



Amber Terminal, Inc.  
3101 N Sylvania Ave  
Fort Worth, TX, 76111  
(817) 834-4656

## NEW APPLICANT PACKET – TRUCK DRIVER

Please make copies of:

- Driver's License (Front and Back)
- Social Security Card
- Medical Exam Certificate (Card and Long Form)
- Whenever you get your TWIC Card and Terminal Training Cards, the office needs a copy of the card and the test *each* time.

Thanks,  
Michelle & Daniela

### TO-DO LIST

- Make copies of everything listed above (if applicable to the position you are applying for).
- Read and sign the description of the position you are applying for.
- Fill out the application (pages 1-9)  
**\*\*SPECIAL NOTE:** Page 7 and 8 – Only need a signature next to bold "X" if you agree to release your employment information for all employers.\*\*





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## Title: Truck Driver

**Requirements:** CDL with HAZMAT endorsement, at least 12 months driving experience preferable. Applicants must be able to pass a pre-hire drug screening, and background check, and motor vehicle record check. A pre-hire driving test will be administered after the interview process, this test will include pre-trip inspection, maneuvering, and on road driving.

**Description:** Drivers must exhibit good customer service, follow the proper procedures in regards to what task is being performed, make deliveries, completing required paperwork and turning it in as quickly as possible, complete truck maintenance such as daily inspections, checking for proper lubrication, and keeping a clean truck.

**Essential Job Functions:** *Essential functions, as defined under the Americans with Disabilities Act, may include any of the following tasks, knowledge, skills and other characteristics. The list that follows is not intended as a comprehensive list; it is intended to provide a representative summary of the major duties and responsibilities. Incumbent(s) may not be required to perform all duties listed, and may be required to perform additional, position-specific tasks.*

- Operates tractors, and be familiar with loading/unloading propane and ammonia bottles, hopper-bottoms, reefers, dry vans, and liquid trailers.
- Maintain a Texas Commercial Drivers License (CDL) with HAZMAT endorsement.
- Subject to mandatory drug & alcohol testing, pre-employment and random.
- Maintains and cleans equipment and working area; performs routine maintenance on assigned equipment.
- Identifies and reports mechanical defects or equipment requiring maintenance.
- Assists in the operation of the Terminal as needed.
- Performs clerical duties; prepares and maintains routine records and reports of driving logs.
- Performs other duties as assigned or required.
- Call supervisor with status updates (when unloaded/loaded/stopped for the night)

### MINIMUM QUALIFICATIONS

#### Required Knowledge and Skills

- Knowledge of the operation, care, and maintenance and minor adjustment and capabilities of heavy trucks.
- Able to take written and verbal instructions, complete reports and forms as required.
- Knowledge of occupational safety and health practices.
- Skill in working within deadlines to complete projects and assignments.
- Skill in establishing and maintaining effective working relations with co-workers, other employees, and the public.

#### Education, Experience, Certification and Licenses:

- Two (2) years over-the-road (OTR) experience preferred.
- Possession of a valid State of Texas Driver's Commercial Driver License (CDL) with HAZMAT endorsement.

#### Environmental Factors and Condition/Physical Requirements:

- Work is performed in an outside environment.
- May be required to lift and carry items weighing up to 60 pounds.
- May be exposed to potentially dangerous machinery, hazardous materials, and extreme weather conditions.

**Pay and benefits:** Pay will primarily be commission-based depending on what good is hauled. Some pay might be hourly if non-commission hours were worked; hourly wage for truck drivers will be \$12.00 per hour.

Drivers might be required to work holidays, depending on scheduling, but are eligible for holiday pay as soon as they are hired; there are 6 company-paid holidays a year.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date





# Application For Employment

Company: Amber Terminal, Inc.  
3101 N. Sylvania Ave.  
Fort Worth, TX 76111

Date: \_\_\_\_\_  
 DL#: \_\_\_\_\_  
 DL Type: \_\_\_\_\_

Name: \_\_\_\_\_  
 (First) (Middle) (Maiden, if any) (Last)

Address: \_\_\_\_\_  
 (Street) (City) (State) (Zip Code)

Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
(If you are hired, you may be required to submit proof of age.) If hired, can you furnish proof you are eligible to work in the US? \_\_\_\_\_

Addresses  
 For Past (Street) (City) (State) (Zip Code)  
 Three Years: (Street) (City) (State) (Zip Code)  
(Attach Sheet if More Space is Needed)

Date you can start work: \_\_\_\_\_ Pay requested: \_\_\_\_\_

### DRIVING EXPERIENCE

Class of Equipment	Type of Equipment (Van, Tank, Flat, Etc)	Dates		Approximate Number of Miles (Total)
		From	To	
Straight Truck				
Tractor & Semi Trailer:				
Tractor-Two Trailers:				
Other:				

Driver's Licenses	State	License Number	Type	Endorsements	Expiration Date

Have you ever been denied a license, permit, or privilege to operate a motor vehicle? Yes \_\_\_\_\_ No \_\_\_\_\_

Has any license, permit, or privilege ever been suspended or revoked? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been convicted of any law violation? Include any plea of "guilty" or "no contest." Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes to any above questions, give details or attach statement: \_\_\_\_\_

Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by a potential employer during the past two years? Yes \_\_\_\_\_ No \_\_\_\_\_

### Accident Record for Past 10 Years or More (Attach Sheet if more Space is Needed)

	Dates	Nature of Accident (Head-On, Rear-End, Upset, Etc)	Fatalities	Injuries
Last Accident				
Next Previous				
Next Previous				

### Traffic Convictions and Forfeitures for the Past 5 Years (Other than Parking Violations)

Locations	Date	Charge	Penalty



### DRIVER EMPLOYMENT HISTORY

**Instructions:** Start with Section 1, read and follow the instructions. **WARNING!** Failure to provide this information in a complete and legible manner will prevent your qualification as a driver. This form will be returned to you if we do not receive it in a complete and legible state.

**SECTION 1.** Please provide your complete history of employment (no gaps) for the past 10 years. Start with the most recent employer.

<b>Most Recent Employer</b>		
Name _____	Phone# _____	
Address _____	(Must be complete.)	
Position Held _____	From _____	To _____
Supervisor _____	Reason for Leaving _____	
Did any of your duties for this employer require driving a commercial vehicle?		Yes _____ No _____
Subject to FMCSR's? Designated as safety sensitive function subject to drug & alcohol testing?		Yes _____ No _____
<b>Next Employer</b>		
Name _____	Phone# _____	
Address _____	(Must be complete.)	
Position Held _____	From _____	To _____
Supervisor _____	Reason for Leaving _____	
Did any of your duties for this employer require driving a commercial vehicle?		Yes _____ No _____
Subject to FMCSR's? Designated as safety sensitive function subject to drug & alcohol testing?		Yes _____ No _____
<b>Next Employer</b>		
Name _____	Phone# _____	
Address _____	(Must be complete.)	
Position Held _____	From _____	To _____
Supervisor _____	Reason for Leaving _____	
Did any of your duties for this employer require driving a commercial vehicle?		Yes _____ No _____
Subject to FMCSR's? Designated as safety sensitive function subject to drug & alcohol testing?		Yes _____ No _____
<b>Next Employer</b>		
Name _____	Phone# _____	
Address _____	(Must be complete.)	
Position Held _____	From _____	To _____
Supervisor _____	Reason for Leaving _____	
Did any of your duties for this employer require driving a commercial vehicle?		Yes _____ No _____
Subject to FMCSR's? Designated as safety sensitive function subject to drug & alcohol testing?		Yes _____ No _____
<b>Next Employer</b>		
Name _____	Phone# _____	
Address _____	(Must be complete.)	
Position Held _____	From _____	To _____
Supervisor _____	Reason for Leaving _____	
Did any of your duties for this employer require driving a commercial vehicle?		Yes _____ No _____
Subject to FMCSR's? Designated as safety sensitive function subject to drug & alcohol testing?		Yes _____ No _____
<b>Next Employer</b>		
Name _____	Phone# _____	
Address _____	(Must be complete.)	
Position Held _____	From _____	To _____
Supervisor _____	Reason for Leaving _____	
Did any of your duties for this employer require driving a commercial vehicle?		Yes _____ No _____
Subject to FMCSR's? Designated as safety sensitive function subject to drug & alcohol testing?		Yes _____ No _____



**DRIVER EMPLOYMENT HISTORY (...Continued)**

<b>Next Employer</b>		
Name _____	Phone# _____	
Address _____	(Must be complete.)	
Position Held _____	From _____	To _____
Supervisor _____	Reason for Leaving _____	
Did any of your duties for this employer require driving a commercial vehicle?	Yes _____	No _____
Subject to FMCSR's? Designated as safety sensitive function subject to drug & alcohol testing?	Yes _____	No _____
<b>Next Employer</b>		
Name _____	Phone# _____	
Address _____	(Must be complete.)	
Position Held _____	From _____	To _____
Supervisor _____	Reason for Leaving _____	
Did any of your duties for this employer require driving a commercial vehicle?	Yes _____	No _____
Subject to FMCSR's? Designated as safety sensitive function subject to drug & alcohol testing?	Yes _____	No _____
<b>Next Employer</b>		
Name _____	Phone# _____	
Address _____	(Must be complete.)	
Position Held _____	From _____	To _____
Supervisor _____	Reason for Leaving _____	
Did any of your duties for this employer require driving a commercial vehicle?	Yes _____	No _____
Subject to FMCSR's? Designated as safety sensitive function subject to drug & alcohol testing?	Yes _____	No _____
<b>Next Employer</b>		
Name _____	Phone# _____	
Address _____	(Must be complete.)	
Position Held _____	From _____	To _____
Supervisor _____	Reason for Leaving _____	
Did any of your duties for this employer require driving a commercial vehicle?	Yes _____	No _____
Subject to FMCSR's? Designated as safety sensitive function subject to drug & alcohol testing?	Yes _____	No _____
<b>Next Employer</b>		
Name _____	Phone# _____	
Address _____	(Must be complete.)	
Position Held _____	From _____	To _____
Supervisor _____	Reason for Leaving _____	
Did any of your duties for this employer require driving a commercial vehicle?	Yes _____	No _____
Subject to FMCSR's? Designated as safety sensitive function subject to drug & alcohol testing?	Yes _____	No _____
<b>Next Employer</b>		
Name _____	Phone# _____	
Address _____	(Must be complete.)	
Position Held _____	From _____	To _____
Supervisor _____	Reason for Leaving _____	
Did any of your duties for this employer require driving a commercial vehicle?	Yes _____	No _____
Subject to FMCSR's? Designated as safety sensitive function subject to drug & alcohol testing?	Yes _____	No _____

**SECTION 2.****PLEASE READ CAREFULLY BEFORE SIGNING**

I certify that I have completed this application and that all entries on it and information in it are true and complete to the best of my knowledge. I authorize the investigation of any or all statements contained in this application.

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), I understand that reports verifying my previous employment, previous drug and alcohol test results, accident history and my driving record may be obtained for employment purposes. These reports are required by Sections 382.413, 391.23, 390.15, 391.53, and 391.25 of the Federal Motor Carrier Safety Regulations. 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 may result in discharge. I understand that information I provide regarding current and/or previous employers may be used, and those employers will be contacted for the purpose of investigating my safety performance history as required by 49 CFR 391.23. I understand that I have the right to review the information provided by previous employers; have errors in the information corrected by previous employers, and have a rebuttal statement attached to the alleged erroneous information, if the previous employers and I cannot agree on the accuracy of the information. I understand I will be required to successfully pass a drug screening examination. I hereby consent to a pre- and/or post-employment drug screen as a condition of employment, if required. I understand that if I am extended an offer of employment it may be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

I UNDERSTAND THAT THIS APPLICATION, VERBAL STATEMENTS BY MANAGEMENT, OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE AN EXPRESSED OR IMPLIED CONTRACT OF EMPLOYMENT NOR GUARANTEES EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. ONLY THE PRESIDENT OF THE ORGANIZATION HAS THE AUTHORITY TO ENTER INTO AN AGREEMENT OF EMPLOYMENT FOR ANY SPECIFIED PERIOD AND SUCH AGREEMENT MUST BE IN WRITING, SIGNED BY THE PRESIDENT AND THE EMPLOYEE. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT REASON AND WITH OR WITHOUT NOTICE.

I have read, understand, and by my signature consent to these statements

**X**\_\_\_\_\_  
Applicant's Signature/Certification\_\_\_\_\_  
Date

Note: A motor carrier may require an applicant to provide information in addition to that required by the Federal Motor Carrier Safety Regulations.





### **DISCLOSURE AND AUTHORIZATION FOR RELEASE OF INFORMATION**

As part of our hiring background and investigation, we may obtain consumer reports to prepare an investigative consumer report. The investigative consumer report may consist of contacting all listed prior employers to verify your employment history. It may also include, but not be limited to, credit information reports, criminal history reports, and driving history records. Under the provisions of the Fair Credit Reporting Act (15 USC at 1681-1681u) as amended, before we can seek such reports, we must have your written permission to obtain the information. You have the right, upon written request, to a complete and accurate disclosure of the nature and scope of the investigation. You are also entitled to a copy of your consumer rights under the Fair Credit Reporting Act.

### **AUTHORIZATION AND RELEASE TO OBTAIN INFORMATION**

Under the provisions of the Fair Credit Reporting Act, 15 USC, Section 1681 et seq., the Americans with Disabilities Act and all applicable federal, state, and local laws, I hereby authorize and permit Amber Terminal, Inc. to obtain a consumer report and/or investigative consumer report which may include the following:

- 1 . My employment records;
- 2 . Records concerning any driving, criminal history, credit history, civil record, workers' compensation (post-offer only) and drug testing;
- 3 . (For truck drivers only) In accordance with the Department of Transportation Motor Carrier Safety Regulations, Section 382.413, information concerning alcohol and controlled substances for the past three years;
- 4 . Verification of my academic and/or professional credentials and information and/or copies of documents from any military service records.

I understand that an "investigative consumer report" may include information as to my character, general reputation, personal characteristics, and mode of living which may be obtained by interviews with individuals with whom I am acquainted or who may have knowledge concerning any such items of information.

I agree that a copy of this authorization has the same effect as an original.

I hereby release and hold harmless any person, firm, or entity that discloses matters in accordance with this authorization, as well as Amber Terminal, Inc. from liability that might otherwise result from the request for use of and/or disclosure of any or all of the foregoing information.

I understand and acknowledge that under provision of the Fair Credit Reporting Act I may request a copy of any consumer report from the consumer reporting agency that compiled the report, after I have provided proper identification.

I hereby authorize Amber Terminal, Inc. to obtain and prepare an investigative consumer report as set forth above, as part of its investigation of my employment application.

I hereby authorize Amber Terminal, Inc. to obtain my Motor Vehicle Records and agree that this information may be obtained at any time during the duration of my employment with this company.

\_\_\_\_\_  
Full Name (please print clearly)

**X**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date





**Request for Information**  
(In compliance with 49 CFR Parts 40.25 and 391.23)

\_\_\_\_\_ Date

\_\_\_\_\_ Pint Name (First, MI, Last)

\_\_\_\_\_ SS#

**X**

\_\_\_\_\_ Signature

\_\_\_\_\_ Birth Date

\_\_\_\_\_ Mo

\_\_\_\_\_ Day

\_\_\_\_\_ Year

I, the above-mentioned signed hereby authorize:

\_\_\_\_\_ Former Employer

\_\_\_\_\_ Address

\_\_\_\_\_ Phone Number

\_\_\_\_\_ Fax Number

to release information from my Department of Transportation regulated drug and alcohol testing records by my previous employer listed above, to the employer listed below. This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25.



**Amber Terminal, Inc.**  
**3101 N. Sylvania Ave.**  
**Fort Worth, TX 76111**  
**Phone: 817.834.4656**

**Fax: 817.834.8077**

**Section 2 - To be completed by previous employer.**

If a driver was not subject to 49 CFR Parts 40.25 and 391.23 testing requirements while employed by this employer, please check here \_\_\_\_\_, sign below, and return.

	Yes	No
1. Has the person ever tested positive for a controlled substance in the past three years?	_____	_____
2. Has the person ever had an alcohol test with a breath alcohol concentration of .04 or greater in the last three years?	_____	_____
3. Has the person ever refused a required test for drugs or alcohol in the last three years?	_____	_____
4. Did a previous employer report a drug/alcohol violation to you within the last three years?	_____	_____
5. Did the employee complete the return-to-duty process, if applicable?	_____	_____

\* Please include information received from other previous employers.

If yes to any of the above questions, please give the Substance Abuse Professional's (SAP) name, address, and phone number.

\_\_\_\_\_ Name

\_\_\_\_\_ Address

\_\_\_\_\_ Phone Number

\_\_\_\_\_ Fax Number

This section completed by:

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

\_\_\_\_\_ Previous Employer Signature

To be completed by prospective employer

Date: \_\_\_\_\_ This form was: \_\_\_\_\_ Mailed \_\_\_\_\_ Faxed \_\_\_\_\_ E-mailed

The information in Section 2 was received by: \_\_\_\_\_

Information in Section 2 received in form of: \_\_\_\_\_ Mail \_\_\_\_\_ Fax \_\_\_\_\_ Phone \_\_\_\_\_ E-mail \_\_\_\_\_ Personal Interview



**Background Applicant Information Form and Release**

Allied Compliance Services, Inc. ®

Ph 800-411-6906

Fax 806-748-7096

*Please make sure that all information is filled out completely. Any missing information may result in a delay in reporting.*

**Request for Information:**

Dorothy Stephens, Michelle Grisham-Wallace, or Daniela

Company Name: Amber Terminal, Inc. Contact Person: Meza

Contact Phone: (817) 271-3425 OR (817) 838-7760 Contact Fax: (817) 831-7518

E-Mail: diamondrps@sbcglobal.net

**Applicant/Subject Information:** *Please print all requested information*

*Please provide your FULL LEGAL NAME (found on DL, ID, or SS card) plus any alias or maiden name if applicable.*

Full Legal Name: *(First, Middle, Last, Suffix)* \_\_\_\_\_ Home Phone: \_\_\_\_\_

Maiden Name/Alias: \_\_\_\_\_

Current Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Previous Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Previous Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Sex:  Male  Female Race: \_\_\_\_\_ Ethnicity:  Hispanic  Non-Hispanic

Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Height: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Citizenship: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Drivers License Number: \_\_\_\_\_ State: \_\_\_\_\_

County/City: \_\_\_\_\_ County/City: \_\_\_\_\_

State/County Background  Federal Background  MVR

Education  Employment  Credit  Reference Check

*In connection with any application made by me, I understand that investigative background inquiries may be made on me concerning matters of consumer credit, criminal convictions, motor vehicle information, and/or other reports. These reports can include information as to my character, work habits, performance, education, and experience along with reasons for termination of employment from previous employers, if any. I understand that you may be requesting information from various Federal, State, and other agencies which maintain records concerning past activities relating to my credit, criminal, driving, civil, and other records and experience, including claims involving me, in the files of insurance companies, if any. The information contained above is held strictly confidential and is not given out to unauthorized individuals.*

*I authorize, without reservation, any party or agency to furnish the above mentioned information and release all parties involved from any liability and/or responsibility for doing so. I hereby consent to any potential employers obtaining such information from DDS and/or any of their agents. This authorization and consent shall be valid in an original, fax, or copy form.*

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_