

DRIVER'S APPLICATION FOR EMPLOYMENT

Applicant Name _____
(print)

Date of Application _____

**TRANSPORT, INC.
2225 MAIN AVE SE
MOORHEAD, MN 56560**

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status.

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49CFR 391.23(d) and (e). I understand I have the right to:

- Review information provided by previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

Signature _____

Date _____

FOR COMPANY USE

PROCESS RECORD

Applicant Hired _____ Rejected _____
Date Employed _____ Location Employed _____

(If rejected, summary report of reasons should be placed in file)

SIGNATURE OF INTERVIEW OFFICER _____

TERMINATION OF EMPLOYMENT

DATE TERMINATED _____ DEPT RELEASED FROM _____
DISMISSED _____ VOLUNTARILY QUIT _____ OTHER _____
TERMINATION REPORT PLACED IN FILE _____ SUPERVISOR _____

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 vehicle in intrastate or interstate commerce shall also provide an additional 7 years information on those employers from whom the applicant operated such vehicle. (Note: List employers in reverse order starting with the most recent.)

EMPLOYER			DATE			
Name			From		To	
Address			Mo	Yr	Mo	Yr
City	State	Zip	Position			
Contact Person		Phone:	Salary/Wage			
Were you subject to FMCSRS while employer: Yes <input type="checkbox"/> No <input type="checkbox"/> Was your Job Designed as a Safety-Sensitive Function in any DOT Related mode subject to the Drug & Alcohol Testing requirements of 49 CFR Part 40? Yes <input type="checkbox"/> No <input type="checkbox"/>			Reason for Leaving			

EMPLOYER			DATE			
Name			From		To	
Address			Mo	Yr	Mo	Yr
City	State	Zip	Position			
Contact Person		Phone:	Salary/Wage			
Were you subject to FMCSRS while employer: Yes <input type="checkbox"/> No <input type="checkbox"/> Was your Job Designed as a Safety-Sensitive Function in any DOT Related mode subject to the Drug & Alcohol Testing requirements of 49 CFR Part 40? Yes <input type="checkbox"/> No <input type="checkbox"/>			Reason for Leaving			

EMPLOYER			DATE			
Name			From		To	
Address			Mo	Yr	Mo	Yr
City	State	Zip	Position			
Contact Person		Phone:	Salary/Wage			
Were you subject to FMCSRS while employer: Yes <input type="checkbox"/> No <input type="checkbox"/> Was your Job Designed as a Safety-Sensitive Function in any DOT Related mode subject to the Drug & Alcohol Testing requirements of 49 CFR Part 40? Yes <input type="checkbox"/> No <input type="checkbox"/>			Reason for Leaving			

EMPLOYER			DATE			
Name			From		To	
Address			Mo	Yr	Mo	Yr
City	State	Zip	Position			
Contact Person		Phone:	Salary/Wage			
Were you subject to FMCSRS while employer: Yes <input type="checkbox"/> No <input type="checkbox"/>			Reason for Leaving			
Was your Job Designed as a Safety-Sensitive Function in any DOT Related mode subject to the Drug & Alcohol Testing requirements of 49 CFR Part 40? Yes <input type="checkbox"/> No <input type="checkbox"/>						

EMPLOYER			DATE			
Name			From		To	
Address			Mo	Yr	Mo	Yr
City	State	Zip	Position			
Contact Person		Phone:	Salary/Wage			
Were you subject to FMCSRS while employer: Yes <input type="checkbox"/> No <input type="checkbox"/>			Reason for Leaving			
Was your Job Designed as a Safety-Sensitive Function in any DOT Related mode subject to the Drug & Alcohol Testing requirements of 49 CFR Part 40? Yes <input type="checkbox"/> No <input type="checkbox"/>						

EMPLOYER			DATE			
Name			From		To	
Address			Mo	Yr	Mo	Yr
City	State	Zip	Position			
Contact Person		Phone:	Salary/Wage			
Were you subject to FMCSRS while employer: Yes <input type="checkbox"/> No <input type="checkbox"/>			Reason for Leaving			
Was your Job Designed as a Safety-Sensitive Function in any DOT Related mode subject to the Drug & Alcohol Testing requirements of 49 CFR Part 40? Yes <input type="checkbox"/> No <input type="checkbox"/>						

EMPLOYER			DATE			
Name			From		To	
Address			Mo	Yr	Mo	Yr
City	State	Zip	Position			
Contact Person		Phone:	Salary/Wage			
Were you subject to FMCSRS while employer: Yes <input type="checkbox"/> No <input type="checkbox"/>			Reason for Leaving			
Was your Job Designed as a Safety-Sensitive Function in any DOT Related mode subject to the Drug & Alcohol Testing requirements of 49 CFR Part 40? Yes <input type="checkbox"/> No <input type="checkbox"/>						

ACCIDENT RECORD FOR PAST 3 YEARS (attach sheet if more space is needed)

Dates	Nature of Accident (Head on, Rearend, Upset, etc...)	# of Fatalities	# of People Injured

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE LAST 3 YEARS (other than parking violations)

Location	Date	Charge	Penalty

DRIVER'S LICENSE (List each drivers license held in the past 3 years.)

State	License #	Type	Endorsements	Expiration Date

A. Have you 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 have answered "YES" to A, B, or C attach a statement giving details.

Disclosure And Release

In connection with my application for employment (including contract for services) with you, I understand that consumer reports which may contain public record information may be requested from Insurance Information Exchange, in College Station, Texas. I further understand that such reports will contain public record information concerning my driving record.

I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY IIX OR TRANSPORT, INC. TO FURNISH THE ABOVE MENTIONED INFORMATION.

I hereby authorize procurement of a MVR report(s). If hired (or contracted), this authorization shall remain on file and shall serve as an ongoing authorization for you to procure MVR reports at any time during my employment (or contract) period.

Print Name

Social Security No.

Applicant's Signature

Date