



DRIVER'S APPLICATION FOR EMPLOYMENT

Applicant Name _____ Date of Application _____

Contact Number: Cell () _____ Home Phone () _____

Position(s) Applied for: () Company Driver () Owner Operator / Contractor

**Chickasaw Container Services, Inc.
PO Box 2182
Mobile AL 36652**

In compliance with Federal and State equal employment opportunity laws, qualified applicants Are considered for all positions without regard to race, color, religion, sex, national origin, age, material status, veteran status, non-job related disability, or any other protected group status.

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

- Review information provided by previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

Signature **X** _____ Date _____

FOR COMPANY USE

PROCESS RECORD

APPLICANT HIRED _____ REJECTED _____

DATE EMPLOYED _____ POINT EMPLOYED _____

DEPARTMENT _____ CLASSIFICATION _____

(IF REJECTED, SUMMARY REPORT OF REASONS SHOULD BE PLACED IN FILE)

SIGNATURE OF INTERVIEWING OFFICER _____

TERMINATION OF EMPLOYMENT

DATE TERMINATED _____ DEPARTMENT RELEASED FROM _____

DISMISSED _____ VOLUNTARILY QUIT _____ OTHER _____

TERMINATION REPORT PLACED IN FILE _____ SUPERVISOR _____

APPLICANT TO COMPLETE

(answer all questions -please print)

Name _____ Social Security No. _____

List your addresses of residency for the past 3 years.

Current Address	Street _____	City _____	Phone _____	How Long? _____
Previous Addresses	State _____	Zip Code _____		yr /mo _____
	Street _____	City _____	State & Zip Code _____	How Long? _____
	Street _____	City _____	State & Zip Code _____	yr /mo _____
	Street _____	City _____	State & Zip Code _____	How Long? _____
	Street _____	City _____	State & Zip Code _____	yr /mo _____

Do you have the legal right to work in the United States? YES NO

Date of Birth _____/_____/_____ Can you provide proof of age? YES NO
(Required for Commercial Drivers)

Have you worked for this company before? YES NO What Location? Mobile, New Orleans, Memphis

Dates: From _____ To _____ Rate of Pay _____ Position _____

Reason for leaving _____

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

Have you ever been bonded? _____ Name of bonding company _____

Have you ever been convicted of a felony? YES NO If **YES**, please explain _____

EMPLOYMENT HISTORY

Please provide the following information on **ALL** employers for the past **10 years**. Please list complete mailing address, street number, city, state and zip code. Driver applicants must provide at least **7 years** of Driving experience.

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

EMPLOYER			DATE	
NAME			FROM	TO
ADDRESS			MO. YR.	MO. YR.
CITY	STATE	ZIP	POSITION HELD	
CONTACT PERSON	PHONE NUMBER		SALARY/WAGES	
			REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSR's WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO				
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO				

EMPLOYMENT HISTORY (continued)

EMPLOYER			DATE	
NAME			FROM MO. YR.	TO MO. YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGES	
CONTACT PERSON	PHONE NUMBER		REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSR's WHILE EMPLOYED? () YES () NO				
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? () YES () NO				

EMPLOYER			DATE	
NAME			FROM MO. YR.	TO MO. YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGES	
CONTACT PERSON	PHONE NUMBER		REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSR's WHILE EMPLOYED? () YES () NO				
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? () YES () NO				

EMPLOYER			DATE	
NAME			FROM MO. YR.	TO MO. YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGES	
CONTACT PERSON	PHONE NUMBER		REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSR's WHILE EMPLOYED? () YES () NO				
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? () YES () NO				

EMPLOYER			DATE	
NAME			FROM MO. YR.	TO MO. YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGES	
CONTACT PERSON	PHONE NUMBER		REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSR's WHILE EMPLOYED? () YES () NO				
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? () YES () NO				

EMPLOYER			DATE	
NAME			FROM MO. YR.	TO MO. YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGES	
CONTACT PERSON	PHONE NUMBER		REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSR's WHILE EMPLOYED? () YES () NO				
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? () YES () NO				

*Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 16 or more passengers (including the driver), or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

†The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport more than 8 passengers (including the driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED) IF NONE, WRITE **NONE**

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES	HAZARODUS MATERIAL SPILL
LAST ACCIDENT / /				
NEXT PREVIOUS / /				
NEXT PREVIOUS / /				

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE **NONE**

LOCATION	DATE	CHARGE	PENALTY

EXPERIENCE AND QUALIFICATIONS – DRIVER

List all driver licenses or permits held in the past 3 years

DRIVER LICENSES	STATE	LICENSES NUMBER	TYPE	EXPIRATION DATE
	Endorsements	HAZMAT yes no	TANK yes no	TWIC yes no

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES _____ NO _____

B. Has any license, permit or privilege ever been suspended or revoked? YES _____ NO _____

IF THE ANSWER TO EITHER A or B IS YES, PLEASE GIVE DETAILS: _____

DRIVING EXPERIENCE (Circle Yes or No)

CLASS OF EQUIPMENT	CIRCLE TYPE	DATES		APPROX NO OF MILES (TOTAL)
		FROM	TO	
STRAIGHT TRUCK Yes No	VAN, TANK, FLAT, DUMP, REFER			
TRACTOR & SEMI TRAILER Yes No	VAN, TANK, FLAT, DUMP, REFER			
TRACTOR PULLING DOUBLES Yes No	VAN, TANK, FLAT, DUMP, REFER			
TRACTOR PULLING TRIPLES Yes No	VAN, TANK, FLAT, DUMP, REFER			
TRACTOR PULLING CONTAINERS Yes No	DRY, REFER, RACK, TANKER			
MOTORCOACH – SCHOOL BUS Yes No				
OTHER				

LIST ALL STATES OPERATED IN FOR THE LAST FIVE YEARS: _____

SHOW SPECIAL COURSES OR TRAINING AND OTHER EXPERIENCE THAT WILL HELP YOU AS A DRIVER: _____

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 HIGH SCHOOL: 1 2 3 4 COLLEGE: 1 2 3 4

LAST SCHOOL ATTENDED _____
(NAME) (CITY, ST)

TO BE READ AND SIGNED BY THE 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.

Signature: X Date: _____



**APPLICATION FOR QUALIFICATION
DOCUMENT COVER SHEET**

TO BE READ AND SIGNED BY APPLICANT:

It is agreed and understood that any inaccurate or incorrect information provided on this Application for Qualification shall be considered an act of misrepresentation.

I give Chickasaw Container Services, Inc. and its agents or representatives the right to investigate all references and to secure additional information about my employment background including Drug and Alcohol Testing Results and Driver/Applicant Accident History in compliance with 49 CFR Part 40 and specifically Subpart P (40.321). I hereby release from all liability for damages the Motor Carrier and its agents or representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

I agree to furnish such additional information and complete such examinations as may be required to complete my employment file.

It is agreed and understood that this Application for Qualification in no way obligates the Motor Carrier to employ me.

It is agreed and understood that if qualified to operate Motor Carrier equipment, I will be on a probationary period, during which I may be disqualified without recourse.

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.

X _____
Applicant's Signature

Date

X _____
Print Name

Social Security Number



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

Send to Fax# (800) 257-8069

HireRight Customer:	
Company Name:	<u>Chickasaw Container Svc</u>
Company Contact Name:	<u>Luis Garcia</u>
Fax #:	<u>(251) 445 - 4242</u>
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.



DOT DRUG AND ALCOHOL TESTING RECORD

COMPANY: _____

In compliance with 49 CFR Part 40, the following information is required from you regarding the DOT drug and alcohol tests administered within the last three (3) years by you or by any other company of which you have information for the following applicant. **Please note:** Failure to provide information as required by the United States Department of Transportation Regulation 49CFR Part 40 and Subpart P (40.321) is considered a federal violation.

Drug and Alcohol Testing Record

Does your company participate in a random drug and alcohol program?	
Did this individual participate in your alcohol and controlled substance testing program?	
Provide dates if this applicant had a breath alcohol test with a confirmed concentration of 0.04 or higher in the past three (3) years.	
Provide dates if this applicant has had a controlled substance test with a positive result in the last three (3) years.	
Provide dates if this applicant has refused to submit to a controlled substance or alcohol test within the past three (3) years.	
Provide dates if this applicant had a controlled substance test ruled a refusal because of a verified adulterated or substitutive result	
Are you aware of any violations of DOT drug and alcohol testing regulations?	
Do you have documentation that this applicant has completed a DOT return to duty program? If you answered yes to any questions 4 through 8 enter yes or no in the box to the right.	
If you answered no to questions 4 through 8 check the box to the right to indicate the questions do not apply.	

Driver/Applicant Accident History

In the past three (3) years has this Applicant had any reportable accidents as outlined under 49 CFR 390.5?
 YES _____ NO _____ If you answered yes please provide the following information for each accident.

Accident date	Location City and state	Number injured	Number of fatalities	Hazmat spilled

This release will also apply, without reservation, to information and database resources of USIS DAC Services. Upon proper identification, I have the right to request the nature and substance of all information in its files on me at the time of my request and the recipients of any reports on me which DAC has previously furnished within the two year period preceding my request.

Driver/Applicant Please Sign:

X _____ X _____
Signature Printed Name



Social Security #: _____ / _____ / _____ Date: _____

Date submitted: _____

E-Mail/Fax Date: _____

Verification of Employment

COMPANY NAME			
ADDRESS			
CITY, STATE, ZIP			
TELEPHONE / FAX	Phone:	Fax:	
TO THE ATTENTION OF			

PLEASE CONFIRM OR UPDATE INFORMATION BELOW

APPLICANTS NAME		
SOCIAL SECURITY #		
POSITION TITLE		
DATES OF EMPLOYMENT	From:	To:
DUTIES		
RATE OF PAY		
REASON FOR LEAVING		
ELIGIBLE FOR REHIRE?		

PLEASE PRINT NAME AND TITLE

VERIFIED BY: _____ TITLE: _____

DATE: _____

Attached is a written release allowing us to verify records. This request is made in compliance with Federal and State laws. As this is for employment purposes, an immediate response is appreciated.

Thank you for your time and cooperation

Chickasaw Container Services, Inc.

safety@ccsusa.biz

FAX: 251-445-4242 PHONE: 251-457-7300 ext. 23

P.O. Box 2182 Mobile, AL 36652



Chickasaw Container Services, Inc.

FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT

In accordance with the provisions of Section 604(b)(2)(A) 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 I, of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on you for employment purposes. These reports are required by Sections 382.413, 391.23, and 391.25 of the Federal Motor Carrier Safety Regulations.

X _____
Applicant's Signature

Date

X _____
Print Name

Social Security Number



Chickasaw Container Services, Inc.

**IMPORTANT NOTICE REGARDING BACKGROUND REPORTS FROM
THE PSP Online Service
MANDATORY USE FOR ALL ACCOUNT HOLDERS**

1. In connection with your application for employment with Chickasaw Container Services, 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 Chickasaw Container Services ("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)