



SERVING THE WEST SINCE 1962

## JOIN THE TRULINE TEAM!!!

### Company Drivers:

- ☑ \$0.30 to \$0.42 Per Loaded Mile To Start DOE
- ☑ Extra Stop And Lay-Over Pay
- ☑ Lots Of Miles
- ☑ Regional Runs (NV, CA, AZ, and UT)
- ☑ Driver Friendly Dispatch
- ☑ Quality Home Time
- ☑ Assigned Late Model Conventional Trucks
- ☑ 6 Paid Holidays Per Year
- ☑ Paid Vacations After 1 Year
- ☑ \$1,000 Sign on Bonus
- ☑ \$1,000 Referral Bonus
- ☑ \$600 Yearly Safety Bonus
- ☑ Health, Dental, Life, & Disability Insurance
- ☑ 401 K Plan (25% Company Match)
- ☑ Credit Union
- ☑ Rider Program
- ☑ Direct Deposit

### **MINIMUM REQUIREMENTS:**

- ❖ AT LEAST 23 YEARS OLD
- ❖ CURRENT CDL / CLASS A LICENSE
- ❖ MUST BE ABLE TO OBTAIN A HAZMAT ENDORSEMENT
- ❖ 1YEAR RECENT VERIFIABLE TRACTOR/TRAILER EXPERIENCE
- ❖ CLEAN DRIVING RECORD
- ❖ MUST HAVE A STEADY WORK HISTORY
- ❖ NO AT-FAULT, PREVENTABLE ACCIDENTS IN LAST 3 YEARS

### TRULINE CORPORATION

**Corporate Office – Las Vegas, NV**  
9390 Redwood Street, Las Vegas, NV 89139

**Watts # (800) 634-6489**  
**Phone # (702) 362-7495**

**Southern California Terminal**  
13867 Valley Boulevard, Fontana, CA 92333

**Phone # (909) 770-8956**

**Human Resources Dept.**

**Fax # (702) 933-4095**

**FLATBEDS v REEFERS v TAUTLINERS v VANS**



SERVING THE WEST SINCE 1962

Referred By: \_\_\_\_\_

### APPLICATION FOR EMPLOYMENT

READ CAREFULLY - PRINT CLEARLY - ANSWER ALL QUESTIONS - INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED

COMPANY: Truline Corp - 9390 Redwood Street, Las Vegas, NV 89139 DATE: \_\_\_\_\_

Name In Full: \_\_\_\_\_  
LAST NAME FIRST NAME MIDDLE INITIAL DATE OF BIRTH SOCIAL SECURITY#

Present Address: \_\_\_\_\_  
NUMBER & STREET CITY STATE ZIP CODE HOME PHONE#

Permanent Address: \_\_\_\_\_  
NUMBER & STREET CITY STATE ZIP CODE ALTERNATE PHONE#

Applying for job as: Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Date Available: \_\_\_\_\_ Number Of Years Experience \_\_\_\_\_

Salary Expected \_\_\_\_\_

Is any additional information relative to change of name, assumed name, or nickname necessary to enable a check on the information that you are providing on this form? If yes, please explain. \_\_\_\_\_

Can you, after employment, submit verification of your legal right to work in the United States? \_\_\_\_\_

Who do we notify in case of emergency during working hours? \_\_\_\_\_

Telephone Number: \_\_\_\_\_

#### PLEASE LIST YOUR RESIDENTIAL ADDRESSES FOR THE PAST 3 YEARS

ADDRESS	CITY	STATE	DATES - FROM/TO

ALL DRIVERS LICENSES HELD IN THE LAST TEN YEARS	STATE	LICENSE NUMBER	CLASS	EXPIRATION DATE

Dock, driving, yard, and shop jobs may require physical agility, heavy exertion, and lifting. Do you have any physical condition that may limit your ability to perform the job applied for?  YES  NO

If yes, what can be done to accommodate your limitation? \_\_\_\_\_

Do you have any relatives employed by this company?  Yes  No If yes, give names and position held \_\_\_\_\_

Have you ever worked for this company before? \_\_\_\_\_ Where? \_\_\_\_\_ When? \_\_\_\_\_

Are you now employed? \_\_\_\_\_ If so, may we inquire of your present employer? \_\_\_\_\_

Please list job-related organizations, clubs, professional societies, or other associations to which you belong - you may omit those which indicate your race, religious creed, color, national origin, ancestry, sex, or age. \_\_\_\_\_

Have you ever been convicted of a felony? (Such conviction will not necessarily disqualify you from the position applied for) \_\_\_\_\_

Have you ever been convicted of a misdemeanor that resulted in imprisonment within the last two (2) years? (Such conviction will not necessarily disqualify you from the position applied for) \_\_\_\_\_

Have you ever tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years? \_\_\_\_\_

#### EDUCATION

SCHOOLS	NAME OF SCHOOL	ADDRESS	GRADUATE OR DEGREE?
Grade			
High			
College or University			
Business or Technical			
Other			

If you served in the military, list any skills learned that you feel are relevant to the position you are applying for: \_\_\_\_\_

**REFERENCES (PERSONAL) OTHER THAN RELATIVES**

NAME	ADDRESS (Street, City, State)	OCCUPATION	YEARS ACQUAINTED

**DRIVING EXPERIENCE RECORD**

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC)	DATES		APPROX. NUMBER OF MILES (TOTAL)
		FROM	TO	
STRAIGHT TRUCK				
TRACTOR AND SEMI-TRAILER				
TRACTOR - TWO TRAILERS				
OTHER				

**ACCIDENT RECORD FOR PAST 3 YEARS**

MONTH AND YEAR	TYPE OF ACCIDENT	TYPE OF EQUIP.	DEATH OR INJURIES?	CITY OR COUNTY	NIGHT OR DAY	EMPLOYER

**TRAFFIC CONVICTIONS AND FORFEITURES FOR PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)**

LOCATION	DATE	CHARGE	PENALTY

License revoked in last 3 years? \_\_\_\_\_ Give statement of circumstances: \_\_\_\_\_

**GENERAL DRIVING RECORD**

To date, I have driven trucks for \_\_\_\_\_ years, covering approx. \_\_\_\_\_ miles. The date of my last accident, while driving a commercial vehicle was \_\_\_\_\_ ; since that time, I have driven approximately \_\_\_\_\_ accident free miles.

**SAFE DRIVING AWARDS, ETC.**

DATE	KIND OF AWARD	PRESENTED BY	WHILE EMPLOYED BY	IN RECOGNITION OF

**APPLICANT: READ THOROUGHLY AND SIGN BEFORE SUBMITTING**

I authorize the employer or his agents to investigate my background to ascertain any and all information of concern to my record, whether same is of record or not, and release employers and persons named herein from all liability for any damages on account of his furnishing such information. I understand that misrepresentation or omission of facts called for in this employment application will, if hired, result in discharge. Labor Code Section 2922 states that employment, having no specified term, may be terminated at the will of either party without cause.

**I certify that this application was completed by me and that all entries on it and information in it are true and complete. Furthermore, I have read and understand all of the conditions upon which this offer of employment is made.**

\_\_\_\_\_  
Date

**X**

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

**PLEASE READ CAREFULLY:**

Begin with present, or most recent job and work backwards in order listing all employers for the last 10 years. Include all full and part-time jobs. **All 10 years must be accounted for, including military, self-employment, and periods of unemployment.** Fill in all spaces that apply completely. Incomplete applications will not be considered.

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1. EMPLOYMENT DATES: FROM: \_\_\_\_\_ TO: \_\_\_\_\_

COMPANY:	POSITION HELD:	
ADDRESS:	EQUIP. DRIVEN/PULLED:	
CITY:	STATES DRIVEN IN:	
STATE:	SUBJECT TO FMSCR WHILE EMPLOYED?	
PHONE: ( )	JOB DESIGNATED AS "SAFETY SENSITIVE"?	
SUPERVISOR:	REASON FOR LEAVING:	
# ACCIDENTS/COMP VEH:	# ACCIDENTS/OWN VEH:	# JOB INJURIES:

2. EMPLOYMENT DATES: FROM: \_\_\_\_\_ TO: \_\_\_\_\_

COMPANY:	POSITION HELD:	
ADDRESS:	EQUIP. DRIVEN/PULLED:	
CITY:	STATES DRIVEN IN:	
STATE:	SUBJECT TO FMSCR WHILE EMPLOYED?	
PHONE: ( )	JOB DESIGNATED AS "SAFETY SENSITIVE"?	
SUPERVISOR:	REASON FOR LEAVING:	
# ACCIDENTS/COMP VEH:	# ACCIDENTS/OWN VEH:	# JOB INJURIES:

3. EMPLOYMENT DATES: FROM: \_\_\_\_\_ TO: \_\_\_\_\_

COMPANY:	POSITION HELD:	
ADDRESS:	EQUIP. DRIVEN/PULLED:	
CITY:	STATES DRIVEN IN:	
STATE:	SUBJECT TO FMSCR WHILE EMPLOYED?	
PHONE: ( )	JOB DESIGNATED AS "SAFETY SENSITIVE"?	
SUPERVISOR:	REASON FOR LEAVING:	
# ACCIDENTS/COMP VEH:	# ACCIDENTS/OWN VEH:	# JOB INJURIES:

4. EMPLOYMENT DATES: FROM: \_\_\_\_\_ TO: \_\_\_\_\_

COMPANY:	POSITION HELD:	
ADDRESS:	EQUIP. DRIVEN/PULLED:	
CITY:	STATES DRIVEN IN:	
STATE:	SUBJECT TO FMSCR WHILE EMPLOYED?	
PHONE: ( )	JOB DESIGNATED AS "SAFETY SENSITIVE"?	
SUPERVISOR:	REASON FOR LEAVING:	
# ACCIDENTS/COMP VEH:	# ACCIDENTS/OWN VEH:	# JOB INJURIES:

5. EMPLOYMENT DATES: FROM: \_\_\_\_\_ TO: \_\_\_\_\_

COMPANY:	POSITION HELD:
ADDRESS:	EQUIP. DRIVEN/PULLED:
CITY:	STATES DRIVEN IN:
STATE:	SUBJECT TO FMSCR WHILE EMPLOYED?
PHONE: ( )	JOB DESIGNATED AS "SAFETY SENSITIVE"?
SUPERVISOR:	REASON FOR LEAVING:
# ACCIDENTS/COMP VEH:	# ACCIDENTS/OWN VEH: # JOB INJURIES:

6. EMPLOYMENT DATES: FROM: \_\_\_\_\_ TO: \_\_\_\_\_

COMPANY:	POSITION HELD:
ADDRESS:	EQUIP. DRIVEN/PULLED:
CITY:	STATES DRIVEN IN:
STATE:	SUBJECT TO FMSCR WHILE EMPLOYED?
PHONE: ( )	JOB DESIGNATED AS "SAFETY SENSITIVE"?
SUPERVISOR:	REASON FOR LEAVING:
# ACCIDENTS/COMP VEH:	# ACCIDENTS/OWN VEH: # JOB INJURIES:

7. EMPLOYMENT DATES: FROM: \_\_\_\_\_ TO: \_\_\_\_\_

COMPANY:	POSITION HELD:
ADDRESS:	EQUIP. DRIVEN/PULLED:
CITY:	STATES DRIVEN IN:
STATE:	SUBJECT TO FMSCR WHILE EMPLOYED?
PHONE: ( )	JOB DESIGNATED AS "SAFETY SENSITIVE"?
SUPERVISOR:	REASON FOR LEAVING:
# ACCIDENTS/COMP VEH:	# ACCIDENTS/OWN VEH: # JOB INJURIES:

8. EMPLOYMENT DATES: FROM: \_\_\_\_\_ TO: \_\_\_\_\_

COMPANY:	POSITION HELD:
ADDRESS:	EQUIP. DRIVEN/PULLED:
CITY:	STATES DRIVEN IN:
STATE:	SUBJECT TO FMSCR WHILE EMPLOYED?
PHONE: ( )	JOB DESIGNATED AS "SAFETY SENSITIVE"?
SUPERVISOR:	REASON FOR LEAVING:
# ACCIDENTS/COMP VEH:	# ACCIDENTS/OWN VEH: # JOB INJURIES:

9. EMPLOYMENT DATES: FROM: \_\_\_\_\_ TO: \_\_\_\_\_

COMPANY:	POSITION HELD:
ADDRESS:	EQUIP. DRIVEN/PULLED:
CITY:	STATES DRIVEN IN:
STATE:	SUBJECT TO FMSCR WHILE EMPLOYED?
PHONE: ( )	JOB DESIGNATED AS "SAFETY SENSITIVE"?
SUPERVISOR:	REASON FOR LEAVING:
# ACCIDENTS/COMP VEH:	# ACCIDENTS/OWN VEH: # JOB INJURIES:

## JOB DESCRIPTION

### TRACTOR/TRAILER TRUCK DRIVER

Qualify for employment at: Truline Corporation  
9390 Redwood Street  
Las Vegas, NV 89139

#### Applicant Notice:

This information has been adapted from guidelines established by the U.S. Department Of Labor, and can be used to assure the safety and productivity required by helping more accurately match employee qualifications with job functions.

#### Tractor/Trailer Truck Driver 904.383-010:

Drives gasoline or diesel powered tractor trailer combination, usually long distances, to transport and deliver products or materials in liquid, loose, or packaged form. Drives truck to destination, applying knowledge of commercial driving regulations and skill in maneuvering vehicle in difficult situations, such as narrow passageways. Inspects truck for defects before and after trips and submits report indicating truck condition. Maintains driver log according to D.O.T. regulations. May assist workers in loading and unloading truck.

#### Activity Summary:

A driver's function in the overall trucking operation is to take loads from the Consignor's door to the Consignee's door. A single trip can be as short as 100 miles or as long as 3,000 miles. Enroute, the driver's job can include: securing the load, driving, filling out paperwork, fueling, hooking up the tractor and trailer, and electrical system, performing maintenance functions, and crawling in and out of the bunk.

#### Work Environment:

A driver typically spends 70% TO 80% of the time in the tractor. While driving, operators are exposed to noise and vibration caused by the engine, tires on the road, CB, and radios. 20% to 30% of the driver's time is spent outside, exposed to dust, some diesel fumes, and the weather.

#### Driving Schedules:

Drivers are available around the clock for trips to accommodate freight movement. A trip may require a driver to be away from home for as few as 8 hours or as long as 2 weeks. During the trips, a driver is allowed to drive a maximum of 11 hours straight. The driver may drive again after having been off duty or in the sleeper berth for 10 hours.

## Operating The Truck:

Drivers are required to handle tandem tractor/trailer equipment in all types of circumstances, including inter-city travel, intra-city travel, and maneuvering in the close confines of customer facilities. This activity involves unhooking the various tractor/trailer combinations, manually lowering and raising landing gear (gear capable of supporting trailers with 50,000 pound loads), opening and closing cargo doors, and maintaining fuel, lubrication, and coolant level on tractors. While performing these duties, a driver spends 66% to 100% of the time: bending at the waist, neck, wrist, and shoulders, twisting hands, and twisting and rotating forearms and elbows. The driver may use hand tools during maintenance work.

## Loading and Unloading:

Drivers sometimes load and unload full trailers of freight weighing as much as 50,000 pounds. This could involve accurately moving 100 pound bags or cartons to and from floor level to carts, stacks, or platforms over 4 feet high. This type of accelerated activity could continue for hours after the driver has completed 10 hours of driving. A driver typically spends 10% of his day standing and 30% walking (a distance of about ¼ mile) on surfaces of concrete, wood, or metal.

## Tarping And Securing Freight:

Drivers are required to secure freight in closed van trailers, curtain-sided trailers, and on flatbed trailers. Securement may involve pounding nails, using straps, and heavy chains. Drivers are required to tarp flatbed trailers. This activity involves climbing to a height of 4 to 6 feet, balancing, and accelerated physical activity in awkward positions. Trailer tarps may be 30 feet long, 20 feet wide, and weigh 50 pounds each.

## Climbing In And Out:

A driver may enter and exit his cab 8 to 10 times a day. Cab level is approximately 4 to 6 feet from ground level, with entry and exit achieved with the assistance of one or two steps and a handhold. Some deliveries or pickups require entering the trailer from ground level. The trailer floor level is approximately 4 feet off the ground. Entry is achieved through the cargo loading doors with one step and no handhold.

I understand the description of this job and the essential functions, as given above. I also understand that all of the duties are not described above and that I will perform those above and other related duties as directed by my supervisor and management.

**X**

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Applicant's Signature

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Witness Signature

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Date



**TRUCKING INDUSTRY:  
DOT D/A Disclosure and Authorization**



Send to Fax # 800-267-4093 (Manual Service) / Sent to Fax # 800-257-8069 (Database Retrieval)

<b>HireRight Customer:</b>	
Company Name:	_____
Company Contact Name:	_____
Fax #:	(_____) _____ - _____
HireRight Customer #:	_____ Sub-account: _____

**PART I – DISCLOSURE AND AUTHORIZATION FOR RELEASE OF INFORMATION FOR EMPLOYMENT PURPOSES – 49 CFR PART 391.23, DOT DRUG AND ALCOHOL TESTING**

In accordance with DOT Regulation 49 CFR Part 391.23, I hereby authorize release of my DOT-regulated drug and alcohol testing records by the DOT-regulated employer(s) listed below to HireRight for the purpose of HireRight transmitting such records to the HireRight customer listed above. I understand that information/documents released pursuant to this Part I is limited to the following DOT-regulated testing items, including pre-employment testing results, occurring during the previous **three (3) years**: (i) alcohol tests with a result of 0.04 or higher; (ii) verified positive drug tests; (iii) refusals to be tested (including adulterated and/or substituted tests); (iv) other violations of DOT drug and alcohol testing regulations (i.e., violations of 49 CFR 382 Subpart B); (v) information obtained from previous employers of a drug and alcohol rule violation; and (vi) any documentation of completion of the return-to-duty process following a rule violation.

If any company listed below furnishes HireRight with information concerning items (i) through (vi) above, I also authorize such company to furnish the following information to HireRight, if applicable: (i) dates of my negative drug and/or alcohol tests and/or tests with results below 0.04 during the previous **three (3) years**; and (ii) the name and phone number of any substance abuse professional who evaluated me during the previous **three (3) years**.

List all DOT-regulated employers you have applied with and/or worked for in a safety-sensitive function during the previous **three (3) years**. If necessary, attach additional pages, including the date, your name, social security number and signature.

Previous DOT-Regulated Employer	City	State	Phone Number
_____	_____	_____	(_____) _____ - _____
_____	_____	_____	(_____) _____ - _____
_____	_____	_____	(_____) _____ - _____
_____	_____	_____	(_____) _____ - _____
_____	_____	_____	(_____) _____ - _____
_____	_____	_____	(_____) _____ - _____

By signing below, I certify that: (i) all information provided herein is complete and accurate; (ii) I have read and fully understand this Part I disclosure and authorization for release as well as the attached FMCSA Notification of Driver Rights and any applicable state law notices; (iii) prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction; (iv) I execute this authorization voluntarily and with the knowledge that the information obtained pursuant to this authorization could affect my eligibility for employment, promotion, retention or other lawful purpose; (v) I understand I may review this document with legal counsel prior to signing; and (vi) facsimile or photographic copies of this authorization are as valid as an original.

Print Applicant Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**PART II – CONSUMER REPORT AND INVESTIGATIVE CONSUMER REPORT DISCLOSURE**  
**(FOR EMPLOYMENT PURPOSES)**

In connection with your employment or application for employment (including contract for services) and in accordance with applicable laws, HireRight may obtain or assemble consumer reports and/or investigative consumer reports (collectively, "Reports") which may include information about you related to: previous employment (including employers, dates of employment, salary information, reasons for termination, etc.), safety performance including accident history and inspection history, academic history, verification of references and other information supplied by applicant, professional credentials, drug/alcohol use in violation of law and/or company policy, driving record, workers' compensation claims, credit history, creditworthiness, credit capacity, bankruptcy filings, criminal history records, information about your character, general reputation, personal characteristics and mode of living (collectively, "Information"). Information may be obtained from government agencies, educational institutions, HireRight clients, personal references, personal interviews and other Information suppliers (collectively, "Suppliers").

Upon providing proper identification and complying with any applicable legal requirements, you have the right to request the nature and substance of all Information in HireRight's files pertaining to you at the time of your request, including but not limited to: (i) whether any Reports have been provided by HireRight to other parties; (ii) identification of any Suppliers utilized by HireRight in compiling such Reports; and (iii) identification of any recipients of Reports furnished by HireRight within the **two (2) year** period preceding your request. HireRight may be contacted by mail at P.O. Box 33181, Tulsa, Oklahoma, 74153, or by phone at (800) 381-0645.

- ← Check this box if you are applying for employment in **California** and/or you are a California resident and, in either case, you wish to receive a copy of your **credit report or investigative consumer report** if one is obtained or assembled by HireRight. Pursuant to the California Civil Code, you may view the file maintained on you by HireRight during normal business hours. You may also obtain a copy of this file by submitting proper identification and paying applicable costs for such file, if required by law, by contacting HireRight in person or by mail. HireRight is required to have personnel available to explain your file to you and must explain to you any coded information appearing in your file. If you appear in person, a person of your choice may accompany you, provided that this person furnishes proper identification.
- ← Check this box if you are applying for employment in **Oklahoma** and/or you are an Oklahoma resident and, in either case, you wish to receive a copy of your **consumer report** if one is obtained or assembled by HireRight.
- ← Check this box if you are applying for employment in **Minnesota** and/or you are a Minnesota resident and, in either case, you wish to receive a copy of your **consumer report** if one is obtained or assembled by HireRight.

**PART II – AUTHORIZATION FOR RELEASE OF INFORMATION (FOR EMPLOYMENT PURPOSES)**

I hereby authorize HireRight to receive Information and disclose such Information to its customers for the purpose of making a determination as to my eligibility for employment, promotion, retention or other lawful purpose. If hired or contracted, I authorize HireRight and the HireRight customer named above ("Customer") to retain this document on file to act as ongoing authorization for the procurement and possession of Reports at any time during my employment or contract period. I fully release HireRight and Suppliers from all claims of damages related to the investigation of my background and provision of Information as set forth in this disclosure and authorization. I agree that Information in HireRight's possession and my employment history with Customer if I am hired, may be supplied by HireRight to other HireRight customers for legally permissible purposes; provided, such Information will not include the Drug and Alcohol information set forth in Part I above, unless I have given a separate specific consent for HireRight to share such Information.

By signing below, I certify that: (i) all information provided herein is complete and accurate; (ii) I have read and fully understand this Part II disclosure and authorization for release as well as the attached FMCSA Notification of Driver Rights and any applicable state law notices; (iii) prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction; (iv) I execute this authorization voluntarily and with the knowledge that the Information obtained pursuant to this authorization could affect my eligibility for employment, promotion, retention or other lawful purpose; (v) I understand I may review this document with legal counsel prior to signing; (vi) I authorize HireRight and any person or entity contacted by HireRight to furnish the above-mentioned Information; and (vii) facsimile or photographic copies of this authorization are as valid as an original.

**NOTE - THIS AUTHORIZATION DOES NOT APPLY TO DRUG & ALCOHOL INFO. ADDRESSED IN PART I.**

Print Applicant Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

IMPORTANT NOTICE TO DRIVERS  
REGARDING BACKGROUND REPORTS

In connection with your application for employment and during employment should you be offered a position, Truline Corporation ("Prospective Employer") may obtain one or more reports regarding your employment, credit, driving, and/or criminal background history from a consumer reporting agency and/or other sources. If the Prospective Employer uses any information it obtains from a background report by a consumer reporting agency 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 federal Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon information contained in a background report received from a consumer reporting agency, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on the background report and will inform you about how to get in touch with the consumer reporting agency.

The Prospective Employer cannot obtain background reports from consumer reporting agencies or other sources regarding you unless you consent in writing. If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below.

CONSENT TO PROCUREMENT OF  
BACKGROUND REPORTS

I authorize Prospective Employer to obtain, to the extent permitted by law, one or more background reports regarding my employment, credit, driving, and/or criminal background history from a consumer reporting agency and other sources.

I authorize Prospective Employer to contact any organization or individual that I have listed on my employment application or resume or mentioned in job interviews and obtain from them any relevant information about my job qualifications, including my education, experience, skills, performance, credentials, characteristics, attitude, abilities, and involvement in specific events. I understand that I am consenting to the release of any information about my job qualifications held or known by my former employers, supervisors, and co-workers. In addition, I consent to the release of any information about my job qualifications held or known by other organizations or individuals, including schools and educational institutions, professional or business associates, and friends and acquaintances, that Prospective Employer might contact in the course of conducting a reference check or background investigation of my suitability for employment.

Further, I authorize the request for information from various federal and state agencies that maintain records concerning my past activities relating to my driving, criminal and civil experiences. I understand that I am consenting to the release of safety performance information including crash data and inspection history, and acknowledge that release of this information is relevant to my suitability for employment with Prospective Employer.

In exchange for Prospective Employer's consideration of my employment application, I agree not to file or pursue any complaints, claims, or legal actions of any kind against any organization or individual that responds to requests from Prospective Employer or its agents for information about me. I also agree not to file or pursue any complaints, claims, or legal actions against Prospective Employer or any of its employees, representatives, or agents arising out of their efforts to obtain work-related information about me.

I have read the above Important Notice to Drivers Regarding Background Reports and Consent To Procurement Of Background Reports. I hereby authorize Prospective Employer and its employees, agents, and affiliates to obtain the reports and information on my job qualifications and credit, driving, and/or criminal background history authorized above.

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (Please Print)

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

1. In connection with your application for employment with Truline Corporation (“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 Truline Corporation (“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): \_\_\_\_\_

# AFFIRMATIVE ACTION QUESTIONNAIRE

To assist us in our Affirmative Action efforts and help us comply with federal and state record keeping, reporting and compliance, we request the following information. This confidential questionnaire is **NOT** a part of the employment process and it will be separated from your application. Your cooperation in providing this information on a voluntary basis will be appreciated.

## Completion of this form is voluntary

Position Applied for: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Year of Birth: \_\_\_\_\_

### 1. Gender (Please check one):

\_\_\_\_\_ Female  
\_\_\_\_\_ Male

### 2. Race/Ethnicity (Please check one):

\_\_\_\_\_ American Indian or Alaskan Native  
\_\_\_\_\_ Asian  
\_\_\_\_\_ Black or African American  
\_\_\_\_\_ Caucasian  
\_\_\_\_\_ Hispanic or Latino  
\_\_\_\_\_ Native Hawaiian or other Pacific Islander  
\_\_\_\_\_ Two or more races – candidates who identify with or are regarded in the community as belonging to two or more races and/or have a significant percentage of their lineage in two races or cultures and would not base their identification solely on the definitions above.

### 3. Handicapped, Disabled Veteran and/or Vietnam Era Veteran (Please check all that apply):

\_\_\_\_\_ **Handicapped** – any person who (1) has a physical impairment which substantially limits one or more of such person's major life activities; (2) has a record of such impairment; or (3) is regarded as having such an impairment.  
\_\_\_\_\_ **Disabled Veteran** – a person entitled to disability compensation under laws administered by the Veteran's Administration for disability rated at thirty per centum or more or a person whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty.  
\_\_\_\_\_ **Vietnam Era Veteran** – a person who (1) served on active duty for a period of more than 180 days, any part of which occurred between August 5, 1964 and May 7, 1975 and was discharged or released therefore with other than a dishonorable discharge or (2) was discharged or released from active duty for a service-connected disability if any part of such active duty was performed between August 5, 1964 and May 7, 1975.  
\_\_\_\_\_ **Other Veteran** – any Veteran who served in the military, ground, naval or air service of the United States on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized.

**Thank you for your participation.**