

DRIVER EXPERIENCE & QUALIFICATION (cont'd) Answer the questions in this section only if applying for driver position

Licenses

Drivers Licenses held in past 3 years must be shown	State	License No.	Class	Endorsement(s)	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. Have you ever been disqualified for violations of the Federal Motor Carrier Safety Regulations? Yes _____ No _____

If you answered "yes" to A, B, C, attach a statement giving details.

Driving Experience

Class of Equipment	Type of Equipment (Van, Tank, Flat, etc.)	Dates		Approximate Total Miles
		From	To	
Straight Truck				
Tractor and Semi-Trailer				
Twin Trailers - LVC's				
Other				

List states operated in during last five years _____

List special courses or training that will help you as a driver _____

List driving awards held and who awards were presented by? _____

Accident Review for past 3 years (Attach separate sheet of paper if more space is needed)

Dates	Nature of accident (Head-On, Rear-End, Overturn, etc.)	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

EMPLOYMENT RECORD

The U.S. Department of Transportation requires that driver applications show all employment for the past three years. Effective July, 1987 they must also show commercial driver employment for the seven years immediately preceding this year period. §391.21 (B) (10), (11)

Start with last or current position, including military experience, and work back. (Attach a separate sheet of paper if necessary)

Current Employer: _____ Supervisors Name: _____

Address: _____ Phone: (_____) _____

Position Held: _____ From _____ month/year To _____ month/year Salary _____

Reason for leaving _____

Company: _____ Supervisors Name: _____

Address: _____ Phone: (_____) _____

Position Held: _____ From _____ month/year To _____ month/year Salary _____

Reason for leaving _____

Company: _____ Supervisors Name: _____

Address: _____ Phone: (_____) _____

Position Held: _____ From _____ month/year To _____ month/year Salary _____

Reason for leaving _____

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 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			DATE			
NAME			FROM MO.	YR.	TO MO.	YR.
ADDRESS			POSITION HELD			
CITY	STATE	ZIP	SALARY/WAGE			
CONTACT PERSON		PHONE NUMBER		REASON FOR LEAVING		

EMPLOYER			DATE			
NAME			FROM MO.	YR.	TO MO.	YR.
ADDRESS			POSITION HELD			
CITY	STATE	ZIP	SALARY/WAGE			
CONTACT PERSON		PHONE NUMBER		REASON FOR LEAVING		

EMPLOYER			DATE			
NAME			FROM MO.	YR.	TO MO.	YR.
ADDRESS			POSITION HELD			
CITY	STATE	ZIP	SALARY/WAGE			
CONTACT PERSON		PHONE NUMBER		REASON FOR LEAVING		

EMPLOYER			DATE			
NAME			FROM MO.	YR.	TO MO.	YR.
ADDRESS			POSITION HELD			
CITY	STATE	ZIP	SALARY/WAGE			
CONTACT PERSON		PHONE NUMBER		REASON FOR LEAVING		

EMPLOYER			DATE			
NAME			FROM MO.	YR.	TO MO.	YR.
ADDRESS			POSITION HELD			
CITY	STATE	ZIP	SALARY/WAGE			
CONTACT PERSON		PHONE NUMBER		REASON FOR LEAVING		

EMPLOYER			DATE			
NAME			FROM MO.	YR.	TO MO.	YR.
ADDRESS			POSITION HELD			
CITY	STATE	ZIP	SALARY/WAGE			
CONTACT PERSON		PHONE NUMBER		REASON FOR LEAVING		

EMPLOYER			DATE			
NAME			FROM MO.	YR.	TO MO.	YR.
ADDRESS			POSITION HELD			
CITY	STATE	ZIP	SALARY/WAGE			
CONTACT PERSON		PHONE NUMBER		REASON FOR LEAVING		

*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.

MAINTENANCE EXPERIENCE & QUALIFICATIONS

List courses and training in maintenance work _____

Job Function

Indicate training and experience in the following:	Formal Training (Check)	Years of Experience	Area	Formal Training (Check)	Years of Experiences
Drive Line Components			Body Work		
Diesel Engine Tune-up and Rebuild			Electrical Repair		
Gas Engine Tune-up and Rebuild			Frame and Wheel Alignment		
Tire Service			Brakes		
Trailer Repair			Cooling System		
Air Conditioning			Inspections		
			General Car Repair		

Shop Equipment

Indicate training and experience in the following:	Formal Training (Check)	Years of Experience	Area	Formal Training (Check)	Years of Experiences
Electrical Diagnostic Equipment			Time Servicing Machine		
			Wheel & Tire Balancing Machine		
Sheet Metal Equipment			Tire Recapping Mold		
Frame & Axle Straightening Equipment			Engine Dynamometer		
Engine Rebuilding			Chassis Dynamometer		
Diesel Injection Equipment			Magnetic Crack Defector		
Electric Welder			Engine Analyzer		
Oxyacetylene Welder			Noise Measuring Equipment		
Paint Spray Gun			Smoke Measuring Equipment		
Air Conditioning			Inspections		
			General Car Repair		

CLERICAL EXPERIENCE & QUALIFICATIONS

List Courses and Training in Office Work _____

Indicate training and experience in the following:	Formal Training (Check)	Years of Experience		Formal Training (Check)	Years of Experience
Typing (wpm)			Dictating Machine		
Shorthand (wpm)			Bookkeeping Machine		
Billing			Switchboard Equipment (indicate type)		
Filing					
Computers (indicate Software)			Tabulator		
Word processing Equipment			Accounting		
Key Punch			OS & D		
Calculator			Interline		
Adding Machine			Claims		
Telecopier			Cashier		
Photocopier			Dispatcher		

Rates (indicate tariffs with which you have worked)

PLATFORM EXPERIENCE & QUALIFICATIONS

List types of platform experience and number of years of each _____

List platform equipment you can operate (lift truck, etc.) _____

List courses or training in platform work _____

APPLICANT MUST READ AND SIGN

I certify that I have read and understood all of this employment application. It is agreed and understood that the employer or his agents may investigate my background to ascertain any and all information of concern to my employment history, whether same is of record or not, and I release employers and other persons named herein from all liability for any damages on account of furnishing such information. I understand that, as an applicant for a position with this company, I may be asked to demonstrate that I am capable of performing tasks which are pertinent to the job. I also understand that if offered a job, it may be conditioned on the results of a physical examination and drug test.

I further certify that I am a genuine applicant for employment and this application is being submitted solely for the purpose of seeking employment with the employer and for no other reason.

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 and investigative 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 employment file.

I also understand that misrepresentation or omission of information or facts may result in my rejection or dismissal.

If hired, I agree to abide by all the rules and policies of the employer.

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.

_____ Date

_____ Applicant Signature

FOR OFFICE USE—DO NOT WRITE IN THIS SPACE

PROCESS RECORD

Applicant Hired? _____ Yes _____ No

Date Employed _____

Department _____

(If not hired, summary report of reasons should be placed in file)

IN CASE OF EMERGENCY NOTIFY: _____ Phone: (_____) _____

Address _____

Date of Birth _____ (month/day/year)

Point Employed _____

Classification _____

THIS SECTION TO BE FILLED IN BY RESPONSIBLE OFFICER OR COMPANY REPRESENTATIVE

	Superior	Good	Fair	Below Average	Poor	Written Record on File
1. Application						
2. Interview						
3. Physical Exam*						
4. Past Employment						
5. Written Exam						
6. Road Test						
7. Policy and Traffic Record						

*driver applicants only

Signature of Interviewing Officer _____ Date _____

TRANSFERS

From: _____ To: _____

Date: _____

Reason for Transfer _____

From: _____ To: _____

Date: _____

Reason for Transfer _____

TERMINATION OF EMPLOYMENT

Date Terminated _____ Department Released From _____

Dismissed _____ Voluntarily Quit _____ Other _____

Termination Report Placed in File _____ Supervisor _____

Company Name Perimeter Transportation Co., LLC

FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT

In accordance with the provisions of Section 604(B)(2)(A) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I, of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on you for employment purposes. These reports required by Sections 382.413, 391.23, and 391.25 of the Federal Motor Carrier Safety Regulations.

Applicant's signature

Date

Print name

Social Security number

PERIMETER TRANSPORTATION CO, LLC
5515 E. HOLMES ROAD
MEMPHIS, TN 38118-7933
901-794-2900 PHONE 901-794-0073 FAX

U.S. DEPARTMENT OF TRANSPORTATION
MOTOR CARRIER SAFETY PROGRAM
INQUIRY TO STATE AGENCY FOR
DRIVER'S RECORD
391.23

Driver's Name

Driver's License Number State

Driver's Date Of Birth

Driver's Social Security Number

Driver's Signature

To: BILL WARREN 737-5501 FAX

The above listed individual has made application with us for employment as a driver. He/she has indicated that the above numbered operator's license or permit has been issued by your State to him/her, and that it is in good standing.

In accordance with Section 391.23(a)(1) and (b) of the Federal Motor Carrier Safety Regulations, we are required to make inquiry into the driving record during the preceding three years of every State in which an applicant-driver has held a motor vehicle operator's license or permit during those three years.

Therefore, please certify to us what the individual's driving record is for the preceding three years, or certify that no record exists if that be the case.

Signature of person making inquiry

Perimeter Transportation Co., LLC
5515 E. Holmes Road
Memphis, TN 38118-7933

**REQUEST FOR PREVIOUS EMPLOYMENT
ALCOHOL & CONTROLLED SUBSTANCE TESTING**

PERIMETER TRANSPORTATION CO., LLC (901) 794-2900 PHONE
5515 E. HOLMES RD., MEMPHIS, TN 38118 (901) 794-0073 FAX
From: PEGGY

I, _____ authorize my former employer listed hereafter to release the Motor Carrier Safety Regulations. As my former employer, I release you from any liability that might be the result of providing this information. SOCIAL SECURITY # _____

DRIVER'S SIGNATURE _____ DATE: _____

Previous Employer: _____

Telephone: () _____ Fax: () _____

NAME: _____ SOCIAL SECURITY# _____
This person named above stated he/she was employed with your company as a _____
From _____ to _____. Your time in answering the questions in this form is appreciated. Be assured you provide this information in confidence to assist in this company's hiring process. Thank you.

Person providing info. Signature _____ Title _____

1. Is the employment record with your company correct as stated above? YES NO
If no, please state the correct information _____
2. Did the individual operate a motor vehicle? _____ if yes, Tractor-trailer _____ Straight Truck _____ Other (please explain) _____
3. Reason for leaving your employment: _____ Discharged _____ Laid off _____ Resigned Other (please describe) _____
4. How would you describe his/her conduct? _____ Good _____ Fair _____ Poor
5. Was the above person ever involved in any accidents? _____ Yes _____ No If yes please describe: _____
6. Would you consider rehiring this person? _____ Yes _____ No _____ Upon Review

Has this person tested positive for a controlled substance in the last three years? YES NO

Has this person ever had an alcohol with a BAC of 0.04 or greater? YES NO

Has this person ever refused a required test for drugs or alcohol? YES NO

Has this person violated other DOT drug and/or alcohol regulations? YES NO

Have you received information from a previous employer that this person

Violated DOT drug and/or alcohol regulations? YES NO

If **YES** to any of the above questions, please provide the Substance Abuse Professional's information:

Name _____ Phone: () _____

Address: _____

City & State: _____

THIS FORM WAS _____ FAXED to previous employer. _____ MAILED
RECEIVED BY _____ DATE: _____