

Dear New Owner Operator / Lease Driver:

Thank you for your interest in leasing on with Tri Star Freight System, Inc. To speed up the application process, please make sure the following items are done:

- **MUST** supply accurate dates for 10 years work history. If you worked for a company twice put both dates
- **MUST** supply working phone numbers for the past 3 years
- **MUST** supply 1099 or pay stubs if the company is out of business
- **MUST** fill out statement explaining gaps in work history
- **Before Safety will do anything with your application we will need copies of the following:**
  - **Current CDL**
  - **Medical Card – Short and Long Form**
  - **Registration**
  - **Annual Inspection**
  - **TWIC Card – Must have a TWIC card before we can process.**

**Contract / Lease are conditional until all work history is complete**

Again thank you for your interest in Tri Star Freight System, Inc. We will process your information as quickly as we can. Should you have any questions, please contact the Safety Department at 1-800-229-1095 or fax to 713-631-1099, Attention Safety.

**TRI STAR FREIGHT SYTEM, INC.**  
**5407 MESA DRIVE, HOUSTON TX 77028**

Applicants are considered without regard to race, creed, color, sex, religion, age or national origin.

**DRIVERS INFORMATION SHEET**

How did you hear about Tri Star? \_\_\_\_\_

Full Name: \_\_\_\_\_ SS#: \_\_\_\_\_

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

Street

City

State

Zip

Date of Birth: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Name of Spouse: \_\_\_\_\_

In case of emergency, notify: \_\_\_\_\_

Phone: \_\_\_\_\_

**Address for Last 3 Years:**

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

Street

City

State

Zip

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

Street

City

State

Zip

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

Street

City

State

Zip

**Physical History:**

Date of Last Physical: \_\_\_\_\_ Expires: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Doctor's Address: \_\_\_\_\_

Street

City

State

Zip

**Experience and Qualifications:**

Valid Driver's License

State: \_\_\_\_\_ License Number: \_\_\_\_\_

Type: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

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

Has your license permit or privilege been suspended or revoked? Yes No

If yes, explain \_\_\_\_\_

Have you ever been convicted of driving under the influence of alcohol / drugs? Yes No

If yes, penalty \_\_\_\_\_

Have you ever been convicted of a crime? Yes No

If yes, explain \_\_\_\_\_

**DRIVING HISTORY FOR THE PAST TEN YEARS**  
**(Use separate sheet if necessary)**

**D.O.T. requires ten (10) years past experience. However Tri Star Freight System, Inc. reserves the right to inquire further during the qualification process.**

Last company/individual you drove for: Name \_\_\_\_\_

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

Phone: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

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

Position held: Driver \_\_\_ Company Driver \_\_\_ Owner Operator \_\_\_ Contract Driver \_\_\_ Helper \_\_\_ Other

Type of Trailer Hauled: \_\_\_\_\_

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2<sup>nd</sup> Last company/individual you drove for: Name \_\_\_\_\_

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

Phone: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

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

Position held: Driver \_\_\_ Company Driver \_\_\_ Owner Operator \_\_\_ Contract Driver \_\_\_ Helper \_\_\_ Other

Type of Trailer Hauled: \_\_\_\_\_

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3<sup>rd</sup> Last company/individual you drove for: Name \_\_\_\_\_

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

Phone: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

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

Position held: Driver \_\_\_ Company Driver \_\_\_ Owner Operator \_\_\_ Contract Driver \_\_\_ Helper \_\_\_ Other

Type of Trailer Hauled: \_\_\_\_\_

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4<sup>th</sup> Last company/individual you drove for: Name \_\_\_\_\_

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

Phone: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

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

Position held: Driver \_\_\_ Company Driver \_\_\_ Owner Operator \_\_\_ Contract Driver \_\_\_ Helper \_\_\_ Other

Type of Trailer Hauled: \_\_\_\_\_

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5<sup>th</sup> Last company/individual you drove for: Name \_\_\_\_\_

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

Phone: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

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

Position held: Driver \_\_\_ Company Driver \_\_\_ Owner Operator \_\_\_ Contract Driver \_\_\_ Helper \_\_\_ Other

Type of Trailer Hauled: \_\_\_\_\_

# Driver Statement

Driver: \_\_\_\_\_

Dates out of work \_\_\_\_\_ to \_\_\_\_\_

Reason for out of work \_\_\_\_\_

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

Dates out of work \_\_\_\_\_ to \_\_\_\_\_

Reason for out of work \_\_\_\_\_

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Driver Signature

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**DRIVING EXPERIENCE**

POWER EQUIPMENT	TYPE OF EQUIPMENT	# OF YEARS	STATES YOU HAVE DRIVEN IN
STRAIGHT TRUCK			
TRACTOR TRAILER			
BUS			
OTHER			

**ACCIDENT RECORD LAST THREE YEARS**

DATE	NATURE OF ACCIDENT	# OF FATALITIES	# OF INJURIES	COMM. VEHICLE	PERSONAL VEHICLE

**TRAFFIC CONVICTIONS & FORFEITURES LAST 3 OTHER THAN PARKING**

STATE	DATE	CHARGE	PENALTY	COMM. VEHICLE AUTO

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**EDUCATION**

Please indicate last grade attended: Elementary \_\_\_ H.S. \_\_\_ College \_\_\_

Last School Attended: Name: \_\_\_\_\_

\_\_\_\_\_

Address	City	State	Zip
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Other Training: \_\_\_\_\_

Are you now employed? Yes \_\_\_ No \_\_\_ When will you be available? \_\_\_\_\_

Do you have full knowledge of federal safety regulations? Yes \_\_\_ No \_\_\_

Have you served in the U.S. Armed Forces? Yes \_\_\_ No \_\_\_

Branch: \_\_\_\_\_

Served from: \_\_\_\_\_ to: \_\_\_\_\_

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

Rank at Discharge \_\_\_\_\_

I attest under penalty of perjury, that I am (check one)

- \_\_\_\_\_ 1. A citizen or national of the United States,  
Driver's license number \_\_\_\_\_  
Expiration Date \_\_\_\_\_  
Social Security Number \_\_\_\_\_
  
- \_\_\_\_\_ 2. An alien lawfully admitted for permanent residence  
(alien number a \_\_\_\_\_ )
  
- \_\_\_\_\_ 3. An alien authorized by the immigration and naturalization service to work in  
the United States alien number a \_\_\_\_\_ or  
admission number \_\_\_\_\_  
expiration date (if any) \_\_\_\_\_



## PREVIOUS PRE-EMPLOYMENT EMPLOYEE DRUG AND ALCOHOL STATEMENT

TRI STAR FREIGHT SYSTEM, INC.  
5407 MESA DRIVE, HOUSTON TX 77028

PHN: 713-631-1095  
FAX: 713-631-1099

Sec. 40.25(j) As the employer: You must also ask the employee whether he/she has tested positive, or refused to test, on any pre-employment drug and alcohol test administered by an employee to which the employee applied for, but did not obtain, safety sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years. If the employee admits that he/she had a positive test you must not use the employee to perform safety sensitive functions for you until and unless the employee documents successful completion of the return of duty process. ( See Sec. 40.25 (b),(5) and (e))

\_\_\_\_\_  
Name (Please Print)

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

The prospective employee is required by DOT Sec 40.25(j) to respond to the following question(s):

Have you tested positive, or refused to test, on any pre-employment drug or alcohol test and did not obtain safety sensitive transportation work covered by DOT Agency drug and alcohol testing rules during the past 2 years?	YES	NO
Have you ever tested positive on any drug or alcohol test?	YES	NO
If you answered yes, can you provide/obtain proof that you successfully completed the DOT return –to –duty requirements?	YES	NO

\_\_\_\_\_  
Prospective Employee Signature

\_\_\_\_\_  
Date

**TRI STAR FREIGHT SYTEM, INC.  
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**MUST BE READ AND SIGNED BY DRIVER**

I agree and understand that any misrepresentations of information given shall be considered an act of falsification.

I agree and understand that Tri Star Freight System may investigate my background to ascertain that any and all information is factual.

This certifies that this information form was completed by me and that all entries on it and information in it are true and completed to the best of my memory.

I attest, under penalty of perjury, that I am eligible to drive in the United States. I am aware that federal law provides for imprisonment and/or fine for any false statements or use of false documents.

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Date

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Driver's Signature