

Minimum Driver Eligibility Requirements:

1. A minimum age of twenty-three (23) years.
2. A minimum of one (1) year verifiable over-the-road experience, as a driver of a commercial motor vehicle (tractor/trailer) within the previous ten (10) years of the date of the application.
3. No bulk experience required.
4. Each applicant will attend and satisfactorily complete our Driver New Hire Safety Training School.
5. Each applicant must be capable of reading, writing and speaking the English language fluently.
6. Possess one (1) valid Commercial Driver's License (CDL) for combination vehicles with endorsements for tanker and hazardous materials.
7. No record of a driving license suspension or revocation for any reason, during the thirty six (36) month period prior to the order date of the motor vehicle record.
8. No previous positive controlled Substance test results or positive Alcohol test result under the Federal Motor Carrier Safety Regulations for the past 10 years.
9. No record of citations or convictions for more than two (2) motor vehicle violations in any type of vehicle during the thirty-six (36) month period prior to the order date of the MVR.
10. No record of involvement in more than one (1) at fault traffic accident and more than two (2) motor vehicle violations during the thirty-six (36) month period prior to the order date of the MVR.
11. No speeding violation in excess of 12 mph over the posted limit during the thirty-six (36) month period prior to the order date of the MVR.

If Eligible. Application Requirements:

1. All forms must be completed or the application will be unable to be processed.
2. A copy of your CDL, TWIC and work eligibility documents (such as: Social Security Cards / Passport etc) must be provided.
3. 10 years of previous employment must be provided and all dates must be accounted for. No gaps without explanation will be acceptable.
4. Independent Contractors (IC) will have a \$2,000 Escrow. The escrow will be deducted @ \$100.00 per settlement for the first twenty settlements. Escrow reimbursement will be made after any or all damage, taxes or IC expense is settled.
5. IC tractors are to be equipped with a 3" gear pump, hose rack and air compressor. Hydraulics optional.
6. IC must provide:
 - a. Copy of valid 2290 (Highway Use Tax)
 - b. Bill of Sale (no older than 60 days) or Copy of Title
 - c. Proof of Insurance (Physical Damage, Bobtail, Work Comp / Occ Acc)



Date:

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PLEASE PRINT IN BLUE OR BLACK INK. Complete all questions and sections (if applicable) or your application will be deemed incomplete and may not be considered. You may attach your resume for review but all sections of the application must still be completed.

GENERAL

Position(s) of Interest:		First Name:		M.I.:	Last Name:	
Street Address:			City:		State:	Zip Code:
How did you hear about us?		Previous name(s) used (school / employment):		Email Address:		
Have you ever worked for our company before? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, when? _____ Position? _____ Reason for leaving? _____						
Social Security Number:		Date of Birth:		Home/Mobile Phone #:	Work #:	Pay Rate Expected:
Emergency #:		Contact Name:		Relationship:		
Are you eligible to work in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/>		List States you've lived in over the past three (3) years:				
Have you ever been convicted of a crime other than a minor traffic offense? <small>Note: A conviction record of a crime or violation will not necessarily be a bar to employment. Factors such as job relations, age and time of offense, seriousness and nature of violation will be taken into account.</small> Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain: _____				Do you meet the minimum age requirement (23)? Yes <input type="checkbox"/> No <input type="checkbox"/> Can you provide proof of age? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Have you ever been convicted of / or have a pending DWI / DUI?		Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, when? _____		
Are you related to any current employee at this company?		Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, what is their name and relation to you? _____		
List any reason that you might be unable to perform the functions of your job for which you have applied:						

DRIVER LICENSES

State	License #	Type	Expiration Date

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

**** IF THE ANSWER TO EITHER OF THE ABOVE QUESTIONS IS YES, ATTACH STATEMENT GIVING DETAILS****

ACCIDENT RECORDS FOR PAST 3 YEARS

Date of Accident	Nature of Accident (Head-On, Rear-End, Upset, Etc.)	Fatalities	Injuries

TRAFFIC CONVICTIONS AND FORFEITURES for the past 3 years (other than parking violations)

Date of Violations	Location	Type of Violation	Penalty Assessed

By submitting this application for employment, I certify that all answers given by me are true, accurate and complete and I authorize investigation of all statements contained herein, and I understand and agree that the falsification, misrepresentation or omission of fact(s) on this application (or any other accompanying or required documents) will be cause for denial of employment or immediate termination of employment, regardless of when or how discovered. This application is not an offer of employment or contract.

Signature of Applicant: _____ **Interviewers Initials:** _____



Date:

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All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. Applicants to drive a commercial motor vehicle* in intrastate or interstate commerce shall also provide an additional 7 years' information on those employers for whom the applicant operated such vehicle. (NOTE: List employers starting with the most recent. Add another sheet if necessary.)

EMPLOYMENT HISTORY

Start Date	End Date	Company Name & Address	Salary	Supervisor Name & #	Responsibilities / Duties	Reason for Leaving
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Applicant was subject to FMCSRs (DOT) while employed: Yes No

Job was designated as a safety sensitive function subject to alcohol & controlled substance testing requirements as required by 49 CFR Part 40: Yes No

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Applicant was subject to FMCSRs (DOT) while employed: Yes No

Job was designated as a safety sensitive function subject to alcohol & controlled substance testing requirements as required by 49 CFR Part 40: Yes No

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Applicant was subject to FMCSRs (DOT) while employed: Yes No

Job was designated as a safety sensitive function subject to alcohol & controlled substance testing requirements as required by 49 CFR Part 40: Yes No

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Applicant was subject to FMCSRs (DOT) while employed: Yes No

Job was designated as a safety sensitive function subject to alcohol & controlled substance testing requirements as required by 49 CFR Part 40: Yes No

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Applicant was subject to FMCSRs (DOT) while employed: Yes No

Job was designated as a safety sensitive function subject to alcohol & controlled substance testing requirements as required by 49 CFR Part 40: Yes No

DRIVING EXPERIENCE

Type of Tractor	Type of Trailer (Van / Flat / Tank etc.)	Dates		Approx. Miles
		To	From	
Straight Truck	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tractor & Semi- Trailer	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tractor – Two Trailers	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other (Specify)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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	<input type="text"/>	City & State	<input type="text"/>	<input type="text"/>

OTHER QUALIFICATIONS – *Not already listed on the application*

List other courses and training:	<input type="text"/>
List additional transportation or other experience related to the job / company:	<input type="text"/>
List special equipment or technical materials you can work with:	<input type="text"/>

By submitting this application for employment, I certify that all answers given by me are true, accurate and complete and I authorize investigation of all statements contained herein, and I understand and agree that the falsification, misrepresentation or omission of fact(s) on this application (or any other accompanying or required documents) will be cause for denial of employment or immediate termination of employment, regardless of when or how discovered. This application is not an offer of employment or contract.

Signature of Applicant: _____

Interviewers Initials: _____

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 **Coal City Cob Company, Inc.** ("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 **Coal City Cob Company, Inc.** ("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.



Date

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 FMCSA 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.



**CERTIFICATION of COMPLIANCE
W / DRIVER LICENSE REQUIREMENTS**

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Date: _____

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Motor Carrier Instructions: The requirements in Part 383 apply to every driver who operates in intrastate, interstate, or foreign commerce and operates a vehicle weighing 26,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

The requirements in Part 391 apply to every driver who operates in interstate commerce and operates a vehicle weighing 10,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

Driver Requirements: Parts 383 and 391 of the Federal Motor Carrier Safety Regulations contain some requirements that you as a driver must comply with. These requirements are in effect as of July 1, 1987. They are as follows:

1. **POSSESS ONLY ONE LICENSE:** You, as a commercial vehicle driver, may not possess more than one motor vehicles operator's license.
2. **NOTIFICATION OF LICENSE SUSPENSION, REVOCATION OR CANCELLATION:** Sections 392.42 and 383.33 of the Federal Motor Carrier Safety Regulations require that you notify your employer the NEXT BUSINESS DAY of any revocation or suspension of your driver's license. In addition, Section 383.31 requires that any time you violate a state or local traffic law (other than parking), you must report it within 30 days to: 1) your employing motor carrier, and 2) the state that issued your license. The notification to both the employer and state must be in writing.

The following license is the only one I will possess:

Driver's License No: _____ State: _____ Exp. Date: _____

DRIVER CERTIFICATION & AUTHORIZATION TO REQUEST DRIVING RECORD: I certify that I have read and understood the above requirements. I further authorize Coal City Cob Co. Inc. to check my driving record for purposes of investigation as required by Section 391.23 of the Federal Motor Carrier Safety Regulations and I release the company from any and all liability which may result from furnishing such information.

Driver's Name (Printed) : _____

Driver's Signature: _____ Date: _____

Driver's Address: _____
(Number & Street) (City) (State) (Zip)

Former Address: _____
(Number & Street) (City) (State) (Zip)

Date of Birth: _____ SSN: _____ Position Applied for: _____

Notes: _____

FAIR CREDIT REPORTING ACT: In accordance with the provisions of Sections 604 and 607 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 Public Law 104-208), the company certifies the following:

1. The consumer (applicant) has authorized in writing the procurement of this report;
2. The consumer (applicant) has been informed in a separate written disclosure that a consumer report may be obtained for employment purposes;
3. The information requested below will be used for a "permissible purpose" (i.e., information for employment purposes) and will be used for no other purpose;
4. The information being obtained will not be used in violation of any federal and state equal opportunity law or regulation; and
5. Before taking an adverse action based in whole or in part on the report the consumer (applicant) will receive a copy of the requested report and the summary of consumer rights as provided with the report by the consumer reporting agency.

The company also certifies that this report request and the above applicant's release notice meet the definition of "permissible" uses of state motor vehicle records under the provisions of the Driver's Privacy Protection Act of 1994 (Public Law 103-322, Title XXX, Section 300003 (a)).

REQUEST FOR RECORDS: The applicant listed on this form has applied with our company; therefore, please furnish the applicants driving record for the past 3 years.

TO:
TAS Insurance LLC
/Avant Brokerage
255 NW Blue Parkway, Suite 102
Lee's Summit MO 64063
Fax: 888-972-7831
Email: avantbrokerage.com

Company HR & Safety Signature: _____ Date: _____



REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER

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Date: _____

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I hereby authorize you to release the following information to Coal City Cob Co. Inc. for the purpose of investigation as required by Section 391.23, 40.25 and 40.321(b) of the Federal Motor Carrier Safety Regulations. I further authorize release of information concerning my Alcohol and Controlled Substance Testing records. You are released from any and all liability which may result from furnishing such Information.

Applicant (Driver) Signature: _____

Date: _____

Previous Employer: _____

From: **Coal City Cob Company, Inc.**
4300 I-35E North
Waxahachie, Texas 75165

Phone: 1 - 800 - 872 - 5412
Fax: 1 - 972 - 923 - 7555

The below named individual has made an application to work with Coal City Cob Co. Inc. for a position as _____ and states that he/she was employed by you. We appreciate your time in completing, in confidence, the information requested below. Thank you for your time and courtesy.

Applicant Name: _____

SSN: _____

TO BE COMPLETED BY PREVIOUS EMPLOYER

- 1. Hire Date: _____
- 2. Term Date: _____
- 3. Salary at the time employment ended: _____
- 4. Did he/she drive a motor vehicle for your company? _____
 - a. Straight Truck? _____
 - b. Tractor-Semi Trailer? _____
 - c. Bus? _____
 - d. Other? _____
- 5. Did he/she transport a tank for you? _____ Operate a product pump? _____
- 6. Was he/she a safe and efficient driver? _____
- 7. Reason for leaving:
 - a. Discharged: _____
 - b. Resignation: _____
 - c. Lay Off: _____
 - d. Military Duty: _____
- 8. Was his / her general conduct satisfactory? _____
- 9. Please advise history of past driving record if available for past three years: _____

- 10. Has this person ever tested positive for controlled substance(s) in the last two years? Yes No
- 11. Has this person ever had an alcohol test with a Breath Alcohol Concentration 0.04 or greater in the last two years? Yes No
- 12. Has this person ever refused a required test for drug or alcohol in the last two years? Yes No

If YES to any of the above questions (10 – 12), please give the SAP's (Substance Abuse Professional) name, address, and phone number for further reference.

Name: _____
Address: _____
Phone: _____

Completed by Signature: _____

Date: _____