

TRANTHAM, INC.

1260 STATE FARM ROAD

ALEXANDRIA, AL 36250

(PLEASE PRINT TO FILL IN ALL INFORMATION)

Applicant Name _____ Date of Application _____

Position(s) Applied for _____

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

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

I understand that information I provide regarding current and/or previous employers may be used and those employer(s) will be contacted, for the purpose of investigation my safety performance history as required by 49 CFR 391.23(d) and (e). I 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.

Signature _____ Date _____

APPLICATION TO COMPLETE

(ANSWER ALL QUESTIONS – PLEASE PRINT)

Name _____ Social Security No. _____
Last First Middle

List your addresses of residency for the past 3 years.

Current Address _____
Street City
Phone _____ How Long? _____
State Zip Code yr./mo.

Previous Addresses _____ How Long? _____
Street City,State Zip code yr./ mo.
_____ How Long? _____
Street City,State Zip code yr./ mo.
_____ How Long? _____
Street City,State Zip code yr./ mo.

Do you have the legal right to work in the United States? _____

Date of Birth ____/____/____ Can you provide proof of age _____
(REQUIRED FOR COMMERCIAL DRIVERS)

Have you worked for Trantham, Inc. before? _____ When? _____

Dates: From _____ To _____ Rate of Pay _____ Position _____

Reason for leaving _____

Are you currently employed? _____ If not, how long since leaving last employment? _____

Who referred you? _____ Rate of pay expected _____

Have you ever been convicted of a felony? _____

If yes, please explain fully on a separate sheet of paper. Conviction of a crime is not an automatic bar to employment – all circumstances will be considered.

Is there any reason you may not be able to perform the functions of the job for which you have applied?

If yes, explain

EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state, and zip code.

Applicants to drive a commercial motor vehicle* in intrastate and interstate commerce shall also provide an additional 7 years' information on those employers for whom the applicant operated such vehicle. (NOTE: list employers starting with the most recent. Add another sheet if necessary.)

EMPLOYER	DATE	
NAME	FROM	TO
ADDRESS	POSITION HELD	
CITY	STATE	ZIP
CONTACT NO.	PHONE	REASON FOR LEAVING
Were you subject to the FMCSRs** while employed? YES NO		
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR part 40? YES NO		
EMPLOYER	DATE	
NAME	FROM	TO
ADDRESS	POSITION HELD	
CITY	STATE	ZIP
CONTACT NO.	PHONE	REASON FOR LEAVING
Were you subject to the FMCSRs** while employed? YES NO		
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR part 40? YES NO		
EMPLOYER	DATE	
NAME	FROM	TO
ADDRESS	POSITION HELD	
CITY	STATE	ZIP
CONTACT NO.	PHONE	REASON FOR LEAVING
Were you subject to the FMCSRs** while employed? YES NO		
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR part 40? YES NO		

EMPLOYMENT HISTORY (continued)

EMPLOYER			DATE	
NAME			FROM	TO
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT NO.	PHONE		REASON FOR LEAVING	
Were you subject to the FMCSRs** while employed? YES NO				
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR part 40? YES NO				
EMPLOYER			DATE	
NAME			FROM	TO
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT NO.	PHONE		REASON FOR LEAVING	
Were you subject to the FMCSRs** while employed? YES NO				
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR part 40? YES NO				
EMPLOYER			DATE	
NAME			FROM	TO
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT NO.	PHONE		REASON FOR LEAVING	
Were you subject to the FMCSRs** while employed? YES NO				
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR part 40? YES NO				

*Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles deigned to transport 16 or more passengers (including the driver), or any size vehicle used to transport hazardous materials in a quality requiring placarding.

** The Federal Motor Carrier Safety Regulations (FMCSRs) 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 more than 8 passengers (including the driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE, IF NONE, WRITE NONE

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES	HAZARDOUS MATERIAL SPILL
LAST ACCIDENT				
NEXT PREVIOUS				
NEXT PREVIOUS				
NEXT PREVIOUS				

**TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)
IF NONE, WRITE NONE**

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

EXPERIENCE AND QUALIFICATIONS – DRIVER

List all driver licenses or permits held in the past 3 years

STATE	LICENSE NO.	TYPE	EXPIRATION DATE

- A. HAVE YOU EVER BEEN DENIED A LICENSE, PERMIT OR PRIVILEGE TO OPERATE A MOTOR VEHICLE? YES NO
 B. HAS ANY LICENSE, PERMIT, OR PRIVILEGE EVER BEEN SUSPENDED OR REVOKED? YES NO
 IF THE ANSWER TO EITHER A OR B IS YES, GIVE DETAILS _____

DRIVING EXPERIENCE CIRCLE YES OR NO

CLASS OF EQUIPMENT	CIRCLE TYPE OF EQUIPMENT	FROM (M/Y)	TO (M/Y)	APPROX.NO OF MILES
STRAIGHT TRUCK	YES / NO (VAN, TANK, FLAT, DUMP, REEFER)			
TRACTOR AND SEMI TRAILER	YES/ NO (VAN, TANK, FLAT, DUMP, REEFER)			
TRACTOR – TWO TRAILERS	YES / NO (VAN, TANK, FLAT, DUMP, REEFER)			
TRACTOR – THREE TRAILERS	YES / NO (VAN, TANK, FLAT, DUMP, REEFER)			
MOTORCOACH – SCHOOL BUS	YES / NO MORE THAN 8 PASSENGERS			
MOTORCOACH – SCHOOL BUS	YES / NO MORE THAN 15 PASSENGERS			
OTHER				

LIST STATES OPERATED IN FOR LAST FIVE YEARS: _____

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER: _____

EXPERIENCE AND QUALIFICATIONS - OTHER

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOU 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)

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 HIGH SCHOOL: 1 2 3 4 COLLEGE: 1 2 3 4

LAST SCHOOL ATTENDED _____
(NAME) (CITY,STATE)

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.

Signature _____ Date _____

SAFETY PERFORMANCE HISTORY RECORDS REQUEST

RECIPIENT EMPLOYER: The individual indentified in SECTION 1 below has indicated that you employ(ed) or use(d) him/her within the last 3 years in a position that involved the operation of a commercial motor vehicle and/or that was subject to U.S. Department of Transportation (DOT)-regulated drug and alcohol testing.

In accordance with 49 CFR 40.25 AND 391.23, we are hereby requesting that you supply us with the Safety Performance History of this individual. **Under DOT rule 391.23(g), you must respond to this inquiry within 30 days of receipt.**

Please complete SECTION 2 below then SECTIONS 3 and 4 on the next page (if applicable) and return to the prospective employer shown in SECTION 1.

APPLICANT: Complete the highlighted areas in SECTION 1 and submit to prospective employer

PROSPECTIVE EMPLOYER: Complete SECTION 5a on page 2 and send to current/previous employer. Upon receipt of completed form, complete SECTION 5b and retain.

SECTION 1:	TO BE COMPLETED BY PROSPECTIVE EMPLOYEE	
I, (Print Name)	_____	_____
	First, M.I., Last	Social Security Number
	_____	_____
	hereby authorize:	Date of Birth
Previous Employer:	_____	Email: _____
Street:	_____	Phone: _____
City, State, Zip:	_____	Fax No.: _____
to release and forward the information requested by section 4 of this document concerning my Alcohol and		
Controlled Substances Testing records within the previous 3 years from _____.		
		(date of employment application)
To:		
Prospective Employer:	TRANTHAM SERVICES, INC.	
Attention:	CARLA TATE	
Street:	1260 STATE FARM ROAD	
City, State, Zip:	ALEXANDRIA, AL 36250	
In compliance with 40.25(g) and 391.23(h), release of this information must be made in a written form that ensures confidentiality, such as fax, email, or letter.		
Prospective employer's confidential fax number:	(256)820-5038	
Prospective employer's confidential email address:	carla@tranthaminc.com	
	_____	_____
	Applicant's Signature	Date

SECTION 2:	TO BE COMPLETED BY PREVIOUS EMPLOYER		
EMPLOYMENT VERIFICATION			
The applicant named above was or is employed or used by us.	YES	NO	(circle one)
Employed as (job title)	_____	from (m/y) _____	to (m/y) _____
Did he/she drive a motor vehicle for you?	YES	NO	If yes what type? Straight Truck Tractor-semitrailer Bus
Cargo Tank	Doubles/Triples	Other (Specify)	_____
Completed by:	_____		
Company:	_____		
Street:	_____		
City, State, Zip:	_____	Phone No:	_____
Signature:	_____	Date:	_____
If there is no safety performance history to report, check here <input checked="" type="checkbox"/> and return. Otherwise, complete Sections 3 and 4 on Page 2 before returning.			

SECTION 3: TO BE COMPLETED BY PREVIOUS EMPLOYER

ACCIDENT HISTORY

Complete the following for any accidents included on your accident register (390.15(b)) that involved the applicant in the 3 years prior to the application date shown on PAGE 1 or circle **NONE** if there is no accident data for this driver.

DATE	LOCATION	NO. INJURIES	NO. FATALITIES	HAZMAT SPILL
1)				
2)				
3)				

PLEASE PROVIDE INFORMATION CONCERNING ANY OTHER COMMERCIAL MOTOR VEHICLE ACCIDENTS INVOLVING THE APPLICANT REPORTED TO GOVERNMENT AGENCIES OR INSURERS OR RETAINED UNDER INTERNAL COMPANY POLICIES:

SECTION 4: TO BE COMPLETED BY PREVIOUS EMPLOYER

DRUG AND ALCOHOL HISTORY

If applicant was not subject to DOT testing requirements under 49 CFR Part 40 while employed with you, please check and return.

Applicant was subject to DOT testing requirements from _____ to _____.

In answering these questions, include any required DOT drug or alcohol testing information you obtained from other employers in the 3 years prior to the application date shown on SIDE 1:

Within the past 3 years from the application date shown on SIDE 1:

- Has this person violated any of the drug and/or alcohol prohibitions under 49 CFR Part 40 or Subpart B of Part 382. including:
 - An alcohol test with a result of 0.04 or higher alcohol concentration. **YES** **NO**
 - A controlled substances test result of positive, adulterated, or substituted.
 - A refusal to submit to a random, post-accident, reasonable-suspicion, or follow-up controlled substances or alcohol tests.
 - Alcohol use while performing or within 4 hours before performing safety-sensitive functions.
 - Alcohol use after an accident, in violation of 382.303
 - Controlled substances use while on duty, except as allowed under 382.213
2. If this person violated a DOT drug and/or alcohol prohibition, did he/she fail to begin or complete a rehabilitation program prescribed by a Substance Abuse Professional (SAP)? If rehabilitation was required but you do not know if she/he began or completed such a program, circle N/A **YES** **NO** **N/A**
3. If this person successfully completed a SAP's rehabilitation referral and remained your employ, did he/she subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refusal to be tested? **YES** **NO** **N/A**

SECTION 5a: TO BE COMPLETED BY PROSPECTIVE EMPLOYER

This form was (circle one) Faxed to previous employer Mailed Emailed Other _____

By: _____ Date: _____

Subsequent attempts to contact previous employer (391.23 (c)(1)): _____

SECTION 5b: TO BE COMPLETED BY PROSPECTIVE EMPLOYER

Complete below when information is obtained.

Information received from : _____

Recorded by: _____ Method: Fax Mail Email Phone

Date: _____ Other

REQUEST FOR CHECK OF DRIVING RECORD

I hereby authorize you to release the following information to **TRANHAM SERVICES, INC.** for the purpose of investigation as required by Section 391.23 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information.

(Applicant Signature)

(Date)

1. In accordance with the provisions of Section 604 and Section 607 of the Fair Credit Reporting Act, Public Law N. 91-508, I hereby certify that the information requested below will be used for a "Permissible purpose" as defined in the Act and that the information received will be used for no other purpose.
2. I further certify that if the applicant named above is denied employment based upon the Information received, I will identify the source of the report in accordance with Section 615 (a) of the Fair Credit Reporting Act.

(Signature of Requester)

(Date)

The following named person has applied with our company for the position of truck driver. As in accordance with Section 391.23 Federal Department of Transportation Regulations please furnish the undersigned with the applicant's driving record for the past three years.

Please Print

(NAME OF APPLICANT)

(ADDRESS)

(FORMER ADDRESS)

(DATE OF BIRTH)

(SOCIAL SECURITY NO.)

(LICENSE NO.)

THE BELOW DISCLOSURE AND AUTHORIZATION LANGUAGE IS FOR MANDATORY USE BY ALL ACCOUNT HOLDERS

**IMPORTANT DISCLOSURE
REGARDING BACKGROUND REPORTS FROM THE PSP Online Service**

In connection with your application for employment with Trantham Services, Inc. (“Prospective Employer”), Prospective Employer, its employees, agents or contractors may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

When the application for employment is submitted in person, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report.

When the application for employment is submitted by mail, telephone, computer, or other similar means, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer must provide you within three business days of taking adverse action oral, written or electronic notification: that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

Neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. You may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If you challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. Your request will be forwarded by the DataQs system to the appropriate State for adjudication.

Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with Federal Motor Carrier Safety Regulations (FMCSR) violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

The Prospective Employer cannot obtain background reports from FMCSA without your authorization.

AUTHORIZATION

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

I authorize Trantham Services, Inc. (“Prospective Employer”) to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am authorizing the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.

I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

I understand that any crash or inspection in which I was involved will display on my PSP report. Since the PSP report does not report, or assign, or imply fault, I acknowledge it will include all CMV crashes where I was a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, I understand all inspections, with or without violations, will appear

on my PSP report, and State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on my PSP report. I have read the above Disclosure Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this Disclosure and Authorization, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Date: _____

Signature

Name (Please Print)

NOTICE: This form is made available to monthly account holders by NIC on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain an Applicant's written or electronic consent prior to accessing the Applicant's PSP report. Further, account holders are required by FMCSA to use the language contained in this Disclosure and Authorization form to obtain an Applicant's consent. The language must be used in whole, exactly as provided. Further, the language on this form must exist as one stand-alone document. The language may NOT be included with other consent forms or any other language.

LAST UPDATED 12/22/2015