

1748 SE 13th Street P.O. Box 325 Brainerd, MN 56401 Brainerd: Twin Cities:

(218) 829-9089

Toll:

(651) 644-5547 (888) 829-8229

Fax:

(218) 829-0628

## **Job Application**

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

| City   | StateSto determine whether or not the app                                     | 774                            |
|--|---|--------------------------------|
| The purpose of this application is   | s to determine whether or not the app<br>he requirements of the Federal Motor | Zip Code                       |
| Company named shows  | s to determine whether or not the app<br>he requirements of the Federal Motor | Il Carrier Safety Population   |
|  |   | salety regulations and the     |
| Instructions to Appli  | cant  |                                |
| Please answer all questions.   | If the anguar to  |                                |
| the item blank, but write "No  | If the answer to any question is "or "None". This is important                | "No" or "None", do not leave   |
| *The Age Discrimination of Employment Ac<br>but less than 70 years of age. | or None. This is important to 1967 prohibits discrimination on the basis of   | age with respect to individual |
|  |   |                                |
| Position ap  | oplying for; Check One:   | ontractor (7 Driver            |
|  |   | Contractor's Driver            |
| (B) Name   |   |                                |
| (1150)   | (Middle)  | (Last)                         |
| Phone Number ( )   | Emergency Phone   | (Last)                         |
| * 4  | Emergency Phone   | Number ()                      |
| Age Date of Birth  | Social Security Nu  | ımber                          |
| Physical Exam Expiration Da  | te:   |                                |
| Current & Th.  |   | -                              |
| Current & Three Years Previ  | ous Addresses:  |                                |
|  | From  | То                             |
|  | From  | To                             |
|  | From  | To                             |
|  | From  | ar.                            |
| · · ·  |   | 10                             |
| lave you worked for this compa   | ny before? ☐ Yes ☐ No If yes, g   | ive dates. To                  |
|  | , , , , , , , , , , , , , , , , , , ,   | rve dates. From                |
| O  |   |                                |
| To   |   |                                |
| eason for leaving?   | ma and YY.  |                                |
| cason for leaving?Cducation and Employ                                     | ment History  |                                |
| Education and Employ   | ment History  |                                |
| leason for leaving?  | ment History  |                                |
| Education and Employ   | ment History  |                                |

Revised 9/04

(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.

| From   | nr_               | Yr Present or L Name   | ast Employer:              |                  |
|--|-------------------|--|----------------------------|------------------|
| Position Held  |                   | Name Address (Street) Phone # ( )  | ·                          |                  |
| Reason For Leavin  | ng                | Address(Street) Phone # () while employed here? □ Yes                                | (City)                     | (State/Zip)      |
|  |                   | Phone # ()   |                            | de subject to th |
| Mo/Yr  | Mo/Yr             | <b>.</b>   |                            |                  |
| From   | То                | Present or Last Emp Name   | loyer:                     |                  |
|  |                   | _ Address  |                            |                  |
|  |                   |  |                            | (State/Zin)      |
| Were you subject to  | the FMCSRs* wh    | Phone # ()  iile employed here?  Yes   | 2700                       | 2.0              |
| A CHARLE AND A COLUMN TO THE CHARLES OF THE CHARLES | 19tod on a set    |  | perg TAAA                  |                  |
|  | ting requirements | ille employed here? ☐ Yes<br>ensitive function in any DOT<br>of 49 CFR Part 40? ☐ Ye | l-Kegulated mode<br>s □ No | subject to the   |
| Mo/Yr<br>From  | Mo/Yr             | Present or Last  | Employer:                  |                  |
|  |                   | Address  |                            |                  |
| Reason For Leaving   |                   | Phone # ()le employed here? □ Yes  | (City)                     | (State/Zip)      |
| TO THE PURISHERS OF TAMES  | the UNITED A      |  |                            |                  |
| drug and alcohol testi   | ited oc o cof-4   | le employed here? I Yes nsitive function in any DOT-<br>of 49 CFR Part 40? I Yes     | A 140                      | subject to the   |
| Mo/Yr<br>From  | Mo/Yr<br>         | Present or Last  | Employer:                  |                  |
| Position Held  |                   | Address  |                            |                  |
| Teaving Lot Teaving  |                   | (Del CCI)  | (City)                     | (State/Zip)      |
| lrug and alcohol testin  | g requirements of | Phone # () e employed here?  | Regulated mode s           |                  |
| Mo/Yr<br>rom   | Mo/Yr<br>To       | Present or Last E  | mployer:                   |                  |
| ·  |                   |  |                            |                  |
| eason For Leaving  |                   | Phone # ()   | (City)                     | (State/Zip)      |
| as your job designated   | doco potest       | Phone # ()  employed here? Yes tive function in any DOT-Re 49 CFR Part 40? Yes T     | No                         | oject to the     |

| Position Ho   |   | ٠                                     |                            |                       |                  |  |   |
|---|---|---------------------------------------|----------------------------|-----------------------|------------------|--|---|
|   |   |                                       |                            |                       |                  |  |   |
|   |   |                                       | DL 1                       |                       |                  | (CRV)  | (C4.) #   |
| Were you s  | which the same  |                                       | _ Pnone #                  | <u> </u>              |                  | (  | (State/2  |
| 6 and 410   | ubject to the FMCSRs b designated as a safe cohol testing requirem  | ents of 40                            | CED D                      | in any D(             | T-Reg            | gulated mod  | e subject to  |
| a highway in i<br>weighs 10,001<br>size, used to tr | Motor Carrier Safety Rointerstate commerce to tree pounds or more, (2) is an ansport hazardous matering Experience  | egulations (<br>ansport pa            | FMCSRs)                    | apply to an           | yone w           |  | motor vehic<br>has a GVWR<br>s, <u>or</u> (3) is of |
| Class   | of Equipment  |                                       |                            |                       |                  |  |   |
|   |   | Fro                                   | Dates                      |                       | Ap               | proximate  | Number of   |
| St. 2   | Patrings to the participation of the same | H. H.(9)                              | III                        | To                    |                  | Mile   | S   |
| Straight Truck                                      | [   |                                       | 7                          |                       |                  | (Tota  |   |
| Tractor and Se                                      | mi-trailer  |                                       |                            |                       |                  | / = 088  | · 4 /   |
| Tractor-two tr                                      | ailorc  |                                       |                            |                       | -                |  |   |
| I ractor-three                                      | railers (triples)   | +                                     |                            |                       |                  | THE RESERVE OF THE PARTY OF THE | · · · · · · · · · · · · · · · · · · ·               |
| Other   | (cribics)   | -                                     |                            |                       |                  |  |   |
| ) List special                                      | operated in, for the l<br>courses/training con  | npeted (P                             | TD/DDC                     | Uo- M                 |                  |  |   |
| -) I ist C  | fe Driving A.   | A 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. | nd from                    | L                     |                  |  |   |
|   | 8 WELL GIS Y  | uu noia a                             | iiu iiom (                 |                       |                  |  |   |
| I) Accident R<br>Date of                            | ecord for past three  | years (atta                           | ch sheet if n              | nore space            | is neede         | ed)  |   |
|   | ecord for past three y  Nature of Accid (Head on, rear end etc.)  | years (atta                           | ch sheet if n              | nore space on of Acci | is neede         | # of<br>Fatalitie  | # of<br>People                                      |
| I) Accident R<br>Date of                            | ecord for past three Nature of Accid  | years (atta                           | ch sheet if n              | nore space            | is neede         | # of   | ł ·   |
| I) Accident R Date of Accident                      | ecord for past three Nature of Accid (Head on, rear end etc.)   | years (attallents<br>, upset,         | ch sheet if n<br>Locati    | nore space on of Acci | is neede<br>dent | # of<br>Fatalitie<br>s   | People<br>Injured                                   |
| I) Accident R Date of Accident  Traffic Convations) | ecord for past three Nature of Accid (Head on, rear end etc.)   | years (attallents<br>, upset,         | ch sheet if n<br>Locati    | nore space on of Acci | is neede<br>dent | # of<br>Fatalitie<br>s   | People<br>Injured                                   |
| I) Accident R Date of Accident                      | ecord for past three Nature of Accid  | years (attallents<br>, upset,         | Location Location Location | on of Acci            | is neede<br>dent | # of<br>Fatalitie<br>s   | People<br>Injured                                   |
| I) Accident R Date of Accident  Traffic Convations) | ecord for past three Nature of Accid (Head on, rear end etc.)   | years (attallents<br>, upset,         | ch sheet if n<br>Locati    | on of Acci            | is neede<br>dent | # of<br>Fatalitie<br>s   | People<br>Injured                                   |

| State   | ense (list each driver's<br>License #   | Туре   | Endorsements   | Expiration Da     |
|---|---|--|--|-------------------|
|   |   |  | 2 PROFISE MEANS  | Exhiration Da     |
|   |   |  |  |                   |
|   |   |  |  |                   |
| B. Has any li YES 1 C. Is there are which you YES 1 | cense, permit or privi<br>NO  version you might be<br>have applied (as desc<br>NO  version convicted of | lege ever been sus<br>e unable to perfor<br>ribed in the job d   | rivilege to operate a mospended or revoked? rm the functions of the escription)? | job for           |
|   | to A, B, C or D is "YI<br>References  | CS", give details _  |  |                   |
| •   | with from the Adding the first of the second  | and the second of the second o | ers, who have knowled  | ge of your safety |
| idits.  | Andrew State (1997)   |  |  |                   |
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|   | <b>.</b>  | <b>J</b> eoga  | And a seed that the seed of  |                   |
| ime   | Ade   | 11 622   | Pho  | 1e                |

## 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).

ID Number: \_

Applicant Name: \_\_\_

|   | (riease rinn)  |
|---|--|
| As an applicant, applying to perform by CFR Part 40.25(j) to respond to | orm safety sensitive-functions for our company, you are required to the following questions.     |
| test administered by a  |  |
| 2. If you answered yes, to successfully completed Yes                   | o the above question, can you provide proof that you have d the DOT return-to-duty requirements? |
| My signature below certifi  | es that the information provided is true and correct.  |
| Applicant Signature:  | Date:  |
| This form is courte   | sy of:   |

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## 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 o | office use only)      |      |  |
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|                | ·                     |      |  |
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