



Dear Driver Applicant:

Welcome ...

Thank you for your interest in driving for IronTiger Logistics, Inc.

Let's get started on your application. There are some basic, important rules we would like for you to follow. The more closely you follow these rules, the faster we can get you on the road and making money.

Rule #1: DO NOT FAX your application. We must have the originals on file. Plus, fax copies can be hard to read and we'd hate to misinterpret a piece of your information.

Rule #2: See rule #1. **MAIL** your application to the following address:

Safety Coordinator
IronTiger Logistics
3901 Blue Ridge Cut Off
Kansas City, MO 64133-1467

Rule #3: Sign everything. Although your wrist may cramp up, we really do need your signature on most every form contained in this application packet. So, if there is a place to sign, please do so after you have thoroughly reviewed the document.

Rule #4: We need the following:

- Copy of your long form physical **AND** medical certificate (**Must include both.**)
- Copy of the front and back of your Commercial Drivers License.
- Copy of your social security card.
- If you have been self-employed, provide a copy of your 1040 Schedule C for the past 3 years or your Authority.
- Copy of your "over-the-road test" if available.

Questions ...

We're here to help clarify anything that's on your mind regarding driving with IronTiger Logistics. Please feel free to call us toll free at 800.367.6108.

- For questions regarding your application, ask for **Mary**.

We appreciate your interest in our organization and look forward to working with you.

Sincerely,

Dave Bross

Vice President – Risk Management

3901 Blue Ridge Cut Off
Kansas City, MO 64133
816.861.5444 | 816.861.5488 (fax)



Position: **Driver**

Qualifications:

- High school diploma or equivalent
- Must be between the ages of 25 and 70
- Cannot have more than 3 traffic violations in the past 3 years
- Cannot have more than 2 traffic violations in the past 12 months
- Cannot have received a citation or been convicted of driving under the influence of drugs or alcohol in the past 5 years
- Cannot have received citation or been convicted of the following in the past 3 years:
 - Operating a motor vehicle while your license was suspended as a result of a moving violation
 - Commission of a felony using a motor vehicle
 - Leaving the scene of an accident
 - Fleeing or eluding a law enforcement officer
 - Reckless or negligent driving
 - Speed contest or exhibition
- Cannot have tested positive for a use of a controlled substance including alcohol in the past 3 years
- Cannot have tested positive, or refused to test, for any pre-employment controlled substance or alcohol test administered by an employer to which you applied for, but did not obtain safety sensitive transportation work covered by DOT agency drug and alcohol testing rules
- Must have at least 2 years verifiable over-the-road driving experience
- Must have a valid Class A CDL
- Cannot have more than 2 preventable accidents in the previous 36 months
- Responsible to report to work at the Dublin facility

Essential duties:

- Including, but not limited to:
 - Deliver trucks
 - Undeck trucks
 - Secure decking equipment
 - Redeck trucks
- Report delays and status of trucks
- Utilize IronTiger technology including GPS "smart" phones
- Meet defined performance metrics



NOTICE TO APPLICANT

This notice is to inform you that information you provide in the application process as required by the Federal Motor Carrier Safety Administration (FMCSA) may be used for the purpose of investigating your safety performance history and employers for the previous three years will be contacted for this purpose.

The revised Federal Motor Carrier Safety Regulations also state that you have the right to request and review the information obtained from previous employers. You will have the opportunity to contact previous employers and correct errors in that information and rebut perceived incorrect information. All requests for information should be made in writing within 30 days of the acceptance or rejection of your employment with IronTiger Logistics.

If the previous employer does not agree with the corrections you have requested you have the opportunity to submit a written rebuttal to that employer. In the event they do not correct the information your rebuttal will be attached to your file and will be forwarded to all future prospective employers up receipt of appropriate and legitimate requests for information.

If you have any questions regarding the information outlined above and your rights as outlined by the FMCSA please do not hesitate to call 800.367.6108.

Print Name: _____

Signature: _____

Date: _____



PRE-EMPLOYMENT QUESTIONNAIRE

1. Are you between the ages of 25 and 70? Y / N
2. Have you received over 3 traffic violations in the previous 3 years? Y / N
3. Have you received over 2 traffic violations in the previous 12 months? Y / N
4. In the past 5 years have you received a citation for or been convicted of driving under the influence of drugs or alcohol? Y / N
5. In the past 3 years have you received a citation for or been convicted of any of the following? Y / N
If **yes**, check which ones:
 - Operating a motor vehicle while your license was suspended as a result of a moving violation?
 - Possessing alcohol or drugs in a motor vehicle?
 - Commission of a felony using a motor vehicle?
 - Leaving the scene of an accident?
 - Fleeing or eluding a law enforcement officer?
 - Reckless Driving?
 - Speed Contest or Exhibition?
6. In the last 3 years have you tested positive for the use of a controlled substance or alcohol? Y / N
7. In the last 3 years have you tested positive, or refused to test, for any pre-employment controlled substance or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules? Y / N
8. Do you have at least 2 years of verifiable driving experience? Y / N
9. Do you have a valid commercial driver's license? Y / N
10. Have you ever refused to submit to an alcohol or drug test? Y / N
11. Is your CDL currently suspended? Y / N
12. Has your license ever been suspended for more than 30 days? Y / N
13. In the previous year, have you had more than 1 preventable accident? Y / N
14. In the previous 3 years, have you had more than 2 preventable accidents? Y / N

Print Name: _____

Signature: _____

Date: _____

DRIVER APPLICATION

Name _____ Social Security # _____
Last First Middle

Street Address _____ City _____

State _____ Zip _____ Phone # () _____

Cell # _____ Pager # _____ E-Mail _____

Address For Past Three Years
 Street _____ City _____ State & Zip _____ How Long? _____
 Street _____ City _____ State & Zip _____ How Long? _____

Are you age 21 or over? _____ Date of Birth _____

In case of emergency notify:

Name _____ Address _____ Phone # _____

Have you contracted with this company before? _____ When and Where? _____

EXPERIENCE AND QUALIFICATIONS – DRIVER

	STATE	LICENSE NO.	ENDORSEMENTS	TYPE / CLASS	DATE OF EXPIRATION OR DATE SUSPENDED
CURRENT					
PREVIOUS					
PREVIOUS					

- 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. Are there any restrictions on your license? YES _____ NO _____

IF THE ANSWER TO EITHER A, B, or C IS YES, GIVE DETAILS _____

ACCIDENT RECORD FOR PAST 10 YEARS – PREVENTABLE AND NON-PREVENTABLE
 (ATTACH SHEET IF MORE SPACE IS NEEDED)
 IF NO ACCIDENTS, WRITE "NONE" – DO NOT LEAVE BLANK

	DATES	NATURE OF ACCIDENT (Head-on, Rear-end, Upset, etc.)	FATALITIES	INJURIES	PREV	NON PREV
LAST ACCIDENT						
NEXT PREVIOUS						
NEXT PREVIOUS						

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING)
 (ATTACH SHEET IF MORE SPACE IS NEEDED)
 IF NO TRAFFIC CONVICTIONS, WRITE "NONE" – DO NOT LEAVE BLANK

LOCATION-CITY-STATE	DATE	CHARGE	PENALTY

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (Van, Tank, Flat, etc.)	DATES		APPROXIMATE NUMBER OF MILES (TOTAL)
		From	To	
STRAIGHT TRUCK				
TRACTOR				
TRACTOR / TRAILER				

SPECIALIZED EQUIPMENT

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (Van, Tank, Flat, etc.)	DATES		APPROXIMATE NUMBER OF MILES (TOTAL)
		From	To	
DUMP TRUCK				
GARBAGE TRUCK				
CEMENT TRUCK				
BOOM / BUCKET TRUCK				
FIRE TRUCK				
FARM EQUIPMENT				
MILITARY				
BUS				
SCHOOL BUS				
OTHER				

List states operated in for last five years: _____

Show special courses or training that will help you as a driver: _____

Which safe driving awards do you hold, and from whom? _____

List any truck driving schools you have attended and when: _____

INTERNATIONAL REQUIREMENTS

Because contractors are required to cross international boundaries and pass immigration and customs investigations at border crossings, we must ask for the following to prevent detention, arrest, or delay at border crossings.

Are you a United States citizen? YES _____ NO _____

If no, please explain: _____

Do you have a valid passport? YES _____ NO _____

If no, please explain: _____

Have you ever been convicted of a felony? YES _____ NO _____

If yes, for what? _____ Date of conviction: _____

Are you currently on parole or probation? YES _____ NO _____

TO BE READ AND SIGNED BY APPLICANT

This certifies that this application to be a company driver was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at a decision. I hereby release previous employers, schools, or persons from all liability in responding to inquiries in connection with my application. In the event of lease, I understand that false or misleading information given may void this contract.

Date: _____ Applicant Signature: X _____

EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information for all employers in the past 36 months. From the date you sign this application, all 36 months must be covered with no breaks.

Applicants to drive a commercial motor vehicle* in interstate commerce shall also provide an additional 7 years of information for those employers for whom the applicant operated such vehicle.

(Note: List employers in reverse order starting with the most recent. Add another sheet if necessary)

EMPLOYER NAME	FROM:	TO:
Name	Mo. Yr.	Mo. Yr.
Address	Position Held	
City/State/Zip	Salary / Wage	
Contact Person	Phone #	Reason for Leaving

EMPLOYER NAME	FROM:	TO:
Name	Mo. Yr.	Mo. Yr.
Address	Position Held	
City/State/Zip	Salary / Wage	
Contact Person	Phone #	Reason for Leaving

EMPLOYER NAME	FROM:	TO:
Name	Mo. Yr.	Mo. Yr.
Address	Position Held	
City/State/Zip	Salary / Wage	
Contact Person	Phone #	Reason for Leaving

EMPLOYER NAME	FROM:	TO:
Name	Mo. Yr.	Mo. Yr.
Address	Position Held	
City/State/Zip	Salary / Wage	
Contact Person	Phone #	Reason for Leaving

EMPLOYER NAME	FROM:	TO:
Name	Mo. Yr.	Mo. Yr.
Address	Position Held	
City/State/Zip	Salary / Wage	
Contact Person	Phone #	Reason for Leaving

EMPLOYER NAME	FROM:	TO:
Name	Mo. Yr.	Mo. Yr.
Address	Position Held	
City/State/Zip	Salary / Wage	
Contact Person	Phone #	Reason for Leaving

* Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers or any size vehicle used to transport hazardous materials in a quantity requiring placarding.



Authorization to release background, employment and alcohol/controlled substance information

I, _____ authorize IronTiger Logistics, Inc. to obtain any and all past employment records regarding previous employment and other areas of my background, such as past employer inquiries, criminal records inquiries, driving history and alcohol/controlled substance testing results. I agree to hold harmless any person or organization for providing information to IronTiger Logistics, Inc. and its affiliates or IronTiger Logistics, Inc. and its affiliates for using this information in my employment determination. I am aware that this report is prepared under the guidelines of the Fair Credit Reporting ACT (FCRA) and I am eligible to receive, upon written request, a copy of the report if not hired. I understand that information I provide in this application regarding current and/or previous employers may be used and those employer(s) will be contacted for the purpose, in part, of the investigation my safety performance history as required by CFR 49, subpart C, 391.23.

To all my previous employers:

Please accept this faxed or mailed document as an original authorization for release of all employment records including reason for termination or resignation, criminal records and past alcohol and controlled substance test result. I further authorize all previous employers to release all information as to my work habits, character, performance, traffic offenses, credit, accidents, experience and reason for termination.

Applicant Name: _____
(Print)

Applicant Signature: _____

Date: _____

Social Security Number: _____

Date of Birth: _____



MOTOR VEHICLE DRIVER’S CERTIFICATION OF VIOLATIONS

I certify that the following is a true and complete list of traffic violations (other than parking violations) for which I have been convicted or forfeited bond or collateral during the past 12 months.

If no violations “CHECK BELOW.” PLEASE DATE & SIGN FORM AT BOTTOM OF PAGE.

<u>Date</u>	<u>Offense</u>	<u>Location</u>	<u>Type of Vehicle Operated</u>

CHECK HERE IF NO VIOLATIONS IN THE LAST 12 MONTHS.

If no violations listed, I certify that I have not been convicted or forfeited bond and collateral on account of any violation required to be listed during the past 12 months.

Print Name: _____

Signature: _____

Date: _____

Received by: _____

Title: _____