

**T&T TRANSPORTS, INC.**  
**PO BOX 872**  
**COLORADO CITY, TEXAS 79512**  
**(325) 728-2669 – OFFICE      (325) 728-2660 – FAX**  
**www.tttransports.com**

Applicant:

Please include as much information as possible (especially phone numbers) from your previous jobs. We are much more likely to take an interest in your application and to interview you if all pertinent information is on the application.

Please return your application with the proper postage to:

**T&T TRANSPORTS, INC.**  
**PO BOX 872**  
**COLORADO CITY, TEXAS 79512**

You can also return your application by fax to (325) 728-2660. We appreciate your interest in working for T&T and we look forward to receiving your application.

Please read, sign, and date the following release so we can process your application as soon as possible.

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 the employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers, and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of 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.

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.21(d) and (e). I understand I have the right to:

Review information provided by previous employers;

Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer, and

Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

---

Signature

---

Date

**T&T TRANSPORTS, INC.**

**FAIR CREDIT REPORTING ACT**

**DISCLOSURE STATEMENT**

In accordance with the provisions of Section 604 (b)(2)(A) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I, of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on you for employment purposes. These reports are required by Sections 382.413, 391.23, and 321.25 of the Federal Motor Carrier Safety Regulations.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Social Security Number

**T&T TRANSPORTS, INC.**  
**BASIC JOB DESCRIPTION**  
**DRIVER/LABORER**

*It is the position of this company to provide our customers with the most professional, competent, and courteous driver/laborer available.*

- Must be at least 21 years of age or older.
- Must have at least one-year verifiable truck driving experience.
- Must have a Commercial Operator's License with Tanker and Hazardous endorsements.
- No more than two traffic violations in the past three years. No at fault accidents.
- No DUI in the past five years.
- No felony conviction in the past ten years.
- Must have a valid Social Security Card.
- Must have copies of current DOT physical and medical examiners card.
- It is the driver/laborer's duty to ensure that all field equipment is delivered and returned in perfect condition and in a timely manner.
- All trucks are to be tripped before and after each job.
- Safety equipment will be assigned to you when you get to the district and must be returned before you leave. Anything not returned will be deducted from your check.
- Time sheets and logs must match. Time starts at the beginning of the pre-trip inspection and will end when post-trip inspection is completed.
- Time sheets must be approved daily by the supervisor on the job and weekly by the operations supervisor unless told otherwise.
- Must be willing to work in the yard when necessary.
- Must be able to walk (40%), bend (40%), and stand (20%).
- Must be able to work positions including squatting (20%), with extended reach above the head (20%), and in front of body (60%), above 18 inches and in front 30 inches.
- Must be able to lift and lower to the ground materials weighing up to 100 pounds and lift materials weighing up to 50 pounds up to 15 times per hour for distances up to 30 feet.
- Must be able to operate vehicle (GWT 80,000 pounds) up to 400 miles per day in rural traffic to off-site locations to move materials. Must be able to get in and out of truck 5 to 10 times per hour, requires squatting and pushing to position equipment.
- Must be able to work in outside environment in all temperatures and climatic conditions.
- Must be able to travel to any assigned district.
- Must be able to complete all job-related duties in a thorough and accurate manner as requested by the Supervisor.
- Must undertake and support any policy, change, system, or work rules the company implements regarding the purpose of this position.

My signature on the following line indicates my ability to, acceptance of, and commitment to perform this position.

\_\_\_\_\_  
Driver's Signature

\_\_\_\_\_  
Date

# APPLICATION FOR EMPLOYMENT

**PLEASE PRINT**

**ANSWER ALL QUESTIONS**

Name \_\_\_\_\_ Social Security # \_\_\_\_\_  
LAST FIRST MIDDLE

Phone Number(s) \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Required for Commercial Drivers)

Current Address \_\_\_\_\_ How Long? \_\_\_\_\_  
Street City State & Zip Year/Month

Previous \_\_\_\_\_ How Long? \_\_\_\_\_  
Addresses Street City State & Zip Year/Month

\_\_\_\_\_ How Long? \_\_\_\_\_  
Street City State & Zip Year/Month

\_\_\_\_\_ How Long? \_\_\_\_\_  
Street City State & Zip Year/Month

Email Address \_\_\_\_\_ Have you worked for T&T before? \_\_\_\_\_

If yes, when? \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Are you currently employed? \_\_\_\_\_ If not, how long since leaving last employer? \_\_\_\_\_

Who referred you or where did you see our ad? \_\_\_\_\_ (MUST BE COMPLETED)

---

---

## EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 10 years. List complete mailing address and phone number. Complete applications can be processed quicker. (NOTE: List employers in reverse order starting with the most recent. Add another sheet if necessary.)

**LAST EMPLOYER** \_\_\_\_\_ **HOW LONG** \_\_\_\_\_  
Year/Month

**ADDRESS** \_\_\_\_\_ **PHONE #** \_\_\_\_\_  
Street City State & Zip

**DATES WORKED** \_\_\_\_\_ **REASON FOR LEAVING** \_\_\_\_\_ **SALARY** \_\_\_\_\_  
From / To

**CONTACT PERSON** \_\_\_\_\_ **POSITION HELD** \_\_\_\_\_

WERE YOU SUBJECT TO THE FMCSRS\* WHILE EMPLOYED? YES \_\_\_\_\_ NO \_\_\_\_\_

WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? YES \_\_\_\_\_ NO \_\_\_\_\_

**FORMER EMPLOYER** \_\_\_\_\_ **HOW LONG** \_\_\_\_\_  
Year/Month

**ADDRESS** \_\_\_\_\_ **PHONE #** \_\_\_\_\_  
Street City State & Zip

**DATES WORKED** \_\_\_\_\_ **REASON FOR LEAVING** \_\_\_\_\_ **SALARY** \_\_\_\_\_  
From / To

**CONTACT PERSON** \_\_\_\_\_ **POSITION HELD** \_\_\_\_\_

WERE YOU SUBJECT TO THE FMCSRS\* WHILE EMPLOYED? YES \_\_\_\_\_ NO \_\_\_\_\_

WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? YES \_\_\_\_\_ NO \_\_\_\_\_

**EMPLOYMENT HISTORY (CONTINUED)**

**FORMER EMPLOYER** \_\_\_\_\_ **HOW LONG** \_\_\_\_\_  
Year/Month

**ADDRESS** \_\_\_\_\_ **PHONE #** \_\_\_\_\_  
Street City State & Zip

**DATES WORKED** \_\_\_\_\_ **REASON FOR LEAVING** \_\_\_\_\_ **SALARY** \_\_\_\_\_  
From / To

**CONTACT PERSON** \_\_\_\_\_ **POSITION HELD** \_\_\_\_\_

WERE YOU SUBJECT TO THE FMCSRS\* WHILE EMPLOYED? YES \_\_\_\_\_ NO \_\_\_\_\_

WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? YES \_\_\_\_\_ NO \_\_\_\_\_

**FORMER EMPLOYER** \_\_\_\_\_ **HOW LONG** \_\_\_\_\_  
Year/Month

**ADDRESS** \_\_\_\_\_ **PHONE #** \_\_\_\_\_  
Street City State & Zip

**DATES WORKED** \_\_\_\_\_ **REASON FOR LEAVING** \_\_\_\_\_ **SALARY** \_\_\_\_\_  
From / To

**CONTACT PERSON** \_\_\_\_\_ **POSITION HELD** \_\_\_\_\_

WERE YOU SUBJECT TO THE FMCSRS\* WHILE EMPLOYED? YES \_\_\_\_\_ NO \_\_\_\_\_

WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? YES \_\_\_\_\_ NO \_\_\_\_\_

**FORMER EMPLOYER** \_\_\_\_\_ **HOW LONG** \_\_\_\_\_  
Year/Month

**ADDRESS** \_\_\_\_\_ **PHONE #** \_\_\_\_\_  
Street City State & Zip

**DATES WORKED** \_\_\_\_\_ **REASON FOR LEAVING** \_\_\_\_\_ **SALARY** \_\_\_\_\_  
From / To

**CONTACT PERSON** \_\_\_\_\_ **POSITION HELD** \_\_\_\_\_

WERE YOU SUBJECT TO THE FMCSRS\* WHILE EMPLOYED? YES \_\_\_\_\_ NO \_\_\_\_\_

WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? YES \_\_\_\_\_ NO \_\_\_\_\_

**FORMER EMPLOYER** \_\_\_\_\_ **HOW LONG** \_\_\_\_\_  
Year/Month

**ADDRESS** \_\_\_\_\_ **PHONE #** \_\_\_\_\_  
Street City State & Zip

**DATES WORKED** \_\_\_\_\_ **REASON FOR LEAVING** \_\_\_\_\_ **SALARY** \_\_\_\_\_  
From / To

**CONTACT PERSON** \_\_\_\_\_ **POSITION HELD** \_\_\_\_\_

WERE YOU SUBJECT TO THE FMCSRS\* WHILE EMPLOYED? YES \_\_\_\_\_ NO \_\_\_\_\_

WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? YES \_\_\_\_\_ NO \_\_\_\_\_

**ATTACH ANOTHER SHEET IF NECESSARY**

\* The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport 9 or more passengers, or (3) is of any size and is used to transport hazardous materials in a quantity.



## **PREVIOUS PRE-EMPLOYMENT EMPLOYEE ALCOHOL AND DRUG TEST STATEMENT**

Sec.40.25(j) As the employer, you must also ask the employee whether he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years. If the employee admits that he or she had a positive test or a refusal to test, you must not use the employee to perform safety-sensitive functions for you, until and unless the employee documents successful completing of the return-to-duty process. (see Sec.40.25(b)(5) and (e))

Prospective Employee \_\_\_\_\_ Social Security Number \_\_\_\_\_  
(Print)

The prospective employee is required by Sec. 40.25(j) (shown above) to respond to the following

- 1) Have you tested positive, or refused to test, on any pre-employment drug 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 during the past two years?

Check one            Yes \_\_\_\_\_ No \_\_\_\_\_

- 2) Have you tested positive, or refused to test, on ANY drug or alcohol test administered by an employer for whom you performed safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years?

Check one            Yes \_\_\_\_\_ No \_\_\_\_\_

- 3) If you answered yes, can you provide/obtain proof that you've successfully completed the DOT return-to-duty requirements?

Check one            Yes \_\_\_\_\_ No \_\_\_\_\_

I certify that the information provided on this document is true and correct.

\_\_\_\_\_  
Prospective Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witnessed By

\_\_\_\_\_  
Date

**APPLICANT'S CERTIFICATION AND AGREEMENT**

**(PLEASE READ CAREFULLY)**

It is agreed and understood that any misrepresentations of information given in my application shall be considered an act of dishonesty.

It is agreed and understood that the employer or his agents may investigate the applicant's background to ascertain any and all information of concern to applicant's record, whether same is of record or not. Applicant releases employers and any other persons from all liability for any damages on account of furnishing such information.

The applicant agrees to furnish such additional information and complete any such examinations as may be required to complete his/her employment file.

The applicant agrees to submit to pre-employment drug and alcohol screening. The applicant authorizes any and all previous employers to release my drug and alcohol testing history and results for the past two years. It is agreed and understood that receipt of my drug and alcohol testing history and results is a condition of my employment as a driver and that any inability on the part of the employer or its agents to obtain this information will disqualify me and result in withdrawal of any offer of employment.

It is agreed and understood that this application for employment in no way obligates the employer to employ me.

It is agreed and understood that, if hired, the applicant may be employed on a trial basis during which time (s)he may be discharged without recourse.

This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge.

**AUTHORIZATION TO OBTAIN INFORMATION**

I, \_\_\_\_\_, the undersigned, authorize **T&T TRANSPORTS, INC.** or its designated agent, to make inquiries, either by written communication, telecommunication, or in person, to any former employer, creditor, governmental agency, educational institution, military establishment, or any other persons as may be knowledgeable of my background as to my prior history, work experience, nature of duties, work hours, performance levels, reliability, honesty and other measures of my character or personality.

I hereby further authorize the release of any information with regard to alcohol and controlled substance testing and any refusal to take such tests as required by Section 382.413 of the Federal Motor Carrier Safety Regulations in order to be considered for a position requiring a commercial driver's license.

In consideration for your furnishing such information, I specifically waive any confidential relationship or privacy position that may exist between us and completely release you from any responsibility or liability for damages that may occur as the result of the disclosure of truthful information.

A photostatic or any other copy of this instrument bearing my signature shall be equally and legally valid as the original.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Social Security Number

### §391.23 Investigation and inquiries. †

(e) In addition to the investigations required by paragraph (d) of this section, the prospective motor carrier employers must investigate the information listed below in this paragraph from all previous DOT regulated employers that employed the driver within the previous three years from the date of the employment application, in a safety- sensitive function that required alcohol and controlled substance testing specified by 49 CFR [part 40](#).

(e)(1) Whether, within the previous three years, the driver had violated the alcohol and controlled substances prohibitions under subpart B of part 382 of this chapter, or 49 CFR [part 40](#).

(e)(2) Whether the driver failed to undertake or complete a rehabilitation program prescribed by a substance abuse professional (SAP) pursuant to [§382.605](#) of this chapter, or 49 CFR part 40, [subpart O](#). If the previous employer does not know this information (e.g., an employer that terminated an employee who tested positive on a drug test), the prospective motor carrier must obtain documentation of the driver's successful completion of the SAP's referral directly from the driver.

(e)(3) For a driver who had successfully completed a SAP's rehabilitation referral, and remained in the employ of the referring employer, information on whether the driver had the following testing violations subsequent to completion of a [§382.605](#) or 49 CFR part 40, [subpart O](#) referral:

(e)(3)(i) Alcohol tests with a result of 0.04 or higher alcohol concentration;

(e)(3)(ii) Verified positive drug tests;

(e)(3)(iii) Refusals to be tested (including verified adulterated or substituted drug test results).

(f) A prospective motor carrier employer must provide to the previous employer the driver's written consent meeting the requirements of [§40.321\(b\)](#) for the release of the information in paragraph (e) of this section. If the driver refuses to provide this written consent, the prospective motor carrier employer must not permit the driver to operate a commercial motor vehicle for that motor carrier.

†TAKEN FROM THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS (FMCSR's)

### Subpart B - Employer Responsibilities\*

#### § 40.25 Must an employer check on the drug and alcohol testing record of employees it is intending to use to perform safety-sensitive duties?

(a) Yes, as an employer, you must, after obtaining an employee's written consent, request the information about the employee listed in paragraph (b) of this section. This requirement applies only to employees seeking to begin performing safety-sensitive duties for you for the first time (i.e., a new hire, an employee transfers into a safety-sensitive position). If the employee refuses to provide this written consent, you must not permit the employee to perform safety-sensitive functions.

(b) You must request the information listed in this paragraph (b) from DOT-regulated employers who have employed the employee during any period during the two years before the date of the employee's application or transfer:

(1) Alcohol tests with a result of 0.04 or higher alcohol concentration;

(2) Verified positive drug tests;

(3) Refusals to be tested (including verified adulterated or substituted drug test results);

(4) Other violations of DOT agency drug and alcohol testing regulations; and

(5) With respect to any employee who violated a DOT drug and alcohol regulation, documentation of the employee's successful completion of DOT return-to-duty requirements (including follow-up tests). If the previous employer does not have information about the return-to-duty process (e.g., an employer who did not hire an employee who tested positive on a pre-employment test), you must seek to obtain this information from the employee.

(c) The information obtained from a previous employer includes any drug or alcohol test information obtained from previous employers under this section or other applicable DOT agency regulations.

(d) If feasible, you must obtain and review this information before the employee first performs safety-sensitive functions. If this is not feasible, you must obtain and review the information as soon as possible. However, you must not permit the employee to perform safety-sensitive functions after 30 days from the date on which the employee first performed safety-sensitive functions, unless you have obtained or made and documented a good faith effort to obtain this information.

(e) If you obtain information that the employee has violated a DOT agency drug and alcohol regulation, you must not use the employee to perform safety-sensitive functions unless you also obtain information that the employee has subsequently complied with the return-to-duty requirements of Subpart O of this part and DOT agency drug and alcohol regulations.

(f) You must provide to each of the employers from whom you request information under paragraph (b) of this section written consent for the release of the information cited in paragraph (a) of this section.

(g) The release of information under this section must be in any written form (e.g., fax, e-mail, letter) that ensures confidentiality. As the previous employer, you must maintain a written record of the information released, including the date, the party to whom it was released, and a summary of the information provided.

(h) If you are an employer from whom information is requested under paragraph (b) of this section, you must, after reviewing the employee's specific, written consent, immediately release the requested information to the employer making the inquiry.

(i) As the employer requesting the information required under this section, you must maintain a written, confidential record of the information you obtain or of the good faith efforts you made to obtain the information. You must retain this information for three years from the date of the employee's first performance of safety-sensitive duties for you.

(j) As the employer, you must also ask the employee whether he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years. If the employee admits that he or she had a positive test or a refusal to test, you must not use the employee to perform safety-sensitive functions for you, until and unless the employee documents successful completion of the return-to-duty process (see paragraphs (b)(5) and (e) of this section).

\*Taken from The Department of Transportation's (DOT) rule, 49 CFR Part 40,