

Triple G Express, Inc

Application Packet

Instructions

- Page 1 Fill out all information. Do not Leave Blanks if not applicable then write "N/A."
- Page 2 Include 10 years of history with dates, addresses, and phone numbers
- Page 3 Fill out all information. Do not Leave Blanks if not applicable then write "N/A."
- Page 4 Fill out only the top of this form
- Page 5 Sign and date the bottom of this form only
- Page 6 Sign and date top of form only

**DRIVER'S
APPLICATION**

Triple G Express
800 Saint George Ave.
Jefferson, La. 70121
Ph. 504-731-2841
Fx. 504-731-2831

Date of application _____

Position(s) applied for _____

Name _____ Social Security No. _____
Last First Middle

List your address's of residency for the past 3 years.

Current Address _____
Street _____ City _____
Phone _____ How Long? _____
State _____ Zip _____

Previous Address _____ How Long? _____
Street _____ City _____ State and Zip _____
How Long? _____
Street _____ City _____ State and Zip _____
How Long? _____
Street _____ City _____ State and Zip _____

Do you have the legal right to work in the United States? _____ Date of Birth _____ / _____ / _____
(Required for Commercial Drivers)

Can you provide proof of age? _____ Have you worked for this Company before? _____

Where? _____ Dates: From _____ To _____ Rate of Pay _____

Position _____ Reason for Leaving _____

Are you now employed? _____ If not, how long since leaving last employment _____

Who referred you? _____ Rate Expected _____

Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the attached job description)? _____

If yes, please explain _____

Have you ever been convicted of a felony? _____

If so, explain: _____

EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. Please list complete mailing address, street number, city, state and zip code.

Applicants to drive a commercial motor vehicle* in interstate or intrastate commerce shall also provide an additional 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 if necessary.*

PRINT ALL INFORMATION

EMPLOYER NAME: _____ FROM: ____/____/____ TO ____/____/____

ADDRESS: _____ POSITION HELD: _____

CITY: _____ STATE: _____ ZIP: _____ SALARY/WAGE: _____

CONTACT PERSON: _____ PHONE: _____ REASON FOR LEAVING: _____

Was this position subject to the Federal Motor Carrier Safety Regulations? _____

Was this position designated a Safety-Sensitive Function in any DOT mode subject to drug/alcohol testing requirements as required by 49 CFR Part 40? _____

EMPLOYER NAME: _____ FROM: ____/____/____ TO ____/____/____

ADDRESS: _____ POSITION HELD: _____

CITY: _____ STATE: _____ ZIP: _____ SALARY/WAGE: _____

CONTACT PERSON: _____ PHONE: _____ REASON FOR LEAVING: _____

Was this position subject to the Federal Motor Carrier Safety Regulations? _____

Was this position designated a Safety-Sensitive Function in any DOT mode subject to drug/alcohol testing requirements as required by 49 CFR Part 40? _____

EMPLOYER NAME: _____ FROM: ____/____/____ TO ____/____/____

ADDRESS: _____ POSITION HELD: _____

CITY: _____ STATE: _____ ZIP: _____ SALARY/WAGE: _____

CONTACT PERSON: _____ PHONE: _____ REASON FOR LEAVING: _____

Was this position subject to the Federal Motor Carrier Safety Regulations? _____

Was this position designated a Safety-Sensitive Function in any DOT mode subject to drug/alcohol testing requirements as required by 49 CFR Part 40? _____

EMPLOYER NAME: _____ FROM: ___/___/___/ TO: ___/___/___/

ADDRESS: _____ POSITION HELD: _____

CITY: _____ STATE: _____ ZIP: _____ SALARY/WAGE: _____

CONTACT PERSON: _____ PHONE: _____ REASON FOR LEAVING: _____

Was this position subject to the Federal Motor Carrier Safety Regulations? _____

Was this position designated a Safety-Sensitive Function in any DOT mode subject to drug/alcohol testing requirements as required by 49 CFR Part 40? _____

EMPLOYER NAME: _____ FROM: ___/___/___/ TO: ___/___/___/

ADDRESS: _____ POSITION HELD: _____

CITY: _____ STATE: _____ ZIP: _____ SALARY/WAGE: _____

CONTACT PERSON: _____ PHONE: _____ REASON FOR LEAVING: _____

Was this position subject to the Federal Motor Carrier Safety Regulations? _____

Was this position designated a Safety-Sensitive Function in any DOT mode subject to drug/alcohol testing requirements as required by 49 CFR Part 40? _____

EMPLOYER NAME: _____ FROM: ___/___/___/ TO: ___/___/___/

ADDRESS: _____ POSITION HELD: _____

CITY: _____ STATE: _____ ZIP: _____ SALARY/WAGE: _____

CONTACT PERSON: _____ PHONE: _____ REASON FOR LEAVING: _____

Was this position subject to the Federal Motor Carrier Safety Regulations? _____

Was this position designated a Safety-Sensitive Function in any DOT mode subject to drug/alcohol testing requirements as required by 49 CFR Part 40? _____

EMPLOYER NAME: _____ FROM: ___/___/___/ TO: ___/___/___/

ADDRESS: _____ POSITION HELD: _____

CITY: _____ STATE: _____ ZIP: _____ SALARY/WAGE: _____

CONTACT PERSON: _____ PHONE: _____ REASON FOR LEAVING: _____

Was this position subject to the Federal Motor Carrier Safety Regulations? _____

Was this position designated a Safety-Sensitive Function in any DOT mode subject to drug/alcohol testing requirements as required by 49 CFR Part 40? _____

* Includes vehicles having a GVWR of 10,001 lbs. or more, vehicles designed to transport 9 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP YOU IN YOUR WORK FOR THIS COMPANY. _____

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH _____

LIST STATES OPERATED IN THE LAST 5 YEARS:

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM?

TO BE READ AND SIGNED BY APPLICANT

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. I authorize you to make such investigations and inquire of my personal, employment, financial or medical history and other related matters as may be necessary. I hereby release motor carriers, employer's, schools, health care providers and other personal from all liability in responding to inquiries and releasing information in connection with my application. I understand that false or misleading information given in my application or interview(s) may result in ineligibility for continued service. I also understand that I am required to abide by all rules and regulations of the company.

Date

Applicants Signature

Application Review by (signature) _____ Date _____

**REQUEST FOR INFORMATION
FROM PREVIOUS EMPLOYER and/or MOTOR CARRIER**

TO: _____ DATE: _____
(Name of applicant) _____ Social Security No: _____
is attempting to qualify under D.O.T. regulations, and states that he/she was a _____ with your
company from _____ to _____.

PLEASE COMPLETE THE FOLLOWING INFORMATION AND RETURN AS SOON AS POSSIBLE TO:

**Triple G Express
800 Saint George Ave.
Jefferson, La. 70121
Ph. 504-731-2841
Fx. 504-731-2831**

1. Are the dates of employment correct as stated above? YES NO
If no, please provide correct dates of employment/service: _____
2. Did he/she drive a commercial motor vehicle for you? YES NO What type: Straight-Truck, semi-truck
3. Was he/she a safe and efficient driver? YES NO
4. Reason for leaving your employ/service; Discharged Resignation Lay Off
5. Was he/she involved in a DOT recordable accident while employed/service with your company? YES NO
If yes, please provide details: _____
6. Has this person tested positive for a controlled substance in the last three years? YES NO
7. Has this person had an alcohol test with a Breath Alcohol Concentration of 0.04 or greater in the last two years? YES NO
8. Has this person refused a required test for drugs or alcohol in the last three years? YES NO
9. Did the applicant complete a substance abuse rehabilitation program, if required? YES NO
If yes, please provide documentation of the employee's successful completion of DOT return-to-duty requirements.
10. Has this person ever violated any other DOT agency drug and alcohol testing regulations? YES NO

COMMENTS: _____

Signature (of person providing information) _____ Date: _____

I hereby authorize you to release the following information to the above listed company for the purposes of investigation as required by section 391.23 and 382.413, and allowed by Section 383.35 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information.

Applicants Signature _____ Date _____

REQUEST FOR CHECK OF DRIVING RECORD

I hereby authorize you to release the following information to Triple G Express
For the purposes of investigation as required by Sections 391.25 and 391.23 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability, which may result from furnishing such information.

Applicants Signature

Date

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) I hereby certify 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" and will be used for no other purpose.
4. The information being obtained will not be used in violation of any federal or state equal opportunity law or regulation; and
5. Before taking an adverse action based on the report (whole or part) 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.

I also certify 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 **Drivers Privacy Protection Act of 1994** (Public Law 103-322, Title Section 300002(a).

Signature of Requester

Date

TO: _____

DEAR SIR/MADAM:

The following named person has made application with our company for the position of _____
In accordance with Section 391.23 of the U.S. Department of Transportation Regulations, please furnish the undersigned with the applicants driving record for the past three years.

The following named person is employed with our company in the position of _____
In accordance with Section 391.25 of the U.S. Department of Transportation Regulations, please furnish the undersigned with the applicants driving record for the past year.

NAME OF APPLICANT/DRIVER _____

ADDRESS _____
Number and Street City State Zip

FORMER ADDRESS _____
Number and Street City State Zip

DATE OF BIRTH _____ SSN _____ LICENSE NO. _____

Triple G Express
800 Saint George Ave.
Jefferson, La. 70121
Ph: 504-731-2841
Fax: 504-731-2845

REQUESTED BY:

Printed name of Requestor _____

Signature of Requestor _____

Title of Requestor _____

IMPORTANT NOTICE
REGARDING BACKGROUND REPORTS
FROM THE PSP Online Service

In connection with your application for employment with Triple G Express, Inc. ("Prospective Employer"), it may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA). 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. 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:

I authorize Triple G Express ("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.

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.

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 solely for use as an example of template content. NICT assumes no legal liability or responsibility for the accuracy, completeness or currency of the information disclosed in this example. The intent of the template example is to illustrate for a monthly account holder an example of a driver consent form related to PSP, but all monthly account holders and third party information providers should consult their own legal counsel with respect to the proper format and content of this notice.