



DRIVER PRE-QUALIFICATION DATA SHEET

How did you hear about Tri Star? _____

Print Full Name _____

Address _____ City/State _____ ZIP _____

Home Phone # _____ Cell # _____

Email: _____@_____,com

Social Security # _____ Date of Birth _____

Commercial Driver's License # _____ State _____

List any endorsements to your CDL _____

List equipment you currently operate _____

CIRCLE ONE: Container / Vans / Flatbed

CIRCLE ONE: Local / OTR / Regional

Do you have a TWIC Card? YES NO

Are you at least 21 years of age? YES NO

Do you have a minimum of 2 years tractor experience in the last 4 years? YES NO

Do you own your own truck? YES NO

Has your license ever been suspended or revoked? YES NO

Have you ever been charged or convicted of a DWI or DUI? YES NO

Have you ever been convicted of a felony? YES NO

Have you ever been cited for careless or reckless driving? YES NO

Have you ever been cited for leaving the scene of an accident? YES NO

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

List any moving violations in the last 3 years

List any accidents in the last 3 years Preventable Or Non-Preventable

Please circle the offices you would be willing to work with:

- *Houston, TX * Dallas, TX *Jacksonville, FL *Charleston, SC *Savannah, GA *Baltimore, MD

PRE-LEASE CONSENT AGREEMENT

THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS TITLE 49 IN FEDERAL REGULATIONS SECTION 391.103 – PRE-EMPLOYMENT TESTING DRIVER APPLICANTS OF THIS COMPANY.

391.103 PRE-EMPLOYMENT TESTING REQUIREMENT WHICH IN THIS CASE WILL BE CONSIDERED PRE-LEASE TESTING.

- A. A MOTOR CARRIER SHALL REQUIRE A DRIVER-APPLICANT WHO THE MOTOR CARRIER INTENDS TO HIRE OR USE TO BE TESTED FOR THE USE OF CONTROLLED SUBSTANCE AS A PREQUALIFICATION CONDITION.
 - B. A DRIVER-APPLICANT SHALL SUBMIT TO CONTROLLED SUBSTANCE TESTING AS A PREQUALIFICATION CONDITION.
 - C. PRIOR TO COLLECTION OF A URINE SAMPLE UNDER 391.107 OF THIS SUBPART, A DRIVER-APPLICANT SHALL BE NOTIFIED THAT THE SAMPLE WILL BE TESTED FOR THE PRESENCE OF CONTROLLED SUBSTANCES.
-

AS A CONDITION OF MY APPLICATION, I CONSENT TO THE URINE SAMPLE COLLECTION AND CONTROLLED SUBSTANCE TESTING.

I UNDERSTAND A POSITIVE TEST, OR REFUSAL TO TEST, FOR CONTROLLED SUBSTANCES MEDICALLY DISQUALIFY ME FROM THE OPERATION OF A COMMERCIAL MOTOR VEHICLE FOR THIS COMPANY.

THE MEDICAL REVIEW OFFICER WILL MAINTAIN THE RESULTS OF THE URINALYSIS TEST. NEGATIVE AND POSITIVE RESULTS WILL BE REPORTED TO THE COMPANY.

MY WRITTEN AUTHORIZATION IS REQUIRED FOR THE URINALYSIS TEST RESULTS TO BE GIVEN TO OTHER PARTIES.

I HAVE READ AND UNDERSTAND THE ABOVE CONDITIONS FOR THE PRE-LEASE CONSENT AGREEMENT.

APPLICANT'S NAME (PLEASE PRINT)

APPLICANT'S SIGNATURE

DATE

WITNESSED BY: _____
COMPANY REPRESENTATIVE SIGNATURE

DATE



2421 W. 7th Street, Suite 350
 Fort Worth, TX 76107
 Ph. 817-332-0044 Fax 817-332-0055

DISCLOSURE & AUTHORIZATION FOR RELEASE OF INFORMATION

As a part of our hiring, a background check and investigation will be conducted. We may ask FleetScreen, a consumer reporting agency, to prepare a consumer report and an investigative consumer report prior to your being qualified in the service of Tri Star Freight System, Inc.. The *consumer* investigative report may consist of contacting all listed prior employers to verify your employment history, job performance and drug/alcohol testing data. It may also include a consumer report to include a check of applicable criminal, police or court records. Under the provisions of the Fair Credit Reporting Act (15 USC at 1681-1681u) amended, before we can seek such a report from FleetScreen, we must have your written permission for FleetScreen to obtain the information and to provide the information to us as part of our analysis of your application for employment with our company.

Below you will find an authorization and release for FleetScreen to prepare a consumer report, and for our company to receive, a copy of that report. If you do not wish to execute this release, please return all of the application materials to the person from whom you obtained them.

AUTHORIZATION & RELEASE TO OBTAIN CONSUMER REPORT

Under the provision of the Fair Credit Reporting Act, 15 USC, Section 1681et Seq., the Americans with Disability Act and all applicable federal, state and local laws, I hereby authorize and permit to obtain from FleetScreen, a consumer report and investigative consumer report which may include the following:

1. My employment records
2. Records concerning any driving, criminal history, credit history, and civil records
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 use for the past three (3) years.
4. Verification of my academic and/or professional credentials; and information and/or copies of documents from any military service.

I understand that the above items, which may constitute "investigative consumer reports", 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 the 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 and FleetScreen 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 provisions of the Fair Credit Reporting Act, I may request a copy of the consumer report or consumer investigative report from FleetScreen, the consumer reporting agency that compiled the report, after I have provided FleetScreen with proper identification. I also understand that before any adverse action is taken based, in whole or in part, on the information in the consumer report, I will be provided a copy of the report, the name, address and telephone number of FleetScreen, and a summary of my rights under the Fair Credit Reporting Act.

I hereby authorize FleetScreen to obtain and prepare an investigative consumer report as set forth above and to provide that report to TRI STAR FREIGHT SYSTEM, INC. as part of its investigation of my employment application.

FULL NAME _____ A.K.A. _____

ADDRESS _____ CITY/ST _____ ZIP _____

PREVIOUS ADD. _____ CITY/ST _____ ZIP _____

*DOB _____ SSN _____ CDL No. _____ STATE _____

Applicant Signature: _____ DATE: _____

*This is for criminal purposes only

Must be completed by client before investigation will be performed

Client: TRI STAR FREIGHT SYSTEM, INC.

Manager: Mike Christophe

Date: / /

STATE CRIM _____ COUNTY CRIM _____
 EMPLOYMENT _____ EDUCATION _____

Please check all that apply
 NATIONAL CRIM X SSN _____

MVR X CDL: YES /NO

**THE BELOW DISCLOSURE AND AUTHORIZATION LANGUAGE IS FOR MANDATORY USE BY
ALL ACCOUNT HOLDERS**

IMPORTANT DISCLOSURE

REGARDING BACKGROUND REPORTS FROM THE *PSP Online Service*

In connection with your application for employment with **TRI STAR FREIGHT SYSTEM, INC.** (“Prospective Employer”), Prospective Employer, its employees, agents or contractors may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

When the application for employment is submitted in person, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report.

When the application for employment is submitted by mail, telephone, computer, or other similar means, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer must provide you within three business days of taking adverse action oral, written or electronic notification: that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

Neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. You may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If you challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. Your request will be forwarded by the DataQs system to the appropriate State for adjudication.

Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with Federal Motor Carrier Safety Regulations (FMCSR) violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

The Prospective Employer cannot obtain background reports from FMCSA without your authorization.

AUTHORIZATION

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

I authorize **TRI STAR FREIGHT SYSTEM, INC.** (“Prospective Employer”) to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am authorizing the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.

I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

Initial/Date

I understand that any crash or inspection in which I was involved will display on my PSP report. Since the PSP report does not report, or assign, or imply fault, I acknowledge it will include all CMV crashes where I was a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, I understand all inspections, with or without violations, will appear on my PSP report, and State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on my PSP report.

I have read the above Disclosure Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this Disclosure and Authorization, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Date: _____

Signature

Name (Please Print)

NOTICE: This form is made available to monthly account holders by NIC on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain an Applicant's written or electronic consent prior to accessing the Applicant's PSP report. Further, account holders are required by FMCSA to use the language contained in this Disclosure and Authorization form to obtain an Applicant's consent. The language must be used in whole, exactly as provided. Further, the language on this form must exist as one stand-alone document. The language may NOT be included with other consent forms or any other language.

NOTICE: The prospective employment concept referenced in this form contemplates the definition of "employee" contained at 49 C.F.R. 383.5.

LAST UPDATED 12/22/2015

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: _____

Emergency Contact: _____

In case of emergency, notify: _____ Relationship _____

Phone: _____

Address for Last 3 Years:

Address: _____

Street

City

State

Zip

Address: _____

Street

City

State

Zip

Address: _____

Street

City

State

Zip

Experience and Qualifications:

Valid Driver's License

State: _____ License Number: _____

Type: _____ Expiration Date: _____ Endorsements: _____

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

Applicant Name: _____ Date: _____

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. (Use separate sheet if necessary)

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

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes No

Was the previous job position designated as a safety sensitive function in any DOT (Department of Transportation) regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes No

2nd 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

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes No

Was the previous job position designated as a safety sensitive function in any DOT (Department of Transportation) regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes No

3rd 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

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes No

Was the previous job position designated as a safety sensitive function in any DOT (Department of Transportation) regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes No

4th 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

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes No

Was the previous job position designated as a safety sensitive function in any DOT (Department of Transportation) regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes No

5th 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

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes No

Was the previous job position designated as a safety sensitive function in any DOT (Department of Transportation) regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes No

Driver Statement

Dates out of work _____ to _____

Reason for out of work _____

Dates out of work _____ to _____

Reason for out of work _____

Applicant Name: _____ Date: _____

Applicant Signature: _____

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

Applicant Name: _____ Date: _____

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

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

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) _____

Applicant Name: _____ Date: _____

Applicant Signature: _____

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

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, Inc.** 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.

Applicant Name (Please Print)

Date

Applicant Signature



PREVIOUS PRE-EMPLOYMENT 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 Motor Carrier: You must also ask the driver whether he/she has tested positive, or refused to test, on any pre-employment drug and alcohol test administered by an employer to which the driver 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 driver admits that he/she had a positive test you must not use the driver to perform safety sensitive functions for you until and unless the driver 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 driver 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 Driver Signature

Date

FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT

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 1, of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on you for employment purposes. These reports are required by Sections 382.413, 391.23, and 391.25 of the Federal Motor Carrier Safety Regulations.

I authorize **Tri Star Freight System, Inc.** to access the FMCSA Pre-Employment Screening Program (PSP) to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am consenting to the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist **Tri Star Freight System, Inc.** in making a determination regarding my suitability as an independent contractor.

Applicant's Signature

Date

Print Name

Social Security Number