Tideport Distributing, Inc.

16031 De Zavalla Rd
Channelview, TX 77530
Phone: 281-862-9668
Fax:281-452-2865

TO ALL APPLICANTS

NAME: _____ **PH#**_____

In accordance with Federal regulations, please fill-in this application so that it is complete, legible and verifiable. Do not leave an empty blank.

All past employment MUST include addresses, dates, contacts and phone numbers for verification.

If you are a CDL driver applicant, we MUST have ten (10) years of previous employment history if available. If you do not have 10 years of experience, please indicate so.

If you did not operate a commercial motor vehicle requiring a CDL, then you need only list three (3) years of previous employment history.

If the answer to a question is not applicable, enter NONE or initial the appropriate block.

Make sure you sign on all lines requiring your signature and that you initial and date each of the mandatory notification boxes.

IF YOU HAVE ANY QUESTIONS – ASK!

WE WILL USE THE INFORMATION THAT YOU PROVIDE ON THIS APPLICATION TO CONTACT PREVIOUS EMPLOYERS, TO CHECK YOUR DRIVING RECORD, TO VERIFY YOUR EXPERIENCE AND COMPLIANCE WITH LOCAL, STATE AND FEDERAL REQUIREMENTS NECESSARY FOR THE OPERATION OF COMMERCIAL MOTOR VEHICLES. THANK YOU FOR APPLYING.

How did you hear about us?_____

BEFORE YOU COMPLETE THE EMPLOYMENT APPLICATION – READ THIS!
INITIAL AND DATE TO THE LEFT OF EACH NOTIFICATION BLOCK

Initials/Date	**General Disclaimer:** I understand that **Tideport Distributing, Inc** hereafter "**The Company**", is not obligated to hire me, that any employment offer will not be for any specified period, that either party may terminate my employment at will, with or without notice or cause, and that no one is authorized to enter into any agreement with me contrary to the foregoing. Nothing contained in my employment application or in granting of an interview is intended to create an employment contract between **The Company** and me or to provide any benefit(s). None of the benefits or policies described in any handbook are intended by reason of publication to confer any rights or privileges to any benefits or policies, or entitle me to remain employed by **The Company**, or to change my status as an "at will" employee (as permitted by law). All statements and provisions in the handbook(s) are procedural or are guidelines and **The Company** has the right to change any policy, benefit or procedure at any time without notice.
Initials/Date	**Agreement to Follow Rules:** If employed, I agree to adhere to all rules, policies, guidelines, procedures, regulations and statutes promulgated by or issuing from **The Company** or local, state or federal regulatory agencies. I understand that there is no expectation of privacy for any of my personal property on **The Company's** premises, including vehicles. I consent to and agree that **The Company** may inspect my personal property, along with desks, lockers, toolkits, etc., to investigate possible violations of **The Company's** rules, policies, guidelines, procedures or local, state or federal regulations or statutes.
Initials/Date	**Possess Only One License:** As a commercial motor vehicle (CMV) driver you may not possess more than one motor vehicle operator's license (See the Texas Transportation Code (TRC) §522.026 for the full text).
Initials/Date	**Notification of Conviction to Department or Employer:** A person who holds or is required to hold a commercial driver's license and who is convicted in another state of violating a state law or local ordinance relating to motor vehicle traffic control shall notify, in writing, the Texas Department of Public Safety and **The Company** not later than the 30th day after the date of conviction. (See the TRC §522.061 for the full text).
Initials/Date	**Notification of Disqualification:** A person who is denied the privilege of driving a CMV in a state for any period, who is disqualified from driving a CMV, or who is subject to an out-of-service order shall notify **The Company** of that fact before the end of the first business day after the date the person receives notice of that fact (See the TRC §522.063 for the full text).
Initials/Date	**Notification of Previous Employment and Offenses:** Anyone applying for employment as a CMV driver will provide the following information for the 10 years preceding the date of application: The names and addresses of the previous employers for which the applicant drove a CMV; the dates between which the applicant drove for each employer; the reason for leaving the employment of each employer; and each criminal offense or serious traffic violation of which you have been convicted and each suspension, revocation or cancellation of driving privileges that resulted from the conviction (See the TRC §522.064 and 49 CFR §391.15(b)(2) for full text).
Initials/Date	**Notice of Drug and Alcohol Testing:** I understand that I must submit to **The Company's** controlled substance and alcohol testing program and to provide biological samples to be tested. Controlled substances include, but are not limited to: marijuana, cocaine, amphetamines, opiates and phencyclidine. **The Company** may contract with a third party to obtain, analyze and report on the samples provided. A positive controlled substances and/or alcohol test, or a refusal to test, will disqualify me from consideration for employment or will result in my termination if employed. **The Company** will report the results of positive controlled substances and/or alcohol tests to the Texas Department of Public Safety in accordance with TRC §644.252. **The Company** will also release this information to motor carriers and other third parties upon receipt of a properly executed release document. A positive result or a refusal on a post-accident test may also result in denial of any Workers Compensation claims I make due to any injury sustained in an accident. My initials indicate that I have received a copy of **The Company's** Controlled Substance and Alcohol Policy and Educational materials. My initials authorize **The Company** to withhold the cost of pre-employment tests if I terminate employment within 60 days of my hire date.
Initials/Date	**Applicant Rights (49 CFR §391.23(i)):** I understand that I have the following rights regarding the information that will be provided to **The Company** pursuant to paragraphs (d) and (e) of 49 CFR §391.23(i): The right to review previous employer information; to have errors corrected and to have corrected information re-sent to **The Company** to have a rebuttal statement attached to the alleged erroneous information, if you and the previous employer cannot agree on the accuracy of the information. Drivers who have previous Department of Transportation regulated employment history in the preceding three years and who wish to review previous employer-provided investigative information must submit a written request to **The Company.** This may bedone at any time, including when applying, or as late as 30 days after being employed or being notified of denial of employment.

Tideport Distributing, Inc.

Applicant Drug and Alcohol Conviction Policy

Effective October 9, 2025, for all applicants applying for safety sensitive driving positions within Tideport Distributing, Inc

Any application with prior drug or alcohol conviction, or participation in Substance Abuse Program within five years from the date of application will not be eligible for employment at Tideport Distributing, Inc.

Thomas Coiner

(President)

Tideport Distributing, Inc.

16031 De Zavalla Rd.
Channelview, TX 77530
Phone: 281.862.9668

COMPLETE ALL BLOCKS – PLEASE PRINT

NAME: _____
LAST FIRST MIDDLE

SOCIAL SECURITY NUMBER: ___ ___ ___ **DATE OF BIRTH:** _____

HOME PHONE: _____ **CELL PHONE:** _____

ADDRESSES FOR THE PAST THREE (3) YEARS

	NUMBER	STREET	CITY	STATE	ZIP	HOW LONG
Present:						
Previous:						
Previous:						
Previous:						

DOT-REGULATED EXPERIENCE (IF NONE, INITIAL HERE:)

CLASS	TYPE			DATES FROM	DATES TO	STATES OPERATED IN
Straight Truck	☐ Box Van	☐ Flatbed	☐ Dump			
Straight Truck-Cargo Tank	☐ HM	☐ Non-HM				
Straight Truck + Trailer/Semi-Trailer	☐ Box Van	☐ Flatbed	☐ Dump			
Truck-Tractor + Trailer/Semi-Trailer	☐ Box Van	☐ Flatbed	☐ Dump			
Truck-Tractor + Cargo Tank	☐ HM	☐ Non-HM				
Other (specify)						

DRIVER LICENSE

NUMBER	TYPE	STATE	EXPIRATION DATE

Have you ever had a driving license, permit or privilege suspended, revoked or denied? YES ☐ NO ☐
If YES, explain: _____

ACCIDENT RECORD FOR THE PAST THREE (3) YEARS (IF NONE, INITIAL HERE:)

DATE	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES

TRAFFIC CONVICTIONS AND FOREFITURES FOR THE PAST THREE (3) YEARS-OTHER THAN PARKING VIOLATIONS FOR WHICH I HAVE BEEN CONVICTED OR FORFEITED BOND OR COLLATERAL (IF NONE, INITIAL HERE:)

DATE	LOCATION	CHARGE	PENALTY

Do you have a legal right to work in the United States? YES ☐ NO ☐

Have you ever been convicted of a felony? YES ☐ NO ☐
If YES, explain on a separate sheet of paper. This information will be kept confidential. Conviction of a crime is not an automatic bar to employment. All circumstances will be considered.

Do you have a current medical examiner's certificate? YES ☐ NO ☐ Expiration Date: _____

Do you have any interstate or intrastate medical, vision or limb waivers? YES ☐ NO ☐ If YES, check the appropriate boxand type below
Interstate ☐ Expiration Date: _____ Intrastate ☐ State: _____ Expiration Date: _____

Type: Insulin ☐ Limb ☐ Vision ☐ Other (Specify) _____

Are you currently subject to an out-of-service order? YES ☐ NO ☐

Are you currently disqualified to drive? YES ☐ NO ☐

PREVIOUS EMPLOYERS FOR THE PAST TEN (10) YEARS.LIST THE MOST RECENT FIRST

EMPLOYER					DATE			
					FROM		TO	
NAME:					MO.	YR.	MO.	YR.
ADDRESS:					POSITION:			
	STREET	CITY		STATE/ZIP	PAY:			
CONTACT:		PHONE:			REASON FOR LEAVING:			

subject to the Federal Motor Carrier Safety Regulations while employed by this previous employer, and/or was the job nsitive function" in any DOT-regulated mode subject to alcohol and drug testing requirements as required by 49 CFR I YES ☐ NO ☐

EMPLOYER					DATE			
					FROM		TO	
NAME:					MO.	YR.	MO.	YR.
ADDRESS:					POSITION:			
	STREET	CITY		STATE/ZIP	PAY:			
CONTACT:		PHONE:			REASON FOR LEAVING:			

Were you subject to the Federal Motor Carrier Safety Regulations while employed by this previous employer, and/or was the job was designated as a "safety sensitive function" in any DOT-regulated mode subject to alcohol and drug testing requirements as required by 49 CFR Part 40? YES ☐ NO ☐

EMPLOYER					DATE			
					FROM		TO	
NAME:					MO.	YR.	MO.	YR.
ADDRESS:					POSITION:			
	STREET	CITY		STATE/ZIP	PAY:			
CONTACT:		PHONE:			REASON FOR LEAVING:			

Were you subject to the Federal Motor Carrier Safety Regulations while employed by this previous employer, and/or was the job was designated as a "safety sensitive function" in any DOT-regulated mode subject to alcohol and drug testing requirements as required by 49 CFR Part 40? YES ☐ NO ☐

EMPLOYER					DATE			
					FROM		TO	
NAME:					MO.	YR.	MO.	YR.
ADDRESS:					POSITION:			
	STREET	CITY		STATE/ZIP	PAY:			
CONTACT:		PHONE:			REASON FOR LEAVING:			

Were you subject to the Federal Motor Carrier Safety Regulations while employed by this previous employer, and/or was the job was designated as a "safety sensitive function" in any DOT-regulated mode subject to alcohol and drug testing requirements as required by 49 CFR Part 40? YES ☐ NO ☐

EMPLOYER					DATE			
					FROM		TO	
NAME:					MO.	YR.	MO.	YR.
ADDRESS:					POSITION:			
	STREET	CITY		STATE/ZIP	PAY:			
CONTACT:		PHONE:			REASON FOR LEAVING:			

Were you subject to the Federal Motor Carrier Safety Regulations while employed by this previous employer, and/or was the job was designated as a "safety sensitive function" in any DOT-regulated mode subject to alcohol and drug testing requirements as required by 49 CFR Part 40? YES ☐ NO ☐

*** Includes vehicles having a gross vehicle weight rating of 26,001lbs or more intrastate (10,001 lbs or more interstate); vehicles designed to transport 15 or more passengers or any size vehicle used to transport hazardous materials in any quantity requiring placards.**

Tideport Distributing, Inc.

A Summary of Your Rights Under the Fair Credit Reporting Act

Terminal: Last, First Name: Hire Date: ID:

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.

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 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 form the lists these offers are based on. You may opt out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- The following FCRA right applies with respect to nationwide consumer reporting agencies:
- **CONSUMERS HAVE THE RIGHT TO OBTAIN A SECURITY FREEZE**
- **You have a right to place a "security freeze" on your credit report, which will prohibit a consumer reporting agency from releasing information in your credit report without your express authorization.** The security freeze is designed to prevent credit, loans, and services from being approved in your name without your consent. However, you should be aware that using a security freeze to take control over who gets access to the personal and financial information in your credit report may delay, interfere with, or prohibit the timely approval of any subsequent request or application you make regarding a new loan, credit, mortgage, or any other account involving the extension of credit.
  - As an alternative to a security freeze, you have the right to place an initial or extended fraud alert on your credit file at no cost. An initial fraud alert is a 1-year alert that is placed on a consumer's credit file. Upon seeing a fraud alert display on a consumer's credit file, a business is required to take steps to verify the consumer's identity before extending new credit. If you are a victim of identity theft, you are entitled to an extended fraud alert, which is a fraud alert lasting 7 years.
  - A security freeze does not apply to a person or entity, or its affiliates, or collection agencies acting on behalf of the person or entity, with which you have an existing account that requests information in your credit report for the purposes of reviewing or collecting the account. Reviewing the account includes activities related to account maintenance, monitoring, credit line increases, and account upgrades and enhancements.
- **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 600 Pennsylvania Avenue, N.W. 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 P.O. Box 53570 Houston, TX 77052 b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480 c. Division of Depositor and Consumer Protection National Center for Consumer and Depositor Assistance Federal Deposit Insurance Corporation 1100 Walnut Street, Box #11 Kansas City, MO 64106 d. National Credit Union Administration - Office of Consumer Financial Protection 1775 Duke Street Alexandria, VA 22314
3. Air carriers	Assistant General Counsel for Office of Aviation and Consumer Protection Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20590
4. Creditors Subject to the Surface Transportation Board	Office of Public Assistance, Governmental Affairs, and Compliance Surface Transportation Board 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 Administrator, Office of Capital Access United States Small Business Administration 409 Third Street, S.W., Suite 8200 Washington, DC 20416
7. Brokers and Dealers	Securities and Exchange Commission 100 F Street, N.E. Washington, DC 20549
8. Institutions that are members of the Farm Credit System	Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090
9. Retailers, Finance Companies, and All Other Creditors Not Listed Above	Federal Trade Commission - Consumer Response Center 600 Pennsylvania Avenue, N.W. Washington, DC 20580 (877) 382-4357

By signing below, I certify that: (i) all information provided herein is complete and accurate; (ii) I have read and fully understand this summary of rights; (iii) prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction; (iv) I execute this authorization voluntarily and with the knowledge that the information obtained pursuant to this authorization could affect my eligibility for employment, promotion, retention or other lawful purpose; (v) I understand I may review this document with legal counsel prior to signing; (vi) I authorize the Company and any person or entity contacted by the Company to furnish the above-mentioned information; and (vii) facsimile or photographic copies of this authorization are as valid as an original.

Print Applicant Name: _____ Applicant DOB: _____

Applicant Driver License Number: _____ Driver License State: _____

Applicant Signature: _____ Date: _____

Tideport Distributing, Inc.

Driver's Certificate of Violations and Annual Review

Terminal: Last, First Name: Hire Date: DriverID:

Section I - Driver's Certification of Violations (391.27)

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

Date	Offense	Location	Type of Vehicle Operated

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

Driver's Signature: _____ Date: _____

Section II - Annual Review of Driving Record (391.25)

This day I reviewed the driver record of the above named driver in accordance with 391.25 of the Federal Motor Carrier Safety Regulations. I considered any evidence that the driver has violated applicable provisions of the Federal Motor Carrier Safety Regulations and the Hazardous Materials Regulations. I considered the driver's accident record and any evidence that he/she has violated laws governing the operation of motor vehicles, and gave great weight to violations such as speeding, reckless driving and operating under the influence of alcohol or drugs, that indicated that the driver has exhibited a disregard for safety to the public.

Having done the above, I find that:

☐ the driver meets the minimum requirements for safe driving.

OR

☐ the driver is disqualified to drive a motor vehicle pursuant to 391.15.

Supervisor's Signature: _____ Date: _____

Tideport Distributing, Inc.

16031 De Zavalla Rd.
Channelview, TX 77530
Phone: 281.862.9668

RELEASE AUTHORIZATION

Work Record and Consumer Reports Release Authorization: Per 49 CFR §391, I hereby authorize without liability, any person or organization, including but not limited to any educational institution, training facility or any institution whose name I may have given as reference, or by whom I have been previously employed to furnish **Tideport Distributing, Inc** hereafter "**The Company**", any information they may have concerning my character, habits, ability, financial responsibility, job performance and reasons for leaving employment. Furthermore, there may be entities that **The Company** does business with that may request investigative reports or consumer reports which apply to my background. In this case, these reports would apply to my assignment to projects related to the customer, permission to be on the customer's premises and to handle products and/or other security concerns of the customer. I hereby release all such persons and organizations from any claims of damages of any kind, which may occur to me by reasons of furnishing such information. I hereby authorize any law enforcement agency or court of record to furnish **The Company** with information concerning motor vehicle records or any felony or misdemeanor of which I have been convicted.
Medical Records Release Authorization: I authorize **The Company** to obtain medical documentation or information concerning my past or present medical status. I release anyone with such records from liability, claim or damages for providing my medical information to **The Company**.
Drug and Alcohol History Release Authorization: Per 49 CFR §40 and§382, I authorize and require my previous and/or current employer(s) as well as any other person or company listed by me in writing, by verbal interview, by whom I was employed or to whom I applied for employment in the three year period preceding the date of this application to release to **The Company** the date, type of test and result of all drug and alcohol tests taken by me, including the date and type of test for any refusals by me to take a drug and/or alcohol test. I also authorize the release of all information concerning my referral to a Substance Abuse Professional (SAP), including records pertaining to my evaluation and treatment (if required by a SAP). I authorize the release by whatever means is most expedient that will maintain the confidentiality of the information transmitted. I agree to hold harmless any past employer, person or company I applied with as well as their employees, agents or representatives from all liability or damage that may arise from the release of the information specifically authorized here.

RELEASE AUTHORIZATION AND ACKNOWLEDGEMENT OF MANDATORY NOTIFICATIONS, DISCLAIMERS AND AGREEMENTS

_____ _____

SIGNATURE DATE

_____

PRINTED NAME

This release will be forwarded to all previous employers to consult with your previous employers and to obtain your DOT safety performance history if any.

Tideport Distributing, Inc.

16031 De Zavalla
Channelview, TX 77530
Phone: 281-862-9668

_____
(Driver's Name)

_____
(Driver's Operators License Number)

_____
(Driver's Social Security Number)

Dear _____,

The above listed individual has made application with us for employment as a driver. Applicant has indicated that the above numbered operator's license or permit has been issued by your state to applicant and that it is in good standing.

In accordance with Section 391.23(a)(1) and (b) of the Federal Motor Carrier Safety regulations, we are required to make inquiry into the driving record during the preceding 3 years of every state in which an applicant driver has held a motor vehicle operator's license or permit during those 3 years.

Therefore, please certify to us what the individual's driving record is for the preceding 3 years, or certify that record exists if that be the case.

In the event that this inquiry does not satisfy your requirements for making such inquiries, please send us all forms of yours as are necessary for us to complete our inquiry into the driving record of this individual.

Respectfully yours,

_____
Signature of individual making inquiry

_____
Printed Name of person making inquiry

_____
Title of person making inquiry

_____
Motor Carrier Name

_____
Address City State Zip

Driver Disclosure

Terminal: Last, First Name: Hire Date:

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

In accordance with DOT Regulation 49 CFR Part 391.23, I hereby authorize release of my DOT –regulated drug and alcohol testing records by the DOT –regulated employer(s) listed below to the Company. I understand that information/ documents released pursuant to this Part 1 is limited to the following DOT –regulated testing items, including pre-employment testing results , occurring during the previous **three (3) years**: (i) alcohol tests with a result of 0.04 or higher; (ii) verified positive drug tests; (iii) refusals to be tested (including adulterated and/or substituted tests); (iv) other violations of DOT drug and alcohol testing regulations (i.e., violations of 49 CFR 382 Subpart B); (v) information obtained from previous employers of a drug and alcohol rule violation; and (vi) any documentation of completion of the return-to-duty process following a rule violation.

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

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

Previous DOT-Regulated Employer	City	State	Phone Number

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

Applicant DOB: _____ Applicant Driver License Number: _____ Driver License State: _____

Print Applicant Name: _____ SSN: _____

Applicant Signature: _____ Date: _____

Tideport Distributing, Inc.

Driver Disclosure

Terminal: Last, First Name: Hire Date: ID:

CONSUMER REPORT AND INVESTIGATIVE CONSUMER REPORT DISCLOSURE (FOR EMPLOYMENT/CONTRACT PURPOSES)

In connection with your employment or application for employment (including contract for services) and in accordance with applicable laws, the Company, along with any Third Party the Company wishes to engage, may obtain or assemble consumer reports and/or investigative consumer reports (collectively, "Reports") which may include information about you related to: previous employment (including employers , dates of employment, salary information, reasons for termination, etc.), accident history, safety performance history/violation information, academic history, verification of references and other information supplied by applicant, professional credentials, drug/alcohol use in violation of law and/or company policy, driving record, workers' compensation claims, credit history, credit worthiness, credit capacity, bankruptcy filings, criminal history records, information about your character, general reputation, personal characteristics and mode of living (collectively, "Information"). Information may be obtained from government agencies, educational institutions, third party clients, personal references, personal interviews and other information suppliers (collectively, "Suppliers").

Upon providing proper identification and complying with any applicable legal requirements, you have the right to request the nature and substance of all information in the Company's or Third Parties files pertaining to you at the time of your request, including but not limited to: (i) whether any Reports have been provided to other parties; (ii) identification of any Suppliers utilized by the Company in compiling such Reports; (iii) identification of any recipients of Reports furnished by the Company or their Suppliers within the two (2) year period preceding your request.

AUTHORIZATION FOR RELE ASE OF INFOR MATION (FOR EMPLOYMENT/CONTRACT PURPOSES)

I hereby authorize the Company and the Third Parties they utilize to receive information and disclose such information to its customers for the purpose of making a determination as to my eligibility for employment, contract services, promotion, retention, or other lawful purpose. If hired or contracted, I authorize the Company and Third Parties to retain this document on file to act as ongoing authorization for the procurement and possession of Reports at any time during my employment or contract period. I fully release Third Parties and Suppliers from all claims of damages related to the investigation of my background and provision of information as set forth in this disclosure and authorization. I agree that information in the Company's possession and my employment history with the Company if I am hired/contracted, may be supplied by the Company to other motor carriers for legally permissible purposes; provided, such information will not include the Drug and Alcohol information set forth in Part II below, unless I have given a separate specific consent for the Company to share such information

Federal Motor Carrier Safety Administration Notification of Driver Rights

In compliance with 49 CFR Part 391.23 (i) you have certain rights regarding the performance history information that will be provided to prospective employers. I) You have the right to review information provided by previous employers. II) You have the right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to prospective employers. III) You have the right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information. (2) Drivers who have previous Department of Transportation regulated employment history in the preceding three years, and wish to review previous employer-provided investigative information must submit a written request to the prospective employer, which 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 to the applicant within five (5) business days of receiving the written request. If the prospective employer has not yet received the requested information from the previous employer(s), then the five-business days 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 thirty (30) days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived his/her request to review the records.

By signing below, I certify that: (i) all information provided herein is complete and accurate; (ii) I have read and fully understand this disclosure and authorization for release; (iii) prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction; (iv) I execute this authorization voluntarily and with the knowledge that the information obtained pursuant to this authorization could affect my eligibility for employment, promotion, retention or other lawful purpose; (v) I understand I may review this document with legal counsel prior to signing; (vi) I authorize the Company and any person or entity contacted by the Company to furnish the above-mentioned information; and (vii) facsimile or photographic copies of this authorization are as valid as an original.

Applicant DOB: _____ Applicant Driver License Number: _____ Driver License State: _____

Print Applicant Name: _____ SSN: _____

Applicant Signature: _____ Date: _____

Tideport Distributing, Inc. | 4225 Research Forest, Suite 202 | The Woodlands, TX 77381 Tel: (281) 419-4845 Fax: (281) 419-4053

Revision Date: 01/20/2014

Tideport Distributing, Inc.

Pre-Employment/Contract Drug & Alcohol Statement

Terminal: Last, First Name: Hire Date: DriverID:

Section 40.25(j)

As the employer, you must 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 the DOT agency drug and alcohol testing rules during the past three years. If the employee admits that he or she had a positive test or 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 Section 40.25(b)(5) and (e).)

Prospective Employee
or Contractor Name: _____

SSN: _____ Date of Birth: _____

The propsective employee/contractor is required by Section 40.25(j) to respond to the following questions:

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 three years?

Check one: ☐ Yes ☐ No

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

Check one: ☐ Yes ☐ No

Employee/Contractor: _____ Date: _____

General Consent for Limited Queries of the Federal Motor Carrier Safety Administration (FMCSA) Drug and Alcohol Clearinghouse

I, _____, hereby provide consent to Tideport Distributing, Inc. to conduct a limited query of the FMCSA Commercial Driver's License Drug and Alcohol Clearinghouse to determine whether drug or alcohol violation information about me exists in the Clearinghouse.

I understand that if the limited query conducted by Tideport Distributing, Inc. indicates that drug or alcohol violation information about me exists in the Clearinghouse, FMCSA will not disclose that information to Tideport Distributing, Inc. without first obtaining additional specific consent from me.

I further understand that if I refuse to provide consent for Tideport Distributing, Inc. to conduct a limited query of the Clearinghouse, Tideport Distributing, Inc. must prohibit me from performing safety-sensitive functions, including driving a commercial motor vehicle, as required by FMCSA's drug and alcohol program regulations.

Employee Signature Date

_____ _____

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

☐ 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 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

Tideport Distributing, Inc. , (281) 419-4845 ,
Print Motor Carrier's Name — Phone Number

Tideport Distributing, Inc., 4225 Research Forest, Suite 202, The Woodlands, TX 77381 ,
Print full Address, City, State and Zip of Motor Carrier

Signature of Driver	Date
X	

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.

THE BELOW DISCLOSURE AND AUTHORIZATION LANGUAGE IS FOR MANDATORY USE BY ALL ACCOUNT HOLDERS

IMPORTANT DISCLOSURE REGARDING BACKGROUND REPORTS FROM THE *PSP Online Service*

In connection with your application for employment with Tideport Distributing, Inc. ("Prospective Employer"), Prospective Employer, its employees, agents or contractors may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

When the application for employment is submitted in person, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report.

When the application for employment is submitted by mail, telephone, computer, or other similar means, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer must provide you within three business days of taking adverse action oral, written or electronic notification: that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

Neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. You may challenge the accuracy of the data by submitting a request to https://dataqs.fmcsa.dot.gov. If you challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. Your request will be forwarded by the DataQs system to the appropriate State for adjudication.

Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with Federal Motor Carrier Safety Regulations (FMCSR) violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

The Prospective Employer cannot obtain background reports from FMCSA without your authorization.

AUTHORIZATION

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

I authorize Tideport Distributing, Inc. ("Prospective Employer") to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am authorizing the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.

I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to https://dataqs.fmcsa.dot.gov. If I challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

I understand that any crash or inspection in which I was involved will display on my PSP report. Since the PSP report does not report, or assign, or imply fault, I acknowledge it will include all CMV crashes where I was a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, I understand all inspections, with or without violations, will appear on my PSP report, and State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on my PSP report.

I have read the above Disclosure Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this Disclosure and Authorization, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Date: _____ _____

Signature

_____

Name (Please Print)

NOTICE: This form is made available to monthly account holders by NIC on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain an Applicant's written or electronic consent prior to accessing the Applicant's PSP report. Further, account holders are required by FMCSA to use the language contained in this Disclosure and Authorization form to obtain an Applicant's consent. The language must be used in whole, exactly as provided. Further, the language on this form must exist as one stand-alone document. The language may NOT be included with other consent forms or any other language.

NOTICE: The prospective employment concept referenced in this form contemplates the definition of "employee" contained at 49 C.F.R. 383.5.

LAST UPDATED 2/11/2016