



Employment Application

TM Express

Applicant Information

ALL POTENTIAL EMPLOYEES OR CONTRACTORS ARE EVALUATED WITHOUT REGARD TO RACE, COLOR, RELIGION, AND GENDER, NATIONAL ORIGIN, AGE, MARITAL OR VETERAN STATUS, THE PRESENCE OF A NON-JOB RELATED HANDICAP OR ANY OTHER LEGALLY PROTECTED STATUS.

Date of Application: Month: Day: Year:

Position Applied for:

How did you learn about the position: _____

Full Name: Last First M.I. Date of Birth:

Aliases: Maiden Name: (if applicable)

Address: Street Address Apartment/Unit # City State ZIP Code

Phone: Cell Phone:

Date Available: Social Security No: Desired Salary: \$

Driver License Number:

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

If no, explain?

Have you ever worked for this company? YES NO

Have you ever been involuntarily terminated or asked to resign from any position of employment? YES NO

If yes, explain?

Have you ever been convicted of a felony? YES NO

If yes, explain:

If selected for employment, are you willing to submit to a pre-employment drug screening test? YES NO



Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Previous Employment

DRIVERS ONLY - Applicants that desire to drive in intrastate/interstate commerce must provide the following information on all employers during the previous three years. You must give the same information for all employers you have driven a commercial motor vehicle for the seven years prior to the initial three years. **(TOTAL OF TEN YEARS EMPLOYMENT RECORD)**

Company 1: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

From: _____ To: _____ Reason 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 while employment by the previous employer? YES NO

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

Company 2: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

From: _____ To: _____ Reason 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 while employment by the previous employer? YES NO

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



Company 3: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

From: _____ To: _____ Reason for Leaving: _____

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

| | | |
|---|--------------------------|--------------------------|
| | YES | NO |
| Were you subject to the Federal Motor Carrier Safety Regulations while employment by the previous employer? | <input type="checkbox"/> | <input type="checkbox"/> |

| | | |
|--|--------------------------|--------------------------|
| | YES | NO |
| 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? | <input type="checkbox"/> | <input type="checkbox"/> |

Company 4: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

From: _____ To: _____ Reason for Leaving: _____

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

| | | |
|---|--------------------------|--------------------------|
| | YES | NO |
| Were you subject to the Federal Motor Carrier Safety Regulations while employment by the previous employer? | <input type="checkbox"/> | <input type="checkbox"/> |

| | | |
|--|--------------------------|--------------------------|
| | YES | NO |
| 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? | <input type="checkbox"/> | <input type="checkbox"/> |

References

Please provide two (2) references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____



Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Additional Applicant Comments

Please provide additional comments on skills or training relevant to the position you are applying for:

Acknowledgement and Authorization

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment or hiring decision.

This application for employment shall be considered active for a period of time not to exceed sixty (60) days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this Company.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in being denied employment or be cause for discharge. I understand, also, that I am required to abide by all rules and regulations of the employer, as outlined in the TM Express, Inc. Employee Policies and Procedures Manual.

Signature: _____ Date: _____



Credit Report Consent Form

I, authorize TM Express, Inc., hereinafter called "Company", or any of its agents or successors to obtain my full and complete Credit Report in connection with my consideration for employment, contract hiring or continued employment or contract work with the Company.

I understand that if the Company denies employment or takes any other adverse action based on information in any of the above reports, the Company will notify me of the following:

- (1) The name, address and phone number of the credit reporting agency that provided the credit report.
- (2) A statement that the credit reporting agency did not make the adverse decision and is not able to explain why the employer made the decision.
- (3) A statement setting forth my right to obtain a free disclosure of my file from the credit reporting agency if I request such in writing within sixty (60) days.
- (4) A statement setting forth my right to dispute directly with the credit reporting agency the accuracy or completeness of any information it provided.

I acknowledge that a photocopy of this consent form has the same right and authority as the original.

Applicant Information:

Residence Address: _____ City: _____

State: _____ Zip: _____

Phone: _____ Applicant's Date of Birth: _____

Applicants Social Security Number: _____

Printed Name of Applicant

Signature of Applicant

Date

Consent to Conduct Background



**In Compliance with the FCRA and the DPPA
(Fair Credit Reporting Act and the Federal Driver's Privacy Act)**

This authorization and consent for release of personal information acknowledges that TM Express, Inc. (hereafter referred to as "Company") or its agents may now, or at any time I am assigned to or am employed by this Company, conduct investigations whether the records are of a public, private or confidential nature. These investigations might include, but are not limited to, verification of educational institutions attended, records of previous employment, including work history, efficiency ratings, complaints and grievances files by or against me, references, character, professional license verification, criminal convictions on file in local, state or federal agencies; and motor vehicle driving records, civil litigation, liens, judgments, previous drug test results, bankruptcy filings, previous incidents of violent behavior, suspected dishonest acts, reasons for leaving previous employers, sex offender status or any other information pertinent to employment.

I also authorize the National Personnel Records Center, or other custodian of my military service record, to release to Company, information or copies of documents from my military service record, to include DD Form 214, service record and any disciplinary action or records.

I understand that this investigation will be used to determine work assignment or employment eligibility under the Company's employment policies. Therefore, I authorize and consent to full release of records, either oral or in writing, to the authorized representatives of the Company. In addition, I release and discharge the Company and its agents and associates to the full extent permitted by law from any claims, damages, losses, liabilities, costs, expenses or any other charges or complaints filed with any agency arising from retrieving and reporting this information. I fully release the person or entity providing the information of any right or claim of confidentiality concerning disclosure of the information requested or any and all claims, actions, or causes of action which may arise as a consequence of the release of such information as may be requested.

I understand that according to the Federal Fair Credit Reporting Act, I am entitled to know whether employment was denied based upon the information obtained and to receive, upon written request, a disclosure of the background report. Having read this document, I fully understand its contents and authorize the background verification. I request that any law enforcement agency, institution, information service bureau, school, employer, reference or insurance company contacted pursuant to this investigation consent form cooperate fully and completely in responding to the inquiries.

Applicant's Initials



A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA.

For more information, including information about additional rights, go to www.ftc.gov/credit or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.

You must be told if information in your file has been used against you. Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.

You have the right to know what is in your file. You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if: a person has taken adverse action against you because of information in your credit report;

- you are the victim of identity theft and place a fraud alert in your file;
- your file contains inaccurate information as a result of fraud;
- you are on public assistance;
- you are unemployed but expect to apply for employment within 60 days.

In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request of each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.ftc.gov/credit for additional information.

You have the right to ask for a credit score. Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.

Applicant's Initials



A Summary of Your Rights Under the Fair Credit Reporting Act

- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.ftc.gov/credit for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.ftc.gov/credit.
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688.)
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.ftc.gov/credit. **States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General.**

Printed Name of Applicant

Signature of Applicant

Date



I acknowledge that a photocopy of this release has the same right and authority as the original.

By my signature below, I acknowledge that I have received a Summary of my Rights under the Fair Credit Reporting Act, which is attached.

Applicant's Name:

Last Name

First Name

Middle Name

Aliases Used:

Maiden Name: (if any)

Applicants Current Address:

Address

City

State

Zip

Phone:

Fax:

Applicant's Date of Birth:

Gender:

Male:

Female:

Applicant's Social Security Number:

Applicant's Driver's License Number:

State:

Printed Name of Applicant

Signature of Applicant

Date

Internal Use Only

Printed Name of Company Rep.

Signature of Representative

Date