

**DRIVERS INFORMATION FORM**

**APPLICANT: READ AND SIGN BEFORE SUBMITTING THIS FORM**

I understand that the information in this form will be used and prior employers contacted for the purpose of investigation into my safety performance history. I understand I have the right of due process and to review, correct and rebut errors in the information received from previous employers as described in Part 391.23(i) Federal Motor Carrier Safety Regulations.



**DELIVERY, INC.**

P.O. Box 131060  
Tyler, Texas 75713

903-566-9634 FAX: 903-566-5796

Signature \_\_\_\_\_

Date \_\_\_\_\_

**APPLICANT:**

MOBILE \_\_\_\_\_

NAME \_\_\_\_\_

PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ HOW LONG? \_\_\_\_\_  
STREET CITY STATE ZIP

PREVIOUS ADDRESS \_\_\_\_\_ HOW LONG? \_\_\_\_\_

IF LESS THAN 3 YEARS STREET CITY STATE ZIP

SEX \_\_\_\_\_ HT. \_\_\_\_\_ WT. \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

SOCIAL SECURITY NO. \_\_\_\_\_ DRIVER LICENSE # \_\_\_\_\_

**IN CASE OF AN EMERGENCY NOTIFY :**

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

**EDUCATION :**

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 HIGH SCHOOL: 1 2 3 4 COLLEGE: 1 2 3 4

LAST SCHOOL ATTENDED \_\_\_\_\_  
NAME CITY STATE

LIST ANY SPECIAL COURSES, DRIVING OR TRAINING YOU HAVE RECEIVED:  
\_\_\_\_\_

**GENERAL:**

HAVE YOU EVER BEEN GRANTED A PHYSICAL WAIVER OR GRANTED A SKILLS PERFORMANCE EVALUATION CERTIFICATE UNDER PART 391.49 OF THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS?

\_\_\_\_\_ YES \_\_\_\_\_ NO IF YES, PLEASE EXPLAIN \_\_\_\_\_

ARE YOU AN AMERICAN CITIZEN? \_\_\_\_\_ IF NOT, WHAT NATIONALITY? \_\_\_\_\_

VISA NUMBER: \_\_\_\_\_

LIST ANY OTHER NAMES YOU HAVE GONE BY OTHER THAN THE ONE ON THIS FORM

HAS YOUR DRIVER LICENSE, PERMIT, OR PRIVILEGE TO OPERATE A MOTOR VEHICLE EVER BEEN SUSPENDED, ROVOKED, OR DENIED? \_\_\_\_\_ YES \_\_\_\_\_ NO

IF YES, PLEASE EXPLAIN:

HAVE YOU EVER BEEN DISQUALIFIED UNDER THE PROVISIONS OF PART 383.51, PART 383.52, OR PART 391.15 OF THE FMCSR'S? \_\_\_\_\_ YES \_\_\_\_\_ NO

IF YES, PLEASE EXPLAIN:

| LIST ALL DRIVERS LICENSE & PERMITS YOU HAVE HELD WITHIN THE PAST 3 YEARS | STATE | LICENSE NUMBER | TYPE | EXPIRATION DATE |
|--|-------|----------------|------|-----------------|
|  | TX    |                |      |                 |
|  |       |                |      |                 |
|  |       |                |      |                 |

VEHICLE ACCIDENT RECORD FOR THE PAST 3 YEARS OR MORE

| DATE | DESCRIBE ACCIDENT & LOCATION (HEAD- ON, TYLER or REAR END, WACO, etc.) | FATALITY | INJURY |
|------|--|----------|--------|
|      |  |          |        |
|      |  |          |        |
|      |  |          |        |
|      |  |          |        |

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS

| DATE | LOCATION | VIOLATIONS CHARGED | PENALTY |
|------|----------|--------------------|---------|
|      |          |                    |         |
|      |          |                    |         |
|      |          |                    |         |
|      |          |                    |         |

**EMPLOYMENT HISTORY FOR PAST 10 YEARS:**  
**BEGIN WITH YOUR CURRENT OR MOST RECENT EMPLOYER**

**NOTE:** Please complete this work history and include periods of unemployment. The time listed must be accounted for with no gaps in the dates from one employer, or period of unemployment, to the following employer.

**1.**

EMPLOYER: \_\_\_\_\_ SUPERVISOR'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ POSITION HELD: \_\_\_\_\_

DATES OF EMPLOYMENT: FROM \_\_\_\_\_ TO \_\_\_\_\_ SALARY: \_\_\_\_\_

EQUIPMENT OPERATED:  STRAIGHT TRUCK  TRACTOR AND SEMI TRAILER  BUS  DUMP

CHECK APPROPRIATE CLASS AND TYPE  VAN  FLAT BED  TANKER  OTHER \_\_\_\_\_

APPROX. NO OF MILES \_\_\_\_\_ REASON FOR LEAVING: \_\_\_\_\_

Were you subject to the FMCSR's while employed? \_\_\_\_\_ YES \_\_\_\_\_ NO

Was this job a "safety sensitive function" in DOT related mode subject to the testing requirements as required by 49 CFR Part 40?  
\_\_\_\_\_ YES \_\_\_\_\_ NO

**2.**

EMPLOYER: \_\_\_\_\_ SUPERVISOR'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ POSITION HELD: \_\_\_\_\_

DATES OF EMPLOYMENT: FROM \_\_\_\_\_ TO \_\_\_\_\_ SALARY: \_\_\_\_\_

EQUIPMENT OPERATED:  STRAIGHT TRUCK  TRACTOR AND SEMI TRAILER  BUS  DUMP

CHECK APPROPRIATE CLASS AND TYPE  VAN  FLAT BED  TANKER  OTHER \_\_\_\_\_

APPROX. NO OF MILES \_\_\_\_\_ REASON FOR LEAVING: \_\_\_\_\_

Were you subject to the FMCSR's while employed? \_\_\_\_\_ YES \_\_\_\_\_ NO

Was this job a "safety sensitive function" in DOT related mode subject to the testing requirements as required by 49 CFR Part 40?  
\_\_\_\_\_ YES \_\_\_\_\_ NO

**3.**

EMPLOYER: \_\_\_\_\_ SUPERVISOR'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ POSITION HELD: \_\_\_\_\_

DATES OF EMPLOYMENT: FROM \_\_\_\_\_ TO \_\_\_\_\_ SALARY: \_\_\_\_\_

EQUIPMENT OPERATED:  STRAIGHT TRUCK  TRACTOR AND SEMI TRAILER  BUS  DUMP

CHECK APPROPRIATE CLASS AND TYPE  VAN  FLAT BED  TANKER  OTHER \_\_\_\_\_

APPROX. NO OF MILES \_\_\_\_\_ REASON FOR LEAVING: \_\_\_\_\_

Were you subject to the FMCSR's while employed? \_\_\_\_\_ YES \_\_\_\_\_ NO

Was this job a "safety sensitive function" in DOT related mode subject to the testing requirements as required by 49 CFR Part 40?  
\_\_\_\_\_ YES \_\_\_\_\_ NO

4.

EMPLOYER: \_\_\_\_\_ SUPERVISOR'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ POSITION HELD: \_\_\_\_\_

DATES OF EMPLOYMENT: FROM \_\_\_\_\_ TO \_\_\_\_\_ SALARY: \_\_\_\_\_

EQUIPMENT OPERATED:  STRAIGHT TRUCK  TRACTOR AND SEMI TRAILER  BUS  DUMP  
CHECK APPROPRIATE CLASS AND TYPE  VAN  FLAT BED  TANKER  OTHER \_\_\_\_\_

APPROX. NO OF MILES \_\_\_\_\_ REASON FOR LEAVING: \_\_\_\_\_

Were you subject to the FMCSR's while employed? \_\_\_\_\_ YES \_\_\_\_\_ NO

Was this job a "safety sensitive function" in DOT related mode subject to the testing requirements as required by 49 CFR Part 40?  
\_\_\_\_\_ YES \_\_\_\_\_ NO

5.

EMPLOYER: \_\_\_\_\_ SUPERVISOR'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ POSITION HELD: \_\_\_\_\_

DATES OF EMPLOYMENT: FROM \_\_\_\_\_ TO \_\_\_\_\_ SALARY: \_\_\_\_\_

EQUIPMENT OPERATED:  STRAIGHT TRUCK  TRACTOR AND SEMI TRAILER  BUS  DUMP  
CHECK APPROPRIATE CLASS AND TYPE  VAN  FLAT BED  TANKER  OTHER \_\_\_\_\_

APPROX. NO OF MILES \_\_\_\_\_ REASON FOR LEAVING: \_\_\_\_\_

Were you subject to the FMCSR's while employed? \_\_\_\_\_ YES \_\_\_\_\_ NO

Was this job a "safety sensitive function" in DOT related mode subject to the testing requirements as required by 49 CFR Part 40?  
\_\_\_\_\_ YES \_\_\_\_\_ NO

6.

EMPLOYER: \_\_\_\_\_ SUPERVISOR'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ POSITION HELD: \_\_\_\_\_

DATES OF EMPLOYMENT: FROM \_\_\_\_\_ TO \_\_\_\_\_ SALARY: \_\_\_\_\_

EQUIPMENT OPERATED:  STRAIGHT TRUCK  TRACTOR AND SEMI TRAILER  BUS  DUMP  
CHECK APPROPRIATE CLASS AND TYPE  VAN  FLAT BED  TANKER  OTHER \_\_\_\_\_

APPROX. NO OF MILES \_\_\_\_\_ REASON FOR LEAVING: \_\_\_\_\_

Were you subject to the FMCSR's while employed? \_\_\_\_\_ YES \_\_\_\_\_ NO

Was this job a "safety sensitive function" in DOT related mode subject to the testing requirements as required by 49 CFR Part 40?  
\_\_\_\_\_ YES \_\_\_\_\_ NO

7.

EMPLOYER: \_\_\_\_\_ SUPERVISOR'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ POSITION HELD: \_\_\_\_\_

DATES OF EMPLOYMENT: FROM \_\_\_\_\_ TO \_\_\_\_\_ SALARY: \_\_\_\_\_

EQUIPMENT OPERATED:  STRAIGHT TRUCK  TRACTOR AND SEMI TRAILER  BUS  DUMP  
CHECK APPROPRIATE CLASS AND TYPE  VAN  FLAT BED  TANKER  OTHER \_\_\_\_\_

APPROX. NO OF MILES \_\_\_\_\_ REASON FOR LEAVING: \_\_\_\_\_

Were you subject to the FMCSR's while employed? \_\_\_\_\_ YES \_\_\_\_\_ NO

Was this job a "safety sensitive function" in DOT related mode subject to the testing requirements as required by 49 CFR Part 40?  
\_\_\_\_\_ YES \_\_\_\_\_ NO

8.

EMPLOYER: \_\_\_\_\_ SUPERVISOR'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ POSITION HELD: \_\_\_\_\_

DATES OF EMPLOYMENT: FROM \_\_\_\_\_ TO \_\_\_\_\_ SALARY: \_\_\_\_\_

EQUIPMENT OPERATED:  STRAIGHT TRUCK  TRACTOR AND SEMI TRAILER  BUS  DUMP  
CHECK APPROPRIATE CLASS AND TYPE  VAN  FLAT BED  TANKER  OTHER \_\_\_\_\_

APPROX. NO OF MILES \_\_\_\_\_ REASON FOR LEAVING: \_\_\_\_\_

Were you subject to the FMCSR's while employed? \_\_\_\_\_ YES \_\_\_\_\_ NO

Was this job a "safety sensitive function" in DOT related mode subject to the testing requirements as required by 49 CFR Part 40?  
\_\_\_\_\_ YES \_\_\_\_\_ NO

**TO BE READ AND SIGNED BY THE APPLICANT**

**This certifies that this application was completed by me, and that all entries and information in it are true and complete to the best of my knowledge.**

|                      |      |                          |      |
|----------------------|------|--------------------------|------|
|                      |      |                          |      |
| Applicants Signature | Date | Received and Reviewed By | Date |

I understand that nothing in this application, or in any prior or subsequent written or oral statement, creates a contract of employment or any rights in the nature of a contract. I agree and understand that if I am hired by the TMS Delivery, Inc. (TMS), my employment will be at-will, for an indefinite period of time, and may be terminated at any time, with or without cause or notice, at the option of TMS or myself. I understand that I have the right to end my employment at any time and that TMS retains that same right. I also understand that no one has the authority to enter into any contract, agreement or modification of the foregoing unless such contract, agreement or modification is in writing and signed by the president of TMS.

\_\_\_\_\_  
Applicants Signature Date

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

Employer please return to **Tarisa Dudley** at **TMS Delivery** fax 903-566-5796

I, \_\_\_\_\_ hereby authorize you to release and forward to **TMS Delivery** 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 Part391.23 of the Federal Motor Carrier Safety Regulations (FMCSR).

Apps Signature \_\_\_\_\_ Apps SSN \_\_\_\_\_ Date \_\_\_\_\_

Current/Former Employer \_\_\_\_\_  
 Street \_\_\_\_\_ Telephone \_\_\_\_\_  
 City, Zip, State \_\_\_\_\_ Fax No \_\_\_\_\_

**EMPLOYMENT INFORMATION**

(TO BE COMPLETED BY PREVIOUS EMPLOYER)

The above named applicant has applied for a position as a commercial vehicle driver and states that you employed him/her. Please complete this form and return it to **Tarisa Dudley** at **TMS Delivery** fax 903-566-5796. Failure to complete and return this form is a violation of FMCSA 391.23 and could result in legal action against you.

**We appreciate your time in completing this form as required by FMCSR 319.23(g)**

1. Employed from \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Position \_\_\_\_\_
2. Did the 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 employ? Discharged \_\_\_\_\_ Resignation \_\_\_\_\_ Lay Off \_\_\_\_\_ Military Duty \_\_\_\_\_
6. If company policy would allow, would driver be eligible for rehire?  Yes  No If no, why? \_\_\_\_\_

7. Please advise history of driving record for the past 3 years including DOT reportable, and Non-DOT reportable accidents and injuries. \_\_\_\_\_

**DRUG AND ALCOHOL INFORMATION**

(TO BE COMPLETED BY PREVIOUS 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 this person ever:<br>(Please include information you received from 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 duty process after 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 PROSPECTIVE MOTOR CARRIER)

Faxed to previous employer: Date \_\_\_\_\_ Time \_\_\_\_\_ First Attempt  
 Faxed to previous employer: Date \_\_\_\_\_ Time \_\_\_\_\_ Second Attempt  
 Mailed to the previous employer: Date \_\_\_\_\_ Time \_\_\_\_\_  
 Completed via telephone interview: Date \_\_\_\_\_ Time \_\_\_\_\_  
 Person interviewed by telephone: \_\_\_\_\_ Title \_\_\_\_\_  
 Completed By: \_\_\_\_\_

*Failure to respond by previous employer was reported to DOT via U.S. mail on, (date) \_\_\_\_\_*  
 Attach all supporting documents including fax receipts

## MINIMUM DRIVER GUIDELINES - DRIVER(S)

- A. Must meet all Federal Motor Carrier guidelines.
- B. Must have a valid Commercial Driver License with proper endorsements, or Chauffeur License (where applicable) in state of residence. No current license suspension or revocation. A work permit is not acceptable.
- C. No serious or disqualifying traffic violations within the last three years as follows:
  - 1. Excessive speeding, involving any single offense for any speed of 15 M.P.H. or more above the posted speed limit.
  - 2. Reckless driving, as defined by state or local law or regulation, including but not limited to the offense of driving a motor vehicle in willful or wanton disregard for the safety of persons or property.
    - 3. Improper or erratic lane changes.
    - 4. Following the vehicle ahead too closely.
    - 5. Driving while intoxicated or under the influence of drugs.
    - 6. Hit and run, leaving the scene of an accident, or failure to report an accident.
- D. No more than three (3) moving violations in the past 36 months, and no more than two (2) moving violations in the previous 12 months.
- E. No preventable accidents involving a fatality, bodily injuries treated away from the scene, or disabling damage to a motor vehicle within three years. (Disabling damage means damage that precludes departure of any motor vehicle from the scene of an accident in its usual manner in daylight after simple repairs. This includes damaged vehicles that are drivable, but would incur further damage, if so driven.)
- F. A minimum of two (2) years experience in the operation of tractor/trailer equipment, specifically flat bed trailers and 48' dry vans.
- G. Must be 25 years old.

**I HAVE READ AND UNDERSTAND THE MINIMUM DRIVER GUIDELINES AS PROVIDED BY TMS DELIVERY \_\_\_\_\_ (App. Initials)**

**It is the mission of TMS Delivery, Inc. to set the standard of excellence in the trucking industry by providing outstanding customer service to all of our customers.**

## **CERTIFICATION OF A PERIOD OF UNEMPLOYMENT**

Part 391.23 of the Federal Motor Carrier Safety Regulations requires that an investigation be made into the work history of every applicant for a driving position, and that written record be made and maintained in the motor carrier's files as part of the driver's qualification file.

According to the information provided by you on your Qualification Application, the following periods are indicated as a period when you were unemployed:

\_\_\_\_ and continuing until \_\_\_\_  
M D Y M D Y

\_\_\_\_ and continuing until \_\_\_\_  
M D Y M D Y

\_\_\_\_ and continuing until \_\_\_\_  
M D Y M D Y

**Please complete the following statement:**

I hereby certify that I was not employed during the period(s) of time indicated above.

The following statements are true during this period (check all that apply):

- I did not receive any compensation during any of the periods indicated above.
- I did receive unemployment compensation from the State of \_\_\_\_\_ during the period of time \_\_\_\_\_, \_\_\_\_\_ and continuing until \_\_\_\_\_, \_\_\_\_\_.

By my signature below, I certify that the information given above is true and complete to the best of my knowledge. I understand that providing false or misleading information may result in immediate disqualification for employment with TMS Delivery, Inc.

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_

## CERTIFICATION OF SELF-EMPLOYMENT

I hereby certify as true that during the period beginning \_\_\_\_\_  
And continuing until \_\_\_\_\_. I was self employed as follows:

Type of business: \_\_\_\_\_ If motor carrier, DOT number \_\_\_\_\_

Name of Business: \_\_\_\_\_

Address of Business: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Type of work performed: (be specific)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Principal Customers Served: 1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Business References: 1. \_\_\_\_\_

2. \_\_\_\_\_

## INSURANCE INFORMATION

My Business / Public Liability Insurance was provided by:

Name of Company: \_\_\_\_\_

Agent Name, Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Policy Number(s): \_\_\_\_\_

Limits of Coverage: \_\_\_\_\_

Please provide a copy of any Accord forms.

The information provided is true and correct to the best of my knowledge, and may be used to secure information regarding my performance, accident and claim history, including copies of loss runs and claim information from insurers.

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

Signature: \_\_\_\_\_ SSN# \_\_\_\_\_



# 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# 0522  
6200 Guadalupe, Building P  
Austin, Texas 78752-4019  
Facsimile: 512-424-5310**

I, \_\_\_\_\_ ,  
Print Name of CDL Holder

of \_\_\_\_\_ ,  
Print Address of CDL Holder

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

to \_\_\_\_\_ TARISA DUDLEY for TMS DELIVERY, INC. \_\_\_\_\_ ,  
Print Name

of \_\_\_\_\_ P. O. BOX 131060, TYLER, TEXAS 75713 \_\_\_\_\_ ,  
Print Address

Driver License Number: \_\_\_\_\_ State: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Signature of Driver:  
  
**X**

Date:

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>.

## DISCLOSURE & AUTHORIZATION FORM FOR CONSUMER REPORTS

This serves to advise you that in consideration for employment (including contract for services) with **TMS DELIVERY, INC.**, a consumer report and/or investigative consumer report may be obtained on you. This process may include verification of education, credit history, employment history, a review of any local, county, state, and federal government agency records, court public records, driving records (MVR), workers' compensation claim files, and employment, personal or professional references. References may include information pertaining to your general character and reputation, personal characteristics, mode of living, and work habits. A consumer report containing injury and illness records and medical information may be obtained after a tentative offer of employment has been made. The source of the reports will be First Advantage, 2180 W. SR 434, Suite 4150, Longwood, FL 32779. Toll-free number: 800.725.5051 ext: 122.

Please be advised you have the right to inspect the files that the consumer reporting agency may have on you during normal business hours and upon furnishing proper identification. You also have the right to make a request of First Advantage, upon proper identification and the payment of any authorized fees, for the information in its files on you at the time of your request. Before any adverse action is taken, based in whole or in part on the information contained in the consumer report, you will be provided a copy of the report and a summary of your rights under the Fair Credit Reporting Act, as well as additional information on your rights under the law.

By signing below, you hereby authorize without reservation, any party or agency contacted to furnish the above mentioned information. You further authorize ongoing procurement of the above mentioned reports at any time during your employment (or contract). You also agree that a fax or photocopy of this authorization with your signature be accepted with the same authority as the original.

You hereby authorize and request, without any reservation, any present or former employer, school, law enforcement or criminal agency, financial institution, division of motor vehicles, consumer reporting agencies, or other persons or agencies having knowledge about you to furnish First Advantage with any and all background information in their possession regarding you, in order that your employment qualifications may be evaluated.

For California, Minnesota or Oklahoma applicants only, if you would like to receive a copy of the consumer report as prepared by the consumer reporting agency, if one is obtained, please check this box and we will send a copy to you within three days.

If public record information about your character, general reputation, personal characteristics, and mode of living is obtained without using a consumer reporting agency, you will be supplied a copy of the public record information within seven days of our receipt of it unless you check this box where you hereby waive your right to obtain a copy of the consumer report.

|                        |                           |                |               |
|------------------------|---------------------------|----------------|---------------|
| _____ (_____) _____    | (_____) _____             |                |               |
| Printed Full Name      | Home Phone                | Work Phone     |               |
| _____                  | _____                     | _____          | _____         |
| Social Security Number | Maiden or other name used | Year last used | Date of Birth |
| _____                  | _____                     |                |               |
| Drivers License Number | State                     |                |               |
| _____                  | _____                     |                |               |
| Signature              |                           | _____          |               |
|                        |                           | Date Signed    |               |

# **CONSENT FORM**

## **1. NOTICE OF ALCOHOL AND CONTROLLED SUBSTANCE TESTING:**

**TMS Delivery, Inc.**, will not tolerate or condone substance abuse. It is the policy of TMS Delivery, Inc., to maintain a workplace free from drug use or alcohol misuse by its employees, commissions agents, vendors and customers, and to always be in compliance with the Federal Motor Carrier Safety Regulations and other applicable laws regulations. I agree and consent to be subject to pre-employment, random, post accident and reasonable suspicion controlled substance and alcohol testing under the provisions of the Federal Motor Carrier Safety Regulations, Part 382. Any driver-applicant for employment who tests positive for a controlled substance shall be disqualified for employment or service at TMS Delivery, Inc. Further, any applicant for employment who refuses to be tested in compliance with this policy shall be disqualified for employment or service at TMS Delivery, Inc. Employee-drivers will be placed out of service or disqualified to drive for TMS Delivery, Inc., in accordance with prohibitions provided in Part 382, Subpart B of the Federal Motor Carrier Safety Regulations.



## **2. CONTROLLED SUBSTANCE DRUG TESTING PRE-EMPLOYMENT CONSENT AGREEMENT:**

Part 382, Subpart C (382.301) of the Federal Motor Carrier Safety Regulations, regarding Pre-employment testing, shall apply to each driver-applicant of TMS Delivery, Inc.

As a condition of my Employment Application, I agree and consent to the urine sample collection and controlled substance testing as provided by the Federal Motor Carrier Safety Regulations, which I have read and understood.

I understand and agree that a positive test for a controlled substance(s) based on the Urinalysis Test will disqualify me from the operation of a commercial vehicle for TMS Delivery, Inc.

The Medical Review Officer will maintain the results of the Urinalysis Test. Negative and positive results will be reported to TMS Delivery, Inc.

My written authorization is required prior to disclosure of Pre-employment Controlled Substance test results to other parties.

## **3. UNINSURED/UNDERINSURED MOTORIST WAIVER**

I understand and agree that TMS Delivery, Inc., has rejected Uninsured/Underinsured Motorist Insurance Coverage for all states under its Trucker's and Excess Liability Policies of Insurance and that I will not have such coverage available to me through TMS Delivery, Inc.

## **4. DRIVER RELEASE:**

I understand that Consumer Reports, which may contain public and private records and employment information, may be requested by TMS Delivery, Inc., from various reporting agencies, including DAC service, Tulsa, Oklahoma. These reports may contain the following types of information, namely, names and dates of previous employment, reason for termination of employment, work experience, accident information, etc. I further understand that such reports may be requested which contain public and private record information regarding my driving record, workers' compensation claims, credit information, bankruptcy proceedings, criminal records and traffic violations, etc., and that such information may include information and records requested by other from DAC Services and other reporting agencies.

**I AUTHROIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY TMS DELIVERY, INC., TO FURNISH THE ABOVE REFERENCED INFORMATION AND/OR REPORTS.**

I further understand that I have the right to request from TMS Delivery, Inc., upon proper identification, the nature and substance of all information contained in my files at the time of such request, including the source of such information and the recipients of any reports on me for the two-year period prior to my request. I agree and consent that upon hire by TMS Delivery, Inc., all employment history information, including driving and/or accident records, contained in my file may be furnished by TMS Delivery, Inc., to any reporting agency or service, including DAC Services, Tulsa, Oklahoma.

**5. COMMERCIAL MOTOR VEHICLE SAFETY ACT:**

The Commercial Motor Vehicle Act of 1986 provides for controls over drivers of commercial vehicles. This law applies to al drivers operating vehicles and combinations with a Gross Weight Rating of 26,000 pounds, and to any vehicle, regardless of weight, transporting hazardous materials. Violations of this Act are punishable by a fine not to exceed \$2,500.00. Willful violation of (1) or (3) below, or failure to notify Carrier within 30 days of the loss of any privilege to operate commercial vehicles can result in criminal penalties not to exceed \$5,000 and/or 90 days in jail.

In conformity with this Act, driver-applicant agrees to the following:

- 1. Not possess more than one driver's license.**
- 2. Within 30 days of any conviction of a traffic violation (other than parking) to notify TMS Delivery, Inc or the State which issued his license of such conviction.**
- 3. Inform TMS Delivery, Inc of all previous employment as the driver of a commercial motor vehicle for the past 10 years, in addition to any other required information about the applicant's employment history.**
- 4. Advise TMS Delivery, Inc. if the driver loses any privilege to operate a commercial vehicle or is disqualified from operating a commercial vehicle the next business day after receiving notification.**

**6. ACKNOWLEDGEMENT OF HOURS OF SERVICE REQUIREMENTS:**

Driver-applicant acknowledges that he has read and understood Section 395.8 of the Federal Motor Carrier Safety Regulations pertaining to Hours of Service Requirements for drivers operating commercial motor vehicles with a gross vehicle weight rating or gross combination weight rating or gross combination weight rating of 10,001 or more pounds or the vehicle is designed to transport more than 7 passengers, including driver, or the vehicle is used in the transportation of hazardous materials in a quantity requiring placarding. Driver agrees to fully comply with these regulations.

**7. COMMERCIAL DRIVER'S LICENSE REQUIREMENTS:**

I do hereby declare that I understand and agree to comply with all applicable Federal Motor Carrier Safety Regulations, including Part 383, which requires me to obtain and maintain a Commercial Driver's License if I:

- 1. Transport hazardous material which require placards OR**
- 2. Operate a vehicle with a Gross Weight Rating (GWR) of 26,000 or more pounds.**

I hereby certify that if I do not have a Commercial Driver's License I will not operate a vehicle transporting hazardous materials that require placards or operate a vehicle designed to transport a GVW of 26,000 or more pounds in violation of the Federal Motor Carrier Safety Regulations. Further, I agree to obtain and maintain a Commercial Driver's License if required by these regulations.

**8. INDEMNIFICATION:**

**I hereby agree that I will hold TMS Delivery, Inc., harmless and indemnify and defend TMS Delivery from and against any and all damages, fines and/or losses as a result of the violation by employee of any of the above policies and/or regulations.**

**9. I CERTIFY THAT I HAVE READ, UNDERSTOOD AND AGREE TO SECTIONS 1, 2, 3, 4, 5, 7, AND 8 OF THE ABOVE.**

Driver's Name (print) X \_\_\_\_\_

Driver's Signature X \_\_\_\_\_

Date X \_\_\_\_\_

Witnessed by \_\_\_\_\_  
TARISA DUDLEY – SUPPORT SERVICES – TMS DELIVERY, INC.

391.33 EQUIVALENT OF ROAD TEST

IN PLACE OF, AND AS EQUIVALENT TO, THE ROAD TEST REQUIRED BY SECTION 391.33 OF THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS, TMS DELIVERY, INC., WILL ACCEPT:

A VALID COMMERCIAL DRIVERS LICENSE IN A MOTOR VEHICLE OF THE TYPE TMS DELIVERY INC., INTENDS TO ASSIGN THE DRIVER TO OPERATE. ATTACH A COPY OF THE OPERATORS LICENSE ONTO THIS CERTIFICATION.

# Form W-4 (2008)

**Purpose.** Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

**Exemption from withholding.** If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2008 expires February 16, 2009. See Pub. 505, Tax Withholding and Estimated Tax.

**Note.** You cannot claim exemption from withholding if (a) your income exceeds \$900 and includes more than \$300 of unearned income (for example, interest and dividends) and (b) another person can claim you as a dependent on their tax return.

**Basic instructions.** If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 adjust your withholding allowances based on itemized deductions, certain credits,

adjustments to income, or two-earner/multiple job situations. Complete all worksheets that apply. However, you may claim fewer (or zero) allowances.

**Head of household.** Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

**Tax credits.** You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 919, How Do I Adjust My Tax Withholding, for information on converting your other credits into withholding allowances.

**Nonwage income.** If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax

payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 919 to find out if you should adjust your withholding on Form W-4 or W-4P.

**Two earners or multiple jobs.** If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 919 for details.

**Nonresident alien.** If you are a nonresident alien, see the Instructions for Form 8233 before completing this Form W-4.

**Check your withholding.** After your Form W-4 takes effect, use Pub. 919 to see how the dollar amount you are having withheld compares to your projected total tax for 2008. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

## Personal Allowances Worksheet (Keep for your records.)

**A** Enter "1" for **yourself** if no one else can claim you as a dependent. . . . . **A** \_\_\_\_\_

**B** Enter "1" if:   
 { • You are single and have only one job; or   
 • You are married, have only one job, and your spouse does not work; or   
 • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. } . . . **B** \_\_\_\_\_

**C** Enter "1" for your **spouse**. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) . . . . . **C** \_\_\_\_\_

**D** Enter number of **dependents** (other than your spouse or yourself) you will claim on your tax return . . . . . **D** \_\_\_\_\_

**E** Enter "1" if you will file as **head of household** on your tax return (see conditions under **Head of household** above) . . . **E** \_\_\_\_\_

**F** Enter "1" if you have at least \$1,500 of **child or dependent care expenses** for which you plan to claim a credit . . . **F** \_\_\_\_\_  
 (Note. Do **not** include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)

**G Child Tax Credit** (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information.  
 • If your total income will be less than \$58,000 (\$86,000 if married), enter "2" for each eligible child.  
 • If your total income will be between \$58,000 and \$84,000 (\$86,000 and \$119,000 if married), enter "1" for each eligible child plus "1" **additional** if you have 4 or more eligible children. **G** \_\_\_\_\_

**H** Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ► **H** \_\_\_\_\_

For accuracy, complete all worksheets that apply.   
 { • If you plan to **itemize or claim adjustments to income** and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.  
 • If you have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$40,000 (\$25,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.  
 • If **neither** of the above situations applies, **stop here** and enter the number from line H on line 5 of Form W-4 below.

Cut here and give Form W-4 to your employer. Keep the top part for your records.

|  |  |  |  |   |
|--|--|--|--|---|
| Form <b>W-4</b>  |  | <b>Employee's Withholding Allowance Certificate</b>  |  | OMB No. 1545-0074                       |
| Department of the Treasury<br>Internal Revenue Service   |  | ► Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.  |  | <b>2008</b>                             |
| 1 Type or print your first name and middle initial.  |  | Last name  |  | 2 Your social security number           |
| Home address (number and street or rural route)  |  | 3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate.<br>Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box. |  |   |
| City or town, state, and ZIP code  |  | 4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ► <input type="checkbox"/>  |  |   |
| 5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)   |  | 5  |  |   |
| 6 Additional amount, if any, you want withheld from each paycheck  |  | 6  |  | \$                                      |
| 7 I claim exemption from withholding for 2008, and I certify that I meet <b>both</b> of the following conditions for exemption.<br>• Last year I had a right to a refund of <b>all</b> federal income tax withheld because I had <b>no tax liability and</b><br>• This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no tax liability</b> .<br>If you meet both conditions, write "Exempt" here . . . . . ► 7 |  |  |  |   |
| Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.   |  |  |  |   |
| <b>Employee's signature</b><br>(Form is not valid unless you sign it.) ►   |  |  |  |   |
| 8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)  |  | 9 Office code (optional)   |  | 10 Employer identification number (EIN) |

### Deductions and Adjustments Worksheet

**Note.** Use this worksheet *only* if you plan to itemize deductions, claim certain credits, or claim adjustments to income on your 2008 tax return.

- 1 Enter an estimate of your 2008 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions. (For 2008, you may have to reduce your itemized deductions if your income is over \$159,950 (\$79,975 if married filing separately). See *Worksheet 2* in Pub. 919 for details.) . . . 1 \$ \_\_\_\_\_
- 2 Enter:  $\left\{ \begin{array}{l} \$10,900 \text{ if married filing jointly or qualifying widow(er)} \\ \$ 8,000 \text{ if head of household} \\ \$ 5,450 \text{ if single or married filing separately} \end{array} \right\}$  . . . . . 2 \$ \_\_\_\_\_
- 3 **Subtract** line 2 from line 1. If zero or less, enter "-0-" . . . . . 3 \$ \_\_\_\_\_
- 4 Enter an estimate of your 2008 adjustments to income, including alimony, deductible IRA contributions, and student loan interest . . . . . 4 \$ \_\_\_\_\_
- 5 **Add** lines 3 and 4 and enter the total. (Include any amount for credits from *Worksheet 8* in Pub. 919) . . . . . 5 \$ \_\_\_\_\_
- 6 Enter an estimate of your 2008 nonwage income (such as dividends or interest) . . . . . 6 \$ \_\_\_\_\_
- 7 **Subtract** line 6 from line 5. If zero or less, enter "-0-" . . . . . 7 \$ \_\_\_\_\_
- 8 **Divide** the amount on line 7 by \$3,500 and enter the result here. Drop any fraction . . . . . 8 \_\_\_\_\_
- 9 Enter the number from the **Personal Allowances Worksheet**, line H, page 1 . . . . . 9 \_\_\_\_\_
- 10 **Add** lines 8 and 9 and enter the total here. If you plan to use the **Two-Earners/Multiple Jobs Worksheet**, also enter this total on line 1 below. Otherwise, **stop here** and enter this total on Form W-4, line 5, page 1 . . . . . 10 \_\_\_\_\_

### Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)

- Note.** Use this worksheet *only* if the instructions under line H on page 1 direct you here.
- 1 Enter the number from line H, page 1 (or from line 10 above if you used the **Deductions and Adjustments Worksheet**) . . . . . 1 \_\_\_\_\_
  - 2 Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. **However**, if you are married filing jointly and wages from the highest paying job are \$50,000 or less, do not enter more than "3." . . . . . 2 \_\_\_\_\_
  - 3 If line 1 is **more than or equal to** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. **Do not** use the rest of this worksheet . . . . . 3 \_\_\_\_\_
- Note.** If line 1 is *less than* line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4-9 below to calculate the additional withholding amount necessary to avoid a year-end tax bill.
- 4 Enter the number from line 2 of this worksheet . . . . . 4 \_\_\_\_\_
  - 5 Enter the number from line 1 of this worksheet . . . . . 5 \_\_\_\_\_
  - 6 **Subtract** line 5 from line 4 . . . . . 6 \_\_\_\_\_
  - 7 Find the amount in **Table 2** below that applies to the **HIGHEST** paying job and enter it here . . . . . 7 \$ \_\_\_\_\_
  - 8 **Multiply** line 7 by line 6 and enter the result here. This is the additional annual withholding needed . . . . . 8 \$ \_\_\_\_\_
  - 9 Divide line 8 by the number of pay periods remaining in 2008. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2007. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck . . . . . 9 \$ \_\_\_\_\_

**Table 1**

**Table 2**

| Married Filing Jointly                      |                       | All Others                                  |                       | Married Filing Jointly                       |                       | All Others                                   |                       |
|---|-----------------------|---|-----------------------|--|-----------------------|--|-----------------------|
| If wages from <b>LOWEST</b> paying job are— | Enter on line 2 above | If wages from <b>LOWEST</b> paying job are— | Enter on line 2 above | If wages from <b>HIGHEST</b> paying job are— | Enter on line 7 above | If wages from <b>HIGHEST</b> paying job are— | Enter on line 7 above |
| \$0 - \$4,500                               | 0                     | \$0 - \$6,500                               | 0                     | \$0 - \$65,000                               | \$530                 | \$0 - \$35,000                               | \$530                 |
| 4,501 - 10,000                              | 1                     | 6,501 - 12,000                              | 1                     | 65,001 - 120,000                             | 880                   | 35,001 - 80,000                              | 880                   |
| 10,001 - 18,000                             | 2                     | 12,001 - 20,000                             | 2                     | 120,001 - 180,000                            | 980                   | 80,001 - 150,000                             | 980                   |
| 18,001 - 22,000                             | 3                     | 20,001 - 27,000                             | 3                     | 180,001 - 310,000                            | 1,160                 | 150,001 - 340,000                            | 1,160                 |
| 22,001 - 27,000                             | 4                     | 27,001 - 35,000                             | 4                     | 310,001 and over                             | 1,230                 | 340,001 and over                             | 1,230                 |
| 27,001 - 33,000                             | 5                     | 35,001 - 50,000                             | 5                     |  |                       |  |                       |
| 33,001 - 40,000                             | 6                     | 50,001 - 65,000                             | 6                     |  |                       |  |                       |
| 40,001 - 50,000                             | 7                     | 65,001 - 80,000                             | 7                     |  |                       |  |                       |
| 50,001 - 55,000                             | 8                     | 80,001 - 95,000                             | 8                     |  |                       |  |                       |
| 55,001 - 60,000                             | 9                     | 95,001 - 120,000                            | 9                     |  |                       |  |                       |
| 60,001 - 65,000                             | 10                    | 120,001 and over                            | 10                    |  |                       |  |                       |
| 65,001 - 75,000                             | 11                    |   |                       |  |                       |  |                       |
| 75,001 - 100,000                            | 12                    |   |                       |  |                       |  |                       |
| 100,001 - 110,000                           | 13                    |   |                       |  |                       |  |                       |
| 110,001 - 120,000                           | 14                    |   |                       |  |                       |  |                       |
| 120,001 and over                            | 15                    |   |                       |  |                       |  |                       |

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