

# TCF

Time Critical Freight, Inc.

Distribution & Logistics Services

## APPLICATION COVER SHEET DRIVER

For the position of DRIVER you **MUST** be at least 23 years of age.

You **MUST** have at least 3 years of verifiable experience driving a 24 or 26 foot straight truck or tractor trailer.

**If you have less than 3 years experience driving a 24 or 26 foot straight truck DO NOT fill out this application.**

Time Critical will do a criminal background check for the past 10 years on all applicants.

Child support orders and all court ordered wage garnishments, whether private, state or federal, issued on any Time Critical employee will be complied with in a timely manner.

All applicants must have a Social Security card issued by the Social Security Administration.

**The attached application must be filled out in its entirety or you will not be considered for a position.**

## APPLICATION CHECK LIST

**All applicants:**

- \_\_\_\_\_ Copy of driver's license
- \_\_\_\_\_ Copy of social security card
- \_\_\_\_\_ Copy of DOT Physical card

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**Time Critical Freight, Inc.**

Distribution & Logistics Services

## **DRIVER'S APPLICATION FOR EMPLOYMENT**

Please check off the Time Critical Freight application location.

\_\_\_\_\_ Time Critical Freight, Inc.    \_\_\_\_\_ Time Critical Freight, Inc.    \_\_\_\_\_ Time Critical Freight, Inc.  
7463 New Ridge Road                      11515 A Granite Street                      300 Orleans Street  
Hanover, MD 21076                              Charlotte, NC 28273                              Richmond, VA 23150

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 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 investigating my safety performance history as required by 49CRF 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 \_\_\_\_\_

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## **CONDITIONAL OFFER OF EMPLOYMENT**

In the event of employment, Time Critical Freight, Inc. requires a pre-employment drug screen to be completed on the date of hire. This requirement is chargeable to the employee in the amount of \$35.00 and will be deducted from your first paycheck.

I, \_\_\_\_\_ have read and understand the above statement and authorize  
*Print Name*

Time Critical Freight, Inc. to deduct \$35.00 from my first paycheck.

\_\_\_\_\_  
*Applicant's Signature*

\_\_\_\_\_  
*Date*

# TCF

## Time Critical Freight, Inc.

Distribution & Logistics Services

### APPLICATION TO COMPLETE:

Name: \_\_\_\_\_ Social Security # \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Current  
Address: \_\_\_\_\_ How Long \_\_\_\_\_  
(Street) (City) (State) (Zip)

Previous  
Addresses \_\_\_\_\_ How Long \_\_\_\_\_  
(Street) (City) (State) (Zip)

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 this company before? \_\_\_\_\_ Where? \_\_\_\_\_

Dates: From \_\_\_\_\_ To \_\_\_\_\_ Rate of Pay \_\_\_\_\_ Position \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Are you now employed? \_\_\_\_\_ If not, how long since leaving last employment? \_\_\_\_\_

Who referred you? \_\_\_\_\_ Rate of pay expected? \_\_\_\_\_

Have you ever been convicted of a misdemeanor? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever been convicted of a felony? \_\_\_\_\_ Yes \_\_\_\_\_ No

Conviction of a crime is not an automatic bar to employment – all circumstances will be considered

Have you ever filed for Worker's Compensation Insurance? \_\_\_\_\_ Yes \_\_\_\_\_ No

Is there any reason you might be unable to perform the functions of the job which you have applied / as described in the attached description?

\_\_\_\_\_

If yes, explain if you wish: \_\_\_\_\_

\_\_\_\_\_

## 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, zip and phone numbers.

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

Name: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Address: \_\_\_\_\_ Position Held: \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Salary/Wage: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
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

Name: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Address: \_\_\_\_\_ Position Held: \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Salary/Wage: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
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City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Salary/Wage: \_\_\_\_\_  
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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 designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

The Federal Motor Carrier Safety Regulations (FMSCRs) 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.

EMPLOYER

Name: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
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Name: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Address: \_\_\_\_\_ Position Held: \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Salary/Wage: \_\_\_\_\_  
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City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Salary/Wage: \_\_\_\_\_  
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**EXPERIENCE AND QUALIFICATIONS – OTHER**

Accident record for the past 3 years or more (attach sheet if more space is needed)

List	Date	Nature of Accident	Fatalities	Injuries
Last Accident				
Next Previous				
Next Previous				

Traffic convictions and forfeitures for the past 3 years (other than parking violations)

Location	Date	Charge	Penalty/Fine

**EDUCATION**

Circle highest grade completed 1 2 3 4 5 6 7 8 High School 1 2 3 4 College 1 2 3 4

Name of last school attended \_\_\_\_\_

**EXPERIENCE AND QUALIFICATIONS – DRIVER**

DRIVER LICENSES	STATE	LICENSE NUMBER	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, ATTACH A STATEMENT GIVING DETAILS.**

**DRIVING EXPERIENCE**

Class of Equipment	Type of Equipment (Van,tank,flatbed,etc.)	Dates (From)	Dates (To)	Approx. # of Miles
Straight Truck				
Tractor & Semi-trailer				
Tractor & 2 Trailers				
Other				

List the states operated in for the last 5 years. \_\_\_\_\_

List any special courses or training that will help you as a driver \_\_\_\_\_

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List which safe driving awards you hold and from whom

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List any trucking, transportation or other experience that my help in your work for this company

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List any special equipment or technical materials you can work with (other than those already shown)

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Answer each of the following questions by checking either Yes or No

A. Yes \_\_\_\_\_ No \_\_\_\_\_ Have you ever been denied a license, permit or privilege to operate a motor vehicle.

B. Yes \_\_\_\_\_ No \_\_\_\_\_ Have you ever had any license, permit or privilege suspended or revoked?

C. Yes \_\_\_\_\_ No \_\_\_\_\_ Have you ever been disqualified to drive by Federal Regulations?

D. Yes \_\_\_\_\_ No \_\_\_\_\_ Have you ever been refused liability insurance?

E. Yes \_\_\_\_\_ No \_\_\_\_\_ Have you ever been convicted for driving while under the influence of alcohol or drugs?

F. Yes \_\_\_\_\_ No \_\_\_\_\_ Have you ever been convicted for possession, sale or use of a narcotic drug?

G. Yes \_\_\_\_\_ No \_\_\_\_\_ Have you ever been convicted of a misdemeanor?

H. Yes \_\_\_\_\_ No \_\_\_\_\_ Have you ever been convicted of a felony?

I. Yes \_\_\_\_\_ No \_\_\_\_\_ Have you ever filed for Worker's Compensation Insurance?

J. Yes \_\_\_\_\_ No \_\_\_\_\_ Can you drive a truck with a manual transmission?  
(Please note you will need to pass a driving test upon being interviewed)

**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, 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 may result in discharge. I understand also that I am required to abide by all rules and regulations of the Company.

---

Date

---

Applicant's Signature

## **PREVIOUS PRE-EMPLOYMENT EMPLOYEE ALCOHOL AND DRUG TEST STATEMENT**

Sec. 40.25(j) As the employer, you must also ask the employee whether he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years. If the employee admits that he or she had a positive test or a refusal to test, you must not use the employee to perform safety-sensitive functions for you, until and unless the employee documents successful completion of the return-to-duty process. (see Sec. 40.25(b)(5) and (e))

Prospective Employee \_\_\_\_\_  
(Print)

The prospective employee is required by Sec. 40.25(j) to respond to the following:

1. Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years?

Check one:             Yes             No

2. If you answered yes, can you provide/obtain proof that you've successfully completed the DOT return-to-duty requirements?

Check one:     Yes             No

I certify that the information provided on this document is true and correct.

Prospective Employee Signature: \_\_\_\_\_ Date \_\_\_\_\_

Witnessed By: \_\_\_\_\_ Date \_\_\_\_\_