



*Delivering Safely ... On Time !!!* ®

**Fax Cover Sheet**

To: Theresa Mountjoy Fax: 901-251-1295

From: \_\_\_\_\_

Subject: \_\_\_\_\_

# Of Pages (Including cover sheet): \_\_\_\_\_

Notes:

Empire Logistics Services 999 Channel Avenue Memphis, TN 38106 Phone: 800-500-3089 Fax:  
901-251-1295

**Empire Express 999 Channel Ave PO Box 13468 Memphis, TN 38113 800-500-3089**

<b>Personal Information</b>	
Name	
Address	
City, State Zip	
Country	
Addresses Over last 3 years	
SSN	
Date of Birth	
Phone	
Email	
Contact Method	
Best Contact Time	
Recruiter	
<b>Licenses</b>	
License Number	
Expiration Date	
State	
Country	
Current License	
Commercial Driver License	
CDL Class	
Tanker Endorsement	
HAZMAT Endorsement	
X Endorsement	
Doubles / Triples Endorsement	

**Company Questions****GENERAL INFORMATION**

Position applying for:

How long have you been at your current job?

How many accidents/incidents have you had in the last 3 years?

How many tickets have you had in the last 3 years?

How many violations (log book, overweight, equipment, etc.) have you had in the last 3 years?

Have you previously applied to Empire Express?

If yes, when:

Have you previously worked for Empire Express?

If yes, when:

If you referred by an employee, please enter their name:

Marital Status:

Spouse's Name:

Number of Dependents:

Emergency Contact Information (List name, relationship, address, city, state, zip, and phone number (including area code):

Do you have any relatives employed by Empire Express?

If yes, enter their name(s):

**EDUCATION**

List highest grade completed:

List last school attended (name, city, and state):

**DRIVING EXPERIENCE**

For each class of equipment, enter type of trailer (van, tank, flat, etc.), start and end dates, and approximate number of total miles. If no experience in a class, enter "NONE".

Straight Truck:

Tractor and Semi-Trailer:

Tractor - Twin Trailers

Other	
List states operated in for the last 5 years:	
List major cities operated in for the last 5 years:	
What safe driving awards do you hold and from whom?	
<b>Military</b>	
Military Service	
<b>Driver Training School</b>	
Start Date	
End Date	
School	
City, State	
Country	
Phone	
Graduated	
GPA	
Hours of Instruction	
Border Crossing	
Log Book	
FMCSR	
Dangerous Goods	

<b>Employment</b>	
Start Date	
End Date	
Company	
Address	
City, State Zip	
Country	
Phone	
Position	
Reason for Leaving	
Truck Position	
FMCSR	
Safety Sensitive	
Present Employer	
Terminated	
Areas Driven	
Miles Weekly	
Pay Range (cents/mile)	
Type of Equipment	
Type Of Trailer	

<b>Employment</b>	
Start Date	
End Date	
Company	
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City, State Zip	
Country	
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Position	
Reason for Leaving	
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Company	
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City, State Zip	
Country	
Phone	
Position	
Reason for Leaving	
Truck Position	
FMCSR	
Safety Sensitive	
Present Employer	
Terminated	
Areas Driven	
Miles Weekly	
Pay Range (cents/mile)	
Type of Equipment	
Type Of Trailer	

<b>Motor Vehicle Record</b>	
License Suspended or Revoked	
Convicted of Driving While Suspended or Revoked	
Convicted of Alcohol or Controlled Substance	
Convicted For Possession, Sale or Transfer of a Controlled substance	
Convicted of Reckless, Careless Driving	
<b>Tested positive, or refused to test, on pre-employment drug or alcohol test by an employer applied to, but did not obtain safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules in past three years</b>	
<b>Traffic Convictions \ Violations</b>	
<b>Any violations within last years</b>	
<b>Date</b>	
<b>Charge/Violation</b>	
<b>If Speeding, MPH over:</b>	
<b>In Commercial Vehicle</b>	
<b>Violation State</b>	
<b>Fined?</b>	
<b>License Suspended?</b>	
<b>License Revoked?</b>	
<b>Performed Community Service?</b>	
<b>Other Penalty?</b>	
<b>If Fined, Fine Amount:</b>	
<b>Comments</b>	
<b>Vehicle Accident Record</b>	

<b>Accidents Within Last 3 Years</b>	
<b>Date</b>	
<b>Type of accident/incident</b>	
Description	
Commercial Vehicle	
DOT Reportable	
At Fault	
Ticketed	
Accident State	
<b><i>Criminal Record</i></b>	
Ever been convicted of a crime	
Any Deferred Prosecutions	
Any Unresolved Charges Pending	
Plead "guilty" to, been convicted of, pled "no contest" to a felony	
Felony convictions and holds Ministers Permit for Canada	
Within last five years, plead "guilty" to, been convicted of, had prosecution deferred in connection with, or pled "no contest" to a misdemeanor	
<b><i>Signature</i></b>	
Full Name	
Social Security Number	
Date of Birth	
Signature Date	



## Driver Authorization to Release Records

### CONSUMER REPORT DISCLOSURE AND RELEASE

In connection with your employment or application for employment (including contract for services) with Empire Express, Inc., consumer reports may be requested from USIS Commercial Services ("USIS"). These reports may include the following types of information: names and dates of previous employers, reason for termination of employment, work experience, accidents, academic history, professional credentials, and drugs/alcohol use. Such reports may contain public record information concerning your driving record, workers' compensation claims, credit, bankruptcy proceedings, criminal records, etc., from federal, state and other agencies which maintain such records; as well as information from USIS concerning previous driving record requests made by others from such state agencies and state provided driving records.

You have the right to make a request to USIS, upon proper identification, to request the nature and substance of all information in its files on you at the time of your request, including the sources of information and the recipients of any reports on you that USIS has previously furnished within the three-year period preceding your request. USIS may be contacted by mail at P.O. Box 33181, Tulsa, Oklahoma, 74153, or by phone at (800) 381-0645.

I AUTHORIZE, WITHOUT RESERVATION, USIS, AND ANY PARTY OR AGENCY CONTACTED BY USIS, TO FURNISH THE ABOVE-MENTIONED INFORMATION. THIS AUTHORIZATION DOES NOT APPLY TO DRUG AND ALCOHOL INFORMATION OBTAINED UNDER PART I.

I hereby consent to your obtaining the above information from USIS, and I agree that such information which USIS has or obtains, and my employment history (not DOT Drug and Alcohol information without a specific consent by me) with you if I am hired, will be supplied by USIS to other companies which subscribe to USIS. I hereby authorize procurement of consumer report(s). If hired or contracted, this authorization, for reports covered by this release only, shall remain on file and shall serve as ongoing authorization for you to procure consumer reports at any time during my employment or contract period.

### Notice to California Applicants

Under California law, the consumer reports we order on you for employment purposes within the State of California are defined as investigative consumer reports. These reports may contain information on your character, general reputation, personal characteristics and mode of living. Under section 1786.22 of the California Civil Code, you may view the file maintained on you by USIS during normal business hours. You may also obtain a copy of this file upon submitting proper identification and paying the costs of duplication services, by appearing at USIS in person or by mail. The agency is required to have personnel available to explain your file to you and the agency 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.

Printed Name: \_\_\_\_\_

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



**TO BE READ AND AGREED TO BY APPLICANT** It is agreed and understood that the employer or employer's agent may investigate the applicant's background and applicant releases employers and other sources which provide information from all liability for any damages on account of furnishing such information.

I agree to voluntarily submit to a pre-employment physical, drug screen, and a driver evaluation should I meet the qualifications of the position for which I have applied and a contingent job offer is made.

The applicant agrees to furnish such additional information and complete such examinations as may be required to complete the employment file.

It is agreed and understood that this application is not a contract for employment and in no way obligates the employer to employ the applicant.

I understand that any offer of employment is contingent on my ability to produce documentation to verify my identity and legal authorization to work in the U.S. as required by the Immigration and Control Act of 1986.

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

**Notice: In compliance with PUBLIC LAW 91-508 and other applicable Statutes**

You are hereby notified that in connection with this application an investigative consumer report including information as to your character, employment history, educational background, general reputation, personal characteristics and mode of living may be procured by the company. Upon written request made by you to the company, the company will inform you , within five business days of receipt of your request, whether or not such investigative consumer report has been requested and, if so, provide you with the name, address and telephone number of the consumer reporting agency making such report. You may request and promptly receive from the consumer reporting agency copies of such investigative report, if required by law.

**Printed Name:** \_\_\_\_\_

**Signed Date:** \_\_\_\_\_

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

**Signed:** \_\_\_\_\_

Request/Consent for Information from Previous Employer(s) For Alcohol & Controlled Substances Testing Records  
And changes in Parts 390 and 391 of the FMCSA

X \_\_\_\_\_  
Date

X \_\_\_\_\_  
Social Security Number

Gender:  
X \_\_\_\_\_  
Print Name (First, MI, Last)

X \_\_\_\_\_  
Signature

I, the above mentioned signer, hereby authorize "Previous employers"  
To release and forward in accordance with the following regulation, all known information pertaining to my alcohol and controlled  
substances testing/training records to **Empire Express**

**DOT DRUG AND ALCOHOL RELEASE**

I authorize, per 49 CFR Part 40, the release of information from my DOT regulated drug and alcohol testing records by the carriers  
(company/school) listed below for the sole purpose of transmitting such records to Empire Express, Inc. I authorize release of the  
following information concerning DOT drug and alcohol testing violations during the past three years: (i) alcohol tests with a result of  
0.04 or higher; (ii) verified positive drug tests; (iii) refusals to be tested (including verified adulterated or substituted results); (iv)  
other violations of DOT drug and alcohol testing regulations; (v) information obtained from previous employers of a drug and alcohol  
rule violation(s); and (vi) documents, if any, of completion of a return-to-duty process following a rule violation.

The information that I have authorized involves tests required by DOT. If any carrier (company/school) listed below furnishes  
information concerning items (i) through (vi) above, I also authorize that carrier (company/school) to release and furnish the dates of  
my negative drug and/or alcohol tests and/or tests with results below 0.04 during the three-year period and the name and phone  
number of and substance abuse professional who evaluated me during the past two years.