



Team Transportation, Inc.

<https://teamtrans.info>

629 West Broadway, Winnsboro, TX 75494

APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTUNITY EMPLOYER

Phone: (800) 753-3105

## **Applicant Instructions**

Thank you for your interest in employment at Team Transportation, Inc. In order to complete your application process, please ensure you fully fill out all ten pages of the application form and sign in all spaces indicated. The application form is available at: <https://teamtrans.info>

When you have completed and signed the application click the green Submit button at the bottom of the last page to securely transmit your application to Team Transportation. You also have the option to fax, email, or mail the application and any supporting documents to:

FAX: 903-342-6210

Email: [app@teamtrans.info](mailto:app@teamtrans.info)

Mail: Team Transportation, Inc.  
629 West Broadway, Winnsboro, TX 75494

If you have any questions regarding the application, please call Team Transportation at 1-800-753-3105.

# RIGHTS OF THE APPLICANT

## 49 CFR 391.23

Before application is submitted, the motor carrier must inform the applicant that the information he/she provides in accordance with this regulation may be used, and the applicant's previous employers will be contacted, for the purpose of investigating the applicant's safety performance history and alcohol and controlled substance history information as required by this regulation. The prospective employer must also notify the driver in writing of his/her due process rights as specified in Section 391.23(i) regarding information received as a result of these investigations.

Applicants have:

The right to review information provided by previous employers;

The right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to the prospective employer;

The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

### Applicant Acknowledgement

I \_\_\_\_\_ (name of applicant) hereby acknowledge that I have received a copy of this form and understand my rights regarding information received concerning my Safety Performance History and Alcohol and Controlled Substance History.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Company Representative

\_\_\_\_\_  
Date

**REQUEST FOR EMPLOYMENT INFORMATION AND DRUG/ALCOHOL TEST RESULTS FROM PREVIOUS EMPLOYER**

Employer please return to **Team Transportation** or fax to **903-342-6210**

I, \_\_\_\_\_ hereby authorize you to release and forward to Team Transportation the information requested below concerning employment (driving record, character and conduct) and alcohol and controlled substance testing records for the purpose of investigation as required by Part 391.23 of Federal Motor Carrier Safety Regulations (FMCSR).

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

Current/Former Employer Name \_\_\_\_\_

Street \_\_\_\_\_ Telephone \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Fax No. \_\_\_\_\_

**EMPLOYMENT INFORMATION** (TO BE COMPLETED BY CURRENT/FORMER EMPLOYER)

The above name applicant has applied for a position as a commercial driver and states that you employed him/her. Please complete this form and return to **TEAM TRANSPORTATION**.

We appreciate your time in completing this form as required by FMCSR 391.23(g).

1. Employed From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_ Position \_\_\_\_\_
2. Did this driver operate a straight truck and/or truck-tractor semi-trailer? Yes No
3. Was the driver safe and efficient? Yes No
4. Was the driver's conduct satisfactory? Yes No
5. Reason for leaving your company: Discharged \_ \_ Resignation \_ \_ Lay Off \_ \_ Military Duty \_ \_
6. If company policy would allow it, would you rehire? Yes No If no, why not? \_\_\_\_\_
7. Please advise history of driving record for the past 3 years including DOT reportable, Non-DOT reportable accidents and injuries.  
\_\_\_\_\_  
\_\_\_\_\_

**DRUG AND ALCOHOL INFORMATION** (TO BE COMPLETED BY CURRENT/FORMER EMPLOYER)

If the driver was not subject to FMCSR Parts 382 and 40 testing requirements while employed by this employer please write N/A here \_\_\_\_\_, complete the bottom of this section, and return.

Under Part 382 or Part 40 testing requirements, has the person ever: (Please include information you received from other previous employers):	YES	NO
A. Tested positive for a controlled substance in the past 3 years?		
B. Had an alcohol test with a Breath Alcohol Concentration of 0.04 or greater in the last 3 years?		
C. Refused a required test for controlled substance or alcohol within the last 3 years?		
D. Committed any other violations regarding DOT drug and alcohol regulations?		
E. Violated Part 382, drug and alcohol testing, while employed for another company to your knowledge?		
F. Completed the return to duty process after completing a rehabilitation referral as prescribed by Part 382.605 and Subpart O of Part 40?		
G. Violated a subsequent drug or alcohol test after completing a rehabilitation referral program?		

This form was completed by (print name) \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Signature: \_\_\_\_\_ Phone No. \_\_\_\_\_

**DOCUMENT TRANSACTION HISTORY** (TO BE COMPLETED BY PERSPECTIVE MOTOR CARRIER)

Faxed to previous employer:	Date: _____	Time _____	FIRST ATTEMPT
Faxed to previous employer:	Date: _____	Time _____	SECOND ATTEMPT
Mailed to previous employer:	Date: _____	Time _____	
Completed via telephone interview:	Date: _____	Time _____	FIRST ATTEMPT
Completed via telephone interview:	Date: _____	Time _____	SECOND ATTEMPT

Person interviewed by telephone: \_\_\_\_\_ Title: \_\_\_\_\_

Completed By: \_\_\_\_\_

Failure to respond by previous employer was reported to DOT via US mail on (Date): \_\_\_\_\_

*Attach all supporting documents including fax receipts.*



**Team Transportation, Inc.**  
 629 West Broadway, Winnsboro, TX 75494  
 APPLICATION FOR EMPLOYMENT  
 AN EQUAL OPPORTUNITY EMPLOYER  
 Phone: (903) 342-6201

1. NAME (LAST)                      FIRST                      MIDDLE			2. SSN	<p align="center"><b>Applicant Instructions</b></p> <p align="center"><b>PLEASE READ BEFORE COMPLETING THIS FORM.</b></p> <p>If you need help filling out this application form or for any part of the employment process, please notify the person that gave you this form and every effort will be made to accommodate your needs in a reasonable amount of time.</p> <ul style="list-style-type: none"> <li>• Please read the "Applicant Note" below.</li> <li>• PRINT CLEARLY and complete all parts of the application. Incomplete or illegible applications will not be processed. If an item does not apply, write Not-Applicable (N/A) in the space provided.</li> </ul> <p>If more space is required to complete any question, use the comments section on the bottom of page 4 or attach additional sheets.</p> <ul style="list-style-type: none"> <li>• Applications must be signed and dated by the applicant on the last page of this form.</li> </ul>
3. ADDRESS (NUMBER, STREET, CITY, STATE, ZIP)				
4. PHONE NO. (HOME)		PHONE NO. (CELL)		
5. DATE OF APPLICATION (MM/DD/YYYY)		6. DATE OF BIRTH (MM/DD/YYYY)		
6. POSITIONS FOR WHICH YOU WISH TO BE CONSIDERED.				
<p><b>APPLICANT NOTE</b></p> <p>This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating the application process or, if discovered after employment, terminating employment. All qualified applicants will receive consideration without discrimination because of sex, marital status, race, color, age, creed, national origin, sexual orientation, veteran status, military reserve membership, ancestry, religion, the presence of disabilities or any other characteristic prohibited by law. A felony conviction will not necessarily bar an applicant from employment. Additional testing of job-related skills and for presence of alcohol or drugs in your body may be required for employment. After an offer of employment and prior to reporting to work, you may be required to submit to a medical review. Depending on company policy and the needs of the job, you will be required to complete a medical history form and may be required to be examined by a medical professional designated by the company.</p>				
7. If you have worked for Team Transportation in the past please complete items 7a through c below:				
(a) Dates of Employment (MM/YYYY)		(b) Position	(c) Location	
From:	To:			
8. If any family members currently work for Team Transportation please complete items 8a through c below:				
(a) Name and relationship		(b) Title or position held	(c) Location	
9. List states and counties of residence for the past seven years.				
10. Have you used any names or Social Security numbers other than given above?      Yes                      No				
If so, please list in comments on page 5.				
11. Have you been convicted of a crime in the past seven years?      Yes                      No				
If so, please describe in the boxes below.				
(Conviction will not necessarily be a bar to employment. In accordance with company policy and applicable state and federal laws, factors such as age at the time of the offense, remoteness of the offense, etc. will be reviewed.)				
Incident	City/State	Charge	Penalty	

12. Do you have the legal right to work in the United States?      Yes                  No  
 All new employees will be required to complete a Form I-9 and provide documents establishing their identity and eligibility to work in the United states.

13. EDUCATION

(a) Do you have a high school diploma?      Yes                  No                                  If no, highest grade completed:

(b) If no high school diploma earned, do you have a GED?      Yes                  No

(c) Name and location (City, State, and Zip Code, if known) of College or university. (If you expect to graduate within 9 months, give month and year you expect degree.)	MAJOR	DEGREE EARNED OR CREDIT HOURS COMPLETED.

(d) Other schools or training (for example, trade, drivers, vocational, armed forces, or business). Give for each the course name, dates, and training organization. Use additional sheet(s) if necessary.

14. List other special qualifications and skills that may benefit you in this position (licenses, patents or inventions, publications, etc.)

15. DRIVER EXPERIENCE – Only those individuals applying for a position as a driver must complete.

Driver's License	State	License Number	Type	Expiration Date

Class of Equipment	Type of Equipment (Garbage, Van, Tank, Flat, Etc.)	Dates		Approx. No of Miles Total
Straight Truck		From	To	
Tractor and Semi		From	To	
Tractor - Doubles		From	To	

Please list your past 3 accidents and state whether in a personal or commercial vehicle.

	Dates	Nature of Accident (head on, rear end, roll over, etc.)	Fatalities	Injuries
Last accident				
Next Previous				
Next Previous				

Have you ever been denied a license, permit or privilege to operate a motor vehicle?      Yes                  No

Has any license, permit or privilege ever been suspended or revoked?      Yes                  No

Please list all traffic convictions and forfeitures for the past 3 years

Location	Date	Charge	Penalty

(Attach Sheet if more space is needed.)

All perspective employees engaged in a safety sensitive function must submit to a pre-employment drug screen.

Per 49 CFR §40.25, employers are required to ask the following question. All driver applicants must answer honestly and truthfully.

*Have you ever tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you 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?*

Yes

No

\_\_\_\_\_  
Signature of Applicant\_\_\_\_\_  
Date

**16. PREVIOUS EXPERIENCE** Start with the most current position and work back. Account for periods of unemployment.

Please note. Your application will not be considered unless every question in this section is answered. Since we will make every effort to contact previous employers, the correct telephone and fax numbers of past employers are critical. Please call prior employers to get their numbers and address if you do not know them. Ask for a phone book or call information if necessary.

**FOR DRIVER APPLICANTS**

Per DOT Regulations 49 CFR §391.21(b)(11), any person applying for a position of driver operating a commercial motor vehicle must provide the names and addresses of employers for the past 10 years for which the applicant was an operator of a commercial motor vehicle, together with the dates of employment and the reasons for leaving such employment. Please complete the information in the spaces below. Additional forms will be provided if required.

DATES OF EMPLOYMENT (MONTH/YEAR) FROM: _____ TO: _____		TITLE OF POSITION			
SALARY OR EARNINGS STARTING \$: _____ PER YEAR ENDING \$: _____ PER YEAR		AVG. HOURS PER WEEK	NAME AND ADDRESS OF EMPLOYER NAME: _____ ADDRESS: _____		KIND OF BUSINESS OR ORGANIZATION (ACCOUNTING, MANUFACTURING, INSURANCE, ETC.)
NAME AND TITLE OF IMMEDIATE SUPERVISOR					
PHONE NO. FAX NO.	REASON FOR LEAVING (OF IF CURRENTLY WORKING MAY WE CONTACT? YES NO )				
DESCRIPTION OF WORK					
DATES OF EMPLOYMENT (MONTH/YEAR) FROM: _____ TO: _____		TITLE OF POSITION			
SALARY OR EARNINGS STARTING \$: _____ PER YEAR ENDING \$: _____ PER YEAR		AVG. HOURS PER WEEK	NAME AND ADDRESS OF EMPLOYER NAME: _____ ADDRESS: _____		KIND OF BUSINESS OR ORGANIZATION (ACCOUNTING, MANUFACTURING, INSURANCE, ETC.)
NAME AND TITLE OF IMMEDIATE SUPERVISOR					
PHONE NO. FAX NO.	REASON FOR LEAVING				
DESCRIPTION OF WORK					



APPLICATION FOR EMPLOYMENT

DATES OF EMPLOYMENT (MONTH/YEAR) FROM: _____ TO: _____		TITLE OF POSITION			
SALARY OR EARNINGS STARTING \$: _____ PER YEAR ENDING \$: _____ PER YEAR		AVG. HOURS PER WEEK	NAME AND ADDRESS OF EMPLOYER NAME: _____ ADDRESS: _____		KIND OF BUSINESS OR ORGANIZATION (ACCOUNTING, MANUFACTURING, INSURANCE, ETC.)
NAME AND TITLE OF IMMEDIATE SUPERVISOR					
PHONE NO. _____ FAX NO. _____		REASON FOR LEAVING			
DESCRIPTION OF WORK					
DATES OF EMPLOYMENT (MONTH/YEAR) FROM: _____ TO: _____		TITLE OF POSITION			
SALARY OR EARNINGS STARTING \$: _____ PER YEAR ENDING \$: _____ PER YEAR		AVG. HOURS PER WEEK	NAME AND ADDRESS OF EMPLOYER NAME: _____ ADDRESS: _____		KIND OF BUSINESS OR ORGANIZATION (ACCOUNTING, MANUFACTURING, INSURANCE, ETC.)
NAME AND TITLE OF IMMEDIATE SUPERVISOR					
PHONE NO. _____ FAX NO. _____		REASON FOR LEAVING			
DESCRIPTION OF WORK					
DATES OF EMPLOYMENT (MONTH/YEAR) FROM: _____ TO: _____		TITLE OF POSITION			
SALARY OR EARNINGS STARTING \$: _____ PER YEAR ENDING \$: _____ PER YEAR		AVG. HOURS PER WEEK	NAME AND ADDRESS OF EMPLOYER NAME: _____ ADDRESS: _____		KIND OF BUSINESS OR ORGANIZATION (ACCOUNTING, MANUFACTURING, INSURANCE, ETC.)
NAME AND TITLE OF IMMEDIATE SUPERVISOR					
PHONE NO. _____ FAX NO. _____		REASON FOR LEAVING			
DESCRIPTION OF WORK					

17. REFERENCES Include only individuals familiar with your work ability. Do not include relatives.

NAME	ADDRESS	PHONE	YEARS KNOWN	RELATIONSHIP

COMMENTS



Certification & Release

I certify that I have read and understand the applicant notes on page one of this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge. I understand that this is not an employment contract. I further understand that any false information, omissions, or misrepresentation of facts called for in the application, whether on this document or not, may result in rejections of my application or discharge at any time during my employment. I authorize all former employers, persons, schools, companies, and law enforcement authorities to release any information concerning my background and hereby release said persons, schools, companies, and law enforcement authorities from any liability for any damages whatsoever for issuing this information. If company policy requires, I am willing to submit to drug and/or alcohol testing to detect the use of prohibited substances.

\_\_\_\_\_  
Name of Applicant

\_\_\_\_\_  
Applicant Date Of Birth (MM/DD/YYYY)

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date (MM/DD/YYYY)

This application will be rejected without the above signature.



PO Box 105  
Winnsboro, TX 75494  
Phone: 903-342-6201  
Fax: 903-342-6210

**RELEASE AUTHORIZATION**

In connection with my application for employment with you, I understand that an investigative consumer report may be requested that will include information as to my character, work habits, performances and experience, along with reasons for termination of past employment from previous employers. Further, I understand that you will be requesting information concerning my workers' compensation claims, motor vehicle operation history and criminal history from various states, private and insurance sources along with other public records available.

I HEREBY AUTHORIZE, WITHOUT RESERVATION, ANY LAW ENFORCEMENT AGENCY, ADMINISTRATOR, STATE AGENCY, INSTITUTION, INFORMATION SERVICE BUREAU, EMPLOYER, OR INSURANCE COMPANY CONTACTED BY USIS TO FURNISH THE ABOVE-MENTIONED INFORMATION.

I further acknowledge that a telephone facsimile (FAX) or photographic copy shall be as valid as the original. This release includes all municipal, county, state and federal agencies including the Department of Labor. According to the Fair Credit Reporting Act, I am entitled to know if my employment is denied because of information obtained by my prospective employer from a consumer-reporting agency. If so, I will be so advised and be given the name of the agency or source of information.

Today's Date \_\_\_\_\_ Signature \_\_\_\_\_

The following must be filled out completely for your application to be considered.

*Please print.*

LAST NAME FIRST NAME MIDDLE INITIAL

HOME ADDRESS

CITY STATE ZIP

Previous addresses (past 7 years) CITY STATE ZIP

SOCIAL SECURITY NUMBER DATE OF BIRTH SEX RACE

DRIVER'S LICENSE NUMBER STATE THAT ISSUED DRIVER'S LICENSE

***THE BELOW DISCLOSURE AND AUTHORIZATION LANGUAGE IS FOR MANDATORY USE BY ALL ACCOUNT HOLDERS***

**IMPORTANT DISCLOSURE  
REGARDING BACKGROUND REPORTS FROM THE *PSP Online Service***

In connection with your application for employment with **Team Transportation** (“Prospective Employer”), Prospective Employer, its employees, agents or contractors may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

When the application for employment is submitted in person, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report.

When the application for employment is submitted by mail, telephone, computer, or other similar means, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer must provide you within three business days of taking adverse action oral, written or electronic notification: that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

Neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. You may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If you challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. Your request will be forwarded by the DataQs system to the appropriate State for adjudication.

Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with Federal Motor Carrier Safety Regulations (FMCSR) violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

The Prospective Employer cannot obtain background reports from FMCSA without your authorization.

**AUTHORIZATION**

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

I authorize **Team Transportation** (“Prospective Employer”) to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am authorizing the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.

I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

I understand that any crash or inspection in which I was involved will display on my PSP report. Since the PSP report does not report, or assign, or imply fault, I acknowledge it will include all CMV crashes where I was a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, I understand all inspections, with or without violations, will appear

on my PSP report, and State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on my PSP report. I have read the above Disclosure Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this Disclosure and Authorization, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Date: \_\_\_\_\_

\_\_\_\_\_

Signature

\_\_\_\_\_

Name (Please Print)

NOTICE: This form is made available to monthly account holders by NIC on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain an Applicant's written or electronic consent prior to accessing the Applicant's PSP report. Further, account holders are required by FMCSA to use the language contained in this Disclosure and Authorization form to obtain an Applicant's consent. The language must be used in whole, exactly as provided. Further, the language on this form must exist as one stand-alone document. The language may NOT be included with other consent forms or any other language.

*LAST UPDATED 12/22/2015*

**Terms and Conditions**

By submitting this form electronically, I am attesting my electronic signature to authorize Team Transportation and/or its agents to make such investigations and inquiries as may be necessary in arriving at an employment decision. I understand that I have the right to print, sign, and submit this completed application on paper. By submitting the form electronically, I give my consent to use electronic documents for this application and that my electronic signature(s) on the application are legally valid and binding and hold the same validity as my pen and ink signature.

I agree to these terms and conditions:

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date