

Tideport Distributing, Inc.

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

TO ALL APPLICANTS

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.

DRIVER'S APPLICATION FOR EMPLOYMENT

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 <u>not</u> 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 be done at any time, including when applying, or as late as 30 days after being employed or being notified of denial of employment.

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Tideport Distributing, Inc.

4525 FM 892
Robstown, TX 78380
Phone: 361.387.3653

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.

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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		STATES OPERATED IN
				FROM	TO	
Straight Truck	<input type="checkbox"/> Box Van	<input type="checkbox"/> Flatbed	<input type="checkbox"/> Dump			
Straight Truck - Cargo Tank	<input type="checkbox"/> HM	<input type="checkbox"/> Non-HM				
Straight Truck + Trailer/Semi-Trailer	<input type="checkbox"/> Box Van	<input type="checkbox"/> Flatbed	<input type="checkbox"/> Dump			
Truck-Tractor + Trailer/Semi-Trailer	<input type="checkbox"/> Box Van	<input type="checkbox"/> Flatbed	<input type="checkbox"/> Dump			
Truck-Tractor + Cargo Tank	<input type="checkbox"/> HM	<input type="checkbox"/> 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 FOREFEITURES 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 box and 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

DRIVER'S APPLICATION FOR EMPLOYMENT

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

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

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

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

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

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

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

*** 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.**

DRIVER'S APPLICATION FOR EMPLOYMENT

STATEMENT OF ON-DUTY HOURS

Indicate your total time on-duty in any capacity during the immediate preceding seven (7) days AND the time at which you were last relieved from duty prior to beginning employment with this company. **ALL BLANKS MUST HAVE AN ENTRY.**

DAY NUMBER	1	2	3	4	5	6	7	
DATE								
HOURS WORKED								TOTAL HOURS

I was last relieved from duty at:

TIME: _____ AM PM ON _____ DAY _____ MONTH _____ YEAR

Describe any trucking, transportation, training, courses, specialized equipment other experience that may be helpful:

OTHER COMPENSATED WORK

Are you currently working for another employer? YES NO

At this time do you intend to work for another employer while employed with this company? YES NO

Once I am employed with this company, if I begin working for additional employer(s) for compensation I will immediately inform this company.

CERTIFICATION AND SIGNATURE

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge. My signature also indicates that I understand and will comply with all federal, state, local and company policies, rules and regulations.

SIGNATURE

DATE

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**ANNUAL REVIEW OF DRIVING RECORD
391.25**

Name (Last, First, M.I.) (Social Security Number)

This day I reviewed the driving 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 operation while under the influence of alcohol or drugs, that indicate that the driver has exhibited a disregard for the safety of 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

Date of Review Motor Carrier's Name

Reviewed by: Signature and Title

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(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