



Tradewinds
 1318 E. 236th Street
 Arcadia, IN 46030
 Phone (888) 489-3777
 Fax: (888) 489-3777

DRIVER APPLICATION

All questions must be completed.

Personal Information

Name: _____ Social Security #: _____

Address: _____
 Last First MI City: _____ St: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Date of Birth: _____

Emergency Contact: _____ Phone #: _____

Address: _____
 City: _____ St: _____ Zip: _____

Have you ever worked or applied here before? ____ Yes ____ No If yes, what date: _____

Have you ever tested positive or refused any drug or alcohol test during the past five (5) years? ____ Yes ____ No

Residence Addresses for the past three (3) years.

- 1) _____
 Street City State Zip
- 2) _____
 Street City State Zip
- 3) _____
 Street City State Zip

Education

Have you attended truck driving school? ____ Yes ____ No Graduation Date: _____

Name of driving school: _____ City: _____ State: _____ Zip: _____

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 College: 1 2 3 4 Other: _____

Last school attended: _____ Did you graduate?: ____ Yes ____ No

Other education: _____

Military Status

Have you served in the armed forces? Yes No If yes, which branch? _____

Dates of service: From: _____ To: _____ Any special skills? _____

Are you currently a member of the active reserves or National Guard? ____ Yes ____ No

Drivers License Information

Have you ever been convicted of DWI, DUI, OWI, Careless or Reckless Driving? Yes No Date: _____

Explain: _____

Has your license (any) or privilege to drive ever been suspended or revoked for ANY reason? Yes No Date: _____

Explain: _____

Have you ever been convicted of any misdemeanor other than a traffic violation? Yes No Date: _____

Explain: _____

Have you ever been convicted of a felony? *
 Yes No Date: _____

Explain: _____

List ALL driver's licenses that you presently hold or have held in the past three (3) years.

License Number State Expiration Date

*Disclosure of this information does not necessarily disqualify you from consideration.

Accidents

List and explain in detail, giving date, location of all accidents (regardless of fault) that you have been involved in during the past five (5) years in any type of vehicle. **FAILURE TO LIST ALL ACCIDENTS MAY RESULT IN YOUR DISQUALIFICATION. If you have not been involved in any accidents in the past five (5) years, write "none" in each box.**

Date	Type Vehicle	Whose Fault	Fatalities Yes/No	Injuries Yes/No	\$ Amt of all damage
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Date	Type Vehicle	Whose Fault	Fatalities Yes/No	Injuries Yes/No	\$ Amt of all damage
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Date	Type Vehicle	Whose Fault	Fatalities Yes/No	Injuries Yes/No	\$ Amt of all damage
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Date	Type Vehicle	Whose Fault	Fatalities Yes/No	Injuries Yes/No	\$ Amt of all damage
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Traffic Violations

I certify that the following is a true and complete list of all traffic violations (other than parking violations) for which I have been convicted or forfeited bond or collateral during the past five (5) years. **FAILURE TO LIST ALL TRAFFIC VIOLATIONS, MAY RESULT IN YOUR DISQUALIFICATION. If you have not had a traffic conviction or forfeited bond in the past five (5) years, write "none".**

Type of Violation	Date	City	State	Penalty
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Driving/Equipment Experience

Type of Equipment Operated	Length of Experience	Approximate Number of Miles
<input type="checkbox"/> Straight Truck		
<input type="checkbox"/> Tractor & Semi-Trailer		
<input type="checkbox"/> Tractor & Full Trailer		
<input type="checkbox"/> Other		

In what states have you driven regularly? _____
 What awards do you hold for safe driving? _____

DRIVING/WORK EXPERIENCE

PLEASE INCLUDE ALL DATES INCLUDING UNEMPLOYED TIMES . BEGINNING WITH YOUR MOST RECENT EMPLOYER, LIST ALL YOUR PAST EMPLOYERS FOR THE PREVIOUS TEN YEARS. (Make copies of this page if necessary.)

Name of Company: _____ Phone #: (_____) _____

Address: _____ City: _____ State: _____ Zip: _____

Start Date: _____ End Date: _____ Reason for Leaving: _____

Position: _____ Supervisor Name: _____

Equipment Operated: _____ Were you required to comply with the FMCSR's? ____ Yes ____ No

Accidents: _____ Were you required to submit to Drug/Alcohol Testing? ____ Yes ____ No

Name of Company: _____ Phone #: (_____) _____

Address: _____ City: _____ State: _____ Zip: _____

Start Date: _____ End Date: _____ Reason for Leaving: _____

Position: _____ Supervisor Name: _____

Equipment Operated: _____ Were you required to comply with the FMCSR's? ____ Yes ____ No

Accidents: _____ Were you required to submit to Drug/Alcohol Testing? ____ Yes ____ No

Name of Company: _____ Phone #: (_____) _____

Address: _____ City: _____ State: _____ Zip: _____

Start Date: _____ End Date: _____ Reason for Leaving: _____

Position: _____ Supervisor Name: _____

Equipment Operated: _____ Were you required to comply with the FMCSR's? ____ Yes ____ No

Accidents: _____ Were you required to submit to Drug/Alcohol Testing? ____ Yes ____ No

Name of Company: _____ Phone #: (_____) _____

Address: _____ City: _____ State: _____ Zip: _____

Start Date: _____ End Date: _____ Reason for Leaving: _____

Position: _____ Supervisor Name: _____

Equipment Operated: _____ Were you required to comply with the FMCSR's? ____ Yes ____ No

Accidents: _____ Were you required to submit to Drug/Alcohol Testing? ____ Yes ____ No

Work Experience

(Continuation page)

PAGE # _____

Name of Company: _____	Phone #: (_____) _____
Address: _____	City: _____ State: _____ Zip: _____
Start Date: _____	End Date: _____ Reason for Leaving: _____
Position: _____	Supervisor Name: _____
Equipment Operated: _____	Were you required to comply with the FMCSR's? ____ Yes ____ No
Accidents: _____	Were you required to submit to Drug/Alcohol Testing? ____ Yes ____ No
Name of Company: _____	Phone #: (_____) _____
Address: _____	City: _____ State: _____ Zip: _____
Start Date: _____	End Date: _____ Reason for Leaving: _____
Position: _____	Supervisor Name: _____
Equipment Operated: _____	Were you required to comply with the FMCSR's? ____ Yes ____ No
Accidents: _____	Were you required to submit to Drug/Alcohol Testing? ____ Yes ____ No
Name of Company: _____	Phone #: (_____) _____
Address: _____	City: _____ State: _____ Zip: _____
Start Date: _____	End Date: _____ Reason for Leaving: _____
Position: _____	Supervisor Name: _____
Equipment Operated: _____	Were you required to comply with the FMCSR's? ____ Yes ____ No
Accidents: _____	Were you required to submit to Drug/Alcohol Testing? ____ Yes ____ No
Name of Company: _____	Phone #: (_____) _____
Address: _____	City: _____ State: _____ Zip: _____
Start Date: _____	End Date: _____ Reason for Leaving: _____
Position: _____	Supervisor Name: _____
Equipment Operated: _____	Were you required to comply with the FMCSR's? ____ Yes ____ No
Accidents: _____	Were you required to submit to Drug/Alcohol Testing? ____ Yes ____ No

Driver Name: _____

RELEASE / AUTHORIZATION TO OBTAIN INFORMATION

Tradewinds, Inc.
Arcadia, IN
(317) 848-9975

PART I - DOT DRUG AND ALCOHOL RELEASE

I authorize, per 49 CFR Part 40, the release of information from my DOT regulated drug and alcohol testing records by the carriers (company/school) listed below for the sole purpose of transmitting such records to the above listed employer. I authorize release of the following information concerning DOT drug and alcohol testing violations during the past three years: (i) alcohol tests with a result of 0.04 or higher; (ii) verified positive drug tests; (iii) refusals to be tested (including verified adulterated or substituted results); (iv) other violations of DOT drug and alcohol testing regulations; (v) information obtained from previous employers of a drug and alcohol rule violation(s); and (vi) documents, if any, of completion of a return-to-duty process following a rule violation.

The information that I have authorized involves tests required by DOT. If any carrier (company/school) listed below furnishes information concerning items (i) through (vi) above, I also authorize that carrier (company/school) to release and furnish the dates of my negative drug and/or alcohol tests and/or tests with results below 0.04 during the three-year period and the name and phone number of any substance abuse professional who evaluated me during the past three years.

Table with 3 columns: Company, City, State. Each column has a blank line for input.

Print Applicant Name: _____

Applicant Signature: _____

Social Security No: _____

Date: _____

FMCSA Notification of Driver Rights

In compliance with 49 CFR Part §391.23 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 DOT regulated employment history in the preceding three years and wish to review previous employer-provided investigative information must submit a written request to prospective employers. 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. Prospective employers must provide this information within five business days of receiving the written request. If prospective employers have not yet received the requested information from the previous employer, then the five day deadline will begin when the requested safety performance history information is received. If you have not arranged to pick up or receive the requested records within 30 days of prospective employers making them available. Prospective employers may consider you to have waived your request to review the record.

PART II - CONSUMER REPORT DISCLOSURE AND RELEASE

In connection with your employment or application for employment (including contract for services), consumer reports may be requested from USIS Commercial Services ("USIS"). These reports may include the following types of information: names and dates of previous employers, reason for termination of employment, work experience, accidents, and drugs/alcohol use.

You have the right to make a request to USIS, upon proper identification, to request the nature and substance of all information in its files on you at the time of your request, including the sources of information and the recipients of any reports on you that USIS has previously furnished within the two-year period preceding your request. USIS may be contacted by mail at P.O. Box 33181, Tulsa, Oklahoma, 74153, or by phone at (800) 381-0645.

I AUTHORIZE, WITHOUT RESERVATION, USIS, AND ANY PARTY OR AGENCY CONTACTED BY USIS, TO FURNISH THE ABOVE-MENTIONED INFORMATION. THIS AUTHORIZATION DOES NOT APPLY TO DRUG AND ALCOHOL INFORMATION OBTAINED UNDER PART I.

I hereby consent to your obtaining the above information from USIS. I hereby authorize procurement of consumer report(s). If hired or contracted this authorization, for Part II reports only, shall remain on file and shall serve as ongoing authorization for you to procure consumer reports at any time during my employment or contract period.

Print Applicant Name: _____

Applicant Signature: _____

Notice to California Applicants

Under California law, the consumer reports we order on you for employment purposes within the State of California are defined as investigative consumer reports. These reports may contain information on your character, general reputation, personal characteristics and mode of living. Under section 1786.22 of the California Civil Code, you may view the file maintained on you by USIS during normal business hours. You may also obtain a copy of this file upon submitting proper identification and paying the costs of duplication services, by appearing at USIS in person or by mail. The agency is required to have personnel available to explain your file to you and the agency must explain to you any coded information appearing in your file. If you appear in person, a person of your choice may accompany you, provided that this person furnishes proper identification.

I request to receive a free copy of any investigative consumer report ordered on me by checking this box. [] (California applicants only)