

Tex-Air Delivery, Inc.
1061 Texan Trail
Suite 600
Grapevine, TX 76051

APPLICATION FOR DRIVER'S

NOTE TO APPLICANT: The information you supply will be used, and your previous employers will be contacted for the purpose of investigating your safety performance history information as required by section 391.23 of the FMCSRs.

DATE: _____

NAME: _____ PHONE (____) _____
 FIRST MIDDLE LAST

CURRENT ADDRESS: _____
 STREET CITY STATE ZIP YEARS AT ADDRESS

If at the above address for less than 3 years, list below residences for the past 3 years. Attach a separate sheet if necessary.

 STREET CITY STATE ZIP YEARS AT ADDRESS

 STREET CITY STATE ZIP YEARS AT ADDRESS

POSITION APPLYING FOR: _____ RATE OF PAY EXPECTED? _____

WHO REFERRED YOU? _____ WHEN ARE YOU AVAILABLE FOR WORK? _____

NAMES OF ANY RELATIVES EMPLOYED BY THIS COMPANY _____

EDUCATION – TRAINING – AWARDS

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 9 10 11 12 COLLEGE: 1 2 3 4

LAST SCHOOL ATTENDED _____
 NAME ADDRESS

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

LIST DRIVING AWARDS HELD AND FROM WHICH COMPANY _____

GENERAL

HAVE YOU EVER BEEN DENIED A BOND? _____ IF SO WHEN _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME OTHER THAN TRAFFIC VIOLATIONS? _____

IF YES, EXPLAIN _____

HISTORY OF EMPLOYMENT

FILL OUT COMPLETELY AND ANSWER ALL QUESTIONS. DOT REGULATIONS REQUIRE THAT COMMERCIAL MOTOR VEHICLE OPERATORS APPLYING FOR WORK MUST PROVIDE AT LEAST TEN (10) YEARS PRIOR WORK HISTORY. DO NOT LEAVE GAPS BETWEEN EMPLOYMENT DATES, IF UNEMPLOYED, SO STATE AND GIVE DATES. IF SELF EMPLOYED, GIVE PERSON(S) THAT CAN VERIFY.

START WITH YOUR LAST OR CURRENT POSITION, INCLUDING MILITARY EXPERIENCE, AND WORK BACK. (ATTACH A SEPARATE SHEET IF NECESSARY):

COMPANY: _____ SUPERVISORS NAME: _____

ADDRESS: _____ PHONE: (____) _____

POSITION HELD: _____ FROM: _____ TO: _____ PAY: _____
MONTH / YEAR MONTH / YEAR

WERE YOU SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS WITH THIS JOB? ___ YES ___ NO

WAS THIS JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION AND SUBJECT TO DOT REGULATED ALCOHOL AND CONTROLLED SUBSTANCES TESTING AS REQUIRED BY 49 CFR PART 40? ___ YES ___ NO

REASON FOR LEAVING: _____

COMPANY: _____ SUPERVISORS NAME: _____

ADDRESS: _____ PHONE: (____) _____

POSITION HELD: _____ FROM: _____ TO: _____ PAY: _____
MONTH / YEAR MONTH / YEAR

WERE YOU SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS WITH THIS JOB? ___ YES ___ NO

WAS THIS JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION AND SUBJECT TO DOT REGULATED ALCOHOL AND CONTROLLED SUBSTANCES TESTING AS REQUIRED BY 49 CFR PART 40? ___ YES ___ NO

REASON FOR LEAVING: _____

COMPANY: _____ SUPERVISORS NAME: _____

ADDRESS: _____ PHONE: (____) _____

POSITION HELD: _____ FROM: _____ TO: _____ PAY: _____
MONTH / YEAR MONTH / YEAR

WERE YOU SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS WITH THIS JOB? ___ YES ___ NO

WAS THIS JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION AND SUBJECT TO DOT REGULATED ALCOHOL AND CONTROLLED SUBSTANCES TESTING AS REQUIRED BY 49 CFR PART 40? ___ YES ___ NO

REASON FOR LEAVING: _____

COMPANY: _____ SUPERVISORS NAME: _____

ADDRESS: _____ PHONE: (____) _____

POSITION HELD: _____ FROM: _____ TO: _____ PAY: _____
MONTH / YEAR MONTH / YEAR

WERE YOU SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS WITH THIS JOB? ___ YES ___ NO

WAS THIS JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION AND SUBJECT TO DOT REGULATED ALCOHOL AND CONTROLLED SUBSTANCES TESTING AS REQUIRED BY 49 CFR PART 40? ___ YES ___ NO

REASON FOR LEAVING: _____

COMPANY: _____ SUPERVISORS NAME: _____

ADDRESS: _____ PHONE: (____) _____

POSITION HELD: _____ FROM: _____ TO: _____ PAY: _____
MONTH/YEAR MONTH/YEAR

WERE YOU SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS WITH THIS JOB? ___ YES ___ NO

WAS THIS JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION AND SUBJECT TO DOT REGULATED ALCOHOL AND CONTROLLED SUBSTANCES TESTING AS REQUIRED BY 49 CFR PART 40? ___ YES ___ NO

REASON FOR LEAVING: _____

COMPANY: _____ SUPERVISORS NAME: _____

ADDRESS: _____ PHONE: (____) _____

POSITION HELD: _____ FROM: _____ TO: _____ PAY: _____
MONTH/YEAR MONTH/YEAR

WERE YOU SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS WITH THIS JOB? ___ YES ___ NO

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COMPANY: _____ SUPERVISORS NAME: _____

ADDRESS: _____ PHONE: (____) _____

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WERE YOU SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS WITH THIS JOB? ___ YES ___ NO

WAS THIS JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION AND SUBJECT TO DOT REGULATED ALCOHOL AND CONTROLLED SUBSTANCES TESTING AS REQUIRED BY 49 CFR PART 40? ___ YES ___ NO

REASON FOR LEAVING: _____

EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER

This Company does not discriminate on the basis of race, color, religion, creed, national origin, sex, or ancestry, or on the basis of age. No questions on this application is intended to secure information to be used for such discrimination.

This application will be given every consideration, but its receipt does not imply that the applicant will be accepted.

APPLICANT MUST READ AND SIGN

I certify that I have read and understand 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 an 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 driver qualification 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.

NOTE TO APPLICANT: You have the right to review the information obtained from previous employers, to correct errors in that information and rebut perceived incorrect information. You must submit to us, within 30 days, a written request for this information. We will have this available for you, at our place of business, within 5 days, from your request or within 5 days of having received the information from the previous employer. The previous employer will have 15 days to respond to your request for a correction of erroneous information. If you choose to submit a rebuttal, the previous employer has 5 days to forward the rebuttal to us (prospective employer) and they are to append a copy of the rebuttal to the your permanent safety and performance history.

DATE

APPLICANT SIGNATURE

TEX AIR DELIVERY, INC.
1061 TEXAN TRAIL STE 600
GRAPEVINE, TX 76051

APPENDIX "A" TO DRIVER'S APPLICATION

DRIVER'S NAME: _____ SOCIAL SECURITY # _____

DRIVER'S LICENSE # _____ STATE ISSUING _____ EXP. DATE _____

CDL CLASS	RESTRICTIONS	ENDORSEMENTS	DATE OF BIRTH
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DRIVING EXPERIENCE:

TYPE OF EQUIPMENT	YEARS OF DRIVING THIS TYPE
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FLATBEDS	_____
BUSES	_____
STRAIGHT TRUCKS	_____
TRACTORS	_____
SEMITRAILERS	_____
DOUBLES (PUPS)	_____
OTHER: _____	_____

ACCIDENTS.

Below is a list of all accidents that I have had in the previous 3 years preceding the date of this application:

DATE OF ACCIDENT	NATURE OF ACCIDENT	INJURIES	FATALITIES
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TRAFFIC VIOLATIONS:

Below is a listing of all traffic violations of motor vehicle laws or ordinances of which I was convicted or forfeited bond or collateral during the 3 years preceding the date of this application (excluding parking violations):

DATE	OFFENSE	LOCATION
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HAVE YOU EVER HAD A DENIAL, REVOCATION, OR SUSPENSION OF ANY LICENSE, PERMIT, OR PRIVILEGE TO OPERATE A MOTOR VEHICLE THAT HAS BEEN ISSUED TO YOU? _____ (IF YES, EXPLAIN FACTS BELOW)

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'S SIGNATURE
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Criminal Record Search
Signed Release Form

Please Print top portion

Name _____ A.K.A. _____

First Middle Last

Address _____ City/State _____ Zip _____

current

Previous _____ City/State _____ Zip _____

Previous _____ City/State _____ Zip _____

SSN _____ DOB _____ (For identification only)

Driver's License Number _____ State issued _____

LIST ALL CONVICTIONS INCLUDING TRAFFIC AND CRIMINAL

Criminal Offense(s)			Traffic Offense(s)		
Year	Offense	County	Year	Offense	County
1.	_____	_____	1.	_____	_____
2.	_____	_____	2.	_____	_____
3.	_____	_____	3.	_____	_____
4.	_____	_____	4.	_____	_____

I hereby authorize the release to Tex-Air Delivery, Inc. or its agent, information held by any parties *regarding my Criminal History information, to include my record of arrests and, or convictions for violations of any federal, state, local statutes or ordinances, my credit history, workers compensation history, driving record and hereby release any said person, companies or law enforcement authorities from any liability for any damage whatsoever for issuing this information.* I further understand this information may be reviewed initially and periodically.

I understand that Tex-Air Delivery, Inc. or its agent intends to utilize the investigation into my background for employment purposes only, and shall not disclose such information to any other party. I hereby acknowledge that Tex-Air Delivery, Inc. or its agent cannot vouch for or guarantee accuracy of information provided by third parties. Accordingly, I release Tex-Air Delivery, Inc. or its agents from any and all liability arising out of any errors or omissions regarding my background information.

Below is a list of reports which may be requested:

-National Criminal -State Criminal -County Criminal -SSN -Employment -Education -Motor Vehicle Report

Applicant Signature: _____ Date: _____

Signature is required – Please DO NOT PRINT

Must be completed by company authorized representative

Manager: _____ Date: ____/____/____

PRE-EMPLOYMENT URINALYSIS CONSENT FORM

TEX AIR DELIVERY, INC. enforces the Federal Motor Carrier Safety Regulations, Section 391.103 and revisions thereof concerning Pre-employment Substance Abuse testing.

382.301 Pre-employment testing requirements

- (a) A motor carrier shall require a driver applicant who the motor carrier intends to hire or use to be tested for the use of controlled substances as a pre-qualification condition.
- (b) A driver applicant shall submit to controlled substance testing as a pre-qualification condition.

I agree to the urine sample collection and controlled substance testing, as a condition of my employment.

I understand a positive test for controlled substances will medically disqualify me from consideration as a Driver for this Company.

I have read and understand the above conditions for the Pre-Employment Urinalysis and hereby freely give my consent.

PART 40.25 (5) (j) Pre-employment testing with other employers

I, as a perspective driver for this company, also state that I have _____ have not _____ tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which I have applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years.

APPLICANT'S NAME (PRINT)

APPLICANTS SIGNATURE

MONTH DAY YEAR

WITNESSED BY:

COMPANY REPRESENTATIVE



RELEASE OF CDL HOLDER'S REPORTED POSITIVE ALCOHOL OR CONTROLLED SUBSTANCE TEST RESULTS



Use this form to obtain the CDL holder's reported positive alcohol or controlled substance test results information.

This form should ONLY be used if you wish to inquire whether or not a prospective driver (CDL Holder) has had a positive alcohol or controlled substance test result reported to the Texas Department of Public Safety in compliance with state law.

**THIS FORM IS NOT REQUIRED FOR REPORTING A POSITIVE
ALCOHOL OR CONTROLLED SUBSTANCE TEST.**

1. This form must be completed in full and include the driver's original signature.

2. Deliver, mail or FAX the completed form to:

Texas Department of Public Safety
Motor Carrier Bureau, MSC #0521
6200 Guadalupe, Building P
Austin, Texas 78752-4019 / Facsimile: 512-424-5310

<input type="checkbox"/>	Check here if CDL Holder is requesting results on self
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Print Name of CDL Holder

Phone Number

Print full Address, City, State and Zip of CDL Holder

Driver License Number of CDL Holder _____ State _____ Date of Birth _____

authorize release of the CDL holder's reported positive alcohol or
controlled substance test results reported under state law to

TEX-AIR DELIVERY, INC.

(817) 481-4567

Print Motor Carrier's Name

Phone Number

1061 Texan Trail #600 Grapevine, TX 76051

Print full Address, City, State and Zip of Motor Carrier

Signature of Driver

Date

X

If you wish to request and receive this information by electronic mail, submit a completed and notarized Electronic Mail Verification Form (MCS-32), available at the following web address:
<http://www.txdps.state.tx.us/forms/index.htm>.