

NEW APPLICANT PACKET – TRUCK DRIVER

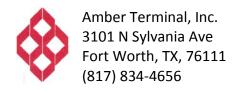
Please make copies of:

- 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

\square Make copies of everything listed above (If applicable to the position you are applying for).
\square 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 yo employment information for all employers.**



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.

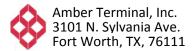
Pay and benefits: Pay will primarily be commission-based depending on what good is hauled. Some pay might be hourly if non-commission hours were worked; hourly wage for truck drivers will be \$12.00 per hour.

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



Company:	Amber Term	inal, Inc.			Date:			
	3101 N. Sylvania Ave.			DL#:				
	Fort Worth, TX 76111 D			DL Type:				
	·			•	,,			
Name:	(First)		(Middle)		(Maiden, if a	nv)	(Last)	
Addross	(11130)		(iviidale)		(ivialacii, ii a	y,	(Lust)	
Address:	(Street)		(City)		(State)		(Zip Code)	
Cell:			,		Email:		, , , ,	
				Cosial Ca				
Date of Birth: (If you are hired, you ma	ay be required to submit	proof of age.)			ecurity #: can you furnish pr	oof you are eligi	ble to work in the US?)
Addresses								
For Past	(Street)		(City)		(State)		(Zip Code)	
Three Years:								
	(Street)	(Atta	(City) ch Sheet if More	o Spaco is N	(State)		(Zip Code)	
Date you ca	an start work:		ich Sheet ii More	e space is in	•	quested:		
Date you co	in start work.		DDI\	DEDIENI	-	questeu.		
		•	DRIVING EX		•		1	
Class of Equ	uipment	Type of Eq	uipment (Vai	n, Tank,	Da			te Number of
Straight Truck			Flat, Etc)		From	То	ivilles	(Total)
Tractor & Semi Tra	 iler·							
Tractor-Two Trailer		1						
Other:								
					1			
Driver's Licenses	State	License	Number	Type	Endors	ements	Expirat	tion Date
Have you ever been der	•		•	tor vehicle?				No
Has any license, permit,		•					'es	
Have you ever been cor				=	contest."	Y	es	No
Have you tested positiv	above questions, g	•			oct			
administered by a p			-	or alconor t	esi	١	'es	No
				•				
Accident Record fo	r Past 10 Years	or More (At	Nature of A				1	<u> </u>
	Da	ates	Nature of F	Upset		lear-Ellu,	Fatalities	Injuries
Last Accident	+			Орзес	, Ltc/			
Next Previous								
Next Previous								
Traffic Convictions	and Forfeiture	es for the Pasi	t 5 Years (Otl	her than I	Parking Vio	lations)		
Locatio		Date	Char			alty]	
]	
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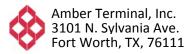


DRIVER EMPLOYMENT HISTORY

<u>Instructions:</u> Start with Section 1, read and follow the instructions. <u>WARNING!</u> 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.

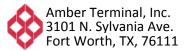
SECTION 1. Please provide your complete history of employment (no gaps) for the past 10 years. Start with the most recent employer.

Most Recent Employer		
Name		Phone#
Address		(Must be complete.)
Position Held	From	То
Supervisor	Reason for	r Leaving
Did any of your duties for this employer require driving a co	ommercial vehicle?	YesNo
Subject to FMCSR's? Designated as safety sensitive function	n subject to drug & alcohol testing?	Yes No
Next Employer		
Name		Phone#
Address		(Must be complete.)
Position Held	From	То
Supervisor	Reason for	r Leaving
Did any of your duties for this employer require driving a co		Yes No
Subject to FMCSR's? Designated as safety sensitive function	n subject to drug & alcohol testing?	Yes No
Next Employer		
Name		Phone#
Address		(Must be complete.)
Position Held	From	То
Supervisor	Reason for	r Leaving
Did any of your duties for this employer require driving a co		YesNo
Subject to FMCSR's? Designated as safety sensitive function	n subject to drug & alcohol testing?	YesNo
Next Employer		
Name		Phone#
Address		(Must be complete.)
Position Held	From	То
Supervisor	Reason for	r Leaving
Did any of your duties for this employer require driving a co		YesNo
Subject to FMCSR's? Designated as safety sensitive function	n subject to drug & alcohol testing?	Yes No
Next Employer		
Name		Phone#
Address		(Must be complete.)
Position Held	From	То
Supervisor	Reason for	r Leaving
Did any of your duties for this employer require driving a co		YesNo
Subject to FMCSR's? Designated as safety sensitive function	n subject to drug & alcohol testing?	Yes No
Next Employer		
Name		Phone#
Address		(Must be complete.)
Position Held	From	То
Supervisor	Reason for	r Leaving
Did any of your duties for this employer require driving a co		YesNo
Subject to FMCSR's? Designated as safety sensitive function	n subject to drug & alcohol testing?	Yes No



DRIVER EMPLOYMENT HISTORY (...Continued)

Next Employer			
Name		Phone#	
Address		(Must be complete:	.)
Position Held	From	То	
Supervisor	Reason fo	r Leaving	
Did any of your duties for this employer require driving a comr	mercial vehicle?	YesNo	
Subject to FMCSR's? Designated as safety sensitive function su	ubject to drug & alcohol testing?	Yes No	
Next Employer			
Name		Phone#	
Address		(Must be complete.	.)
Position Held	From	То	
Supervisor	Reason fo	r Leaving	
Did any of your duties for this employer require driving a comr		YesNo	
Subject to FMCSR's? Designated as safety sensitive function su	ubject to drug & alcohol testing?	Yes No_	
Next Employer			
Name		Phone#	
Address		(Must be complete	.)
Position Held	From	То	
Supervisor	Reason fo	r Leaving	
Did any of your duties for this employer require driving a comr		Yes No	
Subject to FMCSR's? Designated as safety sensitive function su	ubject to drug & alcohol testing?	Yes No	
Next Employer		51 "	
Name		Phone#	
Address		(Must be complete	.)
Position Held	From	То	
Supervisor	Reason fo		
Did any of your duties for this employer require driving a comm		YesNo	
Subject to FMCSR's? Designated as safety sensitive function su Next Employer	ibject to drug & alcohol testing?	YesNo	
Name		Phone#	
		<u> </u>	`
Address	_	(Must be complete	.)
Position Held	From	То	
Supervisor	Reason fo		
Did any of your duties for this employer require driving a comr Subject to FMCSR's? Designated as safety sensitive function su		YesNo_ Yes No	
Next Employer	abject to drug & alcohol testing:	1esNo	
Name		Phone#	
Address		(Must be complete	1
Position Held	From	To	.)
	Reason fo		
Supervisor		Yes No	
Subject to FMCSR's? Designated as safety sensitive function su		Yes No	
Next Employer	, ,		
Name		Phone#	
Address		(Must be complete	.)
Position Held	From	то	•
Supervisor	Reason fo		
Did any of your duties for this employer require driving a comm		Yes No	
Subject to FMCSR's? Designated as safety sensitive function su		YesNo	



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 pervious 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.

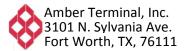
I UNDERSTAND THAT THIS APPLICATION, VERBAL STATEMENTS BY MANAGEMENT, OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE AN EXPRESSED OR IMPLIED CONTRACT OF EMPLOYMENT NOR GURANTEES EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. ONLY THE PRESIDENT OF THE ORGANIZATION HAS THE AUTHORITY TO ENTER INTO AN AGREEMENT OF 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.

Applicant's Signature/Certification

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

Date

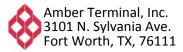
Note: A motor carrier may require an applicant to provide information in addition to that required by the Federal Motor Carrier Safety Regulations.



MOTOR VEHICLE DRIVER'S CERTIFICATION OF VIOLATIONS

I certify that the following is a true and complete list of traffic violations (other than parking violations) for which I have been convicted or forfeited bond or collateral during the past 12 months.

Date	Offense	Location	Type of Vehicle Operated
	above, I certify that I have in required to be listed dur	not been convicted or forfeiing the past 12 months.	ted bond or collateral
(Date of Certification)		(Driver's Signature)	
(Motor Carrier's Name)		(Motor Carrier's Address)	
(Reviewed by: Signature)		(Title)	



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.

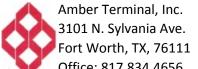
I understand and acknowledge that under provision of the Fair Credit Reporting Act I may request a copy of any consumer report from the consumer reporting agency that compiled the report, after I have provided proper identification.

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.

	X	
Full Name (please print clearly)	Signature	Date

VERIFICATION OF EMPLOYMENT



Office: 817.834.4656 Fax: 817.834.8077

То:	Attn:	
Applicant:		
You are hereby authorized to give this inf and conduct while in your employ. There furnishing such information.		
Applicant's Signature:		
General information as required by FMC	SR 49-391.23.	
Dates of employment: Start date	End	date
What kind of work did he/she do?		
Any record of salary garnishments?		
If employed as driver, specify equipment:	:	
Number of accidents	Number preventable	
Was his/her driver's license ever suspend	led or revoked?	
Number of on-the-job injuries while in yo	our employ:	
Reason for leaving your employ. Discharg	ged Laid off	Resigned
Was his/her general conduct satisfactory	? Yes No	Other
Would you rehire? Yes No	Upon review	Other
Remarks:		
Company:	Phone	2:
Address, City, State, Zip:		
Name:		
Signature:		

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	Мо	Day	Year	
I, the above-mentioned signed herel	oy authorize	e:					
Former Employer							
Address							
Phone Number			Fax Numbe	r			
to release information from my Department above, to the employer listed below. This rel		_	_	_	•		employer listed
Amber Terminal, Inc. 3101 N. Sylvania Ave. Fort Worth, TX 76111 Phone: 817.834.4656	Fax: 817.		,				
Section 2 - To be completed by prev	ious emplo	yer.					
If a driver was not subject to 49 CFR Parts 40.25 at and return.	nd 391.23 testir	ng requireme	ents while emp	loyed by this em	ployer, pleas	_	
 Has the person ever tested positive Has the person ever had an alcohol three years? 			=	=	n the last	Yes	No
3. Has the person ever refused a requ	ired test for dru	ugs or alcoho	ol in the last thr	ee years?	-		
4. Did a previous employer report a d	rug/alcohol viol	ation to you	within the last	three years?	_		
5. Did the employee complete the ret	urn-to-duty pro	cess, if appl	icable?		-		_
* Please include information received from other	previous emplo	yers.					
If yes to any of the above questions, please give the	ne Substance Ab	ouse Profess	ional's (SAP) na	me, address, and	d phone num	ber.	
Name							
Address							
Phone Number			Fax Numbe	r			
This section completed by:					Date:		
To be completed by prospective employer	Pr	revious Emp	loyer Signature				
Date: Thi	s form was:			Mailed		Faxed	E-mailec
The information in Section 2 was received by: Information in Section 2 received in form of:	Mail	Fax	Phone	E-mail	Persona	l Interviev	

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.

Dorothy Stephens, Michelle

Request for Information:			risham-Wallace, or D	
Company Name: Amber Terr	ninal, Inc.	Contact Person: Meza		
Contact Phone: <u>(817) 271-342</u>	25 OR (817) 838-7760	Contact Fax: <u>(817)</u>	831-7518	
E-Mail: <u>diamondrps@sbcglob</u>	al.net			
Applicant/Subject Information	<u>on:</u> Please print <u>all</u> request	ed information		
Please provide your FULL LEGAL N	AME (found on DL, ID, or SS card) plus any alias or maide	n name if applicable.	
Full Legal Name: (First, Middle, Lost, S	uffix)	Home l	hone:	
Maiden Name/Alias:				
Current Address:	City	State	Zip	
Previous Address:	City	State	Zip	
Previous Address:	City	State	Zip	
Sex: — Male — Female	Race: Ethn	icity: Hispanic	Non-Hispanic	
Hair Color:	Eye Color:	Не	ight:	
Date of Birth:	Place of Birth:	Citizer	nship:	
Social Security Number:	Drivers License	Number:	State:	
County/City:	County/0	City:		
State/County Bac	kground _X_ Federal	Background _X	MVR _X_	
Education	Employment C	redit Refere	nce Check	
In connection with any application on me concerning matters of consureports. These reports can include it experience along with reasons for the you may be requesting information concerning past activities relating the claims involving me, in the files of it confidential and is not given out to authorize, without reservation, and	imer credit, criminal convictions, information as to my character, we remination of employment from a from various Federal, State, and to my credit, criminal, driving, civensurance companies, if any. The unauthorized individuals.	motor vehicle informatio vork habits, performance previous employers, if an I other agencies which ma il, and other records and information contained ab	n, and/or other , education, and ny. I understand that aintain records experience, including bove is held strictly	
parties involved from any liability a obtaining such information from Di original, fax, or copy form.	nd/or responsibility for doing so.	I hereby consent to any	potential employers	
Applicant's Signature		Data		
Applicant's Signature:		Date:		