



OWNER/OPERATOR: _____

COMPANY: _____

DATE: ____/____/____

APPLICATION

Transcorr, LLC, 4901 West 96th Street, Indianapolis, IN 46268

In compliance with Federal and State equal opportunity laws, qualified applicants are considered for all positions without regard to race, religion, sex, national origin, age, marital status, veteran status or any other protected group status.

DRIVER'S NAME _____		
(Last)	(First)	(M.I.)
ADDRESS _____		
CITY _____, STATE _____ ZIP _____		
HOME PHONE NUMBER (____) _____ - _____ CELL NUMBER _____		
DATE OF BIRTH ____/____/____ SOCIAL SECURITY NUMBER ____-____-____		
IN CASE OF EMERGENCY CONTACT - _____ Telephone Number _____ Relationship _____		

PREVIOUS ADDRESSES FOR THE PAST THREE (3) YEARS

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

COMMERCIAL DRIVER'S LICENSE INFORMATION

_____ LICENSE #	TYPE _____ (A, B, or C)	_____ STATE	____/____/____ EXP. DATE
ENDORSEMENTS	<input type="checkbox"/> DOUBLE/TRIPLE TRAILERS	<input type="checkbox"/> TANK VEHICLES	
	<input type="checkbox"/> PASSENGER VEHICLES	<input type="checkbox"/> HAZARDOUS MATERIALS	
Have you ever been denied a license, permit, or privilege to operate a motor vehicle?			
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes please explain _____			
Has any license, permit, or privilege ever been suspended or revoked?			
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes please explain _____			
LIST ANY ADDITIONAL LICENSE(S) HELD IN THE PAST 3 YEARS:			
STATE: _____	CDL # _____	EXP. DATE: _____	
STATE: _____	CDL # _____	EXP. DATE: _____	
Do you have the legal right to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No			

WORK EXPERIENCE

IN ACCORDANCE WITH PART 391.21 & 23 OF THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS, AN APPLICANT MUST LIST ALL PREVIOUS WORK EXPERIENCE FOR THE THREE YEARS PRIOR TO THE ABOVE APPLICATION DATE, AS WELL AS ALL COMMERCIAL DRIVING EXPERIENCE FOR SEVEN YEARS PRIOR TO THOSE THREE YEARS. **PLEASE LIST STARTING WITH MOST RECENT EMPLOYER.**

COMPANY NAME: _____		
ADDRESS: _____	, CITY: _____	STATE: _____
SUPERVISOR NAME: _____	WHY DID YOU LEAVE? _____	
JOB DESCRIPTION: _____	PHONE: _____	
FROM: ____ / ____ / ____	TO: ____ / ____ / ____	STATES DRIVEN _____
Was this job designated as a safety sensitive function in any DOT regulated mode subject to controlled substances and alcohol testing specified by 49 CFR Part 40? <input type="checkbox"/> YES <input type="checkbox"/> NO *Was this job subject to FMCSA Regulations? <input type="checkbox"/> YES <input type="checkbox"/> NO		
**ACCOUNT FOR PERIOD BETWEEN JOBS - Include dates (month/year) and reason _____		

COMPANY NAME: _____		
ADDRESS: _____	, CITY: _____	STATE: _____
SUPERVISOR NAME: _____	WHY DID YOU LEAVE? _____	
JOB DESCRIPTION: _____	PHONE: _____	
FROM: ____ / ____ / ____	TO: ____ / ____ / ____	STATES DRIVEN _____
Was this job designated as a safety sensitive function in any DOT regulated mode subject to controlled substances and alcohol testing specified by 49 CFR Part 40? <input type="checkbox"/> YES <input type="checkbox"/> NO *Was this job subject to FMCSA Regulations? <input type="checkbox"/> YES <input type="checkbox"/> NO		
**ACCOUNT FOR PERIOD BETWEEN JOBS - Include dates (month/year) and reason _____		

COMPANY NAME: _____		
ADDRESS: _____	, CITY: _____	STATE: _____
SUPERVISOR NAME: _____	WHY DID YOU LEAVE? _____	
JOB DESCRIPTION: _____	PHONE: _____	
FROM: ____ / ____ / ____	TO: ____ / ____ / ____	STATES DRIVEN _____
Was this job designated as a safety sensitive function in any DOT regulated mode subject to controlled substances and alcohol testing specified by 49 CFR Part 40? <input type="checkbox"/> YES <input type="checkbox"/> NO *Was this job subject to FMCSA Regulations? <input type="checkbox"/> YES <input type="checkbox"/> NO		
**ACCOUNT FOR PERIOD BETWEEN JOBS - Include dates (month/year) and reason _____		

COMPANY NAME: _____		
ADDRESS: _____	, CITY: _____	STATE: _____
SUPERVISOR NAME: _____	WHY DID YOU LEAVE? _____	
JOB DESCRIPTION: _____	PHONE: _____	
FROM: ____ / ____ / ____	TO: ____ / ____ / ____	STATES DRIVEN _____
Was this job designated as a safety sensitive function in any DOT regulated mode subject to controlled substances and alcohol testing specified by 49 CFR Part 40? <input type="checkbox"/> YES <input type="checkbox"/> NO *Was this job subject to FMCSA Regulations? <input type="checkbox"/> YES <input type="checkbox"/> NO		
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COMPANY NAME: _____	
ADDRESS: _____	CITY: _____, STATE: _____
SUPERVISOR NAME: _____	WHY DID YOU LEAVE? _____
JOB DESCRIPTION: _____	PHONE: _____
FROM: ____/____/____	TO: ____/____/____ STATES DRIVEN: _____
Was this job designated as a safety sensitive function in any DOT regulated mode subject to controlled substances and alcohol testing specified by 49 CFR Part 40? <input type="checkbox"/> YES <input type="checkbox"/> NO *Was this job subject to FMCSA Regulations? <input type="checkbox"/> YES <input type="checkbox"/> NO	
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COMPANY NAME: _____	
ADDRESS: _____	CITY: _____, STATE: _____
SUPERVISOR NAME: _____	WHY DID YOU LEAVE? _____
JOB DESCRIPTION: _____	PHONE: _____
FROM: ____/____/____	TO: ____/____/____ STATES DRIVEN: _____
Was this job designated as a safety sensitive function in any DOT regulated mode subject to controlled substances and alcohol testing specified by 49 CFR Part 40? <input type="checkbox"/> YES <input type="checkbox"/> NO *Was this job subject to FMCSA Regulations? <input type="checkbox"/> YES <input type="checkbox"/> NO	
**ACCOUNT FOR PERIOD BETWEEN JOBS Include dates (month/year) and reason _____	

COLLISIONS/ INCIDENTS

PLEASE LIST ALL MOTOR VEHICLE COLLISIONS IN WHICH YOU WERE INVOLVED (BOTH COMMERCIAL PRIVATE VEHICLE) DURING THE PAST THREE YEARS PRIOR TO THE APPLICATION DATE. IF NONE, WRITE "NONE"

DATE	DESCRIPTION	LOCATION	INJURIES/FATALITIES
___/___/___	_____	_____	_____
___/___/___	_____	_____	_____
___/___/___	_____	_____	_____

TRAFFIC CONVICTIONS AND FORFEITURES

PLEASE LIST ALL TRAFFIC CONVICTIONS AND/OR FORFEITURES (BOTH COMMERCIAL AND PRIVATE VEHICLE) FOR THE PAST THREE YEARS (OTHER THAN PARKING). IF NONE, WRITE "NONE"

DATE	LOCATION	CHARGE	PENALTY
___/___/___	_____	_____	_____
___/___/___	_____	_____	_____
___/___/___	_____	_____	_____
___/___/___	_____	_____	_____
___/___/___	_____	_____	_____

DRIVING EXPERIENCE

EQUIPMENT CLASS	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES		STATES DRIVEN
		FROM	TO	
STRAIGHT TRUCK	_____	_____	_____	_____
TRACTOR & SEMI TRAILER	_____	_____	_____	_____
OTHER	_____	_____	_____	_____
LIST COMMODITIES HAULED: _____				

EDUCATION

PLEASE CIRCLE THE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 9 10 11 12 COLLEGE: 1 2 3 4

OTHER TRAINING INCLUDING DRIVING SCHOOL: _____

HAVE YOU RECEIVED ANY SAFETY AWARDS OR SPECIAL TRAINING? _____

DRUG & ALCOHOL TESTING HISTORY

IN ACCORDANCE WITH PART 40.25(J) OF THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS, PLEASE ANSWER THE FOLLOWING:

HAVE YOU EVER TESTED POSITIVE, OR REFUSED TO TAKE A DOT DRUG OR ALCOHOL TEST

YES NO DATE _____

IF THE ANSWER TO THE ABOVE QUESTION IS YES, PLEASE LIST THE CONTACT INFORMATION FOR THE SUBSTANCE ABUSE PROFESSIONAL (SAP) WHO COMPLETED YOUR EVALUATION:

NAME OF SAP: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

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 (AS DESCRIBED IN THE ATTACHED JOB DESCRIPTION)? YES NO

IF SO, EXPLAIN: _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES NO DATE: _____

DESCRIPTION: _____

HAVE YOU EVER BEEN CONVICTED OF A DUI? YES NO DATE: _____

DO YOU HAVE FULL KNOWLEDGE OF THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS?

YES NO

HOW DID YOU LEARN ABOUT OPPORTUNITIES WITH TRANSCORR?

MUST BE READ AND SIGNED BY THE APPLICANT

I hereby certify that this application was completed by me, and that all entries on it are true and completed to the best of my knowledge.

I authorize the carrier to make such inquiries and investigations of my personal, employment, driving, financial or medical history and other related matters as maybe 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 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 the carrier that I will be on a probationary period during which time I may be discharged without recourse.

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 investigation 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's Signature: _____ Date: _____ / _____ / _____



INQUIRY FOR PAST EMPLOYMENT AND PAST ALCOHOL & CONTROLLED SUBSTANCES TESTING

Section I: To Be Completed By Prospective Employee

DATE: _____ SOCIAL SECURITY: _____

PRINT FULL NAME: _____ SIGNATURE: _____

Section II: To Be Completed By Previous Employer

EMPLOYER: _____ PHONE: _____

CITY: _____ STATE: _____ ZIP: _____

Date of employment with:/or lease _____ to _____

What type of work/equipment driven: _____

Accidents: Preventable; date: _____ Non-Preventable; date: _____

Description of accident: _____ Description of accident: _____

Why did driver leave company: _____

Eligible for rehire: _____ If No. why? _____

I hereby authorized you to release all information concerning my employment and FMCS 391.23 & 382.431. Including oral assessments of my job performance, ability, fitness and alcohol and controlled substances testing/training records to; TransCorr LLC, P.O. Box 681548. Indianapolis, IN 46268-7548

DRUG/ALCOHOL INFORMATION: _____

IN THE PAST THREE YEARS HAS DRIVER EVER:

Tested positive for a controlled substance? _____

Had-alcohol test with a breath alcohol concentration 0.04 or greater? _____

Refused a required test for controlled substance or alcohol? _____

Violated other DOT drug/alcohol regulations? _____

Have a history of drug/alcohol violations with previous employers, that you are aware of? _____

If yes to any of the above questions please, give SAP's name address and phone number for further references:

Representative Name: _____ Title: _____

Date: _____ Fax Number: _____

TRUCKING INDUSTRY:
DOT D/A Disclosure and Authorization

USIS

Send to Fax # (800) 267-4093 (Manual Service)

Send to Fax # (800) 257-8069 (Database Retrieval)

USIS Customer:

Company Name: TRANSCORR

Company Contact Name: ELAINE KINGEN

Fax #: 317 879 3929

USIS Customer # 28998 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: _____

INVESTIGATIVE CONSUMER REPORT DISCLOSURE

In connection with your employment or application for employment (including contract for services), an investigative consumer report and consumer reports, which may contain public record information, may be requested from USIS Commercial Services ("USIS"). These reports may include the following types of information: names and dates of previous employers, reason for termination of employment, work experience, accidents, academic history, professional credentials, drugs/alcohol use, information relating to your character, general reputation, personal characteristics, mode of living, educational background, or any other information about you which may reflect upon your potential for employment gathered from any individual, organization, entity, agency, or other source which may have knowledge concerning any such items of information. Such reports may contain public record information concerning your driving record, workers' compensation claims, credit, bankruptcy proceedings, criminal records, etc., from federal, state and other agencies which maintain such records; as well as information from USIS concerning previous driving record requests made by others from such state agencies.

You have the right to receive, upon your written request within a reasonable period of time, (not to exceed 30 days) a complete and accurate disclosure of the nature and scope of the investigation requested. You have the right to make a request to USIS, upon proper identification, to request the nature and substance of all information in its files on you at the time of your request, including the sources of information, and the recipients of any reports on you that USIS has previously furnished within the two-year period preceding your request. USIS may be contacted by mail at P.O. Box 33181, Tulsa, Oklahoma, 74153, or by phone at (800) 381-0645.

Attached to this disclosure is a written summary of your rights under the Fair Credit Reporting Act (FCRA) as prepared by the Federal Trade Commission.

 Print Applicant/Employee Full Name

Date _____

 Applicant/Employee Signature

Notice to California Applicants

Under California law, the consumer reports we order on you for employment purposes within the State of California are defined as investigative consumer reports. These reports may contain information on your character, general reputation, personal characteristics and mode of living.

Under section 1786.22 of the California Civil Code, you may view the file maintained on you by USIS during normal business hours. You may also obtain a copy of this file upon submitting proper identification and paying the costs of duplication services, by appearing at USIS in person, by mail, or by telephone. The agency is required to have personnel available to explain your file to you and the agency must explain to you any coded information appearing in your file. If you appear in person, a person of your choice may accompany you, provided that this person furnishes proper identification.

I request to receive a free copy of any investigative consumer report ordered on me by checking this box. (California applicants only)