

T&T TRANSPORTS, INC.
PO BOX 872
COLORADO CITY, TEXAS 79512
(325) 728-2669 – OFFICE (325) 728-8843 – 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) 728-8843 or email to apps@tttransports.com. 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 Endorsement.
- 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 seven 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 Addresses _____ How Long? _____
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.

ACCIDENTS/INCIDENTS YOU'VE HAD IN THE PAST THREE YEARS. IF NONE, WRITE NONE

<u>TYPE OF ACCIDENT</u>	<u>DATE</u>	<u>INJURIES FATALITIES</u>	<u>HAZARDOUS MATERIALS SPILLED</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST THREE YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE NONE

<u>LOCATION</u>	<u>DATE</u>	<u>CHARGE</u>	<u>PENALTY</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

DRIVERS LICENSES OR PERMITS HELD IN THE PAST THREE YEARS

<u>STATE</u>	<u>LICENSE #</u>	<u>TYPE</u>	<u>EXPIRATION DATE</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

ENDORSEMENTS ON DRIVERS LICENSE

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 _____

IF THE ANSWER TO EITHER OF THESE IS YES, GIVE DETAILS _____

C. Have you ever tested positive or refused a random, or post-accident drug or alcohol test? YES _____ NO _____

IF THE ANSWER TO QUESTION C IS YES, GIVE DETAILS ON A SEPARATE SHEET

COMPLETE DRIVING EXPERIENCE BELOW

#MILES

HOW LONG?

STRAIGHT TRUCK	_____	_____
TRACTOR & SEMI-TRAILER	_____	_____
TRACTOR -TWO TRAILERS	_____	_____
TRACTOR-THREE TRAILERS	_____	_____
MOTOR COACH-BUS (MORE THAN 7 PASSENGERS)	_____	_____

DO YOU HAVE MOUNTAIN OR WINTER DRIVING EXPERIENCE? YES _____ NO _____

CIRCLE TYPES OF EQUIPMENT PULLED—FLAT, REEFER, DUMP, TANK, PNEUMATIC, VAN, CATTLE

LIST ANY SPECIALIZED TRAINING OR EXPERIENCE THAT MIGHT BE HELPFUL TO YOU IN THIS JOB

CIRCLE HIGHEST GRADE COMPLETED : 1 2 3 4 5 6 7 8 HIGH SCHOOL: 1 2 3 4 COLLEGE: 1 2 3 4

LAST SCHOOL ATTENDED _____
(SCHOOL NAME) (CITY, STATE)

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 completion 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. Please have someone witness your signature.

Prospective Employee Signature

Date

Witness

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

as required by 49 CFR 391.23

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. I authorize the release of my accident history to complete the safety investigation required by FMCSR §391.23.

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 (DOT) Rule, 49 CFR Part 40,

Applicant Drug & Alcohol Release Form

I hereby authorize the release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employers listed below:

Previous Company:	Phone:	Address, City, State, Zip

To the requesting employer / individual: T & T Transports, Inc.
 City: Colorado City State: TX Phone: 325-728-2669 FAX: 325-728-8843

This release is in accordance with DOT regulation 49 CFR Part 40, Section 40.25. I authorize release of the following information concerning DOT drug and alcohol testing violations including pre-employment tests during the past three years:

1. Alcohol tests with a result of 0.04 or higher alcohol concentration;
2. Verified positive drug tests;
3. Refusals to be tested;
4. Other violations of DOT agency drug and alcohol testing regulations;
5. Documentation, if any, of completion of the return-to-duty process following a rule violation;
6. Information obtained from previous employers of a drug and alcohol rule violation.

Applicant Signature

Date

Printed Name

Social Security Number

**** Incomplete forms will not be accepted ****

In compliance with FMCSA regulation 391.23 part (f)(1) you have certain rights regarding the investigative information that will be provided to the prospective employer: 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 the prospective employer; 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 investigative information must submit a written request to the prospective employer. 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. The prospective employer must provide this information within five business days of receiving the written request. If the prospective employer has not yet received the requested information from the previous employer, then the five-business day deadline will begin when the prospective employer receives the requested safety performance history information. If the driver has not arranged to pick up or receive the requested records within 30 days of the prospective employer making them available, the prospective employer may consider you to have waived your request to review the records.



RELEASE OF CDL HOLDER'S REPORTED POSITIVE ALCOHOL OR CONTROLLED SUBSTANCE TEST RESULTS



Use this form to obtain the CDL holder's reported positive alcohol or controlled substance test results information.

This form should ONLY be used if you wish to inquire whether or not a prospective driver (CDL Holder) has had a positive alcohol or controlled substance test result reported to the Texas Department of Public Safety in compliance with state law.

**THIS FORM IS NOT REQUIRED FOR REPORTING A POSITIVE
ALCOHOL OR CONTROLLED SUBSTANCE TEST.**

1. This form must be completed in full and include the driver's original signature.

2. Deliver, mail, Email or FAX the completed form to:

Texas Department of Public Safety
Motor Carrier Bureau, MSC #0521
6200 Guadalupe, Building P
Austin, Texas 78752-4019 / Facsimile: 512-424-5310

<input type="checkbox"/> Check here if CDL Holder is requesting results on self
--

Email: MCB.VPR@dps.texas.gov

_____ ,
 Print Name of CDL Holder Phone Number

_____ ,
 Print full Address, City, State and Zip Code of CDL Holder Social Security #

Driver License Number of CDL Holder _____ State _____ Date of Birth _____

authorize release of any and all of CDL holder's reported positive alcohol or
controlled substance test results reported under Texas state law to

_____ ,
 Print Motor Carrier's Name Phone Number

_____ ,
 Print full Address, City, State and Zip Code of Motor Carrier

Signature of Driver X	Date
-------------------------------------	------

If you wish to request and receive this information by electronic mail, submit a completed and notarized Electronic Mail Verification Form (MCS-32), available at the following web address:
<http://www.txdps.state.tx.us/forms/index.htm>

APPENDIX B – FACIAL HAIR GRAPHICS

Unacceptable



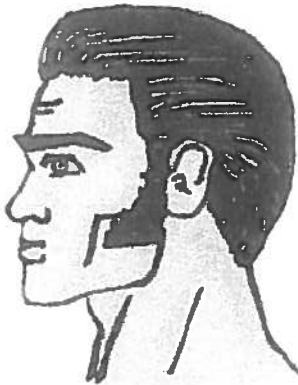
Full Beard



Goatee & Narrow Mustache



Goatee & Wide Mustache



Extended Side Burns



Fu Manchu Mustache

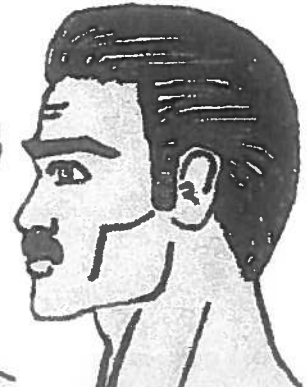
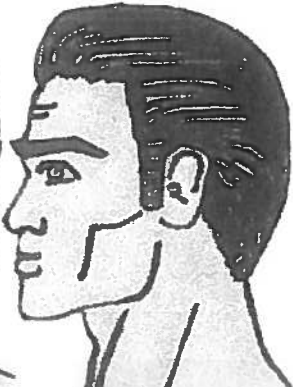


Chin Hair



Wide Mustache

Acceptable



I understand and agree to abide by the "acceptable" facial hair requirements.

Applicant Signature

Date

Authorization

Authorization: By signing below, you authorize: (a) backgroundchecks.com (“BGC”), or another consumer reporting agency to request information about you from any public or private information source; (b) anyone to provide information about you to BGC or another consumer reporting agency; (c) BGC or another consumer reporting agency to provide T&T Transports, Inc. one or more reports based on that information; and (d) us to share those reports with others for legitimate business purposes related to your employment. BGC may investigate your education, work history, professional licenses and credentials, references, address history, social security number validity, right to work, criminal record, lawsuits, driving record, credit history, and any other information with public or private information sources. You acknowledge that a fax, image, or copy of this authorization is as valid as the original. You make this authorization to be valid for as long as you are an applicant or employee with us.

The Consumer Financial Protection Bureau’s “Summary of Your Rights under the Fair Credit Reporting Act” is attached to this authorization. If you are a New York applicant, a copy of New York’s law on the use of criminal records is attached. By signing below, you acknowledge receipt of these documents.

Personal Information: Please print the information requested below to identify yourself for BGC.

Printed name:

First Middle (none) Last

Other names used: _____

Current and former addresses:

	current		
from Mo/Yr	to Mo/Yr	Street	City, State & Zip
from Mo/Yr	to Mo/Yr	Street	City, State & Zip
from Mo/Yr	to Mo/Yr	Street	City, State & Zip

Some government agencies and other information sources require the following information when checking for records. BGC will not use it for any other purposes.

Date of birth

Social security number

Driver’s license number & state

Name as it appears on license

Email address

Report Copy: If you are applying for a job or live in California, Minnesota, or Oklahoma, you may request a copy of the report by checking this box: .

Signature

Date

Para información en español, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

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.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **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, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore 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.consumerfinance.gov/learnmore 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 reporting 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.consumerfinance.gov/learnmore.

- **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.consumerfinance.gov/learnmore.

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. For information about your federal rights, contact:

TYPE OF BUSINESS:	CONTACT:
1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:	a. Consumer Financial Protection Bureau 1700 G. Street N.W. Washington, DC 20552 b. Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357
2. To the extent not included in item 1 above: a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations d. Federal Credit Unions	a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050 b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480 c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106 d. National Credit Union Administration Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street Alexandria, VA 22314
3. Air carriers	Asst. General Counsel for Aviation Enforcement & Proceedings

	Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20423
4. Creditors Subject to the Surface Transportation Board	Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street, S.W. Washington, DC 20423
5. Creditors Subject to the Packers and Stockyards Act, 1921	Nearest Packers and Stockyards Administration area supervisor
6. Small Business Investment Companies	Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, S.W., 8th Floor Washington, DC 20549
7. Brokers and Dealers	Securities and Exchange Commission 100 F Street, N.E. Washington, DC 20549
8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations	Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090
9. Retailers, Finance Companies, and All Other Creditors Not Listed Above	FTC Regional Office for region in which the creditor operates <u>or</u> Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357

Additional Information about the Fair Credit Reporting Act

The Summary of Your Rights provided above does not reflect certain amendments contained in the Consumer Reporting Employment Clarification Act of 1998. The following additional information may be important for you:

- Records of convictions of crimes can be reported regardless of when they occurred.
- If you apply for a job that is covered by the Department of Transportation’s authority to establish qualifications and the maximum hours for that job and you apply by mail, telephone, computer, or other similar means, your consent to a consumer report may validly be obtained orally, in writing, or electronically. If an adverse action is taken against you because of a consumer report for which you gave your consent over the telephone, computer, or similar means, you may be informed of the adverse action and the name, address and phone number of the consumer reporting agency, orally, in writing, or electronically.