_ MAIL \_\_\_ EXPRESS \_\_\_ PRIORITY \_\_\_ DISPATCH \_\_\_ GLENWOOD \_\_\_ **DIRECT DEPOSIT**

**DRIVER INFORMATION**

HIRE DATE: \_\_\_\_\_  
UNIT #: \_\_\_\_\_ CODE: \_\_\_\_\_  
NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
CITY STATE ZIP  
PHONE #: \_\_\_\_\_ CELL OR PAGER#: \_\_\_\_\_  
SS OR FED ID #: \_\_\_\_\_  
LICENSE #: \_\_\_\_\_ STATE: \_\_\_\_\_ EXPIRES: \_\_\_\_\_  
PHYSICAL EXPIRATION DATE: \_\_\_\_\_  
DATE OF DRUG SCREEN: \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_  
COMDATA CARD #: \_\_\_\_\_  
EFS CARD #: \_\_\_\_\_  
REFERRED BY? \_\_\_\_\_  
DRIVER SIGNATURE \_\_\_\_\_ TODAY'S DATE \_\_\_\_\_

**\*\*\*\*\*WHEN COMPLETE FAX TO THE SAFETY DEPARTMENT FOR REVIEW\*\*\*\*\***



# Trans-Continental Systems, Inc.

A Transportation Company

Local (513) 769-4774  
Fax (513) 769-0239  
Watts (800) 488-8726  
(TRANS)

Service to our customers is paramount to retaining their business.

Some customers require us to remove the bolt or seal from the trailer doors, and/or remove blocking and bracing. This may be done once the seal intact line has been signed for. All require us to remove dunnage from the trailer floor so it may be reloaded.

Minor repairs to the truck or trailer may be necessary to be able to make it DOT worthy. Having the means for minor repairs and emergencies will get you moving faster.

As a condition of hire, Owner operators are required to have the following tools in their vehicle while transporting freight for Trans-Continental Systems:

Toolbox with heavy hammer    50' glad-hand air hose for airing tires  
Crowbar            Bolt cutters            Electric wire and tape            spare Tractor light  
bulbs                Pliers or vice grips    Flat and Phillips screw drivers            Flashlight  
flares or triangles            spare inner tube (issued by company) fire extinguisher

Additionally, all Ford locations require the driver to wear eye protection while on premises. You must provide for your own eye protection.

This Certifies that these items will be present in his/her truck while transporting Trans-Continental freight.

Truck### \_\_\_\_\_

Driver \_\_\_\_\_

Date \_\_\_\_\_

# EMPLOYMENT AND QUALIFICATIONS-OTHERS

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWN)

## TO BE READ AND SIGNED BY APPLICANT

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my personal, employment, criminal, 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.

\_\_\_\_\_ Date \_\_\_\_\_ Applicants Signature

**PROCESS RECORD**

APPLICANT HIRED \_\_\_\_\_ REJECTED \_\_\_\_\_  
 DATE EMPLOYED \_\_\_\_\_ POINT EMPLOYED \_\_\_\_\_  
 DEPARTMENT \_\_\_\_\_ CLASSIFICATION \_\_\_\_\_  
 (IF REJECTED, SUMMARY REPORT OF REASONS SHOULD BE PLACED IN FILE)

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

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

SIGNATURE OF INTERVIEWING OFFICER \_\_\_\_\_

## TRANSFERS

FROM: _____ TO: _____ DATE: _____ REASON FOR TRANSFER _____	FROM: _____ TO: _____ DATE: _____ REASON FOR TRANSFER _____
FROM: _____ TO: _____ DATE: _____ REASON FOR TRANSFER _____	FROM: _____ TO: _____ DATE: _____ REASON FOR TRANSFER _____

**TERMINATION OF EMPLOYMENT**

DATE TERMINATED \_\_\_\_\_ DEPARTMENT RELEASED FROM \_\_\_\_\_  
 DISMISSED \_\_\_\_\_ VOLUNTARY QUIT \_\_\_\_\_ OTHER \_\_\_\_\_  
 TERMINATION REPORT PLACED IN FILE \_\_\_\_\_ SUPERVISOR \_\_\_\_\_

**TRUCKING INDUSTRY:**  
**DOT D/A Disclosure and Authorization**



Send to Fax # (800) 267-4093 (Manual Service)  
 Send to Fax # (800) 257-8069 (Database Retrieval)

USIS Customer:	
Company Name:	<u>Transcontinental Systems</u>
Company Contact Name:	<u>Robin Wright</u>
Fax #:	<u>(513) 769 - 0239</u>
USIS Customer #:	_____ Sub-account: _____

**PART I – DISCLOSURE AND AUTHORIZATION FOR RELEASE OF INFORMATION FOR EMPLOYMENT PURPOSES – 49 CFR PART 391.23, DOT DRUG AND ALCOHOL TESTING**

In accordance with DOT Regulation 49 CFR Part 391.23, I hereby authorize release of my DOT-regulated drug and alcohol testing records by the DOT-regulated employer(s) listed below to USIS for the purpose of USIS transmitting such records to the USIS customer listed above. I understand that information/documents released pursuant to this Part I is limited to the following DOT-regulated testing items, including pre-employment testing results, occurring during the previous **three (3) years**: (i) alcohol tests with a result of 0.04 or higher; (ii) verified positive drug tests; (iii) refusals to be tested (including adulterated and/or substituted tests); (iv) other violations of DOT drug and alcohol testing regulations (i.e., violations of 49 CFR 382 Subpart B); (v) information obtained from previous employers of a drug and alcohol rule violation; and (vi) any documentation of completion of the return-to-duty process following a rule violation.

If any company listed below furnishes USIS with information concerning items (i) through (vi) above, I also authorize such company to furnish the following information to USIS, if applicable: (i) dates of my negative drug and/or alcohol tests and/or tests with results below 0.04 during the previous **three (3) years**; and (ii) the name and phone number of any substance abuse professional who evaluated me during the previous **three (3) years**.

List all DOT-regulated employers you have applied with and/or worked for in a safety-sensitive function during the previous **three (3) years**. If necessary, attach additional pages, including the date, your name, social security number and signature.

Previous DOT-Regulated Employer	City	State	Phone Number
_____	_____	_____	( ) _____ - _____
_____	_____	_____	( ) _____ - _____
_____	_____	_____	( ) _____ - _____
_____	_____	_____	( ) _____ - _____
_____	_____	_____	( ) _____ - _____
_____	_____	_____	( ) _____ - _____

By signing below, I certify that: (i) all information provided herein is complete and accurate; (ii) I have read and fully understand this Part I disclosure and authorization for release; (iii) prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction; (iv) I execute this authorization voluntarily and with the knowledge that the information obtained pursuant to this authorization could affect my eligibility for employment, promotion, retention or other lawful purpose; (v) I understand I may review this document with legal counsel prior to signing; and (vi) facsimile or photographic copies of this authorization are as valid as an original.

Print Applicant Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
 Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_