

TEAMWORKS USA, Inc.
ONLINE VERSION
DRIVER'S APPLICATION FOR EMPLOYMENT

Enclosed is our standard driver's employment application packet. Please read and complete all sections thoroughly. Completion of this packet is required for all individuals applying for positions regulated by the Federal Motor Carrier Safety Regulations. If you have any questions or concerns, please contact a TeamWorks USA, Inc. representative at 888-398-8903.

THE APPLICATION CAN BE COMPLETED BY TYPING IN YOUR INFORMATION OR SIMPLY PRINT THE APPLICATION AND FILL IT OUT. ONCE YOU HAVE COMPLETED THE APPLICATION PLEASE SUBMIT IT BY FAX OR EMAIL FOR IMMEDIATE CONSIDERATION.

Fax: 410-785-9025

Email: recruit2@specialresponse.com

TEAMWORKS USA, Inc.

Driver's Application For Employment

14804 YORK ROAD,

SPARKS, MD 21152

Phone: 410-785-9738

Fax: 410-785-9025

Email: recruit2@specialresponse.com

It is our policy to provide equal employment opportunity to qualified persons without discrimination because of any characteristics protected by applicable, local, state or federal law.

Name _____ Date __/__/____
(First) (Middle) (Last)

**Home Phone _____ **Cell Phone _____ Social Security No. _____

Address _____ Email Address _____

City _____ Country _____ State _____ Zip _____

How long at this address? _____ Date of Birth* __/__/____ Med Card Expiration Date __/__/____

*Federal Regulations require that drivers of commercial motor vehicles operating in Interstate Commerce be at least 21 years of age.

Driver's License Information

State	License No.	Type (e.g. A, B, C, etc.)	Endorsements	Expiration Date
Address On Driver's License _____				

Person To Be Notified In Case Of Emergency

Name _____ Phone _____ Relationship _____

Address _____

Addresses For The Past Three Years

_____ How Long? _____
(Street) (City) (State & Zip Code)

_____ How Long? _____
(Street) (City) (State & Zip Code)

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(Street) (City) (State & Zip Code)

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Position Applied For

Driver Warehouse Worker
 CDL Non-CDL Truck Other Class: (Check) ^{A B C}

Are you legally eligible for employment in the United States? Yes No

Employment History

All driver applicants must provide the following information on all previous employers for the past three years. Those applying for a position to drive a commercial motor vehicle requiring a CDL* must provide an additional 7 years of employment history (total of 10 years). List most recent past employer first and so on. Attach additional sheet if necessary.

1) Company Name _____
Address _____ City _____ State _____ Zip _____
Position Held _____ From _____ To _____
Were you Subject to the FMCSRs? _____ Did you operate a CDL Vehicle*? _____
Reason For Leaving _____
Person To Contact _____ Phone (____) _____ Fax (____) _____

2) Company Name _____
Address _____ City _____ State _____ Zip _____
Position Held _____ From _____ To _____
Were you Subject to the FMCSRs? _____ Did you operate a CDL Vehicle*? _____
Reason For Leaving _____
Person To Contact _____ Phone (____) _____ Fax (____) _____

3) Company Name _____
Address _____ City _____ State _____ Zip _____
Position Held _____ From _____ To _____
Were you Subject to the FMCSRs? _____ Did you operate a CDL Vehicle*? _____
Reason For Leaving _____
Person To Contact _____ Phone (____) _____ Fax (____) _____

4) Company Name _____
Address _____ City _____ State _____ Zip _____
Position Held _____ From _____ To _____
Were you Subject to the FMCSRs? _____ Did you operate a CDL Vehicle*? _____
Reason For Leaving _____
Person To Contact _____ Phone (____) _____ Fax (____) _____

5) Company Name _____
Address _____ City _____ State _____ Zip _____
Position Held _____ From _____ To _____
Were you Subject to the FMCSRs? _____ Did you operate a CDL Vehicle*? _____
Reason For Leaving _____
Person To Contact _____ Phone (____) _____ Fax (____) _____

*Includes vehicles having a GVWR of 26,001 lbs. or more, GCWR of 26,001 lbs or more (inclusive of a towed unit with a GVWR of 10,001 lbs or more), vehicles designed to transport 16 or more passengers (including the driver), or any vehicle (regardless of size) used to transport hazardous materials in placarded quantities and/or otherwise engaged in safety sensitive functions and in any DOT regulated mode of transportation and subject to DOT drug and alcohol testing requirements under 49 CFR Part 40.

Additional Employment History

6) Company Name _____
Address _____ City _____ State _____ Zip _____
Position Held _____ From _____ To _____
Were you Subject to the FMCSRs? _____ Did you operate a CDL Vehicle*? _____
Reason For Leaving _____
Person To Contact _____ Phone (____) _____ Fax (____) _____

7) Company Name _____
Address _____ City _____ State _____ Zip _____
Position Held _____ From _____ To _____
Were you Subject to the FMCSRs? _____ Did you operate a CDL Vehicle*? _____
Reason For Leaving _____
Person To Contact _____ Phone (____) _____ Fax (____) _____

8) Company Name _____
Address _____ City _____ State _____ Zip _____
Position Held _____ From _____ To _____
Were you Subject to the FMCSRs? _____ Did you operate a CDL Vehicle*? _____
Reason For Leaving _____
Person To Contact _____ Phone (____) _____ Fax (____) _____

Explanation of Past Employment Gaps

Please explain all gaps in past employment greater than 30 days in length

GAP From _____ To _____

Explanation _____

GAP From _____ To _____

Explanation _____

GAP From _____ To _____

Explanation _____

Background Information

Please provide the following information for the past three years:

Accident Record

(List All Incidents, Regardless Of Severity. Attach Additional Sheet If More Space Is Needed)

Dates	Nature Of Accident (Head-On, Rear-End, Upset, Etc.)	Fatalities	Injuries	Were you cited? Charged?	Type of vehicle operated

Traffic Convictions And Forfeitures

(Other Than Parking Violations)

Location	State	Date	Charge	Penalty	Points

NOTE: We will obtain a copy of your motor vehicle record maintained by each state in which you have been licensed in the past three years as required of us by Federal regulation.

Education

Check Highest Grade Completed: 1 2 3 4 5 6 7 8 High School College:

Last School Attended: _____
(Name) (City)

Experience And Qualifications

Class Of Equipment	Type Of Equipment (Van, Tank, Flat, Etc.)	Dates		Approx. No. Of Miles
		From	To	
Straight Truck (single unit)				
Tractor And Semi-Trailer				
Tractor-Two Trailers				
Other				

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes No
- B. Has any license, permit or privilege ever been suspended or revoked? Yes No
- C. Have you ever been convicted of a felony? Yes No If so, year convicted? _____
- D. Have you ever been convicted of a crime? (Do not include minor traffic violations) Yes No
- E. Have you tested positive or refused to test on any pre-employment drug screen within the previous three years? Yes No
- F. Have you tested positive or refused to test on any DOT mandated drug or alcohol test? Yes No
If yes, when _____ For what substance(s)? _____
If yes, can you provide documentation that you met the mandated return to duty steps? Yes No

****If yes to either A, B, C, D, or E attach a statement of the facts and circumstances, in detail****

Experience And Qualifications - Other

Tell us about any trucking, transportation or other experience that would benefit you in working for TeamWorks USA, Inc.: _____

List educational courses and training not shown elsewhere on this application: _____

List special equipment operated or technical skills not shown elsewhere on this application: _____

Have you worked for TeamWorks USA, Inc. before? _____ When/Where? _____

Reason for Leaving _____

TO BE READ AND SIGNED BY APPLICANT

This certifies that I completed this application personally, and that all entries on it and information in it are true and complete to the best of my knowledge. In the event of my employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company, as permitted by Law. My services and compensation can be terminated, with or without cause, and with or without notice, at any time, at the option of either the Company or myself. I understand that no individual or representative of the Company other than the President has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement to the contrary. I understand that TeamWorks USA, Inc. is acting as a third-party agent for their motor carrier customers and that this application and all other forms I complete during the application process may be forwarded to the motor carriers to whom I am eventually assigned to facilitate their compliance with the Federal Motor Carrier Safety Regulations (49 CFR). I understand that the information furnished on this application will be used, and my previous employers will be contacted, to investigate my safe driving history as required by 49 CFR Section 391.23. Further I understand I have the right to: a) review the information provided by my past employers; b) have the information corrected and to have the previous employer resend the information; or c) rebut the information and have my previous employer(s) attach a rebuttal statement to any alleged erroneous information in their response. I understand I may request in writing to review information provided by my previous employers and that information will be furnished to me if the request is made within 30 days of the date of application.

Date

Applicant's Signature

SIGN HERE

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INQUIRY TO PREVIOUS EMPLOYER

Inquiry for commercial motor vehicle operator's safety performance history pursuant to 49 CFR Part 391.

_____	_____	_____	
Contact Name	Company	Fax Number	
_____	_____	_____	_____
Street Address	City	State	Zip

The following individual has applied for a position with our company, TeamWorks USA, Inc., has included that he worked for your company at some point in the past three years. You are required by 49 CFR Section 391.23 to respond to this inquiry, even if you have no information about this applicant. We are required to report any refusals to respond to the to Department of Transportation. Drivers are prohibited from making a claim of defamation or invasion of privacy against you unless you knowingly furnish false information. Your liability in providing this information is also limited by the driver's signed release and by Public Law 105-178, Sec. 508.

→ _____ → _____ → _____

Applicant's Name Driver's License Number Social Security Number

Consistent with Sections 40.321 and 391.231 hereby authorize you to release all relevant information concerning my employment, driving record and drug/alcohol test results including verbal assessments of my job performance and drug and alcohol test results for the previous 3 years - specifically the information requested below - to TeamWorks USA, Inc. who is requesting this information in connection with my application for employment with them. I hereby release you from any and all liability of any type as a result of providing this information to TeamWorks USA, Inc.

→ _____ **SIGN HERE** → _____

Applicant's Signature Date

Dates of Employment: From: _____ To: _____

If no information is available for this driver please check here → No Information On File

Types of Equipment Operated: Tractor-Trailer Straight Truck Van/Car Other (specify) _____

Number of: "DOT Recordable" accidents? ___ Non-Recordable" accidents? ___ Preventable" accidents: ___

Please provide details of any accidents including: nature of collision, city/state where it occurred, number of resulting injuries/fatalities, severity of property damage, indication of whether or not hazmat was spilled as a result):

Was the individual's license ever suspended during his/her employment with you? Yes No

Reason for separation: Resigned Discharged Laid off Eligible for re-hire? Yes No Upon Review

Was the driver in a DOT mandated drug & alcohol testing program? Y N If Yes, did the driver:

- 1) Test positive for controlled substances on a test conducted under 49 CFR Part 40? Yes No
- 2) Fail an alcohol test conducted under Part 40 with a confirmed result of .04 or greater? Yes No
- 3) Refuse to submit to a controlled substances or alcohol test required under Part 382 of the FMCSRs?
 Yes No
- 4) Violate any other DOT drug and alcohol regulations? Yes No

If yes to any of the above, did the driver complete the DOT mandated evaluation and treatment steps?
 Yes No

If yes, did the driver subsequently test positive or refuse to test? Yes No

Who may the driver contact to request a correction to or rebuttal of this information?

_____	_____	_____
Name (printed)	Title	Phone number

Identity of person providing information:


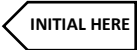



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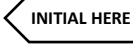
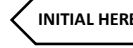
Name (printed) Signed Title Date Phone number

Please return by fax to: 410-785-9025


TEAMWORKS USA, Inc.

Acknowledgement of Compliance Responsibilities

Read Here	Initial Here
<p style="text-align: center;"><u>Section 1</u></p> <p>TeamWorks USA, Inc. acts as the agent for its customers in helping them meet the Federal Motor Carrier Safety Regulations (FMCSRs) for each driver that they use. Hence, we may be required to share employment records with them. I hereby release and permit TeamWorks USA, Inc. to provide copies of any records regarding my employment to the motor carriers to whom I am assigned or to any other client or party deemed relevant by TeamWorks USA, Inc.</p>	
<p style="text-align: center;"><u>Section 2</u></p> <p>Section 383.21 of the FMCSRs states that no person who operates a commercial motor vehicle requiring a Commercial Drivers License (CDL) may have more than one license at any time. I certify that I have only one license.</p>	
<p style="text-align: center;"><u>Section 3</u></p> <p>Section 383.31 of the FMCSRs requires that any time you are convicted of violating a state or local traffic law (other than parking) you must report the conviction to your employing motor carrier and the state that issued your license within 30 days. The report to the state need not be made if the violation occurred in your state of licensure. A form has been provided to you to facilitate your compliance with this requirement. Also, Sections 383.33 and 391.15 of the FMCSRs require that you notify your employer of any revocation or suspension of your driver's license by the end of the next business day. I promise to comply with these requirements.</p>	
<p style="text-align: center;"><u>Section 4</u></p> <p>Section 395.80(i) (2) of the FMCSRs requires that each time you begin work for a new motor carrier, or resume work for a motor carrier for whom you drive intermittently, you must provide a signed statement giving your total time on-duty for the immediately preceding seven days. Alternatively, you may furnish a copy of your daily record of duty status (log) for each of the seven preceding days. Because any work done at the direction of a motor carrier or any compensated time for a non-motor carrier is considered on-duty time, we require that you notify us if you work for any other person or company while in the employment of TeamWorks USA, Inc. I promise to comply with these requirements.</p>	
<p style="text-align: center;"><u>Section 5</u></p> <p>Section 395.3 of the FMCSRs prohibits you from driving more than 11 hours (following 10 consecutive hours off-duty), from driving for any period after having been on-duty following the 141 h consecutive hour after first coming on duty (following 10 consecutive hours off-duty), from driving after having been on-duty for 60 hours in any 7 consecutive days (if the motor carrier does not operate every day of the week) or 70 hours in any period of 8 consecutive days (if the motor carrier operates every day of the week). You may not accept an assignment from, TeamWorks USA, Inc. or any of its customers without having the available hours to complete the assignment within the legal time limits. No motor carrier may require or permit you to violate these rules. I certify that I understand and will comply with these requirements.</p>	

Read Here	Initial Here
<u>Section 6</u> Section 390.3(e)(2) requires that every driver and employee be instructed in and shall comply with all applicable regulations. By initialling here you are indicating that you have been provided with a copy of the FMCSRs and that you are familiar with what they require.	
<u>Section 7</u> TeamWorks USA, Inc. provides each driver with a copy of our Work Rules that set forth our performance and attendance requirements. I acknowledge that I have received a copy of TeamWorks USA, Inc. Rules.	
<u>Section 8</u> Each CDL driver applicant is required to submit to a pre-employment drug test as a condition of employment. The cost of this test and any related administrative expenses may be charged to the applicant via payroll deduction. I accept this condition of employment.	
<u>Section 9</u> Any applicant who does not have a current, valid medical examiners certificate, or who is required by TeamWorks USA, Inc. to obtain a new medical examiners certificate because there is doubt as to his physical qualification, must successfully complete and pay for a physical exam before beginning work with TeamWorks USA, Inc. I will comply with this requirement if applicable.	
<u>Section 10</u> Section 382.601 of the Federal Motor Carrier Safety Regulations requires motor carriers to provide drivers with educational materials that explain the drug and alcohol testing requirements and the motor carrier’s policies and procedures with respect to meeting those requirements. I certify that I have received a copy of these materials.	

I have read, understand and promise to comply with sections 1 through 10 of this document.




 Driver's Signature Date

Authorization for Release of Medical Information:

I, _____, hereby authorize Clinical Reference Laboratory and any other laboratory used by TeamWorks USA, Inc. to release to TEAMWORKS USA, Inc. ("the Company") and its designated agents, including Medical Review Officers, Substance Abuse Professionals, and rehabilitation personnel, the results of the laboratory tests to which I have consented for the purpose of determining the presence of drugs and/or alcohol in my body. I expressly understand and agree that the Company will review the results of these tests in connection with making a decision concerning my employment.

I understand that consistent with guidance issued by the Federal Motor Carrier Safety Administration, TeamWorks USA, Inc. shares ownership and responsibility for ensuring that the Part 382 testing regulations are followed with its clients and customers who perform regulated functions. Therefore, I hereby authorize TeamWorks USA, Inc. to release the results of any drug or alcohol test that I submit which are required by Part 382 of the Federal Motor Carrier Safety Regulations, to any of its motor carrier customers to whom I am assigned or for whom I may perform work, for the purpose of permitting those customers to ensure that they can meet the obligations imposed upon them by Part 382.

This authorization shall become effective immediately. I understand that I have the right to receive a copy of this authorization upon request.



 Date Signature Printed Name