

Dear New Owner Operator / Contract 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:
  - o Current CDL
  - o Medical Card – Short and Long Form
  - o Registration
  - o Annual Inspection
  - o 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.

You can fax completed application to 713-631-1099.

Or scan and email to [tristarsafety3@tristarfreightsys.com](mailto:tristarsafety3@tristarfreightsys.com)



**DRIVER PRE-QUALIFICATION DATA SHEET**

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

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

Full Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

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

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.

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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:     /     /    

Please check all that apply

STATE CRIM \_\_\_\_\_ COUNTY CRIM \_\_\_\_\_  
 EMPLOYMENT \_\_\_\_\_ EDUCATION \_\_\_\_\_

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.

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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: \_\_\_\_\_  
Full Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ SSN#: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

**Emergency Contacts:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home#: \_\_\_\_\_ Cell# \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home#: \_\_\_\_\_ Cell# \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home#: \_\_\_\_\_ Cell# \_\_\_\_\_

**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)? \_\_\_ 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

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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

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs)? \_\_\_ 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

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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

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs)? \_\_\_ 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

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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

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs)? \_\_\_ 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

\*\*\*\*\*



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)***

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

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs)? \_\_\_ 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

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6<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

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs)? \_\_\_ 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

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7<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

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs)? \_\_\_ 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

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8<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

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs)? \_\_\_ 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

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# Driver Statement

Dates out of work

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

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

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Dates out of work

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

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

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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 #: \_\_\_\_\_  
Exp Date: \_\_\_\_\_  
SSN#: \_\_\_\_\_

\_\_\_\_\_ 2. An Alien lawfully admitted for permanent residence  
Alien #: A \_\_\_\_\_  
Exp Date: \_\_\_\_\_

\_\_\_\_\_ 3. An Alien authorized by the Immigration and Naturalization Service to work  
in the United States  
Alien #: A \_\_\_\_\_  
Exp Date: \_\_\_\_\_

Applicant Name: \_\_\_\_\_ 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

\_\_\_\_\_  
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, Chapter1, 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

**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