



1121 Digiorgio Rd., Fort Pierce, FL 34982  
Office (772)-781-4804 Fax (772) 600-0350

## **All DRIVER APPLICANTS:**

**Thank you for considering TentLogix Inc. as a possibility for employment. Attached is our Drivers Application Please fill out COMPLETELY. NO SPACE SHOULD BE LEFT BLANK. Your application will NOT be considered if it is not completed in its' entirety.**

**Please either fax your application to the above number, or bring to the Ft. Pierce office human resources department.**

**If you are hired at TentLogix, regardless if it is seasonal part time, or on a full time basis, you are required to provide the following before beginning work:**

- **Current FL Driver's License**
- **Clean MVR with no accidents**
- **Current DOT Medical Card**
- **fill out a W-4 form** (IRS Tax withholding form)
- **I-9 Form** (Department Of Homeland Security- to show you are eligible to work in the United States)

**Please make sure your application is complete, legible and your contact information is current.**

**Thank You for your interest in our company.**

**TentLogix, Inc. Human Resource Dept.**



## APPLICATION FOR DRIVERS

**You Must answer every question. If any question does not apply to you, answer with Not Applicable (NA).**

In compliance with local, state, and federal equal employment opportunity laws, qualified applicants are considered for all positions without regard to age, race, color, sex, sexual orientation, marital status, veteran status, or non-job related disability. Please advise in advance if you need any type of special accommodation to complete this application form or need to take any pre-employment test.

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

Circle type of driver operation desired: LOCAL REGIONAL OVER THE ROAD

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
Last First Middle Initial

Address \_\_\_\_\_ How Long: \_\_\_\_\_  
Street City State/ Zip Code

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_  
If you were at above address less than three years, list your previous address.

Address \_\_\_\_\_ How long: \_\_\_\_\_  
Street City State

Date of Birth \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Can you provide proof of age? Yes  No   
(Required for driving position)

Are you prevented from being lawfully employed in the U.S. because of your visa or immigration status?  
Yes  No

Have you worked for this company before? Yes  No

Are you employed now? Yes  No  If No, how long since leaving last employment? \_\_\_\_\_

Have you ever been fired or asked to resign by an employer? Yes  No

Have you ever been convicted of a misdemeanor or felony? Yes  No

(Answering this question in an affirmative answer does not necessarily preclude a hiring decision)

If yes to the above question, provide details \_\_\_\_\_  
\_\_\_\_\_

Who referred you? \_\_\_\_\_ Rate of pay expected \_\_\_\_\_

Any Days You Can **NOT** work \_\_\_\_\_

## Employment History

§391.21 (b)(10) A list of the names and addresses of the applicant's employers during the 3 years preceding the date the application is submitted, together with the dates he/she was employed by, and his/her reason for leaving the employ of, each employer; (b)(11) For those drivers applying to operate a commercial motor vehicle as defined by Part 383 of this subchapter, a list of the names and addresses of the applicant's employers during the 7 year period preceding the 3 years contained in paragraph (b)(10) of this section 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. *(attach another sheet if more space is needed)*

**A total of 10 years work history is required. All gaps in time must be shown.**

### Current or most recent employer

Business Name	Employment Dates Start Date: _____ End Date: _____
Address	Position _____ Salary _____
City State Zip	Were you ever employed in a safety sensitive function subject to DOT Drug & Alcohol testing? YES <input type="checkbox"/> NO <input type="checkbox"/>
Phone No. _____ May We Contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	Were you subject to Federal Motor Carrier Safety Regulations? YES <input type="checkbox"/> NO <input type="checkbox"/>
Name Of Supervisor	Reason For Leaving

### Next previous employer

Business Name	Employment Dates Start Date: _____ End Date: _____
Address	Position _____ Salary _____
City State Zip	Were you ever employed in a safety sensitive function subject to DOT Drug & Alcohol testing? YES <input type="checkbox"/> NO <input type="checkbox"/>
Phone No. _____ May We Contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	Were you subject to Federal Motor Carrier Safety Regulations? YES <input type="checkbox"/> NO <input type="checkbox"/>
Name Of Supervisor	Reason For Leaving

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Address	Position _____ Salary _____
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Phone No. _____ May We Contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	Were you subject to Federal Motor Carrier Safety Regulations ? YES <input type="checkbox"/> NO <input type="checkbox"/>
Name Of Supervisor	Reason For Leaving

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Phone No. _____ May We Contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	Were you subject to Federal Motor Carrier Safety Regulations? YES <input type="checkbox"/> NO <input type="checkbox"/>
Name Of Supervisor	Reason For Leaving



## Fair Credit Reporting Act - Disclosure

### To Be Completed By Driver / Applicant

In accordance with the provisions of Section 604(b)(2)(A) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter 1, of the Public Law 104-208). You are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record will be obtained on you for employment purposes with this company TentLogix, Inc.

These reports are required by sections 382.413, 391.23, and 391.25 of the Federal Motor Carrier Safety Regulations

Drivers Last Name (printed)

First Name

Middle Initial

Social Security Number

\_\_\_\_\_  
Drivers Signature

\_\_\_\_\_  
Date

**PREVIOUS EMPLOYEE PRE-EMPLOYMENT DRUG & ALCOHOL TESTING STATEMENT**

1. Have you ever failed a D.O.T. Drug and/or Alcohol Test? Yes  No
2. Have you ever refused to take a D.O.T. Drug and/or Alcohol Test? Yes  No
3. Have you ever violated any other D.O.T. Drug and/or Alcohol Regulations? Yes  No
4. If the answer is yes to the above questions, provide details, attach second sheet if necessary
5. In the past two years have you tested positive, or refused to test, on any pre-employment drug or alcohol test, but did not get hired for a safety sensitive position as a result of the refusal or failure? Yes  No
6. If yes to any of the above questions, please provide proof that you have successfully completed the SAP Evaluation, recommended treatment, return to duty testing and follow up testing . (Attach another sheet if necessary)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
DATE

**Accident record for past 3 years or more (attach sheet if more space is needed)**

Last Accident:	_____ Date	_____ Nature of Accident	_____ Fatalities	_____ Injuries
Next Previous:	_____ Date	_____ Nature of Accident	_____ Fatalities	_____ Injuries
Next Previous:	_____ Date	_____ Nature of Accident	_____ Fatalities	_____ Injuries

**Traffic convictions and license forfeitures for the last 3 years (other than parking violations)**

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

Drivers License    \_\_\_\_\_  
                                  State    Class    License # (Any Endorsements)    Expiration Date

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

No  Yes ...explain \_\_\_\_\_

Has any license, permit, or privilege ever been suspended or revoked?

No  Yes ...explain \_\_\_\_\_

Have you ever been disqualified from driving subject to CFR49 Section 391 of the Federal Motor Carrier Regulations?

No  Yes ...explain \_\_\_\_\_

## Driving Experience: (Class of Equipment)

Straight Truck: \_\_\_\_\_  
Type of Equipment (Van, Tanker, Flatbed, Reefer etc.)    Dates - From    To    # Of Miles (Total)

Tractor Trailer: \_\_\_\_\_  
Type of Equipment (Van, Tanker, Flatbed, Reefer etc.)    Dates - From    To    # Of Miles (Total)

Other \_\_\_\_\_  
Type of Equipment (Van, Tanker, Flatbed, Reefer etc.)    Dates - From    To    # Of Miles (Total)

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List courses and training other than shown elsewhere in this application: \_\_\_\_\_

List special equipment or technical materials you can work with: \_\_\_\_\_

## 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

## APPLICANT'S STATEMENT

In connection with my application to the company, I understand that the Fair Credit Reporting Act, Public Law 91-508 & 104-208 requires that I be advised that routine inquiry may be made during the company's initial or subsequent processing which will provide applicable information concerning character and general reputation. I also understand that investigative background inquiries as required by the Federal Motor Carrier Safety Regulations 391.23 may be made on me including previous employers, along with schools, consumer credit, criminal convictions, motor vehicle records, and other reports.

These reports will include information as to my character, work habits, performance, education, compensation, and experience along with reasons for termination of employment from previous employers. Furthermore, I understand that the company may be requesting information from various federal, state, and other agencies which maintain records concerning my past activities relating to my driving, credit, criminal, civil, and other experiences as well as claims involving me in the files of insurance companies. I authorize without reservation, any party or agency contacted to furnish the above mentioned information and release all parties involved from liability and responsibility for doing so. This authorization and consent shall be valid in original, fax, email, other electronic form, or copy form.

I release and agree to hold harmless any individual, company, business institution or government agency from all liability with regard to furnishing information to this company. I agree to release and hold harmless this company from all liability with respect to the receipt of such information.

I certify that this application was only completed by me, and that all entries on it and the information I have furnished on this application form is true and complete. I authorize you to make such investigations and inquiries of my personal, employment, financial, or medical history. (Generally, inquiries regarding medical history will be made only and if 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 false or misleading information given in my application or in interview(s) may result in discharge. I understand also, that I am required to abide by all rules and regulations of the Company if a conditional offer of employment is made.

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. I understand that pursuant to 49CFR 391.23 I have a right to: Review information provided by current previous employers; have errors in the information corrected by previous employers and those previous employers to resend 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.

Applicants Signature

Date



## **Pre-Employment Urinalysis Notification**

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The Federal Motor Carrier Safety Regulations, Part 382.301, pre-employment testing requirements apply to driver applicants of our company.

382.301 Pre-Employment testing requirements include the following:

- (a) A motor carrier shall require a driver applicant, who the motor carrier intends to hire, to be tested for the use of controlled substances as a pre-qualification condition.
- (b) A driver applicant shall submit to a controlled substance test as a pre-qualification process.
- (c) Prior to collection of a urine sample under 382.113 of this subpart, a driver applicant shall be notified that the sample will be tested for the presence of controlled substances.

As a condition of my employment, I agree to the urine sample collection and controlled substance testing. I understand a positive test for controlled substances based on the urinalysis test will medically disqualify me from the operation of a commercial motor vehicle for this company. The Medical Review Officer will maintain the results of the urinalysis test. Negative and positive test results will be reported to the company.

My written authorization is required for the urinalysis test results to be given to other parties. I have read and understand the above conditions for the Pre-Employment Urinalysis Notification.

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Applicant Name ( PRINTED )

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Applicant Signature

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Date of Signature

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Manager Signature

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Date of Signature



1121 Digiorgio Rd. Ft. Pierce, FL 34982  
Office (772) 781-4804

### Request for Driving Record

#### Driver Applicant's Release

I authorize you to release the following information to **TentLogix, Human Resources** for the purpose of investigation as required under Section 391.23 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information.

\_\_\_\_\_  
Driver / Applicant's Signature

\_\_\_\_\_  
Date

#### Requester's Statement

1. As specified in Section 604 and Section 607 of the Fair Credit Reporting Act, Public Law # 91-508, I hereby certify that the information you provide regarding the applicant's driving record for the last 3 years will be used for the "permissible purposes" as defined in the Act, and that the information received will be used for no other purpose.

2. I further certify, that if the applicant named below is denied employment based upon the information received, I will identify the source of the report in accordance with Section 615 (a) of the Fair Credit Reporting Act.

\_\_\_\_\_  
Requester's Signature

\_\_\_\_\_  
Date

To Whom it May Concern:

The below named individual has made application to this company for a Driver position. As in accordance with Section 391.23, FMCSR, please furnish the undersigned with the applicant's driving record for the past 3 years.

\_\_\_\_\_  
Applicant's Name

DL #	State	Social Security Number	Date of Birth
Address	City	State	Zip
Previous Address	City	State	Zip

Co Providing Information:

Email Address: [HR@Tentlogix.com](mailto:HR@Tentlogix.com)

Contact Name: **MICHELLE POUCH**

Title: **HR MANAGER**

Signature: \_\_\_\_\_

VSR-DQF012 MAR, 05





### Driver Notification of Rebuttal

As a driver with DOT Regulated employment, we are required to notify you of the following rights regarding the investigative information that will be provided to the prospective employer pursuant to 391.23 (d)(e).

You have:

- (i) The right to review information provided by previous employers;
- (ii) 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;
- (iii) 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;

*Please refer to 391.23(j) for further information regarding rebuttals.*

You must submit a written request to the prospective employer, which may be done at any time, including when applying or as late as 30-days after being employed or being notified of denial of employment.

The employer has 5 business days of receiving the written request or receiving the previous employment information. If the driver does not arrange pick-up or receive the requested record within 30-days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived his/her request to review the records.

\_\_\_\_\_  
Applicant Name ( PRINTED )

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

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

\_\_\_\_\_  
Manager Signature

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