



Reliable Carriers, Inc.
P.O. Box 288, Manchester, TN 37349-0288

Phone: (931) 728-9995
 WATS: 800-476-8816
 Fax: (931) 728-9993

APPLICATION FOR QUALIFICATION

(A) Company: **Reliable Carriers, Inc.**
 City, State, Zip Code: **Manchester, TN 37349-0288**
 Phone: **(931) 728-9995**

Street Address: **P.O. Box 288**
 Fax: **(931) 728-9993**

The purpose of this application is to determine whether or not the applicant is qualified to operate motor carrier equipment according to the requirements of the Federal Motor Carrier Safety Regulations and the Company names above.

INSTRUCTIONS TO APPLICANT

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

*The Age Discrimination of Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age.

Date: _____ Check One: Contractor _____ Driver _____

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

Phone Number: (____) _____ - _____ Cell Phone Number: (____) _____ - _____

*Age: _____ Date of Birth: ____/____/____ Social Security Number: _____ - _____ - _____

Physical Exam Expiration Date: _____

Current and 3 years Previous Addresses:

 (Street) (City) (State) (Zip Code) From ____/____ To ____/____
 (Mo/Yr) (Mo/Yr)

 (Street) (City) (State) (Zip Code) From ____/____ To ____/____
 (Mo/Yr) (Mo/Yr)

 (Street) (City) (State) (Zip Code) From ____/____ To ____/____
 (Mo/Yr) (Mo/Yr)

 (Street) (City) (State) (Zip Code) From ____/____ To ____/____
 (Mo/Yr) (Mo/Yr)

EDUCATION AND EMPLOYMENT HISTORY

Please circle the highest grade completed: Grade School: 1 2 3 4 5 6 7 8 9 10 11 12
 College: 1 2 3 4 Post-Graduate: 1 2 3 4

In case of Emergency notification: Name: _____
 Relationship: _____ Phone: (____) _____ - _____



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APPLICATION FOR QUALIFICATION (cont.)

(C) Give a Complete Record of all employment for the past three years, including any unemployment or self-employment, and all commercial driving experience for the past 10 years.

PRESENT OR LAST EMPLOYER:

From: (Mo/Yr) To: (Mo/Yr) Name: Address: (Street) (City) (State/Zip)
Position Held: Phone Number: () -
Reason For Leaving:

NEXT PREVIOUS EMPLOYER:

From: (Mo/Yr) To: (Mo/Yr) Name: Address: (Street) (City) (State/Zip)
Position Held: Phone Number: () -
Reason For Leaving:

NEXT PREVIOUS EMPLOYER:

From: (Mo/Yr) To: (Mo/Yr) Name: Address: (Street) (City) (State/Zip)
Position Held: Phone Number: () -
Reason For Leaving:

NEXT PREVIOUS EMPLOYER:

From: (Mo/Yr) To: (Mo/Yr) Name: Address: (Street) (City) (State/Zip)
Position Held: Phone Number: () -
Reason For Leaving:

NEXT PREVIOUS EMPLOYER:

From: (Mo/Yr) To: (Mo/Yr) Name: Address: (Street) (City) (State/Zip)
Position Held: Phone Number: () -
Reason For Leaving:

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From: (Mo/Yr) To: (Mo/Yr) Name: Address: (Street) (City) (State/Zip)
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Reason For Leaving:



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APPLICATION FOR QUALIFICATION (cont.)

(D) DRIVING EXPERIENCE

Class of Equipment	Dates		Approximate # of Miles (Total)
	From	To	
STRAIGHT TRUCK			
TRACTOR AND SEMI-TRAILER			
TRACTOR—TWO TRAILERS			
OTHER			

- (E) List states operated in for the last 5 years: _____
- (F) List special courses / training completed (PTD/DDC, Haz Mat, etc.): _____
- (G) List any Safe Driving Awards you hold and from whom: _____
- (H) Accident Report for past 3 years (attach sheet if more space is needed)

Date of Accident	Nature of Accidents (head on, rear end, upset, etc.)	Location of Accident	# of Fatalities	# of People Injured

(I) Traffic Convictions and Forfeitures for past 3 years (other than parking violations)

Date	Location	Charge	Penalty

(J) Driver's License (list each driver's license held in the past 3 years)

State	License #	Type	Endorsements	Expiration Date

- (A) Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES ___ or NO ___
- (B) Has any license, permit, or privilege ever been suspended or revoked? YES ___ or NO ___
- (C) Have you ever tested positive or refused a DOT drug or alcohol pre-employment test within the past two years from an employer who did not hire you? YES ___ or NO ___
- (D) Have you ever been convicted of a felony? YES ___ or NO ___
- (E) Have you ever filed a workers' compensation claim? YES ___ or NO ___

(K) If the answer to A, B, C, D or E is "YES", give details: _____



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APPLICATION FOR QUALIFICATION FOR LICENSE

(L) PERSONAL REFERENCES

List 3 persons for reference, other than family members, who have knowledge of your safety habits.

Name: _____ (Street) (City/State) (Zip Code) Phone: _____

Name: _____ (Street) (City/State) (Zip Code) Phone: _____

Name: _____ (Street) (City/State) (Zip Code) Phone: _____

TO BE READ AND SIGNED BY APPLICANT

It is agreed and understood that any misrepresentation given on this application shall be considered an act of dishonesty.

It is agreed and understood that the motor carrier or his agents may investigate the applicant's background to ascertain any and all information of concern to applicant's record, whether same is of record or not, and applicant releases employers and persons named herein from all liability for any damages on account of his furnishing such information.

It is also agreed and understood that under the Fair Credit Reporting Act, Public Law 91-508, I have been told that this investigation may include an investigating 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 application file.

It is agreed and understood that this application for qualification in now way obligates the motor carrier to employ or hire the applicant.

It is agreed and understood that if qualified and hired, I may be on a probationary period during which time I may be disqualified without recourse.

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

(M) _____
Applicant's Signature Date

ENTER ANY ADDITIONAL REMARKS, EXPLANATIONS, ETC. ABOUT YOUR QUALIFICATIONS HERE:



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APPLICATION FOR QUALIFICATION (cont.)

Print Full Name: _____ Date: _____
 Address: _____ DOB: _____
 Phone: (____) ____-____ Social Security #: ____-____-____

(A) How many years of Tractor/Trailer experience have you had? _____
 Can you prove your previous work experience? YES ____ or NO ____
 Has your driver's license EVER been suspended, revoked, or restricted? YES ____ or NO ____
 If Yes, explain: _____
 Commercial Driver's License (CDL)? YES ____ or NO ____ Which state? _____ License #: _____
 List any endorsements to your CDL: _____

Check the make of tractor(s) driven:

_____ IHC/Navistar	Cab Over _____	or Conventional _____
_____ Kenworth	Cab Over _____	or Conventional _____
_____ Freightliner	Cab Over _____	or Conventional _____
_____ Peterbilt	Cab Over _____	or Conventional _____
_____ Ford	Cab Over _____	or Conventional _____
_____ Other:	_____	

(B) Check the type of transmission(s) familiar with:

_____ 4 x 4 (16 speed)	_____ 5 speed	_____ Fuller 913 (13 speed)
_____ 10 speed	_____ RT 910	_____ 5 speed main—3 speed aux.
_____ Fuller 12513 (13 speed)	_____ 6 speed	_____ Other: _____
_____ Triplex (15 speed)	_____ 9 speed	

Check the type of trailer(s) pulled:

_____ Regular Van	_____ Reefer Unit	_____ Flatbed	_____ Drop Deck
_____ Grain	_____ Hopper	_____ Livestock	_____ Bulk Tanker
_____ Liquid Grain Tanker	_____ Other:	_____	

Check the commodities transported:

_____ LTL Freight	_____ Livestock	_____ Suspended Meat	_____ Reefer Products
_____ Dairy Products	_____ Grain	_____ Feed	_____ Steel
_____ Lumber	_____ Heavy Equip.	_____ Sand/Gravel	_____ Household Goods
_____ Petroleum	_____ Haz. Mat.	_____ Other:	_____



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(C) Check states operated in:

AL ___	AZ ___	AR ___	CA ___	CO ___	CT ___
DE ___	FL ___	GA ___	ID ___	IL ___	IN ___
IA ___	KS ___	KY ___	LA ___	ME ___	MD ___
MA ___	MI ___	MN ___	MS ___	MO ___	MT ___
NE ___	NV ___	NH ___	NJ ___	NM ___	NY ___
NC ___	ND ___	OH ___	OK ___	OR ___	PA ___
RI ___	SC ___	SD ___	TN ___	TX ___	UT ___
VT ___	VA ___	WA ___	WV ___	WI ___	WY ___
Canada:	Alberta ___	B.C. ___	Ontari. ___	Queb. ___	Mant. ___

(D) List MOST RECENT motor carriers driven for:

Name	City, State	Company Driver?	Owner Operator?	How Long?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

(E) List ALL accidents and traffic violations for past three years:

Mo./Yr.	Location	Type/Circumstance	Car?	Truck?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____



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CONFIDENTIAL
Faxed or Mailed Inquiry to Past Employer

(A) TO: _____ (Former Employer—Name, City, State) _____ (Date, Time)

I hereby authorize this company to release all records of employment, including assessments of my job performance, ability, and fitness (including dates of any and all alcohol or drug tests, those confirmed results, and/or my refusal to submit to any alcohol or drug tests and any rehabilitation completion under direction of SAP/MRO) to each and every company (or their authorized agents) which may request such information in connection with my application for employment with said company. I hereby release this company, and its employees, officers, directors, and agents from any and all liability of any type as a result of providing the following information to the below mentioned person and/or company.

(B) ONLY * _____ (Applicant's Signature, Date) _____ (Witness Signature, Date)

Dear Personnel Manager:

The person named herein has applied to this company for employment in a safety-sensitive position. Your firm is listed by the applicant as a past employer. Will you kindly reply to this inquiry respecting this applicant. As you will note from the waiver stated above, all liability of you and the applicant has released your company. PLEASE BE FACTUAL. You may reply by facsimile to the fax number listed above/below. If this form was mailed to you, we have enclosed a stamped, self-addressed envelope for your convenience in replying by return mail.

(C) FROM: Pam Tawwater Title: Office Manager
Company: Reliable Carriers, Inc. Address: P.O. Box 288
City: Manchester State: TN Zip: 37349-0288
Phone: (931) 728-9995 Fax: (931) 728-9993

(D) Name of Applicant: _____ Social Security No: ___ / ___ / ___
Job Applying For: _____
• Did the applicant work for you as a _____ from ___ / ___ / ___ to ___ / ___ / ___?

(E) YES ___ or NO ___ If no, please explain: _____
• If employed as a driver, please answer the following:

(F) Company driver? ___ Owner / Operator? ___ Other? _____
Type of tractor operated: _____ Type of trailer pulled: _____
Other equipment operated: _____ Commodities transported: _____
General area of operation: _____
Accidents? YES ___ or NO ___ If yes, please give the date and a brief description of each accident: _____
Traffic Violations? YES ___ or NO ___ If yes, please list all including the date and type of violation: _____
License(s) suspended? YES ___ or NO ___ If yes, please list the date(s) of suspension: _____
Type of driver license: _____ State: _____ Number: _____
Any problems with bonding? YES ___ or NO ___ If yes, please explain: _____

• Why did this employee leave your company? _____
• Would you re-employ this person? YES ___ or NO ___ If no, please explain: _____



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CONFIDENTIAL (cont.)
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• INQUIRY FOR ALCOHOL AND CONTROLLED SUBSTANCES INFORMATION, PRECEDING 2 YEARS:

Alcohol tests with a result of 0.04 percent or greater? YES ___ or NO ___

If yes, please give date(s): _____

Verified positive controlled substances test results? YES ___ or NO ___

If yes, please give date(s): _____

Refusals to be tested? YES ___ or NO ___ If yes, please give date(s): _____

Rehab completed under direction of SAP/MRO? YES ___ or NO ___

If yes, please give date(s): _____

(G) Additional comments: (Any problems with customer relations, supervision, or abuse of equipment?) _____

Name / Title: _____ / _____
(Person providing the above information)

Date: ___ / ___ / ___

(H) Company: _____

MANDATORY USE FOR ALL ACCOUNT HOLDERS

**IMPORTANT NOTICE
REGARDING BACKGROUND REPORTS FROM THE PSP Online Service**

1. In connection with your application for employment with Reliable Carriers ("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.

The Prospective Employer cannot obtain background reports from FMCSA unless you consent in writing.


If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:


2. I authorize Reliable Carriers ("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 consenting to 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.


3. 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 am challenging 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.

4. Please note: 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 FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

I have read the above Notice Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this consent form, 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 NICT 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 provided in paragraphs 1-4 of this document to obtain an Applicant's consent. The language must be used in whole, exactly as provided. **The language may be included with other consent forms or language at the discretion of the account holder, provided the four paragraphs remain intact and the language is unchanged.**