

Application for Employment

The purpose of this application is to determine whether the applicant is qualified to operate Motor Carrier equipment according to the requirements of the Federal MCSR and the company named below.

TRIANGLE TRUCKING INC.
2250 Hein Ave.
Salina, KS 67401
785-827-5500 800-397-0075

ANSWER ALL QUESTIONS – LEAVE NO BLANK SPACES
IF THE ANSWER TO ANY QUESTION IS “NO” OR “NONE” THEN WRITE “NO” OR “NONE”
*** ANY INCOMPLETE APPLICATION WILL NOT BE PROCESSED ***

PRINT Name _____ Date _____
Last First Middle

Phone _____ Social Security # _____

Date of Birth _____ Height _____ Weight _____ Currently employed (circle) Yes No

U. S. Citizen (circle) Yes No

List your address of residency for the past three years

Present Address _____
Street City County State ZIP How long

Past Address _____
Street City County State ZIP How long

Past Address _____
Street City County State ZIP How long

In case of emergency, notify _____ Phone _____

Have you worked at Triangle Trucking before? _____ If so, when? _____

Have you worked under any other name? _____ If so, explain _____

Driver's license information

STATE _____ LICENSE NUMBER _____ TYPE _____ EXPIRATION DATE _____

DRIVING BACKGROUND

Are you a student or experienced? _____ How many years/months experience? _____

List states operated in for past five years _____

Driving school attended _____ Graduation date _____

Date of last D.O.T. physical? _____ Was this a school or company physical? _____

Which safe driving awards do you hold and from whom? _____

*Please include a copy of long form physical and current MVR

EMPLOYMENT HISTORY

All drive 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 motor vehicle* in intrastate or interstate commerce shall also provide an addition 7 years' information on those employers for whom the applicant operated such vehicle.

(NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary.)

EMPLOYER	DATE
NAME	FROM Month _____ Year _____
ADDRESS	TO Month _____ Year _____
CITY STATE ZIP	POSITION HELD
CONTACT PERSON PHONE NUMBER	SALARY/WAGE
WERE YOU SUBJECT TO THE FMCSRs** WHILE EMPLOYED? Yes _____ No _____	REASON FOR LEAVING
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? Yes _____ No _____	

EMPLOYER	DATE
NAME	FROM Month _____ Year _____
ADDRESS	TO Month _____ Year _____
CITY STATE ZIP	POSITION HELD
CONTACT PERSON PHONE NUMBER	SALARY/WAGE
WERE YOU SUBJECT TO THE FMCSRs** WHILE EMPLOYED? Yes _____ No _____	REASON FOR LEAVING
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? Yes _____ No _____	

EMPLOYER	DATE
NAME	FROM Month _____ Year _____
ADDRESS	TO Month _____ Year _____
CITY STATE ZIP	POSITION HELD
CONTACT PERSON PHONE NUMBER	SALARY/WAGE
WERE YOU SUBJECT TO THE FMCSRs** WHILE EMPLOYED? Yes _____ No _____	REASON FOR LEAVING
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? Yes _____ No _____	

EMPLOYER	DATE
NAME	FROM Month _____ Year _____
ADDRESS	TO Month _____ Year _____
CITY STATE ZIP	POSITION HELD
CONTACT PERSON PHONE NUMBER	SALARY/WAGE
WERE YOU SUBJECT TO THE FMCSRs** WHILE EMPLOYED? Yes _____ No _____	REASON FOR LEAVING
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? Yes _____ No _____	

*Includes vehicles having a GVWR of 26,001 pounds or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

**The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport 9 or more passengers, OR (3) is of any size and is used to transport hazardous materials in any quantity requiring placarding.

EMPLOYMENT HISTORY

All drive 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 motor vehicle* in intrastate or interstate commerce shall also provide an addition 7 years' information on those employers for whom the applicant operated such vehicle.

(NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary.)

EMPLOYER	DATE
NAME	FROM Month _____ Year _____
ADDRESS	TO Month _____ Year _____
CITY STATE ZIP	POSITION HELD
CONTACT PERSON PHONE NUMBER	SALARY/WAGE
WERE YOU SUBJECT TO THE FMCSRs** WHILE EMPLOYED? Yes _____ No _____	REASON FOR LEAVING
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? Yes _____ No _____	

EMPLOYER	DATE
NAME	FROM Month _____ Year _____
ADDRESS	TO Month _____ Year _____
CITY STATE ZIP	POSITION HELD
CONTACT PERSON PHONE NUMBER	SALARY/WAGE
WERE YOU SUBJECT TO THE FMCSRs** WHILE EMPLOYED? Yes _____ No _____	REASON FOR LEAVING
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? Yes _____ No _____	

EMPLOYER	DATE
NAME	FROM Month _____ Year _____
ADDRESS	TO Month _____ Year _____
CITY STATE ZIP	POSITION HELD
CONTACT PERSON PHONE NUMBER	SALARY/WAGE
WERE YOU SUBJECT TO THE FMCSRs** WHILE EMPLOYED? Yes _____ No _____	REASON FOR LEAVING
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? Yes _____ No _____	

EMPLOYER	DATE
NAME	FROM Month _____ Year _____
ADDRESS	TO Month _____ Year _____
CITY STATE ZIP	POSITION HELD
CONTACT PERSON PHONE NUMBER	SALARY/WAGE
WERE YOU SUBJECT TO THE FMCSRs** WHILE EMPLOYED? Yes _____ No _____	REASON FOR LEAVING
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? Yes _____ No _____	

*Includes vehicles having a GVWR of 26,001 pounds or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

**The Federal Motor Carrier Safety Regulations (FMCSR's) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport 9 or more passengers, OR (3) is of any size and is used to transport hazardous materials in any quantity requiring placarding.

Driver, sign and date only. Do not complete any part of this form.

EMPLOYMENT WORK HISTORY SHEET

Triangle Trucking, INC.
2250 Hein Ave.
Salina, KS 67401-8114
Phone: 785-827-5500; 800-397-0075
Fax: 785-823-9605

Request for past work history & drug/alcohol results on the following individual.

Individual's name	Individual's social security number	
Company name	Name of person supplying information (signature)	Date
Company address	Name of person supplying information (print)	

Period(s) of employment

Start date: _____ Start date: _____ Start date: _____
End date: _____ End date: _____ End date: _____

Job Title	Equipment operated	Work history (Circle all that apply)	Reason for leaving	Eligible for rehire
OTR	Van	Satisfactory	Quit with notice	Yes
Local	Flatbed	Unsatisfactory	Quit without notice	No
Regional	Reefer	Operational problem	Terminated	Upon review
Co-drive	Tanker	Safety violations	Other	Other

Accident/Incident history for past three years

Total number of preventable:	Total number of non-preventable:
Details (Please describe DOT or non-DOT):	Details (Please describe DOT or non-DOT):

Controlled substance/alcohol testing history for past three years

- | | | |
|--|-----|----|
| 1) Has this individual had an alcohol test with a confirmed BAC of 0.04 or greater? | Yes | No |
| 2) Has this individual had a positive controlled substance test? | Yes | No |
| 3) Has this individual refused (which includes verified adulterated or substituted results) a controlled substance test and/or alcohol test? | Yes | No |
| 4) have you received information from a previous employer that this individual violated any DOT drug and/or alcohol related regulations? | Yes | No |

If "Yes" to any questions above, please list following information regarding SAP.

Name _____ Phone number _____
Address _____

I understand that the above information is required by the Department of Transportation and in connection with my application for qualification with TRIANGLE TRUCKING INC, I authorize my past employers to release information detailed above concerning dates of employment, accident history and work performance. This also includes drug and alcohol testing violations, refusals or verified adulterated or substituted results and/or inquiries for the preceding three years.

Applicant's signature _____ Date _____

PLEASE ANSWER ALL QUESTIONS

<i>MEDICAL HISTORY</i>		YES	NO	<i>MEDICAL HISTORY</i>		YES	NO
Have you ever been refused employment as a long distance truck driver because of your health?				Do you now or have you in the past had difficulties with rheumatic, arthritic, orthopedic, muscular, neuromuscular or vascular disease?			
Were you ever rejected for or discharged from the Armed Forces because of disability which would impair your ability to work as a long distance truck driver?				Do you have epilepsy or a history of epilepsy?			
Have you ever been treated for back problems?				Have you received a waiver under §391.49 of the Federal Motor Carrier Safety Regulations for any of these conditions?			
Have you ever had back surgery?							
Have you ever been treated by a chiropractor?				<i>PERSONAL HISTORY</i>			
Are you presently taking any medications?				Has your license ever been suspended or revoked?			
Have you ever failed a D.O.T. physical?				Have you ever been denied a license, permit or privilege to drive?			
Do you have any physical disabilities which impair your ability to work as a long distance truck driver?				Have you ever been discharged from any job?			
Have you ever received treatment at a voluntary or involuntary treatment center?				Have you ever been refused auto liability insurance?			
Have you ever received psychological counseling?				Have you ever been convicted of a crime or have a current charge pending?			
Do you have loss of a foot, leg, hand or arm?				Have you ever been convicted of a felony?			
Do you have an impairment of a hand or finger which interferes with power grasping?				Have you ever been convicted or charges pending: for driving under the influence of alcohol? for reckless or careless operation of a motor vehicle? for possession, sale or use of a narcotic drug, amphetamines or other controlled or illegal substance?			
Do you have an impairment of an arm, foot or leg which interferes with the tasks associated with operating a motor vehicle?							
Do you now or have you in the past been diagnosed with diabetes mellitus requiring insulin for control?							
Do you now or have you in the past had heart trouble?				Are you capable of manual labor required in the loading and unloading of cargo and the operation of equipment?			
Do you now or have you in the past had cardiovascular disease?				Did you lose any time from work in the last 3 years?			
Do you now or have you in the past had respiratory problems?				Are you now or have you in the past been involved in a lawsuit?			
Have you been diagnosed as having high blood pressure?							

Explain any spaces marked "yes."

Are you a social drinker? _____ How much? _____ How often? _____

Do you smoke? _____ How much? _____ For how long? _____

EDUCATIONAL BACKGROUND

High School Name _____ years attended 9 10 11 12 Year of Graduation or termination _____

Driving School Name _____ Graduation Date _____

DRIVING EXPERIENCE

Class of equipment	Type of equipment (van, tank, flat, etc.)	Dates From	To	Approx. No. Miles (total)
Straight truck.				
Tractor & semi-trailer.				
Tractor & two trailers.				
Other.				

TRAFFIC CONVICTIONS

List all traffic convictions and forfeitures for the past 3 years (any mother vehicle, other than parking violations)

Date	Location (state)	Violation	Penalty

ACCIDENT RECORD

List all accident involvements with any motor vehicle for past 3 years (if none, write none)

Date	Type of Vehicle	Nature of accident (head-on, rear-end, etc)	Were you at fault?	Were you ticketed?	Fatalities	Injuries	Amount of Property Damage?

TO EXPEDITE PROCESSING, PLEASE INCLUDE COPIES OF THE FOLLOWING DOCUMENTS:

1. DOT physical
2. Motor vehicle report
3. Accident report (if accident occurred in the last 3 years)
4. School certificate or transcripts (if attended in the last 3 years)

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 giving 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 employees) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that 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 employees) and I cannot agree on the accuracy of the information.

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

Signature _____ Date _____

TRIANGLE TRUCKING, INC.
2250 Hein Ave.
SALINA, KS 67401-8114

As a condition of employment I, _____ give my consent for Triangle Trucking, Inc., to be able to drug or alcohol test me at any time during my employment.

Signed _____

Date _____

During the past three years, have you tested positive or refused to test on any pre-employment drug and alcohol test administered by an employer that you applied to, but did not obtain, safety-sensitive transportation work covered by DOT drug and alcohol testing rules.

Yes _____ No _____

During the past three years, have you tested positive or refused to test on any drug or alcohol test administered by any employer for which you were working.

Yes _____ No _____

Drivers' Notification of Due Process Rights

Pursuant to 49 CFR, Part 391.23 (i) and (j), drivers have the following rights regarding the investigative information obtained from previous employers:

- (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.

Requesting Investigative Information (391.23 (i)(2)):

Drivers wishing to review previous employer-provided investigative information 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 for employment. The prospective employer must provide this information to the applicant within five (5) business days of receiving the written request. If the prospective employer has not yet received the requested information from the previous employer(s), then the five-business days deadline will begin when the prospective employer receives the requested safety performance history information. If the driver has not arranged to pick up or receive the requested records within thirty (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.

Requesting Corrections/Rebuttals (391.23 (j)):

- (1) Drivers wishing to request corrections of erroneous information in records received pursuant to paragraph (i) of this section must send the request for the corrections to the previous employer that provided the records to the prospective employer (391.23 (j)(1)).
- (2) The previous employer must either correct and forward the information to the prospective motor carrier employer, or notify the driver within 15 days of receiving a driver's request to correct the data that it does not agree to correct the data. If the previous employer corrects and forwards the data as requested, that employer must also retain the corrected information as part of the driver's safety performance history record and provide it to subsequent prospective employers when requests for this information are received. If the previous employer corrects the data and forwards it to the prospective motor carrier employer, there is no need to notify the driver.
- (3) Drivers wishing to rebut information in records received pursuant to paragraph (i) of this section must send the rebuttal to the previous employer with instructions to include the rebuttal in the driver's safety performance history.
- (4) Within five business days of receiving a rebuttal from a driver, the previous employer must:
 - (i) Forward a copy of the rebuttal to the prospective motor carrier employer;
 - (ii) Append the rebuttal to the driver's information in the carrier's appropriate file, to be included as part of the response for any subsequent investigating prospective employers for the duration of the three-year data retention requirement.
- (5) The driver may submit a rebuttal initially without a request for corrections, or subsequent to a request for correction.
- (6) The driver may report failures of previous employers to correct information or include the driver's rebuttal as part of the safety performance information, to the FMCSA following procedures specified at § 386.12.

I have reviewed and understand the above due process rights.

(signature)

(date)