



TRUCKS INC

105 SHORT ROAD
JACKSON, GA 30233
PHONE: 770-775-4999
FAX: 770-775-4990
WATS: 888-775-4999

At Trucks, Inc. we are proud to offer employment to experienced truck drivers who live in the southeast.

Our freight is ideal for anyone living in Georgia or Florida.

We haul LTL and truckload freight out of the Atlanta area to points throughout the southeast US. The majority of our loads stay within Georgia, Florida, Alabama, Tennessee, Virginia, and the Carolinas, but we also have a few loads going to Texas, Missouri, and Illinois. Our freight is 85% drop and hook.

We have seven main qualifications you must meet:

- 1) Must be at least 25 years old
- 2) Must have 2 years verifiable over the road experience
- 3) Cannot have more than 3 moving violations in the past 7 years (and no DUI)
- 4) Cannot have more than 1 moving violation the past 12 months
- 5) Cannot have had an accident in the past 12 months
- 6) Must have HazMat and Doubles endorsements
- 7) Never been charged or convicted of theft

The pay works as follows: (effective 4/7/21)

You get .47 cents per mile loaded and empty, of which .07 cents of every mile you run is per diem, or non-taxed income (ie. $.40 + .07 = .47$). The per diem pay is an allowance for any expenses you incur for meals, lodging and incidentals.

We do offer two health insurance plans as we know this is an important benefit needed.

In addition, dental and disability insurance can be purchased here.

We also have a 401(k) program, in which we match .25 cents for every dollar you save in the plan (up to 4% of your salary).

One week vacation pay is paid after 1 year of employment, increasing to 4 weeks after 10 years. This vacation pay is based on an average week from the previous year.

Come join a family-oriented atmosphere, where you're a name and a happy face, not just a number. Run the southeast and enjoy a flexible schedule with people who appreciate you!

Thanks for Considering Trucks!

APPLICATION FOR EMPLOYMENT
COMMERCIAL DRIVERS

Requesting Employer:

Truck Drivers, Inc.
105 Short Rd.
Jackson, GA 30233
770-775-4999
770-775-4990 fax



This transportation company is an equal opportunity employer in compliance with all Federal and State equal employment opportunity laws. Consideration of qualified applicants for any position is made without regard to the applicant's sex, race, color, national origin, marital status, age, religion or non-job related disability.

Date _____ Position(s) applied for: _____

Name: _____ Date of Birth: _____
Last First Middle

Address: _____
Street City State Zip

Phone: _____ Social Security Number: _____

Previous Address: _____ How long at this address? _____
(Go back 3 years) Street City State & Zip

_____ How long at this address? _____
Street City State & Zip

Can you be legally employed in the united States? _____ Do you have proof of age? _____
(Required for commercial drivers)

Have you ever been employed by this company before? _____ If so, When? _____

What was your rate of pay? _____ Position held? _____

What was your reason for leaving? _____

Are you working now? _____ If not, How long since you were last employed? _____

What rate of pay are you expecting? _____ How did you here about this company? _____

May we contact your present employer? _____

After reviewing the job description, for what reasons might you be unable to perform the duties of the position for which you are applying? You may explain.

Who referred you to us? _____

WORK HISTORY-PAST 10 YEARS

In Accordance with the FMCSR Section 383.35: The following employment history information for the 10 years preceding the date the application is submitted shall be presented to the prospective employer by the applicant (1) A list of the names and addresses of the applicant's previous employers for which the applicant was an operator of a commercial motor vehicle; (2) The dates the applicant was employed by these employers; and (3) The reason for leaving such employment. The applicant shall certify that all information furnished is true and complete. Notice: The information provided may be used and previous employers may be contacted for the purpose of investigating the applicant's work history.

EMPLOYER: _____ **PHONE:** _____

CONTACT: _____ Employed From: _____ To: _____

Address: _____ City: _____ State: _____ Zip: _____

Position: _____ Salary: _____

Reason for leaving: _____

EMPLOYER: _____ **PHONE:** _____

CONTACT: _____ Employed From: _____ To: _____

Address: _____ City: _____ State: _____ Zip: _____

Position: _____ Salary: _____

Reason for leaving: _____

EMPLOYER: _____ **PHONE:** _____

CONTACT: _____ Employed From: _____ To: _____

Address: _____ City: _____ State: _____ Zip: _____

Position: _____ Salary: _____

Reason for leaving: _____

EMPLOYER: _____ **PHONE:** _____

CONTACT: _____ Employed From: _____ To: _____

Address: _____ City: _____ State: _____ Zip: _____

Position: _____ Salary: _____

Reason for leaving: _____

Driving Qualifications and Experience

LICENSE HELD:

State: _____ License No. _____ Endorsements: _____ Expiration Date: _____
State: _____ License No. _____ Endorsements: _____ Expiration Date: _____
State: _____ License No. _____ Endorsements: _____ Expiration Date: _____

EQUIPMENT EXPERIENCE:

(please check all that apply)

Equipment Class _____ Equipment Type: [] Van, [] Flat, [] Tank, [] Reefer How Long? _____

Tractor & Semi-Trailer _____ Total Miles (appx.) _____

Tractor w/ Two Trailers _____ Total Miles (appx.) _____

Straight Truck _____ Total Miles (appx.) _____

Other _____ Total Miles (appx.) _____

In what States have you operated - past 3 years? _____

Have you ever had your license revoked or suspended? _____ If so, when and where? _____

Why? (please explain) _____

ACCIDENTS & VIOLATIONS

ACCIDENTS PAST 7 YEARS (list most recent first - attach additional sheet if necessary)

Date: _____ Injuries? _____ Fatalities? _____ Describe: _____

Date: _____ Injuries? _____ Fatalities? _____ Describe: _____

Date: _____ Injuries? _____ Fatalities? _____ Describe: _____

TRAFFIC CONVICTIONS PAST 7 YEARS (not parking violations)

Date: _____ Where? _____ Violation? _____ Penalty: _____

Date: _____ Where? _____ Violation? _____ Penalty: _____

Date: _____ Where? _____ Violation? _____ Penalty: _____

use space below to comments on accidents & violations

EDUCATION AND TRAINING

What was the highest grade you completed? _____ Where? _____

What special training have you received that will benefit you in this job? _____

Use this space to list any experience or knowledge you have, not covered previously, or to make any comments you wish:

READ THE FOLLOWING CAREFULLY AND SIGN BELOW

By signing this statement I certify that this employment application has been completed by me, and all of the entries provided are true, complete and accurate to the best of my knowledge. By signing below I also authorize this company to make such inquiries into my employment, financial, personal, or medical history as might be needed to make an employment decision. I understand that inquiries into my medical history are generally made after a job offer is made.

I hereby release my former employers, healthcare providers and schools from any and all liability in making response to these inquiries and from releasing the requested information.

I understand that as an employee of Trucks Inc., I will be performing my job duties for Trucks, Inc. and will adhere to all rules, regulations and guidelines as set forth by Trucks, Inc.

Applicant's Signature _____ Date: _____

(Do not write below this line - for office use only)

APPLICATION RESULTS

Hired or Declined? _____ Hire date: _____ Position: _____

If declined, Why? _____

Date to start: _____ Starting Pay: _____

Comments, Complaints, etc:

Termination Date: _____ Quit or Dismissed? _____ Why? _____

Request for Information from Previous Employment

I hereby authorize you to release any information regarding my services, character and conduct while in your employment, to Trucks, Inc. for purposes of investigation as required by Section 391 and 382 of the FMCSR. You are released from any liability which may result from furnishing such information.

In order to enable Trucks, Inc. to comply with the regulations of the FMCSR, I hereby consent to Trucks, Inc. obtaining from my prior employers the information pertaining to any positive controlled substance test results, alcohol tests with a concentration result of 0.04 or higher and refusals to be tested within the preceding three (3) years of the date of this application.

I understand that I, as the applicant, have the right to review the information obtained. I also understand that I must make that request in writing to Trucks, Inc. and they will have 5 days in which to respond.

Applicant's Name: _____ SS# _____

Date: _____ Applicant's Signature: _____

To Former Employer: Please complete the following and return to fax 770-775-4990 at your earliest convenience. Thank you for your cooperation.

Name of Company: _____ US DOT #: _____

Period(s) of Employment: from _____ to _____ and from _____ to _____

Driver: yes no Part time Full time Company Driver Owner-Operator Driver for O/O

Equipment: Tractor Trailer Van Reefer Tank Flatbed Other _____

List states in which applicant drove regularly: _____

Commodities Hauled: _____ Number of Trucks You Operate: _____

Accidents: _____ Number DOT Reportable _____ Number Non-DOT Reportable _____

Dates, Description and \$ Amount : _____

Tickets: Yes No If yes, describe: _____

License Suspension: Yes No If yes, describe: _____

Why did Applicant leave your employ? Is Applicant eligible for rehire? Yes No If no, why? _____

Has this person ever tested positive for a controlled substance in the past 3 years?
 Yes No

Has this person ever had an alcohol test with a Breath Alcohol Concentration of 0.04 or greater in the last 3 years?
 Yes No

Has this person ever refused a required test for drugs or alcohol in the past 3 years?
 Yes No

Has this person violated any FMCSA Drug or Alcohol regulation in the past 3 years?
 Yes No

Have you received information from a previous employer that this individual violated DOT Drug and Alcohol regulations in the past 3 years?
 Yes No

Please Mark the Appropriate Rating:

Very Good Good Fair Poor

Quality of Work
Safety Habits
Driving Skill
Log Accuracy
Punctuality
Dependability
Grooming
Cooperation

Person providing information:

_____ Print Name: _____ Date: _____
Signature



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

Send to Fax# (800) 257-8069

HireRight Customer:

Company Name: _____

Company Contact Name: _____

Fax #: (_____) _____ - _____

HireRight Account Code: _____

**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 2 - FMCSA Notification of Driver Rights

In compliance with 49 CFR Part 40 §391.23 you have certain rights regarding the safety performance history information that will be provided to prospective employers. I) You have the right to review information provided by previous employers. II) You have 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 prospective employers. III) You have 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. (2) Drivers who have previous DOT regulated employment history in the preceding three years and wish to review previous employer-provided investigative information must submit a written request to prospective employers. This may be done at any time, including when applying, or as late as 30 days after being employed or being notified of denial of employment. Prospective employers must provide this information within five business days of receiving the written request. If prospective employers have not yet received the requested information from the previous employer, then the five day deadline will begin when the requested safety performance history information is received. If you have not arranged to pick up or receive the requested records within 30 days of prospective employers making them available, the prospective employers may consider you to have waived your request to review the record.

PRE-EMPLOYMENT URINALYSIS NOTIFICATION

The Federal Motor Carrier Safety Regulations, Section 391.103 -- pre-employment testing requirements, apply to driver-applicants of this company.

391.103 Pre-employment testing requirements.

(a) A motor carrier shall require a driver-applicant who the motor carrier intends to hire or use to be tested for the use of controlled substances as a prequalification condition.

(b) A driver-applicant shall submit to controlled substance testing as a prequalification condition.

(c) Prior to collection of a urine sample under §391.107 of this subpart, a driver-applicant shall be notified that the sample will be tested for the presence of controlled substances.

As a condition of my employment, I agree to the urine sample collection and controlled substance testing.

I understand a positive test for controlled substances based on the Urinalysis Test will medically disqualify me from the operation of a commercial motor vehicle for this company.

The Medical Review Officer will maintain the results of the Urinalysis Test. Negative and positive results will be reported to the company.

My written authorization is required for the Urinalysis Test results to be given to other parties.

I have read and understand the above conditions for the Pre-Employment Urinalysis Notification.

APPLICANT'S NAME (type or print)

APPLICANT'S SIGNATURE

WITNESSED BY:

COMPANY REPRESENTATIVE'S SIGNATURE

MONTH DAY YEAR

MONTH DAY YEAR

Motor Vehicle Driver's CERTIFICATION of VIOLATIONS

MOTOR CARRIER INSTRUCTIONS: Each motor carrier shall, at least once every 12 months, require each driver it employs to prepare and furnish it with a list of all violations of motor vehicle traffic laws and ordinances (other than violations involving only parking) of which the driver has been convicted, or on account of which he has forfeited bond or collateral during the preceding 12 months. (Section 391.27)

Drivers who have provided information required by Section 383.31 need not repeat that information here.

DRIVER REQUIREMENTS: Each driver shall furnish the list as required by the motor carrier above. If the driver has not been convicted of, or forfeited bond or collateral on account of any violation which must be listed, he shall so certify. (Section 391.27)

I certify that the following is a true and complete list of traffic violations required to be listed (other than those I have provided under Part 383) for which I have been convicted or forfeited bond or collateral during the past 12 months.

Date	Offense	Location	Type of Vehicle Operated

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation (other than those I have provided under Part 383) required to be listed during the past 12 months.

Driver's License No. _____ State _____ Expiration Date _____

(DATE OF CERTIFICATION)
Trucks, Inc.

(MOTOR CARRIER'S NAME)

(REVIEWED BY: SIGNATURE)

(DRIVER'S SIGNATURE)
105 Short Rd. Jackson, GA

(MOTOR CARRIER'S ADDRESS)
Safety Director

(TITLE)





GCIC CONSENT FORM

I hereby authorize HireRight, LLC to receive any Georgia criminal history record information pertaining to me, which may be in the files of any state or local criminal justice agency in Georgia. I give consent to the above named to perform periodic criminal history background checks for the duration of my employment with this company.

Full Name (PRINT) (First/Middle/Last)

Street Address

City/State/Zip

Sex

Race

Date of Birth
(mm/dd/yyyy)

Social Security Number

Signature

Date (mm/dd/yyyy)



Mail to:
DAC Services

FAX to:
1-800-887-8994

4110 S. 100th E. Ave.
Tulsa, OK 74146-3639
ATTN: Criminal Record Dept.

RELEASE FORM

ATTN: Criminal Record
Department

I hereby authorize Trucks, Inc. and its agent, DAC Services to receive any criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency.

Full Name Printed

Address

Sex

Race

DOB

SSN

Signature

Date

=====
Notarized signature required for: Georgia, Minnesota and New Hampshire
Sworn to and Subscribed before me on this ____ Day of _____, 19__.

Notary Public

My Commission Expires _____

DAC Services
Authorization to Release Information

Name: _____

Social Security Number: _____ - _____ - _____

Date of Birth: ____ / ____ / ____

I authorize the release of information regarding work related injuries, including first reports of injury and both pending and closed workers' comp claim cases on file with the State Department of Workers' Compensation, to DAC Services, an agent for _____.
(Employer)

This information may include, but should not be limited to case, claim or identification number, date of injury, source of injury, type of injury, nature of injury, location of injury, employer involved in the claim, compensation and medical dollars paid and status.

Signature

Date

Notarization is required for Nevada and Utah*

Sworn and Subscribed before me on this ____ Day of _____, 19____.

Notary Public Signature

My Commission Expires _____

*Shade notary seal with pencil before faxing.

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 Trucks, 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 Trucks, 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.

LAST UPDATED 12/22/2015