

Alliance Transport, Inc.

Driver Application

Applicant Name: _____ **Date:** _____

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 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 or employment has been extended.) I hereby release employers, schools, health care providers and other persons from liability in response 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 that I am required to abide by all rules and regulations of Alliance Transport, Inc.

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 49 CFR 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 the 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

Hire Date: _____ Rejected Date: _____

Rate: _____

Signature of Interviewing Officer: _____

Employment Termination

Date Terminated: _____ Department Released From: _____

Terminating Supervisor: _____

Alliance Transport, Inc.

Application For Qualification

1400 Ackerman, Ste. B, San Antonio, TX 78219

The purpose of this application is to determine whether or not the applicant is qualified to operate motor carrier equipment according to the requirements Federal Motor Carrier Safety Regulations and Alliance Transport, Inc.

Please answer all questions. If the answer to any question is "No" or "None", do not leave any item blank, but write "No" or "None".

Name: _____
(First) (Middle) (Last)

Social Security #: _____ Date of Birth: _____

Addresses of residency for the **past 3 years.**

Current Address: _____

City, State & Zip: _____ How Long: _____

Phone: _____ Email: _____

Previous Addresses: (City, State and Zip)

_____ How Long: _____

_____ How Long: _____

_____ How Long: _____

Do you have the legal right to work in the United States? Yes: _____ No: _____

Have you ever worked for this company? Yes: _____ No: _____

If yes, dates and reason for leaving: _____

How did you hear about us? _____ Rate of pay expected: _____

Physical Exam Expiration Date: _____

CDL Information

(list driver's license held in the past three years)

State: _____ License #: _____ Type: _____ Exp Date: _____

State: _____ License #: _____ Type: _____ Exp Date: _____

Have you ever been denied a license, permit, or privilege to operate a motor vehicle? _____

Have any licenses, permits, or privileges ever been suspended or revoked? _____

Have you ever been convicted of a felony? _____

If yes, please explain: _____

Have you ever been convicted of a misdemeanor? _____

If yes, please explain: _____

Is there any reason you might be unable to perform job functions for which you have applied? _____

Employment History

All driver applicants to drive must provide the following information on all employers during the last 3 years. List complete mailing address, street number, city, state, and zip code. Applicants to drive a commercial motor vehicle in intrastate or interstate shall also provide an additional 7 years' information on those employers for whom the applicant operated such vehicle.

Employer Name: _____
From: _____ month _____ year To: _____ month _____ year Salary: _____
Reason for leaving: _____
Address: _____ City: _____ State/Zip: _____
Contact Person: _____ Phone Number: _____
Were you subject to the FMCSR * while employed? Yes: _____ No: _____
Was your job designated as a safety sensitive function in any DOT regulated subject to drug and alcohol testing requirements of 49 CFR Part 40? Yes: _____ No: _____

Employer Name: _____
From: _____ month _____ year To: _____ month _____ year Salary: _____
Reason for leaving: _____
Address: _____ City: _____ State/Zip: _____
Contact Person: _____ Phone Number: _____
Were you subject to the FMCSR * while employed? Yes: _____ No: _____
Was your job designated as a safety sensitive function in any DOT regulated subject to drug and alcohol testing requirements of 49 CFR Part 40? Yes: _____ No: _____

Employer Name: _____
From: _____ month _____ year To: _____ month _____ year Salary: _____
Reason for leaving: _____
Address: _____ City: _____ State/Zip: _____
Contact Person: _____ Phone Number: _____
Were you subject to the FMCSR * while employed? Yes: _____ No: _____
Was your job designated as a safety sensitive function in any DOT regulated subject to drug and alcohol testing requirements of 49 CFR Part 40? Yes: _____ No: _____

Employer Name: _____
From: _____ month _____ year To: _____ month _____ year Salary: _____
Reason for leaving: _____
Address: _____ City: _____ State/Zip: _____
Contact Person: _____ Phone Number: _____
Were you subject to the FMCSR * while employed? Yes: _____ No: _____
Was your job designated as a safety sensitive function in any DOT regulated subject to drug and alcohol testing requirements of 49 CFR Part 40? Yes: _____ No: _____

Employer Name: _____
From: _____ month _____ year To: _____ month _____ year Salary: _____
Reason for leaving: _____
Address: _____ City: _____ State/Zip: _____
Contact Person: _____ Phone Number: _____
Were you subject to the FMCSR * while employed? Yes: _____ No: _____
Was your job designated as a safety sensitive function in any DOT regulated subject to drug and alcohol testing requirements of 49 CFR Part 40? Yes: _____ No: _____

Employer Name: _____
From: _____ month _____ year To: _____ month _____ year Salary: _____
Reason for leaving: _____
Address: _____ City: _____ State/Zip: _____
Contact Person: _____ Phone Number: _____
Were you subject to the FMCSR * while employed? Yes: _____ No: _____
Was your job designated as a safety sensitive function in any DOT regulated subject to drug and alcohol testing requirements of 49 CFR Part 40? Yes: _____ No: _____

Employer Name: _____
From: _____ month _____ year To: _____ month _____ year Salary: _____
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Address: _____ City: _____ State/Zip: _____
Contact Person: _____ Phone Number: _____
Were you subject to the FMCSR * while employed? Yes: _____ No: _____
Was your job designated as a safety sensitive function in any DOT regulated subject to drug and alcohol testing requirements of 49 CFR Part 40? Yes: _____ No: _____

Employer Name: _____
From: _____ month _____ year To: _____ month _____ year Salary: _____
Reason for leaving: _____
Address: _____ City: _____ State/Zip: _____
Contact Person: _____ Phone Number: _____
Were you subject to the FMCSR * while employed? Yes: _____ No: _____
Was your job designated as a safety sensitive function in any DOT regulated subject to drug and alcohol testing requirements of 49 CFR Part 40? Yes: _____ No: _____

** The Federal Motor Carrier Safety Regulations (FMCSR) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when a vehicle: weighs or has a GVWR of 10,001 pounds or more; is designed or used to transport 9 or more passengers; or is of any size and is used to transport hazardous materials in a quantity requiring placarding.*

Driving Experience

Accident Record (past 3 years)

Last Accident Date: _____ Nature of Accident: _____
Location of Accident: _____ # of Fatalities _____ # of Injuries _____
Next Accident Date: _____ Nature of Accident: _____
Location of Accident: _____ # of Fatalities _____ # of Injuries _____
Next Accident Date: _____ Nature of Accident: _____
Location of Accident: _____ # of Fatalities _____ # of Injuries _____

Traffic Convictions

(convictions and forfeitures in past 3 years)

Location: _____ Date: _____ Charge: _____ Penalty: _____
Location: _____ Date: _____ Charge: _____ Penalty: _____
Location: _____ Date: _____ Charge: _____ Penalty: _____

Equipment Operated

Describe: (Tractor/Semi Trailer, tank, van, flat, dump, etc) _____
Years Operated: _____ Approximate Total # of Miles: _____
Describe: (Tractor/Semi Trailer, tank, van, flat, dump, etc) _____
Years Operated: _____ Approximate Total # of Miles: _____
Describe: (Tractor/Semi Trailer, tank, van, flat, dump, etc) _____
Years Operated: _____ Approximate Total # of Miles: _____

List all states operated in the last 5 years: _____
List special training for CDL: _____
Safe driving awards: _____
List special equipment or technical materials worked with: _____

Education

Highest Grade Completed: _____ School: _____
Years of College Completed: _____ School: _____
Year CDL School Completed: _____ School: _____

My signature certifies that this application was completed by me, and that all information I provide is true and complete to the best of my knowledge.

Applicant's Signature: _____ Date: _____

Alliance Transport, Inc.
1400 Ackerman, Ste. B
(210) 661-0900 Fax (210) 661-0911

Employment Verification

To: _____
Phone: (____) _____ Fax: (____) _____

The following individual has applied for a driving position with Alliance Transport Inc. In accordance with the Federal Motor Carrier Safety Regulations, please provide the following information:

Applicant's Name: _____

SS#: _____ - _____ - _____ **Date:** _____

Applicant listed dates of employment with you as: ____/____/____ to ____/____/____

as a _____. Are the dates correct? Yes No

If not correct, please provide actual dates of employment: ____/____/____ to ____/____/____

Did he/she drive a truck for your company? Yes No

What type of equipment? _____ OTR Local

Why did the applicant leave your company? _____

Is he/she eligible for rehire? Yes No

Was his/her safety record with you satisfactory? Yes No If not, please explain: _____

Did the applicant have any accidents? Yes No If yes, please describe: _____

Is there any reason that the applicant should not be considered eligible for employment as a Commercial Driver? Yes No If yes, please explain: _____

In the past three years, has the applicant:

Had an alcohol test with a result of 0.04 or greater? Yes No

Had a verified positive DOT Drug Test? Yes No

Refused to be tested for drugs or alcohol? Yes No

Requested in accordance with regulations of the Federal Highway Administration, title 49, sections 382, 405, 382 413, 383.35, 391 23 and 391.27

The name of the person providing this information: _____

Official Title: _____ Name of Company: _____

Applicant's Release: Please provide Alliance Transport, Inc. with any and all information that is requested in this form as well as any other information relevant to my qualifications as a commercial vehicle operator. You may provide information as to my character, school records, previous employment history, work record, driving and accident records, background, past Substance Abuse Test Results (or refusals), as well as any other information that pertains to my qualifications to operate a tractor-trailer in Interstate Commerce. I hereby release you and your company from any and all claims or causes of action for providing the requested information.

Signature: _____

Date: ____/____/____

1st Req: ____/____/20 @ ____: ____ am/pm

2nd Req: ____/____/20 @ ____: ____ am/pm

3rd Req: ____/____/20 @ ____: ____ am/pm

Alliance Transport, Inc.
BACKGROUND CHECK PERMISSION

I certify that I have read and understand all of this employment application. It is agreed that Alliance Transport, or its 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 Alliance Transport, Inc., its agents 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 Alliance Transport, Inc., 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/or 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 Alliance Transport, Inc. and for no other reason.

It is agreed and understood that under the Fair Credit Reporting Act, Public Law 97-508, 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 employment file.

I also understand that misrepresentation or omission of information or facts may result in my rejection or dismissal. If hired, I agree to abide by all the rules and policies of Alliance Transport, Inc.

My signature below certifies that I completed this application and that all entries on it and all information in it are complete and true, to the best of my knowledge.

Signature of Applicant

Date

Signature of Witness

Date

GENERAL CONSENT AND RELEASE TO BE DRUG AND/OR ALCOHOL TESTED

I, _____ hereby authorize Alliance Transport, Inc. to conduct any and all drug and/or alcohol tests on me as required by regulations of the United States Department of Transportation and the terms and conditions of the Company's drug and alcohol abuse policy, whose terms and conditions I have read and understand and have consented to abide by. In furtherance of this, I hereby authorize the medical or health care facility designated by the Company, its physicians, nurses, and technicians, to withdraw specimens of my urine and/or blood for the purpose of determining the illegal presence, content and quantity of controlled substances in my body. I also authorize the medical or health care facility and its trained breath alcohol technicians to take specimens of my breath for the purpose of determining the illegal presence and content of alcohol in my body.

In executing this Consent and Release, I understand and agree that my drug and/or alcohol test results must be disclosed to my Company's Medical Review Officer (in the event of a drug test) and the Company, its physicians, nurses, technicians, and any other of its employees or agents properly involved with my tests from any and all claims or causes of actions which may result from the disclosure of those test results.

I hereby further consent and agree to waive any physician/patient privilege that may otherwise exist with respect to the confidentiality of my drug test results.

_____/_____/20_____
Date

Drivers' Name (print)

Driver's Signature

Witness

Name and Title