



# TRADEMARK TRUCK LINES

PLEASE PRINT CLEARLY

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MI: \_\_\_\_\_ MAIDEN NAME IF APPLICABLE \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SEX: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE: (H): \_\_\_\_\_ (CELL) \_\_\_\_\_ DRIVER S LICENSE#: \_\_\_\_\_

STATE OF ISSUANCE OF DRIVER'S LICENSE: \_\_\_\_\_

DESCRIPTION OF YOUR LIMB IMPAIRMENT OR AMPUTATION: \_\_\_\_\_

TYPE OF PROSTHESIS WORN, IF APPLICABLE: \_\_\_\_\_

**EXPERIENCE - DESCRIPTION OF OPERATION / DESCRIPTION OF VEHICLE(S):**

STATES OF OPERATION: \_\_\_\_\_ TYPE OF CARGO: \_\_\_\_\_ AVERAGE PERIOD OF DRIVING TIME: \_\_\_\_\_

TYPE OF OPERATION (Sleeper Team, Relay, etc.): \_\_\_\_\_

NUMBER OF YEARS EXPERIENCE DRIVING TYPE OF VEHICLE IN APPLICATION: \_\_\_\_\_

NUMBER OF YEARS DRIVING ALL TYPES OF VEHICLES: \_\_\_\_\_

VEHICLE TYPE (truck, truck tractor, bus, etc.): \_\_\_\_\_ IF BUS, INDICATE SEATING \_\_\_\_\_

CAPACITY: \_\_\_\_\_ MAKE: \_\_\_\_\_ MODEL#: \_\_\_\_\_ YEAR: \_\_\_\_\_

TRANSMISSION TYPE (automatic or manual): \_\_\_\_\_ # OF FORWARD SPEEDS: \_\_\_\_\_

IF EQUIPPED WITH AUXILIARY TRANSMISSION, INDICATE:

NUMBER OF FORWARD SPEEDS: \_\_\_\_\_ REAR AXLE SPEED (designate single speed, 2 speed, 3 speed): \_\_\_\_\_

TYPE OF BRAKE SYSTEM: \_\_\_\_\_

STEERING (Manual or power assisted): \_\_\_\_\_

NUMBER OF SEMITRAILERS OR FULL TRAILERS TO BE TOWED AT ONE TIME: \_\_\_\_\_

DESCRIPTION OF TRAILER(S) (van, flatbed, cargo tank, lowboy, pole, dump, etc.): \_\_\_\_\_

DESCRIPTION OF VEHICLE MODIFICATIONS: \_\_\_\_\_

I CERTIFY THAT I AM OTHERWISE QUALIFIED UNDER PART 391 (QUALIFICATION OF DRIVERS) OF THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE



**EMPLOYMENT RECORD**

(Attach sheet if additional space is needed)

NOTE: include the employment history for at least a 3-year period preceding this application that includes the current employer

**Must list the complete mailing address: street number and name, city, state and zip code**

**EMPLOYER: NAME** \_\_\_\_\_

ADDRESS \_\_\_\_\_ TELEPHONE NUMBER \_\_\_\_\_

POSITION HELD \_\_\_\_\_

FROM \_\_\_\_\_ TO \_\_\_\_\_

REASONS FOR LEAVING \_\_\_\_\_

**EMPLOYER: NAME** \_\_\_\_\_

ADDRESS \_\_\_\_\_ TELEPHONE NUMBER \_\_\_\_\_

POSITION HELD \_\_\_\_\_

FROM \_\_\_\_\_ TO \_\_\_\_\_

REASONS FOR LEAVING \_\_\_\_\_

**EMPLOYER: NAME** \_\_\_\_\_

ADDRESS \_\_\_\_\_ TELEPHONE NUMBER \_\_\_\_\_

POSITION HELD \_\_\_\_\_

FROM \_\_\_\_\_ TO \_\_\_\_\_

REASONS FOR LEAVING \_\_\_\_\_

**EMPLOYER: NAME** \_\_\_\_\_

ADDRESS \_\_\_\_\_ TELEPHONE NUMBER \_\_\_\_\_

POSITION HELD \_\_\_\_\_

FROM \_\_\_\_\_ TO \_\_\_\_\_

REASONS FOR LEAVING \_\_\_\_\_

**EMPLOYER: NAME** \_\_\_\_\_

ADDRESS \_\_\_\_\_ TELEPHONE NUMBER \_\_\_\_\_

POSITION HELD \_\_\_\_\_

FROM \_\_\_\_\_ TO \_\_\_\_\_

REASONS FOR LEAVING \_\_\_\_\_

**EMPLOYER: NAME** \_\_\_\_\_

ADDRESS \_\_\_\_\_ TELEPHONE NUMBER \_\_\_\_\_

POSITION HELD \_\_\_\_\_

FROM \_\_\_\_\_ TO \_\_\_\_\_

REASONS FOR LEAVING \_\_\_\_\_

**EMPLOYER: NAME** \_\_\_\_\_

ADDRESS \_\_\_\_\_ TELEPHONE NUMBER \_\_\_\_\_

POSITION HELD \_\_\_\_\_

FROM \_\_\_\_\_ TO \_\_\_\_\_

REASONS FOR LEAVING \_\_\_\_\_

**EMPLOYER: NAME** \_\_\_\_\_

ADDRESS \_\_\_\_\_ TELEPHONE NUMBER \_\_\_\_\_

POSITION HELD \_\_\_\_\_

FROM \_\_\_\_\_ TO \_\_\_\_\_

REASONS FOR LEAVING \_\_\_\_\_

**EMPLOYER: NAME** \_\_\_\_\_

ADDRESS \_\_\_\_\_ TELEPHONE NUMBER \_\_\_\_\_

POSITION HELD \_\_\_\_\_

FROM \_\_\_\_\_ TO \_\_\_\_\_

REASONS FOR LEAVING \_\_\_\_\_

\*\*\*\*\*

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

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Applicant's Signature**

**PAST EMPLOYMENT VERIFICATION**

Sent to: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Requested By: **Trademark Truck Lines, Inc.**  
**3060 US Highway 80**  
**Bloomington, GA 31302**

**Phone: (912) 657-1147 or (912) 988-3007**  
**Fax : (912) 988-3488**

Name of Applicant: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Job Title: \_\_\_\_\_

Hire Date: \_\_\_\_\_

Termination Date: \_\_\_\_\_

Resigned? **YES / NO** Discharged? **YES / NO**

If Discharged, why? \_\_\_\_\_

Eligible for Rehire? **YES / NO / UPON REVIEW** If NO, please explain: \_\_\_\_\_

Equipment: Type of Tractor/Truck: \_\_\_\_\_ Trailer Length: \_\_\_\_\_

Refrigerated \_\_\_\_\_ Flatbeds \_\_\_\_\_ Vans \_\_\_\_\_ Tanker \_\_\_\_\_ Other \_\_\_\_\_

Commodities Hauled: \_\_\_\_\_

Areas of Operation: \_\_\_\_\_

Overall Performance: Poor \_\_\_\_\_ Fair \_\_\_\_\_ Good \_\_\_\_\_ Excellent \_\_\_\_\_

Any Accidents or Safety Violations? \_\_\_\_\_

# / Description: \_\_\_\_\_

**Drug / Alcohol information below requested in accordance with DOT 49 CFR Part 40. (Tests done in last 36 months.)**

Tested positive for controlled substance in last 3 years? **YES / NO**

Had a breath alcohol test result with a concentration of .04 or greater in the last 3 years? **YES / NO**

Ever refused a required test for drugs or alcohol in the last 3 years? **YES / NO**

Violated other D.O.T. drug/alcohol regulations? **YES / NO**

Have you received information for a previous employer that this individual has violated D.O.T. drug/alcohol regulations? **YES / NO**

If YES, please give type of test, date of test, and SAP information (if applicable): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Person Providing Information

\_\_\_\_\_  
Title

- 1.) I hereby authorize the above-mentioned employer to release all information as to my character, work habits, performance, experience, fitness, together with reasons for termination concerning my employment to Trademark Truck Lines, Inc. which may request such information in connection with my application for employment with Trademark Truck Lines, Inc.
- 2.) In conformity with 49 CFR Part 40, I hereby authorize the above-mentioned employer and their agents to furnish Trademark Truck Lines, LLC the above-requested information concerning D.O.T. drug and alcohol tests including pre-employment tests during the previous 3 years; the dates when I tested positive; the dates when I tested .04 or greater; the dates when I refused (including a verified adulterated or substituted result) to be tested for drugs and alcohol; and any other violations of 49 CFR Part 40 and any information the above-mentioned employer and/or authorized agents have received regarding violations of 49 CFR Part 40 from my previous employers covered by D.O.T.
- 3.) I hereby release the above-mentioned employer and authorized agents from any and all liability of any type as a result of providing the above-requested information to Trademark Truck Lines, Inc.

By signing below, I certify that I have read and full understand parts 1, 2, and 3 of this release and that I executed this release voluntarily, with the knowledge that any and all information released could affect my being employed with Trademark Truck Lines, Inc.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**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 Trademark Truck Lines, 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 Trademark Truck Lines, 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.

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 FMCSR 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.

NOTICE: The prospective employment concept referenced in this form contemplates the definition of "employee" contained at 49 C.F.R. 383.5.

*LAST UPDATED 12/22/2015*

**AUTHORIZATION FOR RELEASE OF INFORMATION FOR EMPLOYMENT SCREENING**

**Driver Record Screening Disclosure**

I hereby authorize Embark Safety LLC and its designated agents and representatives to conduct a comprehensive review of my driver record background through a consumer report and/or an investigative consumer report to be generated for employment, promotion, reassignment or retention as an employee. I understand that the scope of the consumer report/investigative consumer report may include information about my character, general reputation, personal characteristics, and mode of living as well as information that is not limited to, the following areas: names and dates of previous/current employment, work experience, Bureau of Workers Compensation/Claims, criminal history records (from local, state, federal, international and other law enforcement agencies' records), sexual offenders lists, wants and warrants records, motor vehicle records, military records, educational verification, license verification, credit history, civil cases, OIG/GSA, USA PATRIOT Act/OFAC, any sanction lists, FBI finger printing, internet searches, social media information, and drug testing. Upon Request, Embark Safety LLC will supply a copy of the completed consumer report along with a copy of an individual's rights under the Fair Credit Reporting Act.

**Authorization and Release**

I \_\_\_\_\_, authorize the complete release of these records or data pertaining to me which an individual, company, firm, corporation, or public agency may have. I authorize the full release of the information described above, without any reservation, throughout any duration of my employment at \_\_\_\_\_ (company name). I hereby release Embark Safety LLC, and its agents, officials, representatives, or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may at any time, result to me, my heirs, family or associates because of compliance with this authorization for release form. I certify that all information provided below is correct to the best of my knowledge. This authorization and consent shall be valid in original, fax, or copy form. The following information is required by law enforcement agencies and other entities for identification purposes when checking records. It is confidential and will not be used for any other purpose.

\_\_\_\_\_  
Applicant's First Name      Middle Name      Last Name (print legibly)      Maiden/AKA/Previous Name(s)  
  
\_\_\_\_\_  
Date of Birth (This will not affect hiring decision)  
  
\_\_\_\_\_  
Drive License Number      State      (Month)      (Day)      (Year)

\*\*\*California, Minnesota, Massachusetts, Maine and Oklahoma Applicants: please check this box to have a copy of your report emailed directly to you:  
email: \_\_\_\_\_

**Notice to California Applicants:** Under section 1786.22 of California Civil Code, you have the right to request from Embark Safety LLC, upon proper identification, the nature and substance of all information in files pertaining to you, including the sources of information, and recipients of any reports on you, which Embark Safety LLC has previously furnished within the two-year period preceding your request. You may view the file maintained on you by Embark Safety LLC during normal business hours. You may also obtain a copy of this file upon submitting proper identification. Upon making a written request, you may receive a summary of your report.  
**Notice to Maine Applicants:** Under Chapter 210 Section 1314 of Maine revised Statutes, you have the right, upon request, to be informed within 5 business days of such a request to whether or not an investigative consumer report was requested. If such report was obtained, you may contact the Consumer Reporting Agency and request a copy.  
**Notice to Massachusetts Applicants:** Under Mass. Ann. Laws chapter. 93 §§ 50, a Consumer Reporting Agency may furnish a report if intended to be utilized for employment purposes.  
**Notice to New York Applicants:** Under Article 25 Section 380-c (b) (2) of the New York General business Law, you have the right, upon written request, to be informed of whether or not an investigate consumer report was requested. Under Article 25 Section 380-g of the New York General Business Law, should a consumer report received by an employer contain criminal conviction information, the employer must provide to the applicant or employee who is the subject of the report, a printed or electronic copy of Article 23-A of the New York Correction Law, which governs the employment of persons previously convicted of one or more criminal offenses.

Please initial here to acknowledge receipt of Article 23-A of New York Correction Law \_\_\_\_\_

\_\_\_\_\_  
Signature      Date  
(Electronic signatures are NOT acceptable -This document must be physically signed by applicant)



## **DRUG & ALCOHOL CLEARINGHOUSE CONSENT FOR LIMITED QUERIES**

**NOTICE TO DRIVER:** The Commercial Driver's License (CDL) Drug & Alcohol Clearinghouse is a federal database containing information about CDL drivers who have violated the Federal Motor Carrier Safety Administration's (FMCSA's) drug or alcohol regulations in 49 CFR Part 382. Whether you have committed such a violation or not, each motor carrier for whom you drive is required to check whether the Clearinghouse has any information about you, both at the time of hire and annually. When conducting an annual inquiry, the motor carrier has the option to request a "limited" report that only indicates whether the Clearinghouse has any information about you. Before a motor carrier may request a limited report, they must have your written authorization, per §382.701(b). This authorization may be valid for more than one year. If a limited query ever reveals that the Clearinghouse has information about you, you will be required to log in to the Clearinghouse website within 24 hours to grant electronic consent for the motor carrier to obtain your full Clearinghouse record.

**NOTICE TO MOTOR CARRIER:** This consent form authorizes you to run a "limited query" to check whether the Clearinghouse has information about the driver identified below. If it does, then you must obtain a full Clearinghouse record within 24 hours, per §382.701(b). This consent form must be retained until 3 years after the date of the last limited query you perform for this driver, based on the authorization below.

### **AUTHORIZATION**

I, \_\_\_\_\_, hereby authorize  
(Driver's printed name)

\_\_\_\_\_  
(Name of motor carrier)

to conduct limited annual queries of the FMCSA's Drug & Alcohol Clearinghouse, to determine if a Clearinghouse record exists for me. This consent is valid from the date shown below until my employment with the above-named motor carrier ceases or until I am no longer subject to the drug and alcohol testing rules in 49 CFR Part 382 for the above-named motor carrier.

I understand that if any limited query reveals that the Clearinghouse contains information about me, I must grant electronic consent within 24 hours, via the Clearinghouse website, for the motor carrier to obtain my full Clearinghouse record. Refusal to provide such consent will result in my removal from safety-sensitive duties.

Driver's Signature: \_\_\_\_\_

ID Number: \_\_\_\_\_ Date: \_\_\_\_\_