



1748 SE 13<sup>th</sup> Street  
P.O. Box 325  
Brainerd, MN 56401

Brainerd: (218) 829-9089  
Twin Cities: (651) 644-5547  
Toll: (888) 829-8229  
Fax: (218) 829-0628

## Job Application

1.) Please tell us why you want to work at TCBX?

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2.) What makes you a qualified TCBX employee?

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3.) Why did you choose, or looking for a carrier in the Trucking Industry?

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4.) Tell us something interesting about you?

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# APPLICATION FOR QUALIFICATION

(A) Company \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

The purpose of this application is to determine whether or not the applicant is qualified to operate motor carrier equipment according to the requirements of the Federal Motor Carrier Safety Regulations and the Company named above.

## Instructions to Applicant

**Please answer all questions. If the answer to any question is "No" or "None", do not leave the item blank, but write "No" or "None". This is important!**

\*The Age Discrimination of Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age.

Date \_\_\_\_\_ Position applying for; Check One:  Contractor  Driver  
 Contractor's Driver

(B) Name \_\_\_\_\_  
(First) (Middle) (Last)

Phone Number (\_\_\_\_) \_\_\_\_\_ Emergency Phone Number (\_\_\_\_) \_\_\_\_\_

\*Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

Physical Exam Expiration Date: \_\_\_\_\_

### Current & Three Years Previous Addresses:

\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Have you worked for this company before?  Yes  No If yes, give dates: From \_\_\_\_\_  
To \_\_\_\_\_

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

## Education and Employment History

Please circle the highest grade completed:

Grade School: 1 2 3 4 5 6 7 8 9 10 11 12

College: 1 2 3 4 Post-Graduate: 1 2 3 4

(C) Give a Complete Record of all employment for the past three years, including any unemployment or self employment, and all commercial driving experience for the past ten years.

Mo/Yr Mo/Yr Present or Last Employer:  
From \_\_\_\_\_ To \_\_\_\_\_ Name \_\_\_\_\_  
Position Held \_\_\_\_\_ Address \_\_\_\_\_  
Reason For Leaving \_\_\_\_\_ Phone # (\_\_\_\_\_) \_\_\_\_\_  
(Street) (City) (State/Zip)  
Were you subject to the FMCSRs\* while employed here?  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

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Mo/Yr Mo/Yr Present or Last Employer:  
From \_\_\_\_\_ To \_\_\_\_\_ Name \_\_\_\_\_  
Position Held \_\_\_\_\_ Address \_\_\_\_\_  
Reason For Leaving \_\_\_\_\_ Phone # (\_\_\_\_\_) \_\_\_\_\_  
(Street) (City) (State/Zip)  
Were you subject to the FMCSRs\* while employed here?  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

Mo/Yr Mo/Yr Present or Last Employer:  
From \_\_\_\_\_ To \_\_\_\_\_ Name \_\_\_\_\_  
Position Held \_\_\_\_\_ Address \_\_\_\_\_  
Reason For Leaving \_\_\_\_\_ Phone # (\_\_\_\_\_) \_\_\_\_\_  
(Street) (City) (State/Zip)  
Were you subject to the FMCSRs\* while employed here?  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

Mo/Yr Mo/Yr Present or Last Employer:  
From \_\_\_\_\_ To \_\_\_\_\_ Name \_\_\_\_\_  
Position Held \_\_\_\_\_ Address \_\_\_\_\_  
Reason For Leaving \_\_\_\_\_ Phone # (\_\_\_\_\_) \_\_\_\_\_  
(Street) (City) (State/Zip)  
Were you subject to the FMCSRs\* while employed here?  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

Mo/Yr Mo/Yr Present or Last Employer:  
From \_\_\_\_\_ To \_\_\_\_\_ Name \_\_\_\_\_  
Position Held \_\_\_\_\_ Address \_\_\_\_\_  
Reason For Leaving \_\_\_\_\_ Phone # (\_\_\_\_\_) \_\_\_\_\_  
(Street) (City) (State/Zip)  
Were you subject to the FMCSRs\* while employed here?  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



**(J) Driver's License** (*list each driver's license held in the past three years*)

State	License #	Type	Endorsements	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
  - C. Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the job description)? .....  
YES  NO
  - D. Have you ever been convicted of a felony? .....  
YES  NO
  - E. \_\_\_\_\_
- (K) If the answers to A, B, C or D is "YES", give details \_\_\_\_\_

**(L) Personal References**

List three persons for references, other than family members, who have knowledge of your safety habits.

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

# DRIVER APPLICANT DRUG AND ALCOHOL PRE-EMPLOYMENT STATEMENT

*CFR Part 40.25(j) requires the employer to ask any applicant, 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 rules during the past two years. If the potential employee admits that he or she had a positive test or refusal to test, we must not use the employee to perform safety-sensitive functions, until and unless the potential employee provides documentation of successful completion of the return-to-duty process.  
(See Section 40.25(b)(5) and (e).*

Applicant Name: \_\_\_\_\_ ID Number: \_\_\_\_\_  
(Please Print)

As an applicant, applying to perform safety sensitive-functions for our company, you are required by CFR Part 40.25(j) to respond to the following questions.

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?  
Yes  No
2. If you answered yes, to the above question, can you provide proof that you have successfully completed the DOT return-to-duty requirements?  
Yes  No

My signature below certifies that the information provided is true and correct.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This form is courtesy of:



New 9/04

**To Be Read and Signed by Applicant**

*It is agreed and understood that any misrepresentation given on this application shall be considered an act of dishonesty.*

*It is agreed and understood that the motor carrier or his agents may investigate the applicant's background to ascertain any and all information of concern to applicant's record, whether same is of record or not, and applicant releases employers and persons named herein from all liability for any damages on account of his furnishing such information.*

*It is also agreed and understood that under the Fair Credit Reporting Act, Public Law 91-508, I have been told that this investigation may include an investigating Consumer Report, including information regarding my character, general reputation, personal characteristics, and mode of living.*

*I agree to furnish such additional information and complete such examinations as may be required to complete my application file.*

*It is agreed and understood that this Application for Qualification in no way obligates the motor carrier to employ or hire the applicant.*

*It is agreed and understood that if qualified and hired, I may be on a probationary period during which time I may be disqualified 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.*

(M) \_\_\_\_\_

*Applicant's Signature*

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

**Remarks (for office use only)**

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