

DRIVER'S APPLICATION FOR EMPLOYMENT

Applicant Name _____ Date of Application _____
(print)

Company ___ Titan Transfer, Inc. _____
Address ___ 1200 Stanley Blvd. _____
 ___ P.O. Box 590 _____
City _____ Shelbyville, TN 37162 _____ Zip _____

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status.

TO BE READ AND SIGNED BY APPLICANT

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 an 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 391.23(d) and (e). I understand that 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 _____

FOR COMPANY USE

PROCESS RECORD

APPLICANT HIRED _____ REJECTED _____
DATE EMPLOYED _____ POINT EMPLOYED _____
DEPARTMENT _____ CLASSIFICATION _____
(IF REJECTED, SUMMARY REPORT OF REASONS SHOULD BE PLACED IN FILE)
SIGNATURE OF INTERVIEWING OFFICER _____

TERMINATION OF EMPLOYMENT

DATE TERMINATED _____ DEPARTMENT RELEASED FROM _____
DISMISSED _____ VOLUNTARILY QUIT _____ OTHER _____
TERMINATION REPORT PLACED IN FILE _____ SUPERVISOR _____

This form is made available with the understanding that J. J. Keller & Associates, Inc. is not engaged in rendering legal, accounting, or other professional services. J. J. Keller & Associates, Inc. assumes no responsibility for the use of this form, or any decision made by an employer which may violate local, state, or federal law.

APPLICANT TO COMPLETE

(answer all questions - please print)

Position(s) Applied for _____

Name _____ Social Security No. _____
Last First Middle

List your addresses of residency for the past 3 years.

Current Address _____
Street City

State _____ Zip Code _____ Phone _____ How Long? _____
yr./mo.

Previous Addresses

Street _____ City _____ State & Zip Code _____ How Long? _____
yr./mo.

Street _____ City _____ State & Zip Code _____ How Long? _____
yr./mo.

Street _____ City _____ State & Zip Code _____ How Long? _____
yr./mo.

Do you have the legal right to work in the United States? _____

Date of Birth _____ / _____ / _____ Can you provide proof of age? _____
(Required for Commercial Drivers)

Have you worked for this company before? _____ Where? _____

Dates: From _____ To _____ Rate of Pay _____ Position _____

Reason for leaving _____

Are you now employed? _____ If not, how long since leaving last employment? _____

Who referred you? _____ Rate of pay expected _____

Have you ever been bonded? _____ Name of bonding company _____
(Answer only if a job requirement)

Have you ever been convicted of a felony? _____

If yes, please explain fully on a separate sheet of paper. Conviction of a crime is not an automatic bar to employment-all circumstances will be considered.

Is there any reason you might be unable to perform the functions of the job for which you have applied [as described in the attached job description]?

If yes, explain if you wish.

EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state and zip code.

Applicants to drive a commercial motor vehicle* in intrastate or interstate commerce shall also provide an additional 7 years' information on those employers for whom the applicant operated such vehicle.

(NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary.)

EMPLOYER			DATE	
NAME			FROM MO.	TO MO.
ADDRESS			YR. YR.	
CITY	STATE	ZIP	POSITION HELD	
CONTACT PERSON			SALARY/WAGE	
PHONE NUMBER			REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRs [†] WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO				

EMPLOYMENT HISTORY (continued)

EMPLOYER			DATE	
NAME			FROM MO. YR.	TO MO. YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRs [†] WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO				

EMPLOYER			DATE	
NAME			FROM MO. YR.	TO MO. YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	
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NAME			FROM MO. YR.	TO MO. YR.
ADDRESS			POSITION HELD	
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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? <input type="checkbox"/> YES <input type="checkbox"/> NO				

*Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 16 or more passengers (including the driver), or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

†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 more than 8 passengers (including the driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED) IF NONE, WRITE NONE

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES	HAZARDOUS MATERIAL SPILL
LAST ACCIDENT _____				
NEXT PREVIOUS _____				
NEXT PREVIOUS _____				

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE NONE

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

EXPERIENCE AND QUALIFICATIONS – DRIVER

List all driver licenses or permits held in the past 3 years

DRIVER LICENSES	STATE	LICENSE NO.	TYPE	EXPIRATION DATE

- 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 A OR B IS YES, GIVE DETAILS _____

DRIVING EXPERIENCE CHECK YES OR NO

CLASS OF EQUIPMENT	CIRCLE TYPE OF EQUIPMENT	DATES		APPROX. NO. OF MILES (TOTAL)
		FROM (M/Y)	TO (M/Y)	
STRAIGHT TRUCK <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)			
TRACTOR AND SEMI-TRAILER <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)			
TRACTOR - TWO TRAILERS <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)			
TRACTOR - THREE TRAILERS <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)			
MOTORCOACH - SCHOOL BUS <input type="checkbox"/> YES <input type="checkbox"/> NO <small>More than 8 passengers</small>	---			
MOTORCOACH - SCHOOL BUS <input type="checkbox"/> YES <input type="checkbox"/> NO <small>More than 15 passengers</small>	---			
OTHER _____				

LIST STATES OPERATED IN FOR LAST FIVE YEARS: _____

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER: _____

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM? _____

EXPERIENCE AND QUALIFICATIONS – OTHER

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWN)

EDUCATION

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 (NAME) _____ (CITY, STATE) _____

TO BE READ AND SIGNED BY APPLICANT

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.

Signature: _____ Date: _____

To: Julie Scott



800-322-5298

From: JIM HICE

(Company Contact Name)

TITAN TRANSFER, INC.

(Company Name)

Fax #: (931) 684 - 7417

Use Fax # 800-257-4093 (Manual Service)

Use Fax # 800-257-8069 (If Database Retrieval)

DAC Customer #: 10925

DAC Sub-account:

Reference(35 character maximum)

CONSUMER REPORT DISCLOSURE AND DRUG RELEASE

In connection with my application for employment (including contract for services) with TITAN TRANSFER, INC.

I understand that consumer reports which may contain public record information may be requested from DAC Services (DAC), Tulsa, Oklahoma. These reports may include the following types of information: names and dates of previous employers, reason for termination of employment, work experience, accidents; etc. I further understand that such reports may contain public record information concerning my driving record, workers' compensation history, credit, bankruptcy proceedings, criminal records, etc., from federal, state and other agencies which maintain such records; as well as information from DAC concerning previous driving record requests made by others from such state agencies, and state provided driving records. I AUTHORIZE, WITHOUT-RESERVATION, ANY PARTY OR AGENCY CONTACTED BY DAC TO FURNISH THE ABOVE MENTIONED INFORMATION TO THE EXTENT AUTHORIZED BY STATE AND FEDERAL LAW.

I have the right to make a request to DAC, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including the sources of information; and the recipients of any reports on me which DAC has previously furnished within the two year period preceding my request. I hereby consent to your obtaining the above information from DAC, and I agree that such information which DAC has or obtains, and my employment history with you if I am hired, will be supplied by DAC to other companies which subscribe to DAC Services.

In conformity with 49 C.F.R. Part 40, I hereby authorize the carriers (Company/School) listed below to furnish to DAC on behalf of the Company listed above (Company), the following information concerning drug and alcohol tests: DOT drug and alcohol testing violations including pre-employment tests during the past two years: (i) the dates on which I tested positive for drugs and the drugs involved; (ii) the dates on which I tested .04 or greater for alcohol and the test result levels; (iii) the dates on which I refused (including a verified adulterated or substituted result) to be tested for drugs and/or alcohol; (iv) and other violations of DOT drug and alcohol testing regulations; and (v) any information the carriers have received regarding violations of drug/alcohol testing regulations from my previous employers covered by DOT.

I fully understand that the information I authorize DAC to receive involves tests which were required by the Department of Transportation (DOT). If any carrier (company/school) listed below furnishes DAC with information concerning items (i) through (v) above, I also authorize that carrier (company/school) to release and furnish: (vi) the dates of my negative drug and/or alcohol tests and/or tests with results below 0.04 during the two-year period; and (vii) the name and phone number of any substance abuse professional who evaluated me during the past two years.

Company	City	State	Phone Number
_____	_____	_____	(____) _____
_____	_____	_____	(____) _____
_____	_____	_____	(____) _____
_____	_____	_____	(____) _____

(Attach additional form if needed, additional forms require driver's signature.)

By signing below, I certify that I have read and fully understand this release, that prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction, and that I executed this release voluntarily and with the knowledge that the information being released could affect my being hired. I further certify that all of the information that I have furnished on this form is true and complete, and that I have listed every company for which I worked as a driver during the past two years, and every company for which I took a pre-employment drug and/or alcohol test during the past two years.

Print name: _____
(Applicant Name)

Signed: _____
(Applicant Signature Required)

PLEASE SIGN & DATE ONLY
We will make copies, complete the
form and send to former employers

TITAN

TRANSFER, INC.

PO Box 590
Shelbyville, TN 37160

931-684-0255
FAX 931-680-4520

INQUIRY TO PAST EMPLOYERS

PREVIOUS EMPLOYER: _____ Phone: _____
PERSON CONTACTED: _____ Title: _____
Address: _____ FAX: _____

Name of Applicant: _____ SSN: _____/_____/_____

1. Employed: From: _____ To: _____
2. Are the above dates correct? Yes _____ No _____. If "no" please provide the
From: _____ To: _____ dates that your records indicate.
3. Was he/she employed by you as a driver?: Yes _____ No _____
4. If "Yes" what type equipment did he/she operate? _____
5. Number of accidents – PREVENTABLE _____ NON-PREVENTABLE _____
6. Reason for leaving your employment – DISCHARGE _____ RESIGNATION _____
7. Would you rehire? Yes _____ No _____ If "No" please explain: _____

IN THE PAST TWO YEARS WHILE EMPLOYED BY YOU DID THE APPLICANT EVER:		
Test POSITIVE for Controlled Substance?	YES	NO
Test POSITIVE for Alcohol concentration of 0.04 or greater?	YES	NO
REFUSE to be tested for Controlled Substance or Alcohol?	YES	NO
Had any other violations of DOT drug/alcohol regulations?	YES	NO
Have you received information from a previous employer that this individual violated DOT drug and/or alcohol regulations?	YES	NO

BY: _____ Title: _____ Date: _____
Signature of Person Supplying Information

WAIVER
I hereby release all persons from all liability in responding to inquiries and releasing information in connection with this application and request. I authorize you to release all information concerning my employment including personal, financial, medical and assessments of my job performance. In compliance with 49 CFR 382.405, 382.413 & 391.89, please release the above information regarding my previous employment history.

Former Employee's Signature X _____	Date: _____
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TITAN TRANSFER, INC.

P.O. Box 590
413 Blue Ribbon Parkway
Shelbyville, TN 37160

(931) 684-0255
Fax (931) 684-7417

JOB DESCRIPTION

The job, being conditionally offered, is that of operating heavy-duty conventional tractors with fifty-three foot van trailers on local, state and federal highways within the boundaries of the continental United States.

Starting mileage pay will be based on the applicants verifiable past driving experience. Compensation will be made based on the number of miles driven each week along with other considerations for such things as extra stop-offs/pick-ups and loading/unloading.

The job requires that the applicant:

- ✓ Present a clean, neat and professional appearance.
- ✓ Be a minimum age of twenty-three (23).
- ✓ Possess a valid CDL from the state where he/she resides.
- ✓ Have a minimum of two years, verifiable over-the-road experience.
- ✓ Have an acceptable MVR.
- ✓ Be able to pass a D.O.T. physical examination.
- ✓ Be able to pass a D.O.T. pre-employment drug screen.
- ✓ Be able to pass a Company administered road test.
- ✓ Be able to understand and follow verbal instructions.
- ✓ Be able to demonstrate the ability to read well enough to understand road signs and written instructions.
- ✓ Be able to demonstrate the ability to write well enough that paperwork, required by regulations and Company rules, can be read and understood by others.
- ✓ Be physically capable of long hours of sitting.
- ✓ Be capable of driving long hours (under federal guidelines) in all light conditions and all type weather conditions.
- ✓ Be physically capable of loading/unloading freight (in extreme weather conditions), which could require lifting objects, weighing up to eighty (80) pounds, to over shoulder height.
- ✓ Be physically capable of making an unsustained pull of up to eighty pounds, such as would be required for releasing a fifth wheel or trailer tandems.
- ✓ Be physically capable of repeated climbing into, and out of, conventional tractors and freight trailers.

(Signature)

(Date)

I have read and understand the above job description and, with my signature, attest that I meet all the requirements listed and that I am capable of performing all of the functions listed, without limitation.

The above job description is only intended to be a general guideline, and is not intended to include every rule, regulation or Company Policy.

Minimum Driver Underwriting Guidelines GREAT WEST Casualty Company

Great West Casualty Company is the insurance carrier for both Goggin Warehousing LLC and Titan Transfer, Inc. They have issued the following minimum standards for all CDL Drivers.

- A. Must meet all Federal Motor Carrier Safety Regulations.
- B. Must have a valid Commercial Drivers License with proper endorsements issued by the state where the driver resides. No current license suspension/revocation. A work permit is not acceptable.
- C. No MAJOR traffic violations in last three (3) years.
 - 1) Reckless/careless driving
 - 2) Driving while intoxicated or under influence of drugs.
 - 3) Hit and run; leaving the scene of an accident; failure to report an accident.
 - 4) EXCESSIVE speeding as defined by the D.O.T.; any SINGLE offense for any speed fifteen (15) mph or more above the posted speed limit.
- D. No more than four (4) moving violations within the last three (3) years and no more than two (2) moving violations within the last twelve (12) months.
- E. No preventable accidents involving a fatality, bodily injuries treated away from the accident scene, or disabling damage to a motor vehicle within the last three (3) years. (*Disabling damage means damage that precludes departure of any motor vehicle from the scene of the accident in its usual manner in daylight, after simple repairs*). This includes damaged vehicles that are drivable, but would incur further damage, if so driven.
- F. Two years VERIFIABLE experience in the operation of tractor/trailer equipment.
- G. At least 23 years old. (Drivers 25 years old and over are encouraged).