



Tidco

Transportation Inc.

Driver's Pre-Hire Application

PLEASE PRINT

Date of Application: _____

Name: _____

Address: _____

House Phone: _____

Cell Phone: _____

Social Security Number: _____ Date of Birth: _____

Driver's License Number: _____ State: _____ Expiration: _____

Years Driving Commercial: _____

Emergency Contact Info:

Name: _____

Relationship: _____

Phone: _____

Previous Employer: _____

Address: _____

City, State, Zip: _____

Phone Number: _____

Reason for Leaving: _____

Pay: _____

Alabama Trucking Association Workers' Compensation Self-Insurance Fund
POST JOB OFFER — MEDICAL QUESTIONNAIRE

DATE: _____ POSITION: _____

NAME: _____

A. DO YOU EVER HAVE:	YES	NO	F. HAVE YOU EVER HAD:	YES	NO
Reactions to Medicines	___	___	Seizures or Convulsions	___	___
Reactions to Oils	___	___	Epilepsy	___	___
Reactions to Chemicals	___	___	Paralysis	___	___
Skin Rashes or Eczema	___	___	Numbness of Hands or Feet	___	___
			Double Vision	___	___
B. HAVE YOU EVER HAD:			Severe Headaches	___	___
Asthma	___	___	Migraine Headaches	___	___
Hay Fever	___	___	Dizzy Spells	___	___
Shortness of Breath When Walking	___	___			
			G. HAVE YOU EVER HAD:		
C. HAVE YOU EVER HAD:			Neck Injury or Pain	___	___
High Blood Pressure	___	___	Back Injury or Pain	___	___
Heart Trouble	___	___	Neck Surgery	___	___
Heart Attack	___	___	Back Surgery	___	___
Heart Surgery	___	___	Knee Surgery	___	___
Fainting Spells	___	___	Shoulder Injury or Pain	___	___
Varicose Veins	___	___	Shoulder Surgery	___	___
Swelling of Ankles	___	___	Rheumatism or Arthritis	___	___
			Fracture Break of Bone	___	___
D. DO YOU HAVE OR EVER HAD:			H. MEDICINE/ DRUGS/ ALCOHOL:		
Hernia	___	___	Are You Taking Medicine Regularly	___	___
Diabetes	___	___	Are You Currently Using Illegal Drugs or Harmful Substance	___	___
			How Much? _____		
E. EYES:			How Often? _____		
Do You Use Contacts or Eye Glasses	___	___			

I acknowledge that the Alabama Trucking Association Workers' Compensation Self-Insurance Fund mandates that if I refuse to submit to or cooperate with a blood or urine test after an accident, I shall forfeit workers' compensation benefits. INT. _____

I acknowledge that misrepresentation as to preexisting physical or mental conditions may void my Workers' Compensation benefits. INT. _____

Explanation of all yes answers, use back page if needed: _____

The Undersigned understands that the Alabama Trucking Association Workers' Compensation Self-Insurance Fund ("ATA Fund") requires the execution of a post job offer medical questionnaire. The Undersigned agrees to complete said questionnaire truthfully and agrees to allow the disclosure of it to the Company and/or ATA Fund to determine whether the Undersigned is fit for duty. For DOT covered employees, under 49 CFR 191.11, the employer makes the final driver fitness-for-duty determination.

The Genetic Information Nondiscrimination Act of 2008 ("GINA") prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of employees or their family members. In order to comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. "Genetic information," as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

Signature of Applicant: _____ Company Representative: _____



**TRUCKING INDUSTRY:
DOT D/A Disclosure and Authorization**

Send to Fax# (800) 257-8069

HireRight Customer:	
Company Name:	<u>Tidco Transportation Inc.</u>
Company Contact Name:	<u>Casey Bonds</u>
Fax #:	<u>(205) 489 - 3397</u>
HireRight Account Code:	_____

PART I – DISCLOSURE AND AUTHORIZATION FOR RELEASE OF INFORMATION FOR EMPLOYMENT PURPOSES – 49 CFR PART 391.23, DOT DRUG AND ALCOHOL TESTING

In accordance with DOT Regulation 49 CFR Part 391.23, I hereby authorize release of my DOT-regulated drug and alcohol testing records by the DOT-regulated employer(s) listed below to HireRight for the purpose of HireRight transmitting such records to the HireRight customer listed above. I understand that information/documents released pursuant to this Part I is limited to the following DOT-regulated testing items, including pre-employment testing results, occurring during the previous **three (3) years**: (i) alcohol tests with a result of 0.04 or higher; (ii) verified positive drug tests; (iii) refusals to be tested (including adulterated and/ or substituted tests); (iv) other violations of DOT drug and alcohol testing regulations (i.e., violations of 49 CFR 382 Subpart B); (v) information obtained from previous employers of a drug and alcohol rule violation; and (vi) any documentation of completion of the return-to-duty process following a rule violation.

If any company listed below furnishes HireRight with information concerning items (i) through (vi) above, I also authorize such company to furnish the following information to HireRight, if applicable: (i) dates of my negative drug and/or alcohol tests and/or tests with results below 0.04 during the previous **three (3) years**; and (ii) the name and phone number of any substance abuse professional who evaluated me during the previous **three (3) years**.

List all DOT-regulated employers you have applied with and/or worked for in a safety-sensitive function during the previous **three (3) years**. If necessary, attach additional pages, including the date, your name, social security number and signature.

Previous DOT-Regulated Employer	City	State	Phone Number
_____	_____	_____	(____) _____ - _____
_____	_____	_____	(____) _____ - _____
_____	_____	_____	(____) _____ - _____
_____	_____	_____	(____) _____ - _____
_____	_____	_____	(____) _____ - _____
_____	_____	_____	(____) _____ - _____

By signing below, I certify that: (i) all information provided herein is complete and accurate; (ii) I have read and fully understand this Part I disclosure and authorization for release as well as the attached FMCSA Notification of Driver Rights and any applicable state law notices; (iii) prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction; (iv) I execute this authorization voluntarily and with the knowledge that the information obtained pursuant to this authorization could affect my eligibility for employment, promotion, retention or other lawful purpose; (v) I understand I may review this document with legal counsel prior to signing; and (vi) facsimile or photographic copies of this authorization are as valid as an original.

Print Applicant Name: _____ Social Security #: _____

Applicant Signature: _____ Date: _____

Part 2 - FMCSA Notification of Driver Rights

In compliance with 49 CFR Part 40 §391.23 you have certain rights regarding the safety performance history information that will be provided to prospective employers. I) You have the right to review information provided by previous employers. II) You have the right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to prospective employers. III) You have the right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information. (2) Drivers who have previous DOT regulated employment history in the preceding three years and wish to review previous employer-provided investigative information must submit a written request to prospective employers. This may be done at any time, including when applying, or as late as 30 days after being employed or being notified of denial of employment. Prospective employers must provide this information within five business days of receiving the written request. If prospective employers have not yet received the requested information from the previous employer, then the five day deadline will begin when the requested safety performance history information is received. If you have not arranged to pick up or receive the requested records within 30 days of prospective employers making them available, the prospective employers may consider you to have waived your request to review the record.

Authorization of Background Investigation

I have carefully read and understand this Disclosure and Authorization form and the attached summary of rights under the Fair Credit Reporting Act. By my signature below, I consent to preparation of background reports by a consumer reporting agency such as HireRight, Inc., and to the release of such background reports to the Company and its designated representatives and agents, for the purpose of assisting the Company in making a determination as to my eligibility for employment (including independent contractor assignments, as applicable), promotion, retention or for other lawful employment purposes. I understand that if the Company hires me or contracts for my services, my consent will apply, and the Company may obtain background reports, throughout my employment or contract period.

I understand that information contained in my employment or contractor application, or otherwise disclosed by me before or during my employment or contract assignment, if any, may be used for the purpose of obtaining and evaluating background reports on me. I also understand that nothing herein shall be construed as an offer of employment or contract for services.

I hereby authorize law enforcement agencies, learning institutions (including public and private schools and universities), information service bureaus, credit bureaus, record/data repositories, courts (federal, state and local), motor vehicle records agencies, my past or present employers, the military, and other individuals and sources to furnish any and all information on me that is requested by the consumer reporting agency.

By my signature below, I also certify the information I provided on and in connection with this form is true, accurate and complete. I agree that this form in original, faxed, photocopied or electronic (including electronically signed) form, will be valid for any background reports that may be requested by or on behalf of the Company.

California, Minnesota or Oklahoma applicants only: You will be provided with a free copy of any consumer reports or investigative consumer reports obtained on you if you check the box below.

I wish to receive a free copy of the report.

Applicant Last Name _____ First _____ Middle _____
Applicant Signature _____ Date _____

CONSUMER DISCLOSURE AND AUTHORIZATION FORM

Disclosure Regarding Background Investigation

Tidco Transportation Inc (the "Company") may request, for lawful employment purposes, background information about you from a consumer reporting agency in connection with your employment or application for employment (including independent contractor assignments, as applicable). This background information may be obtained in the form of consumer reports and/or investigative consumer reports (commonly known as "background reports"). These background reports may be obtained at any time after receipt of your authorization and, if you are hired or engaged by the Company, throughout your employment or your contract period.

HireRight, Inc., or another consumer reporting agency, will prepare or assemble the background reports for the Company. HireRight, Inc. is located and can be contacted by mail at 5151 California, Irvine, CA 92617, and HireRight can be contacted by phone at (800) 400-2761. Information about HireRight's privacy practices is available at www.hireright.com/Privacy-Policy.aspx.

The background report may contain information concerning your character, general reputation, personal characteristics, mode of living, and credit standing. The types of information that may be obtained include, but are not limited to: social security number verifications; address history; credit reports and history; criminal records and history; public court records; driving records; accident history; worker's compensation claims; bankruptcy filings; educational history verifications (e.g., dates of attendance, degrees obtained); employment history verifications (e.g., dates of employment, salary information, reasons for termination, etc.); personal and professional references checks; professional licensing and certification checks; drug/alcohol testing results, and drug/alcohol history in violation of law and/or company policy; and other information bearing on your character, general reputation, personal characteristics, mode of living and credit standing.

This information may be obtained from private and public record sources, including, as appropriate: government agencies and courthouses; educational institutions; former employers; personal interviews with sources such as neighbors, friends and associates; and other information sources. If the Company should obtain information bearing on your credit worthiness, credit standing or credit capacity for reasons other than as required by law, then the Company will use such credit information to evaluate whether you would present an unacceptable risk of theft or other dishonest behavior in the job for which you are being evaluated.

You may request more information about the nature and scope of any investigative consumer reports by contacting the Company. A summary of your rights under the Fair Credit Reporting Act is also being provided to you.

Additional State Law Notices

If you are a California, Maine, Massachusetts, New York or Washington State applicant, employee or contractor, please also note:

CALIFORNIA: Pursuant to section 1786.22 of the California Civil Code, you may view the file maintained on you by HireRight during normal business hours. You may also obtain a copy of this file, upon submitting proper identification and paying the costs of duplication services, by appearing at HireRight's offices in person, during normal business hours and on reasonable notice, or by certified mail. You may also receive a summary of the file by telephone, upon submitting proper identification and written request. HireRight has trained personnel available to explain your file to you, including any coded information, and will provide a written explanation of any coded information contained in your file. If you appear in person, you may be accompanied by one other person, provided that person furnishes proper identification. "Proper identification" includes documents such as a valid driver's license, social security account number, military identification card, and credit cards. If you cannot identify yourself with such information, HireRight may require additional information concerning your employment and personal or family history to verify your identity.

MAINE: You have the right, upon request, to be informed of whether an investigative consumer report was requested, and if one was requested, the name and address of the consumer reporting agency furnishing the report. You may request and receive from the Company, within five business days of our receipt of your request, the name, address and telephone number of the nearest unit designated to handle inquiries for the consumer reporting agency issuing an investigative consumer report concerning you. You also have the right, under Maine law, to request and promptly receive from all such agencies copies of any such reports.

MASSACHUSETTS: If we request an investigative consumer report, you have the right, upon written request, to a copy of the report.

NEW YORK: You have the right, upon written request, to be informed of whether or not an investigative consumer report was requested. If an investigative consumer report is requested, you will be provided with the name and address of the consumer reporting agency furnishing the report. You may inspect and receive a copy of the report by contacting that agency. Please click [here](#) for additional information about New York law, as applicable.

WASHINGTON STATE: If the Company requests an investigative consumer report, you have the right, upon written request made within a reasonable period of time after your receipt of this disclosure, to receive from the Company a complete and accurate disclosure of the nature and scope of the investigation requested by the Company. You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

Part 2 - FMCSA Notification of Driver Rights

In compliance with 49 CFR Part 40 §391.23 you have certain rights regarding the safety performance history information that will be provided to prospective employers. I) You have the right to review information provided by previous employers. II) You have the right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to prospective employers. III) You have the right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information. (2) Drivers who have previous DOT regulated employment history in the preceding three years and wish to review previous employer-provided investigative information must submit a written request to prospective employers. This may be done at any time, including when applying, or as late as 30 days after being employed or being notified of denial of employment. Prospective employers must provide this information within five business days of receiving the written request. If prospective employers have not yet received the requested information from the previous employer, then the five day deadline will begin when the requested safety performance history information is received. If you have not arranged to pick up or receive the requested records within 30 days of prospective employers making them available, the prospective employers may consider you to have waived your request to review the record.

DAC Online:
DOT D/A Disclosure and Authorization

Customer Name: <u>Tidco Transportation Inc.</u>
Customer Contact Name: <u>Casey Bonds</u>
Fax #: (<u>205</u>) <u>489</u> - <u>3397</u>

Send to Fax #

PART I – DISCLOSURE AND AUTHORIZATION FOR RELEASE OF INFORMATION FOR EMPLOYMENT PURPOSES – 49 CFR PART 391.23, DOT DRUG AND ALCOHOL TESTING

In accordance with DOT Regulation 49 CFR Part 391.23 and 49 CFR Part 40, each as applicable, I hereby authorize release of my DOT-regulated drug and alcohol testing records by the DOT-regulated employer(s) listed below to HIRERIGHT for the purpose of HireRight transmitting such records to the HIRERIGHT customer listed above (“Customer”). I understand that information/documents released pursuant to this Part I is limited to the following DOT-regulated testing items, including pre-employment testing results, occurring during the previous **three (3) years**: (i) alcohol tests with a result of 0.04 or higher alcohol concentration; (ii) verified positive drug tests; (iii) refusals to be tested (including adulterated or substituted tests); (iv) other violations of DOT drug and alcohol testing regulations (i.e., violations of 49 CFR 382 Subpart B); (v) information obtained from previous employers of a drug and alcohol rule violation; and (vi) documentation of completion of the return-to-duty process following a rule violation.

If any company listed below furnishes HireRight with information concerning items (i) through (vi) above, I also authorize such company to furnish the following information to HireRight, if applicable: (i) dates of my negative drug and/or alcohol tests and/or tests with results below 0.04 during the previous **three (3) years**; and (ii) the name and phone number of any substance abuse professional who evaluated me during the previous **three (3) years**.

List all DOT-regulated employers you have applied with and/or worked for in a safety-sensitive function during the previous **three (3) years**. If necessary, attach additional pages, including the date, your name, social security number and signature.

Previous DOT-Regulated Employer	City	State	Phone Number
_____	_____	_____	(____) _____ - _____
_____	_____	_____	(____) _____ - _____
_____	_____	_____	(____) _____ - _____
_____	_____	_____	(____) _____ - _____
_____	_____	_____	(____) _____ - _____

By my signature below, I also certify the information I provided on and in connection with this form is true, accurate and complete. I agree that this form in original, faxed, photocopied or electronic (including electronically signed) form will be valid for any background reports that may be requested by or on behalf of the Customer.

Print Applicant Name: _____ Social Security #: _____

Applicant Signature: _____ Date: _____

PART II – CONSUMER DISCLOSURE AND AUTHORIZATION FORM

Disclosure Regarding Background Investigation

The Customer may request, for lawful employment purposes, background information about you from a consumer reporting agency in connection with your employment or application for employment (including independent contractor assignments, as applicable). This background information may be obtained in the form of consumer reports and/or investigative consumer reports (commonly known as “background reports”). These background reports may be obtained at any time after receipt of your authorization and, if you are hired or engaged by the Company, throughout your employment or your contract period.

HireRight Solutions, Inc. (“HireRight”), or another consumer reporting agency, will prepare or assemble the background reports for the Company. HireRight Solutions, Inc. is located at 4500 S. 129th East Avenue, Suite 200, Tulsa, OK 74134-9175. HireRight Solutions, Inc. can be contacted by mail at P.O. Box 33181, Tulsa, OK, 74153, and can be contacted by phone at (800) 381-0645. Information about HireRight’s privacy practices is available at www.hireright.com/Privacy-Policy.aspx.

The background report may contain information concerning your character, general reputation, personal characteristics, mode of living, and credit standing. The types of information that may be obtained include, but are not limited to: social security number verifications; address history; credit reports and history; criminal records and history; public court records; driving records; accident history; worker’s compensation claims; bankruptcy filings; educational history verifications (e.g., dates of attendance, degrees obtained); employment history verifications (e.g., dates of employment, salary information, reasons for termination, etc.); personal and professional references checks; professional licensing and certification checks; drug/alcohol testing results, and drug/alcohol history in violation of law and/or company policy; and other information bearing on your character, general reputation, personal characteristics, mode of living and credit standing.

This information may be obtained from private and public record sources, including, as appropriate: government agencies and courthouses; educational institutions; former employers; personal interviews with sources such as neighbors, friends and associates; and other information sources. If the Company should obtain information bearing on your credit worthiness, credit standing or credit capacity for reasons other than as required by law, then the Company will use such credit information to evaluate whether you would present an unacceptable risk of theft or other dishonest behavior in the job for which you are being evaluated.

You may request more information about the nature and scope of any investigative consumer reports by contacting the Company. A summary of your rights under the Fair Credit Reporting Act is also being provided to you.

ADDITIONAL STATE LAW NOTICES

If you are a California, Maine, Massachusetts, New York or Washington State applicant, employee or contractor, please also note:

CALIFORNIA: Pursuant to section 1786.22 of the California Civil Code, you may view the file maintained on you by HireRight during normal business hours. You may also obtain a copy of this file, upon submitting proper identification and paying the costs of duplication services, by appearing at HireRight’s offices in person, during normal business hours and on reasonable notice, or by certified mail. You may also receive a summary of the file by telephone, upon submitting proper identification and written request. HireRight has trained personnel available to explain your file to you, including any coded information, and will provide a written explanation of any coded information contained in your file. If you appear in person, you may be accompanied by one other person, provided that person furnishes proper identification. “Proper identification” includes documents such as a valid driver’s license, social security account number, military identification card, and credit cards. If you cannot identify yourself with such information, HireRight may require additional information concerning your employment and personal or family history to verify your identity.

MAINE: You have the right, upon request, to be informed of whether an investigative consumer report was requested, and if one was requested, the name and address of the consumer reporting agency furnishing the report. You may request and receive from the Company, within five business days of our receipt of your request, the name, address and telephone number of the nearest unit designated to handle inquiries for the consumer reporting agency issuing an

investigative consumer report concerning you. You also have the right, under Maine law, to request and promptly receive from all such agencies copies of any such reports.

MASSACHUSETTS: If we request an investigative consumer report, you have the right, upon written request, to a copy of the report.

NEW YORK: You have the right, upon written request, to be informed of whether or not an investigative consumer report was requested. If an investigative consumer report is requested, you will be provided with the name and address of the consumer reporting agency furnishing the report. You may inspect and receive a copy of the report by contacting that agency. Attached below is additional information about New York law.

WASHINGTON STATE: If the Company requests an investigative consumer report, you have the right, upon written request made within a reasonable period of time after your receipt of this disclosure, to receive from the Company a complete and accurate disclosure of the nature and scope of the investigation requested by the Company. You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

PART II – CONSUMER DISCLOSURE AND AUTHORIZATION FORM

Authorization of Background Investigation

I have carefully read and understand this Disclosure and Authorization form and the attached summary of rights under the Fair Credit Reporting Act. By my signature below, I consent to preparation of background reports by a consumer reporting agency such as HireRight Solutions, Inc., and to the release of such background reports to the Company and its designated representatives and agents, for the purpose of assisting the Company in making a determination as to my eligibility for employment (including independent contractor assignments, as applicable), promotion, retention or for other lawful employment purposes. I understand that if the Company hires me or contracts for my services, my consent will apply, and the Company may obtain background reports, throughout my employment or contract period.

I understand that information contained in my employment or contractor application, or otherwise disclosed by me before or during my employment or contract assignment, if any, may be used for the purpose of obtaining and evaluating background reports on me. I also understand that nothing herein shall be construed as an offer of employment or contract for services.

I hereby authorize law enforcement agencies, learning institutions (including public and private schools and universities), information service bureaus, credit bureaus, record/data repositories, courts (federal, state and local), motor vehicle records agencies, my past or present employers, the military, and other individuals and sources to furnish any and all information on me that is requested by the consumer reporting agency.

By my signature below, I also certify the information I provided on and in connection with this form is true, accurate and complete. I agree that this form in original, faxed, photocopied or electronic (including electronically signed) form will be valid for any background reports that may be requested by or on behalf of the Company.

California, Minnesota or Oklahoma applicants only: Please check this box if you would like to receive (whenever you have such right under the applicable state law) a copy of your background report if one is obtained on you by the Company.

NOTE - THIS AUTHORIZATION DOES NOT APPLY TO DRUG & ALCOHOL INFO. ADDRESSED IN PART I.

Applicant Last Name _____ First _____ Middle _____

Applicant Signature _____ Date _____

**NEW YORK CORRECTION LAW
ARTICLE 23-A**

**LICENSURE AND EMPLOYMENT OF PERSONS PREVIOUSLY
CONVICTED OF ONE OR MORE CRIMINAL OFFENSES**

Section 750. Definitions.

751. Applicability.

752. Unfair discrimination against persons previously convicted of one or more criminal offenses prohibited.

753. Factors to be considered concerning a previous criminal conviction; presumption.

754. Written statement upon denial of license or employment.

755. Enforcement.

§750. Definitions. For the purposes of this article, the following terms shall have the following meanings:

(1) "Public agency" means the state or any local subdivision thereof, or any state or local department, agency, board or commission.

(2) "Private employer" means any person, company, corporation, labor organization or association which employs ten or more persons.

(3) "Direct relationship" means that the nature of criminal conduct for which the person was convicted has a direct bearing on his fitness or ability to perform one or more of the duties or responsibilities necessarily related to the license, opportunity, or job in question.

(4) "License" means any certificate, license, permit or grant of permission required by the laws of this state, its political subdivisions or instrumentalities as a condition for the lawful practice of any occupation, employment, trade, vocation, business, or profession. Provided, however, that "license" shall not, for the purposes of this article, include any license or permit to own, possess, carry, or fire any explosive, pistol, handgun, rifle, shotgun, or other firearm.

(5) "Employment" means any occupation, vocation or employment, or any form of vocational or educational training. Provided, however, that "employment" shall not, for the purposes of this article, include membership in any law enforcement agency.

§751. Applicability. The provisions of this article shall apply to any application by any person for a license or employment at any public or private employer, who has previously been convicted of one or more criminal offenses in this state or in any other jurisdiction, and to any license or employment held by any person whose conviction of one or more criminal offenses in this state or in any other jurisdiction preceded such employment or granting of a license, except where a mandatory forfeiture, disability or bar to employment is imposed by law, and has not been removed by an executive pardon, certificate of relief from disabilities or certificate of good conduct. Nothing in this article shall be construed to affect any right an employer may have with respect to an intentional misrepresentation in connection with an application for employment made by a prospective employee or previously made by a current employee.

§752. Unfair discrimination against persons previously convicted of one or more criminal offenses prohibited. No application for any license or employment, and no employment or license held by an individual, to which the provisions of this article are applicable,

shall be denied or acted upon adversely by reason of the individual's having been previously convicted of one or more criminal offenses, or by reason of a finding of lack of "good moral character" when such finding is based upon the fact that the individual has previously been convicted of one or more criminal offenses, unless:

(1) There is a direct relationship between one or more of the previous criminal offenses and the specific license or employment sought or held by the individual; or

(2) the issuance or continuation of the license or the granting or continuation of the employment would involve an unreasonable risk to property or to the safety or welfare of specific individuals or the general public.

§753. Factors to be considered concerning a previous criminal conviction; presumption.

1. In making a determination pursuant to section seven hundred fifty-two of this chapter, the public agency or private employer shall consider the following factors:

(a) The public policy of this state, as expressed in this act, to encourage the licensure and employment of persons previously convicted of one or more criminal offenses.

(b) The specific duties and responsibilities necessarily related to the license or employment sought or held by the person.

(c) The bearing, if any, the criminal offense or offenses for which the person was previously convicted will have on his fitness or ability to perform one or more such duties or responsibilities.

(d) The time which has elapsed since the occurrence of the criminal offense or offenses.

(e) The age of the person at the time of occurrence of the criminal offense or offenses.

(f) The seriousness of the offense or offenses.

(g) Any information produced by the person, or produced on his behalf, in regard to his rehabilitation and good conduct.

(h) The legitimate interest of the public agency or private employer in protecting property, and the safety and welfare of specific individuals or the general public.

2. In making a determination pursuant to section seven hundred fifty-two of this chapter, the public agency or private employer shall also give consideration to a certificate of relief from disabilities or a certificate of good conduct issued to the applicant, which certificate shall create a presumption of rehabilitation in regard to the offense or offenses specified therein.

§754. Written statement upon denial of license or employment. At the request of any person previously convicted of one or more criminal offenses who has been denied a license or employment, a public agency or private employer shall provide, within thirty days of a request, a written statement setting forth the reasons for such denial.

§755. Enforcement.

1. In relation to actions by public agencies, the provisions of this article shall be enforceable by a proceeding brought pursuant to article seventy-eight of the civil practice law and rules.

2. In relation to actions by private employers, the provisions of this article shall be enforceable by the division of human rights pursuant to the powers and procedures set forth in article fifteen of the executive law, and, concurrently, by the New York city commission on human rights.

Para informacion en español, visite www.ftc.gov/credit o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave., N.W., Washington, DC 20580

A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.ftcgov/credit or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, DC 20580.**

- ❑ **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- ❑ **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - ❑ a person has taken adverse action against you because of information in your credit report;
 - ❑ you are the victim of identity theft and place a fraud alert in your file;
 - ❑ your file contains inaccurate information as a result of fraud;
 - ❑ you are on public assistance;
 - ❑ you are unemployed but expect to apply for employment within 60 days.

In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.ftc.gov/credit for additional information.

- ❑ **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- ❑ **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.ftc.gov/credit for an explanation of dispute procedures.
- ❑ **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer agency may continue to report information it has verified as accurate.

- ❑ **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- ❑ **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- ❑ **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.ftc.gov/credit.
- ❑ **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.
- ❑ **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- ❑ **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.ftc.gov/credit.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:

TYPE OF BUSINESS:	PLEASE CONTACT:
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word “National” or initials “N.A.” appear in or after bank’s name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word “Federal” or initials “F.S.B.” appear in federal institution’s name)	Office of Thrift Supervision Consumer Complaints Washington, DC 20552 800-842-6929
Federal credit unions (words “Federal Credit Union” appear in institution’s name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center 2345 Grand Avenue, Suite 100 Kansas City, MO 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation, Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator- GIPSA Washington, DC 20250 202-720-7051

Truck Driver

Job Description

Overview: The primary function of the Truck Driver is to operate various tractor-trailer combinations for extended periods of time, over long distances between company/customer facilities, terminals, yards or work sites in order to pick up, transport and deliver freight in a safe, timely and efficient manner. As part of this function, truck drivers drop, hook, spot or otherwise interchange equipment for loading or unloading at various locations under varied conditions. Truck drivers are subject to ALL Regulations of the United States Department of Transportation.

Essential Functions:

1. Perform all duties in accordance with company policies and procedures, and comply with all federal, state, and local regulations for the secure and safe operation of a commercial motor vehicle (CMV).
2. Understands and carries out instructions given orally and in writing, including those on manifests, bills of lading and other shipping documents to determine the location and time of delivery.
3. Conducts a thorough pre-trip inspection of the equipment assigned as prescribed by the Federal Motor Carrier Safety Administration (FMCSA) and the company. Inspect tractor and trailer for defects during and after trips and submit a written report on the condition of the tractor and trailer at the end of each trip. Report ANY defects to the company shop and have repairs made before operating the equipment.
4. Safely operate tractor trailer equipment in different configurations as assigned, with varying weights as allowed by law, under all types of climatic conditions, terrain, road conditions and traffic situations, in urban and rural settings, for extended periods of time, over long distances, either direct or by way of other intermediate points, in accordance with all federal, state and local laws and regulations as well as company policy.
5. Drop, hook, spot, switch and otherwise interchange equipment, including the hooking and unhooking trailers from the tractor itself and the pushing, pulling, placing, lifting and attaching or detaching of various types of converter gear when necessary. Also includes the raising and lowering of the landing gear on semitrailers and/or the front support on converter dollies when the dollies are so equipped.
6. Ensure that all required shipping documentation accompanies all deliveries.
7. When requested, though rarely, and only after given permission by Dispatch, may load and/or unload in a safe and proficient manner and checks cargo at customer terminals or facilities, assisted or unassisted, using various mechanical aids and freight handling equipment. Properly secures or re-secures the cargo as required.
8. Frequently communicates with Dispatch/Operations, in person or by way of QualComm or telephone, in order to advise of movements, problems with equipment, cargo, delays, etc.

9. Report all accidents or incidents involving driver of company equipment. Be able to provide initial contact with public safety or law enforcement officials and the general public when involved in traffic accidents or hazardous material incidents. Report any moving violations received in both CMV or personal vehicle.
10. Properly maintains a driver's log in accordance with FMCSA and company requirements. Report hours of service for previous day to company operations on a daily basis. Properly and efficiently complete all necessary paperwork including inspection reports, manifests, bills of lading, trip pay reports, trip fuel and mileage reports, accident reports and any other report or record required by law, regulation or company policy.
11. Verify all shipping documentation against the load information provided by dispatch. Note in writing any overages, shortages or damage and seal intact when arriving at delivery.
12. Performs roadside inspections as required by the law, various administrative agency regulations and company policy.
13. Installs and removes tire chains and fuel equipment as needed.
14. Works in adverse weather conditions without temperature or other environmental controls and subject to ambient weather conditions.
15. Comprehends and complies with required emergency responses to hazardous material spills or incidents as required by the situation.
16. Performs work required in a timely manner and maintain adequate production in order to meet service schedules.
17. Report highway safety hazards observed.
18. Professional communication with persons whom the driver is in contact with as a company representative.
19. Sweep or wash out trailers, keep tractor in clean condition.

Minimum Qualifications

1. Must be at least 21 years of age and possess a valid Commercial Driver's License (CDL).
2. Must have knowledge of and comply with all FMCSA rules, regulations governing safe driving, hours of service, inspection and maintenance of equipment.
3. Must be able to operate any type and configuration of equipment assigned, including various types and combinations of owned, leased or rented, single or tandem axle tractors or straight trucks, conventional or day cab design or yard tractors by various manufacturers and as equipped.
4. Must be able to read, write, communicate and comprehend the English language sufficiently to perform various tasks of the job including, but not limited to; communicating with co-workers or the general public; understanding oral and written instructions, highway traffic signs and signals, company manuals, policies and governmental regulations; responding to questions and inquiries from management and government representatives and accurately completing various shipping papers, reports and records required of the position.

5. Must be able to accurately and efficiently perform the mathematical calculations necessary to do the work including; determination of hours of service, computation of time and mileage. Can operate QualComm communication system.
6. Must possess good judgment to perform the functions of the job, including operating a CMV in a safe and lawful manner; handling the customer's freight safely, securely and efficiently and communicate professionally with those persons with whom the employee will be in contact as a company representative.
7. Must have no felony conviction within the past 7 years or any drug conviction involving the use of a commercial motor vehicle. May have NEVER been convicted of ANY crime that requires registration as a sex offender.
8. Must demonstrate the ability to maintain good attendance. Must have a satisfactory work history record.
9. Must be able to drive and/or work the maximum number of hours allowed under FMCSA's Hours of Service Regulations.
10. Must be available to report to work with two hours notice at any time, twenty four hours a day, seven days a week, to work irregular hours in stressful situations and to report on time as scheduled. We are a 24 hour a day company and drivers will be required to drive when they have hours available, day or night.
11. Must be physically qualified to drive a commercial motor vehicle as demonstrated by a current medical examiner's certificate.
12. Must not use any drugs or substances that would interfere with the ability to drive safely. Able to pass any company administered pre-employment drug test
13. Must pass a driving test on company equipment in order to demonstrate driving skills and ability.
14. Must be capable of working independently without constant supervision.
15. Must meet all the qualification requirements of and is not disqualified under, the US Department of Transportation Federal Motor Carrier Safety Regulations, Parts 383 and 391.
16. Must have a minimum of two years recent driving experience as an over-the-road driver, operating similar equipment over similar terrains and road conditions for long distances in various traffic and weather conditions,
17. Must have a record of safe and competent driving (personal and commercial) as demonstrated on state Motor Vehicle Records.
18. (TEAMS) Must be able to work well in close proximity to other drivers for extended periods of time in a sleeper cab. Must be able to sleep restfully in sleeper berth while co-driver is driving vehicle.
19. Must be able to enter and exit various types of equipment safely and efficiently.
20. Must be able to open and close swing type and roll up type trailer doors as needed in the pickup and delivery of freight.

21. Must be able to work on unforgiving surfaces such as concrete, wood and metal and sometimes on slippery and wet surfaces as may be necessary in loading, handling, securing unloading and delivering freight.

22. Must understand and be able to implement safe efficient freight handling and lifting procedures in approved situations.

23. Must be able to perform the work required in a timely manner and maintain adequate production in order to meet service schedules.

I _____ have read the Job Description, Essential Functions and Minimum Requirements listed above. I certify that I can carry out the responsibilities of a Truck Driver as outlined above and that I do meet the minimum requirements as described.

Drivers Signature

Date



Tidco Transportation Inc.

Consent for full Queries of the Federal motor Safety Administration (FMCSA) Drug and Alcohol Clearinghouse

I, _____ herby provide consent to
Tidco Transportation Inc. to conduct a full query of the FMCSA Commercial
Driver's License Drug and Alcohol Clearinghouse to determine whether drug and
alcohol violation information about me exists in the Clearinghouse.

I also understand that if I () refuse to provide consent to the FMCSA for Tidco
Transportation Inc. to conduct a full query and provide query information to Tidco
Transportation Inc. . Tidco Transportation Inc., must prohibit me from performing
safety sensitive functions, including driving a commercial motor vehicle, as
required by FMCSA drug and alcohol program regulations.

*initials in () these areas

Driver's Signature

Date



Tidco Transportation Inc.

Consent for limited Queries of the Federal motor Safety Administration (FMCSA) Drug and Alcohol Clearinghouse

I, _____ hereby provide consent to Tidco Transportation Inc. to conduct a limited query of the FMCSA Commercial Driver's License Drug and Alcohol Clearinghouse (DACH).

I also understand that if I () refuse to provide consent for Tidco Transportation Inc. to conduct a limited query, Tidco Transportation must prohibit me() from performing safety sensitive functions, including driving a commercial motor vehicle, as required by FMCSA drug and alcohol program regulations.

If the limited query indicates that a full query is need, **FMCSA will not disclose that information to Tidco Transportation Inc. without first obtaining additional specific consent from me ().** I also understand that if I () refuse to provide consent for Tidco Transportation Inc. to conduct a full query and view query information, Tidco Transportation must prohibit me() from performing safety sensitive functions, including driving a commercial motor vehicle, as required by FMCSA drug and alcohol program regulations.

*initials in () these areas



*Tidco Transportation
Inc.*

Driver's Signature

Date



Tidco Transportation Inc.

PAST EMPLOYMENT INQUIRY

From: Tidco Transportation, Inc.

61 Tidco Drive

Double Springs, AL 35553

205-489-8131

To: _____

Phone: _____

Fax: _____

Person Contacted: _____ Title: _____

Applicant: _____ SSN: _____ has made application to this company for a position as
a CDL Driver and states that he/she was employed by your company as a _____ from _____ to _____

Are employment dates correct? (Yes) (No). If no, correct dates are from _____ to _____

What kind of equipment did applicant operate? _____

What area of the country did he/she operate in? _____

Please list all accidents while employed by you. (None)

Date: _____ Type of Accident: _____ Preventable: _____

Date: _____ Type of Accident: _____ Preventable: _____

Was their CDL ever suspended or revoked? _____ Explain: _____

Is he/she eligible for rehire? (yes) (no) (upon review) Reason: _____

Comments: _____

Regulations of the Federal Highway Administration (FHWA) 48 CFR 382.413 require us to obtain from your company and require your company to provide us, information concerning past drug and alcohol test results (including refusals to be tested).

Yes ___ No ___ Any positive test results in the past 3 years?

Yes ___ No ___ Any alcohol test results of 0.04 or greater during the past 3 years?

Yes ___ No ___ Any alcohol test results of 0.02 but less than 0.04 during the past 3 years?

Yes ___ No ___ Any refusals to submit to a drug and/or alcohol test during the past 3 years?

If yes to any of the above questions, please give the SAP's name, Address and phone number. _____

Please sign and date this report:

Past Employer Signature: _____ Date: _____

Applicant's Signature _____ Date _____

**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 Tidco Transportation, 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 Tidco Transportation 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.

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.

LAST UPDATED 12/22/2015



Tidco Transportation Inc.

61 TIDCO DRIVE
DOUBLE SPRINGS, AL 35553
Phone 205-489-8131
Fax 205-489-3397

RELEASE AND AUTHORIZATION TO CONTACT PREVIOUS EMPLOYER

Carrier Name: _____

Carrier Address: _____

Carrier City/State: _____

Carrier Phone: _____

Carrier Fax: _____

This form should be kept in an applicant's file to document compliance with 49 CFR 391.23 and for information from previous employers.

Release and Authorization to Contact Previous Employer
As Required By 49 CFR 391.23 and 48 CFR 382.413
Request for Information From Previous Employer

I hereby authorize you to release the following information for the purpose of investigation as required by CFR 391.23 of the Federal Motor Carriers Safety Regulations. Information may include all employment information concerning my employment including written and oral assessments of my work performance, fitness and ability. You may also release any past drug and alcohol test results including refusals to be tested as required by 48 CFR 382.413. You are released from any and all liability which may result from furnishing such information. I hereby authorize you to release the following information for the purpose of investigation.

First Name: _____ Last Name: _____

Address: _____

City: _____ State/Zip: _____

SSN: _____ CDL Number: _____ CDL State: _____

Date: _____ Applicant's Signature: _____