



TM Transportation Services, LLC  
 13491 South Unitec Drive  
 Laredo, TX 78045  
 Ph. (956)723-0555 Fax (956)727-1785

**APPLICATION FOR EMPLOYMENT**

**APPLICATION DATE:** \_\_\_\_\_

**TO BE READ AND SIGNED BY APPLICANT**

This Company does not discriminate on the basis of age, race, color, religion, sex, national origin, physical or mental disability, veteran status or any other basis that is prohibited by Federal, State or local laws. You are hereby notified concerning your rights regarding the investigative information that will be provided to the prospective employer.

- i. The right to review information provided by previous employers.
- ii. The right to have errors in the information corrected by the previous employer and for that previous employer to resend the corrected information to the prospective employer.
- iii. 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.

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

**PERSONAL INFORMATION**

Name: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_  
 Address \_\_\_\_\_ Home telephone: \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Cellular telephone: \_\_\_\_\_  
 Birth Date: \_\_\_\_\_ E-mail: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Marital Status \_\_\_\_\_ Number or Dependents \_\_\_\_\_ Spouse's Name \_\_\_\_\_  
 Spouse Phone Number \_\_\_\_\_ Cellular Number: \_\_\_\_\_  
**Emergency Contact Person** \_\_\_\_\_ Relationship \_\_\_\_\_ Phone Number \_\_\_\_\_  
 Address Emergency Contact Person \_\_\_\_\_

**FORMER RESIDENCES (LAST THREE YEARS)**

If your above address is less than 3 years continue listing them below to cover the previous 3 year period:

1 Street \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 .....

2 Street \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 .....

3 Street \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_



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**REFERENCES: List three references of people who know you**

<b>1.</b>	_____	_____	_____
	Name	Address (Street, City, State, Zip Code)	Telephone Number
	_____	_____	_____
	Occupation	Business Name and Address	Telephone Number
<b>2.</b>	_____	_____	_____
	Name	Address (Street, City, State, Zip Code)	Telephone Number
	_____	_____	_____
	Occupation	Business Name and Address	Telephone Number
<b>3.</b>	_____	_____	_____
	Name	Address (Street, City, State, Zip Code)	Telephone Number
	_____	_____	_____
	Occupation	Business Name and Address	Telephone Number



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**EMPLOYER HISTORY / LAST 3 YEARS**

**EMPLOYER**

Employer : \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Supervisor: \_\_\_\_\_  
 Position Held \_\_\_\_\_  
 Was the job designated as a safety sensitive function?  Yes  No  
 If "Yes", Where you subject to alcohol, and controlled substance testing as required by 49 CFR part 40?  Yes  No  
 Contact Person: \_\_\_\_\_ Phone Number \_\_\_\_\_  
 Reason for leaving: \_\_\_\_\_

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**EMPLOYER**

Employer : \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Supervisor: \_\_\_\_\_  
 Position Held \_\_\_\_\_  
 Was the job designated as a safety sensitive function?  Yes  No  
 If "Yes", Where you subject to alcohol, and controlled substance testing as required by 49 CFR part 40?  Yes  No  
 Contact Person: \_\_\_\_\_ Phone Number \_\_\_\_\_  
 Reason for leaving: \_\_\_\_\_

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**EMPLOYER**

Employer : \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Supervisor: \_\_\_\_\_  
 Position Held \_\_\_\_\_  
 Was the job designated as a safety sensitive function?  Yes  No  
 If "Yes", Where you subject to alcohol, and controlled substance testing as required by 49 CFR part 40?  Yes  No  
 Contact Person: \_\_\_\_\_ Phone Number \_\_\_\_\_



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Reason for leaving: \_\_\_\_\_  
 \_\_\_\_\_

**EMPLOYER**

Employer : \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_

Address: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Position Held \_\_\_\_\_

Was the job designated as a safety sensitive function?  Yes  No

If "Yes", Where you subject to alcohol, and controlled substance testing as required by 49 CFR part 40?  Yes  No

Contact Person: \_\_\_\_\_ Phone Number \_\_\_\_\_

Reason for leaving: \_\_\_\_\_  
 \_\_\_\_\_

**EMPLOYER**

Employer : \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_

Address: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Position Held \_\_\_\_\_

Was the job designated as a safety sensitive function?  Yes  No

If "Yes", Where you subject to alcohol, and controlled substance testing as required by 49 CFR part 40?  Yes  No

Contact Person: \_\_\_\_\_ Phone Number \_\_\_\_\_

Reason for leaving: \_\_\_\_\_  
 \_\_\_\_\_

**EMPLOYER**

Employer : \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_

Address: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Position Held \_\_\_\_\_

Was the job designated as a safety sensitive function?  Yes  No



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If "Yes", Where you subject to alcohol, and controlled substance testing as required by 49 CFR part 40?  Yes  No

Contact Person: \_\_\_\_\_ Phone Number \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**EMPLOYER**

Employer : \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_

Address: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Position Held \_\_\_\_\_

Was the job designated as a safety sensitive function?  Yes  No

If "Yes", Where you subject to alcohol, and controlled substance testing as required by 49 CFR part 40?  Yes  No

Contact Person: \_\_\_\_\_ Phone Number \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**DOT Regulations require all drivers to be able to speak, read, and write the English language. I acknowledge by marking [ ] YES or [ ] NO in compliance or forfeiture of this application.**

1. Have you ever tested positive for drugs, alcohol or an illegal controlled substance? \_\_\_\_ Yes \_\_\_\_ No
2. Have you ever refused to take a Pre-Employment, Random, Reasonable Suspicion/Cause, Post Accident, Return to Duty, or Follow up drug test? \_\_\_\_ Yes \_\_\_\_ No
3. Have you ever been discharged or asked to resign from any position? \_\_\_\_ Yes \_\_\_\_ No

**If you marked YES to questions 1, 2 and/or 3. Please explain where and when: \_\_\_\_\_**



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**MILITARY SERVICE**

Branch of service: \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_  
 Rank when discharged \_\_\_\_\_ Type of discharge \_\_\_\_\_  
 Did you receive disciplinary action or court-martial? Yes No When? \_\_\_\_\_  
 If "Yes", state reason \_\_\_\_\_

**EXPERIENCE AND QUALIFICATION-DRIVER**

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

Driver Licenses	State	License No.	Type	Expiration Date

Have you ever had your license revoked or suspended?  Yes  No Date's when? \_\_\_\_\_

Have you ever left the scene of an accident involving injury or death?  Yes  No

If you marked (YES) on any of the questions above, please explain where and when:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**DRIVING EXPERIENCE**

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT(Van, Tank, Flat, Etc.	TOTAL YEARS EXPERIENCE	DIESEL OR GAS	CITY OR ROAD DRIVING
Straight Truck				
Tractor & Trailer				
Tractor – Two Trailer				
Flatbed Experience				
Refrigerated Experience				

Have you driven in interstate commerce? \_\_\_\_\_ Ice and Snow? \_\_\_\_\_ Mountains? \_\_\_\_\_



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List safe driving awards, dates awarded from \_\_\_\_\_  
 Experience with perishable foodstuffs (List Co. Dates) \_\_\_\_\_

**LIST ALL MOTOR VEHICLE VIOLATIONS FOR THE LAST THREE YEARS**

Location	Type of Violation	City and State	Date	Disposition

**LIST ALL MOTOR VEHICLE ACCIDENTS FOR THE LAST THREE YEARS**

	Location	Date	Truck or Car	Nature of Accident	Fatalities	Injuries	Hazardous Material Spill
Last Accident							
Next Previous							
Next Previous							

**CONVICTION RECORD:** (Do not list motor vehicle violations shown above) SHOW CONVICTIONS, PROBATIONS OR FINES, EITHER AS AN ADULT OR JUVENILE.

(Note: Information regarding convictions will not necessarily bar an applicant from employment, but will be reviewed in light of all the surrounding circumstances. Please include age at the time of the offense, seriousness, nature of the violation, rehabilitation, relationship of the offense to employment, and federal statutory requirements.)

Charge	Date	Place	Disposition

Do you have any judgments or legal actions pending against you at this time?  Yes  No  
 If yes, please explain: \_\_\_\_\_

Are you wanted by the police, federal authorities, or any other law enforcement agency?  Yes  No  
 If yes, please explain: \_\_\_\_\_

Is there any reason, due to past or pending legal actions that would prohibit you entering Canada?  Yes  No  
 If yes, please explain: \_\_\_\_\_

**OTHER**

Is there any reason to believe that you may be unable to perform any of the important duties of the position for which you are applying: \_\_\_\_\_ If your answer is yes, please indicate the duty or duties, and how you should be able to perform each such duty, with or without some reasonable accommodation to the way things are done:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



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**PLEASE READ CAREFULLY AND SIGN BELOW:**

**TM TRANSPORTATION SERVICES LLC** is a long haul, irregular route common carrier operating solo-driver operations implementing forced dispatch throughout the contiguous 48 states. **TM TRANSPORTATION SERVICES, LLC** is dedicated to providing its customers excellent transportation service. This means complete communications, on time pickup and delivery and product delivered damage free at proper temperature. Business is usually steady, without long layovers. The safety of the public and our contractors is paramount. Safety must take precedence over expediency or short cuts. The company intends to comply with all Federal, State and Local laws and regulations. Every effort will be made to reduce the possibility of accidents.

**TM TRANSPORTATION SERVICES, LLC** will comply with all Federal Motor Carrier Safety Regulations including the regulations concerning drugs and alcohol effective January 1 2007.

The Civil Rights Act of 1964, title VII, prohibits employer discrimination against job applications or employees on the basis of race, color, religion, sex or national origin. The age discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least forty years old. The Americans with disabilities act prohibits discrimination on the basis of disabilities unless reasonable accommodation of the disabled individual would cause an undue hardship on the employer.

The facts set forth above in my application are true and correct. The company has the right to terminate my contract at any time for any or no reason, with or without cause. I further understand that any statement or representation, whether written or oral, which is contrary to my right and the company's right to an at-will contractual relationship is void and unenforceable and should not be relied upon by any prospective applicant unless he or she has a written contract signed by the CEO/PRESIDENT stating otherwise.

I agree to comply with all the rules of this company. I hereby affirm and declare that all the foregoing statements are true and correct, and that I have not knowingly withheld any fact that would, if disclosed, affect my application unfavorably. I hereby authorize the company to conduct any investigation it deems necessary on this application. I also hereby authorize this company to release such information together with their opinion on these matters without any liability for any damage whatsoever caused either directly or indirectly by giving or receiving such information or opinions. I authorize any former employer, present employer, schools, colleges or universities, personal references and/or any other person or persons, to give any information they may have concerning my character, health, and employment record. I hereby unconditionally release any named or unnamed informant from any and all liability resulting from furnishing of this information.

I authorize the company to make an investigative consumer report on me, as defined in Public Law 91-508, and I understand that such report may include information as to my character, general reputation, personal characteristics, working skills and abilities, and mode of living. I understand that the company is required to furnish to me, upon proper request and within reasonable time, according to the law, the nature and scope of the investigation.

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

\_\_\_\_\_  
 Date





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## **JOB REQUIREMENTS AND DESCRIPTION**

General: Safely pickup, load, transport, deliver and unload freight in compliance with all customer, company, and government requirements.

### **I. Personal Attributes**

1. Be drug free.
2. Read & write English. Keep extensive records properly.
3. Wear safety equipment and proper attire as a company representative.
4. Be prepared to be away from home for long periods (3-4 weeks at a time).

### **II. Attitudes**

1. Display attitudes of willingness to work, willingness to accept constructive criticism, and Willingness to follow governmental laws and company policies.
2. Willing and able to follow written and verbal instructions.
3. Be a tactful representative and promote customer satisfaction.
4. Exhibit patience in waiting for others.

### **III. Physical Attributes**

1. Safely drive tractor/trailer 5-10 hours at a time, and after legal break, drive again. Be able and willing to drive either by day or night.
2. Sleep in moving equipment.
3. Meet Physical Requirements of DOT. See well at night and perform well both day & night.
4. Load and unload tractor/trailers. Lift items (Cartons, boxes, bags, etc) weighing 80 pounds from floor level to above waist height. The number of items and combined weight vary depending on customer and location. Normally approximately 44,000 pounds once every one or two days must safely walk, lift and carry on wet and uneven surfaces.
5. Safely climb, four (4) feet up into and down from tractor and trailer many times every day.
6. Requires sufficient agility to negotiate close quarter in and around vehicle.

### **IV. Communications**

1. Communicate promptly and clearly, information to the Company Headquarters and the customer.
2. Operate Qualcomm communication system.

### **V. Driving Attributes**

1. Know and meet all D.O.T. Regulations.
2. Drive safely in heavy traffic, two lane roads, mountains, and high bridges.
3. Be prompt & on time for appointments...
4. Maintain good customer relations.
5. Make daily check calls as instructed by phone or Qualcomm.
6. Count and check freight carefully to avoid shortage and damage claims.
7. Maintain proper cargo temperatures.
8. Avoid vehicle accidents.
9. Avoid moving traffic violations.
10. Adhere to personal safety policies, and avoid injuries.
11. Inspect equipment properly each time it is driven.
12. Handle roadside emergencies in case of break down.



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13. Maintain proper fluid levels in assigned equipment.
14. Properly care for tires on assigned equipment.
15. Paperwork, as outlined below must be completed, mailed, and post marked or received within 48 hours of completion of trip.
  - A. Accurate trip sheets.
  - B. Accurate logs.
  - C. Completed blue bills.
  - D. Completed bill of lading.
  - E. Fuel and other receipts.
16. Plan trip in advance.
17. Plan loading & distribute weight properly.
18. Load or unload. See that loading or unloading is done, and either pay for it or do it personally.

\* I have read and understand the Job Requirements.  Yes  No

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



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**NOTICE TO APPLICANT**

1. All information submitted. Will be considered in reviewing my application and is subject to investigation. I hereby authorize TM Transportation Services LLC to investigate all statements applicable, except as indicated.
2. I certify that the facts set forth in this employment application are true and complete to the best of my knowledge. I understand that misrepresentation or omission of facts called is cause for dismissal upon discover of such information.
3. If accepted for employment, I hereby agree to comply with the rules, regulations and policies of TM Transportation Services LLC.
4. I understand that TM transportations Services LLC follows and employment-at will policy, in that I or TM Transportation Services LLC may terminate my employment at any time, for any reason consistent with applicable State or Federal Law.

This certifies that this application was completed by me and that all entries on it and information in it are true and completed to the best of my knowledge. I have also read and understand the above Notice to Application and the conditions for the Pre-Employment Urinalysis Consent Agreement.

Applicants Signature:	Date:
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