



Transco Lines, Inc.

P.O. Box 1400 • Russellville, Arkansas 72811
Personnel 1-800-446-5568 • Fax (479) 967-0843
(888) 217-5691

PREVIOUS EMPLOYMENT VERIFICATION

I, the undersigned have applied for a driving position with Transco Lines, Inc. in Russellville, Arkansas. I hereby authorize the release of information from my DOT regulated drug & alcohol testing or any refusal to test (including pre-employment), pursuant to FMCSR, 49 CFR, Part 40, in the past three years, including assessments of my past performance. This information may include, but is not limited to; names and dates of previous employers, reason for termination of employment, work experience, accidents, academic history, and professional credentials. Such reports may contain public record information concerning the undersigned's driving record and criminal record, from federal, state and other agencies, which maintain such records. You are released from any and all liability, which may result from the release of this information.

Applicant's Signature

Date

The below named individual has stated that he/she worked for your company from _____ to _____.

Driver's Name _____ Social Security # _____

Dates of Employment _____

Was Conduct Satisfactory? [] Yes [] No If No, Please Explain. _____

Would You Rehire? [] Yes [] No [] Upon Review If No, Please Explain _____

Reason for Leaving [] Quit [] Discharged [] Other, Please Explain _____

Number of Accidents: _____ Preventable _____ Non- Preventable

Please Give Details _____

Driving Experience

Type of Driver: [] Company Driver [] Owner-Operator

Equipment & Regions Operated - Check All That Apply

Truck / Tractor: [] Straight Truck [] Tractor-Semitrailer [] Other _____

Trailer / Load Type: [] Dry Van [] Flatbed [] Reefer [] Tank [] Other _____

Regions / Areas Driven: [] OTR [] Regional (Describe) _____ [] Local

UNDER DEPARTMENT OF TRANSPORTATION TESTING REQUIREMENTS THIS PERSON:

- [] Yes [] No Has had an alcohol test with a positive result of 0.04 or higher in the past 3 years.
[] Yes [] No Has had verified controlled substance test with a positive result in the past 3 years.
[] Yes [] No Has refused to be tested in the past 3 years. (Including verified adulterated or substituted drug test)
[] Yes [] No Has committed other violations of DOT agency drug & alcohol testing regulations.
[] Yes [] No Have you received information from a previous employer that this individual violated dot drug and alcohol regulations in the past 3 years?

- If answered YES to any of the above, do you have documentation of the employee's successful completion of DOT return-to-duty requirements, including follow-up tests? [] Yes [] No
(If yes, please send this documentation when returning this completed form, if applicable.)

[] If the driver was NOT subject to the Department of Transportation Testing requirements while employed by this company, please check here.

PLEASE SIGN AND FAX TO TLI PERSONNEL DEPARTMENT AT 479-967-0843 or 888-217-5691. THANK YOU.

Requested By: Shannon Sampley, TLI Personnel Mgr. Date of Request: _____

Company: _____ Attention: _____
Phone: _____
Fax: _____

NAME & TITLE OF THE PERSON COMPLETING THIS FORM

DATE



Transco Lines, Inc.

Driver Pre-Application

For fast results, FAX completed application to 479-967-0843 or 888-217-5691, Attn: Personnel Department
If you have any questions contact the TLI Personnel Dept. at 1-800-446-5568.

60 Transco Park Drive
Russellville, Arkansas 72802

As a driver with DOT regulated employment, we are required to notify you of the following rights regarding the investigative information that will be provided to TLI pursuant to § 391.23 (d)(e). You have the right to review information provided by previous employers; 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; 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;

PLEASE PRINT

Name	Social Security #	DOB / /
Address	City	State Zip
Home Phone	Cell Phone	Other
Drivers License Number	State	Expiration / / Endorsement

In the Last 3 years: # of Tickets _____ # of Accidents _____ Damage _____
 Have you ever been arrested for a DWI? NO YES, When _____
 Have you ever had your license suspended or revoked? NO YES, When _____
 Have you ever tested positive or refused to test for any job applied for with safety-sensitive transportation work covered by DOT testing during the past 3 years? (40.225J) NO YES, When _____

PLEASE LIST 3 YEARS EMPLOYMENT HISTORY STARTING WITH MOST RECENT JOB. NO GAPS IN EMPLOYMENT
 (Include extra page if necessary) • = Required Field

POSITION HELD	• DATES OF EMPLOYMENT	FROM	TO
• EMPLOYER NAME			
ADDRESS			REASON FOR LEAVING
• CITY	• STATE	ZIP	
CONTACT PERSON		• PHONE #	
TYPE OF EQUIPMENT USED			NUMBER OF STATES

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ADDRESS			REASON FOR LEAVING
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ADDRESS			REASON FOR LEAVING
• CITY	• STATE	ZIP	
CONTACT PERSON		• PHONE #	
TYPE OF EQUIPMENT USED			NUMBER OF STATES

I certify that I personally completed this pre-application for the purpose of employment and that all the information herein is true and correct. For consideration of employment, I authorize the release of my criminal background information, qualification / training and previous employment information, all alcohol / controlled substance testing information, motor vehicle reports and safety performance data (including crash data from the previous five (5) years and inspection history from the previous three (3) years) in accordance with federal and state laws and hold any former employer or other entity harmless of any liability for the release of said information. I also consent to the procurement and use of any consumer reports including reports from DAC Services, Inc., deemed necessary by Transco Lines, Inc. (TLI), in consideration of my employment. I also authorize the Arkansas Office of Driver Services to release my record of alcohol and drug tests results to Transco Lines, Inc. for pre employment and employment purposes as required by Arkansas Code Annotated § 27-23-207.

Applicant Signature _____ Date _____ Referred by _____