



OTR DRIVER APPLICATION

Please follow instructions carefully, and complete the entire application. A resume may also be included with the email submission.

TMI TRANSPORT IS AN EQUAL OPPORTUNITY EMPLOYER: TMI does not discriminate on the basis of race, color, national origin, sex, religion, age, or disability, or other physical status under applicable federal, state or local laws.

Position applying for: <input style="width:95%" type="text"/>	Date: <input style="width:95%" type="text"/>
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GENERAL INFORMATION

Name (Last, First, Middle Initial): <input style="width:95%" type="text"/>	Telephone: <input style="width:95%" type="text"/>	Cell Phone: <input style="width:95%" type="text"/>	Email: <input style="width:95%" type="text"/>
Current Mailing Address: <input style="width:95%" type="text"/>	City: <input style="width:95%" type="text"/>	State: <input style="width:30px" type="text"/>	Zip: <input style="width:30px" type="text"/>
How Long? <input style="width:60px" type="text"/>			

List your addresses of residency for the past three (3) years:

Mailing Address: <input style="width:95%" type="text"/>	City: <input style="width:95%" type="text"/>	State: <input style="width:30px" type="text"/>	Zip: <input style="width:30px" type="text"/>	How Long? <input style="width:60px" type="text"/>
Mailing Address: <input style="width:95%" type="text"/>	City: <input style="width:95%" type="text"/>	State: <input style="width:30px" type="text"/>	Zip: <input style="width:30px" type="text"/>	How Long? <input style="width:60px" type="text"/>
Mailing Address: <input style="width:95%" type="text"/>	City: <input style="width:95%" type="text"/>	State: <input style="width:30px" type="text"/>	Zip: <input style="width:30px" type="text"/>	How Long? <input style="width:60px" type="text"/>

Can you provide proof, if hired, that you are eligible to work in the United States? Yes No

Birth Date (Required for Commercial Driver applicants): Can you provide proof of your age? Yes No

Have you ever been employed by TMI Transport or TMI Systems before? Yes No
 If yes, give date(s): From: To: Reason for leaving:

Are you currently employed? Yes No If No, how long since leaving last employment?

Have you ever been bonded? Yes No If Yes, name of bonding company:

Do you have relatives employed by TMI? Yes No
 If yes, provide name(s), relationship and department:

Referral Source (Please select the appropriate category and name the source.)

<input type="radio"/> TMI Employee <input style="width:150px" type="text"/>	<input type="radio"/> Job Service <input style="width:150px" type="text"/>
<input type="radio"/> School <input style="width:150px" type="text"/>	<input type="radio"/> TMI Web Site <input style="width:150px" type="text"/>
<input type="radio"/> Advertisement <input style="width:150px" type="text"/>	<input type="radio"/> Walk-In <input style="width:150px" type="text"/>
<input type="radio"/> Job Fair <input style="width:150px" type="text"/>	<input type="radio"/> Other <input style="width:150px" type="text"/>

Date available to begin work:

Annual salary or hourly rate of pay desired: \$ per: Hour Year

Have you read the TMI job description for the position you are applying for? Yes No
 Is there any reason you might be unable to perform the functions of the job for which you are applying? Yes No
 If Yes, please explain if you wish:

EDUCATION

Select highest grade completed:

Grade School	High School	College
1 2 3 4 5 6 7 8	1 2 3 4	1 2 3 4
<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>

Last School Attended: Name: City: State:



EMPLOYMENT HISTORY

- All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding three (3) years. List complete mailing address, street number, city, state and zip code.
- Applicants to drive a commercial motor vehicle* in intrastate or interstate commerce shall also provide an additional seven (7) years information on those employers for whom the applicant operated such vehicle.
- List employers in reverse order starting with the most recent. Add another sheet as necessary.

May we contact your current employer for a reference? Yes No Not Applicable

1	Employer: <input style="width: 95%;" type="text"/>	Phone: <input style="width: 95%;" type="text"/>	Supervisor's Name: <input style="width: 95%;" type="text"/>
Mailing Address: <input style="width: 95%;" type="text"/>		City: <input style="width: 95%;" type="text"/>	State: <input style="width: 20%;" type="text"/> Zip: <input style="width: 20%;" type="text"/>
Your Job Title: <input style="width: 95%;" type="text"/>		Dates Employed (Include Month & Year): Start: <input style="width: 20%;" type="text"/> End: <input style="width: 20%;" type="text"/>	Average Hours Worked Per Week: <input style="width: 20%;" type="text"/>
Monthly Salary: \$ <input style="width: 95%;" type="text"/>		Reason for Leaving: <input style="width: 95%;" type="text"/>	
Were you subject to the FMCSRs† while employed? <input type="radio"/> Yes <input type="radio"/> No		Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug & alcohol testing requirements of 49 CFR Part 40? <input type="radio"/> Yes <input type="radio"/> No	
2	Employer: <input style="width: 95%;" type="text"/>	Phone: <input style="width: 95%;" type="text"/>	Supervisor's Name: <input style="width: 95%;" type="text"/>
Mailing Address: <input style="width: 95%;" type="text"/>		City: <input style="width: 95%;" type="text"/>	State: <input style="width: 20%;" type="text"/> Zip: <input style="width: 20%;" type="text"/>
Your Job Title: <input style="width: 95%;" type="text"/>		Dates Employed (Include Month & Year): Start: <input style="width: 20%;" type="text"/> End: <input style="width: 20%;" type="text"/>	Average Hours Worked Per Week: <input style="width: 20%;" type="text"/>
Monthly Salary: \$ <input style="width: 95%;" type="text"/>		Reason for Leaving: <input style="width: 95%;" type="text"/>	
Were you subject to the FMCSRs† while employed? <input type="radio"/> Yes <input type="radio"/> No		Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug & alcohol testing requirements of 49 CFR Part 40? <input type="radio"/> Yes <input type="radio"/> No	
3	Employer: <input style="width: 95%;" type="text"/>	Phone: <input style="width: 95%;" type="text"/>	Supervisor's Name: <input style="width: 95%;" type="text"/>
Mailing Address: <input style="width: 95%;" type="text"/>		City: <input style="width: 95%;" type="text"/>	State: <input style="width: 20%;" type="text"/> Zip: <input style="width: 20%;" type="text"/>
Your Job Title: <input style="width: 95%;" type="text"/>		Dates Employed (Include Month & Year): Start: <input style="width: 20%;" type="text"/> End: <input style="width: 20%;" type="text"/>	Average Hours Worked Per Week: <input style="width: 20%;" type="text"/>
Monthly Salary: \$ <input style="width: 95%;" type="text"/>		Reason for Leaving: <input style="width: 95%;" type="text"/>	
Were you subject to the FMCSRs† while employed? <input type="radio"/> Yes <input type="radio"/> No		Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug & alcohol testing requirements of 49 CFR Part 40? <input type="radio"/> Yes <input type="radio"/> No	
4	Employer: <input style="width: 95%;" type="text"/>	Phone: <input style="width: 95%;" type="text"/>	Supervisor's Name: <input style="width: 95%;" type="text"/>
Mailing Address: <input style="width: 95%;" type="text"/>		City: <input style="width: 95%;" type="text"/>	State: <input style="width: 20%;" type="text"/> Zip: <input style="width: 20%;" type="text"/>
Your Job Title: <input style="width: 95%;" type="text"/>		Dates Employed (Include Month & Year): Start: <input style="width: 20%;" type="text"/> End: <input style="width: 20%;" type="text"/>	Average Hours Worked Per Week: <input style="width: 20%;" type="text"/>
Monthly Salary: \$ <input style="width: 95%;" type="text"/>		Reason for Leaving: <input style="width: 95%;" type="text"/>	
Were you subject to the FMCSRs† while employed? <input type="radio"/> Yes <input type="radio"/> No		Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug & alcohol testing requirements of 49 CFR Part 40? <input type="radio"/> Yes <input type="radio"/> No	



5	Employer: <input style="width:95%;" type="text"/>	Phone: <input style="width:95%;" type="text"/>	Supervisor's Name: <input style="width:95%;" type="text"/>
Mailing Address: <input style="width:95%;" type="text"/>		City: <input style="width:95%;" type="text"/>	State: <input style="width:95%;" type="text"/>
Your Job Title: <input style="width:95%;" type="text"/>		Dates Employed (Include Month & Year): Start: <input style="width:95%;" type="text"/> End: <input style="width:95%;" type="text"/>	Average Hours Worked Per Week: <input style="width:95%;" type="text"/>
Monthly Salary: \$ <input style="width:95%;" type="text"/>	Reason for Leaving: <input style="width:95%;" type="text"/>		
Were you subject to the FMCSRs† while employed? <input type="radio"/> Yes <input type="radio"/> No	Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug & alcohol testing requirements of 49 CFR Part 40?		<input type="radio"/> Yes <input type="radio"/> No

ACCIDENT RECORD / TRAFFIC CONVICTIONS

Check here if you have been accident free for the past **3 YEARS**, or complete the information below.

	Date:	Nature of Accident (Head-On, Rear-End, Upset, etc.):	Fatalities:	Injuries:	Hazardous Spill:
Most Recent:	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Next Previous:	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Next Previous:	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

Check here if you have had no traffic convictions or forfeitures for the past **3 YEARS** (other than parking violations), or complete the information below.

Location:	Date:	Charge:	Penalty:
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>

EXPERIENCE AND QUALIFICATIONS

Driver Licenses or Permits you've held in the past **3 YEARS**:

State:	License No:	Class:	Endorsement(s):	Exp. Date:
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>

Have you ever been denied a license, permit or privilege to operate a motor vehicle?
 Yes No If Yes, provide details:

Has any license, permit or privilege to operate a motor vehicle ever been suspended or revoked?
 Yes No If Yes, provide details:

List any trucking, transportation or other experience you've had that may help in your work for TMI Transport:

List any related courses you've completed, other than what has already been indicated elsewhere on this form:

List any special equipment or technical materials you can work with, other than what has already been indicated on this form:



DRIVING EXPERIENCE

Class of Equipment You've Operated:	Type of Equipment:	Dates:	Approx. Miles (Total):
Straight Truck: <input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Van <input type="radio"/> Flat <input type="radio"/> Reefer <input type="radio"/> Tank <input type="radio"/> Dump	Start: <input style="width: 50px;" type="text"/> End: <input style="width: 50px;" type="text"/>	<input style="width: 100%;" type="text"/>
Tractor & Semi-Trailer: <input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Van <input type="radio"/> Flat <input type="radio"/> Reefer <input type="radio"/> Tank <input type="radio"/> Dump	Start: <input style="width: 50px;" type="text"/> End: <input style="width: 50px;" type="text"/>	<input style="width: 100%;" type="text"/>
Tractor & Two Trailers: <input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Van <input type="radio"/> Flat <input type="radio"/> Reefer <input type="radio"/> Tank <input type="radio"/> Dump	Start: <input style="width: 50px;" type="text"/> End: <input style="width: 50px;" type="text"/>	<input style="width: 100%;" type="text"/>
Tractor & Three Trailers: <input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Van <input type="radio"/> Flat <input type="radio"/> Reefer <input type="radio"/> Tank <input type="radio"/> Dump	Start: <input style="width: 50px;" type="text"/> End: <input style="width: 50px;" type="text"/>	<input style="width: 100%;" type="text"/>
Motorcoach/School Bus with 8 or More Passengers: <input type="radio"/> Yes <input type="radio"/> No		Start: <input style="width: 50px;" type="text"/> End: <input style="width: 50px;" type="text"/>	<input style="width: 100%;" type="text"/>
Motorcoach/School Bus with 15 or More Passengers: <input type="radio"/> Yes <input type="radio"/> No		Start: <input style="width: 50px;" type="text"/> End: <input style="width: 50px;" type="text"/>	<input style="width: 100%;" type="text"/>

Other equipment you've operated. Provide Class, Type, Dates & Miles:

List states you've operated in for the past 5 YEARS:

List any Safe Driving Awards you've received, and from whom:

List any special courses or training that will help you as a driver:

Have you ever been convicted, pled guilty, or no contest to a crime? Answering yes to this question does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.

Yes No If yes, please provide date(s) and details:

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make such investigations and inquiries of my personal, employment, financial, 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 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 TMI Transport Corporation.

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 my previous employers.
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to TMI.
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employers and I cannot agree on the accuracy of the information.

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.

A typed name is considered a signature. Applicant Name: Date:

* 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 lbs. 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.



VOLUNTARY INFORMATION

TMI considers all applications for positions of employment without regard to race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve/national guard or any other similar protected status. We also comply with all applicable laws governing employment practices and do not discriminate on the basis of any unlawful criteria.

To be completed by applicant on a voluntary basis. Not for interview purposes. To be filed separately from application.

In an effort to comply with requirements regarding government record keeping, reporting and other legal obligations which may apply, we invite you to complete this applicant data survey. Providing this information is **STRICTLY VOLUNTARY**. Failure to provide it will not subject you to any adverse personnel decision or action. Your cooperation is appreciated.

Please be advised that this survey is not a part of your official application for employment. It will not be used in any hiring decision. The information will be used and kept confidential in accordance with applicable laws and regulations.

APPLICANT INFORMATION

Name (Last, First, Middle Initial): <input type="text"/>		Telephone: <input type="text"/>	Cell Phone: <input type="text"/>
Mailing Address: <input type="text"/>	City: <input type="text"/>	State: <input type="text"/>	Zip: <input type="text"/>
<input type="radio"/> Male <input type="radio"/> Female			
Please select one of the following Equal Employment Opportunity Identification Groups:			
<input type="radio"/> American Indian / Alaska Native	<input type="radio"/> White		
<input type="radio"/> Native Hawaiian / Other Pacific Islander	<input type="radio"/> Black / African American		
<input type="radio"/> Hispanic / Latino (White race only)	<input type="radio"/> Asian		
<input type="radio"/> Hispanic / Latino (All other races)			

FOR TMI ADMINISTRATIVE USE ONLY

Position(s) applied for: <input type="radio"/> Available <input type="radio"/> Not Available <input type="radio"/> Other: <input type="text"/>
Other positions considered for: <input type="text"/>
Hired: <input type="radio"/> Yes <input type="radio"/> No
From the EEO job classifications listed below, which one best describes the position filled?
<input type="radio"/> Officials and Managers <input type="radio"/> Craft Workers (Skilled) <input type="radio"/> Professionals <input type="radio"/> Operatives (Semi-skilled) <input type="radio"/> Technicians <input type="radio"/> Laborers (Un-skilled) <input type="radio"/> Sales Workers <input type="radio"/> Service Workers <input type="radio"/> Office and Clerical Workers <input type="radio"/> OTR Driver
Notes: <input type="text"/>
Completed by: <input type="text"/> Date: <input type="text"/>