



PO Box 1618
Seaford, DE 19973
PH: (302) 628-5460 FX: (302) 253-0368

Thank you for your interest in our company.

Fill out all forms **completely**, leave no blanks, note NA for all that do not apply.

Employment **must** go back **10 years, all employment**, not just trucking.

A copy of your **medical card, license** and **social security card** are required when application is submitted to us.

If you are going to be doing the loads in/out of the Port of Wilmington, DE you **must** have a **TWIC Card**. You must submit a copy of the card.

Owner/Operators **must** submit a copy of their **registration(cab card), annual DOT inspection** and **insurance**.

Be sure that you have signed the previous employment request sheets, sign **only** the signature line in the center right side of all three sheets.

If all paperwork is not completed properly or items omitted, this will cause a delay in processing your application.

Please be advised that the processing of your application may take 7 - 10 business days.

If there are any questions, do not hesitate to call us.





CARRIER SUMMARY SHEET

Owner Operator/Driver qualifications:

Valid CDL Class A Driver's License

Less than 3 points on MVR

No DUI or DWI convictions

No Reckless or Careless driving convictions

If any accident(s) appear on the MVR – Driver's explanation of accident documented with a copy of the supporting police report is required.

Experience 2-3 years verifiable professional, over the road tractor/trailer driving with a similar operation.

Valid Medical Card – a copy of the card and long form physical is required.

Negative Pre-Employment drug screen result from a TDS approved lab.

Random drug screens are preformed.

Tractor qualifications:

Less than 5 years of age (if older, TDS must inspect the truck)

Sliding 5th wheel

Cab card apportioned for state(s) required

Permits for required states – owner operations cost

IFTA – provided by TDS

Monthly and Annual Maintenance records

Certificates of Insurance for Non-Trucking and Physical Damage.

Tags are the owner/operators cost.

Cell and/or pager are required in the truck.

Settlement to the truck on a weekly basis:

Settlement is completed on a weekly basis. Checks are cut on Friday, we also offer direct deposit. This settlement is for loads picked up or delivered the previous week and/or up to that day. All paperwork must be in the Seaford, DE office by Monday, before 5:00 pm to receive your settlement on Friday.

Settlement checks may be picked up any time after 12 noon on Friday, not before.

Fuel Cards and Advances through TChek:

TDS supplies the truck with a fuel card.

Daily Limits on cards:

300 gallons of self serve diesel #2

60 gallons reefer fuel

\$25 daily cash

Additional advances and purchases must be approved by TDS office.

Advances using TCheks

A booklet of TCheks must be kept in the truck at all times.

TChek are given for the following:

Lumpers

Trailer repairs

Advances, which will be charged a surcharge, it shall be the same amount that TDS is charged by TChek.

Fuel Taxes:

Fuel taxes are completed by TDS. Reported on a quarterly basis and deducted from your settlement quarterly. A copy of the fuel tax report will be provided.

Trip Reports are required to be completed on each trip. The original fuel receipts must be attached to each trip report. This is the document used to complete the reporting of fuel taxes.

Trailers:

Owner/Operator and Drivers pull TDS trailers; all cost of operating these trailers is TDS' responsibility assuming normal wear and tear. Any driver negligence will be charged back to the truck.

Log Books:

Logs, pre-trip, and post-trip are required to be completed and turned in on a weekly basis. Monday for company drivers and owner/operators.

Worker's Compensation or Occupational Accident Insurance

All owner/operator's are required to have worker's compensation for all W2 driver(s) and if they are residents of the state of New Jersey, or occupational accident insurance on themselves and any 1099 driver(s) they have driving their truck.

Inc/LLC

All owner/operator's are required to be incorporated or LLC's before lease is signed.



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PRE-EMPLOYMENT STATEMENT

As a condition of my employment, I agree to the background check and urine sample collection for controlled substances testing.

I understand that less than 2 years of over the road driving experience and more than 3 points on my MVR will exclude me from employment.

I understand a positive test for controlled substances based on the Urinalysis Test will medically disqualify me from the operation of a commercial motor vehicle for this company.

The Medical Review Officer will maintain the results of the Urinalysis Test. Negative and positive results will be reported to the company.

My written authorization is required for the Urinalysis Test results to be given to other parties.

I agree to pay for all pre-employment background check and drug test fees, if I fail to complete employment with TDS, Inc.

I have read and understand the above conditions for the Pre-employment Statement.

Applicant Signature

Print Name

Date: ____/____/____

Date ___/___/___

DRIVER APPLICATION FOR EMPLOYMENT

Applicants are considered without regard to race, creed, color sex, religion, age, national origin, or disability

TRINITY DISTRIBUTION SERVICES INC

PO Box 1618 Seaford, DE 19973

Full Name _____ SS # _____
Last First MI

Date of Birth ___/___/___ Address _____
Street City State Zip

Phone (____) ____-____ Cell Phone (____) ____-____

Previous Address, if less than 3 years: _____

Driver's License # _____ State _____ Expires _____

License (CDL Class A, etc) _____ Endorsements _____

Date Received CDL _____ List types of equipment operated _____

Have you ever been denied a permit, license, or privilege to operate a CMV yes/no

Has your license, permit, or privilege been suspended or revoked yes/no
If yes, Explain _____

Accident Record (last 3 years)

Traffic Convictions and Forfeitures (last 3 years) (other than parking)

Education

Please circle last grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 College: 1 2 3 4

Other training _____

Do you have full knowledge of the Federal Motor Carrier Safety Regulations yes/no

Are you now employed yes/no When will you be available _____

Are you prevented from lawful employment because of immigration status yes/no

Have you ever been convicted of a felony, misdemeanor, or criminal violation yes/no
If yes, Explain _____

Employment History, past 10 years (use separate sheet if necessary)

Have you worked for this company before yes/no Where & When _____

Position _____ Reason for Leaving _____

Last Employer: Name _____ Phone _____

Address _____

From ___/___/___ to ___/___/___ Position _____ Contact _____

Reason for Leaving _____

2nd Last Employer: Name _____ Phone _____

Address _____

From ___/___/___ to ___/___/___ Position _____ Contact _____

Reason for Leaving _____

3rd Last Employer: Name _____ Phone _____

Address _____

From ___/___/___ to ___/___/___ Position _____ Contact _____

Reason for Leaving _____

4th Last Employer: Name _____ Phone _____

Address _____

From ___/___/___ to ___/___/___ Position _____ Contact _____

Reason for Leaving _____

Notice to Applicant

Applicant – If employer has not explained or given a job description, made sure one is given to you and that you fully understand what is expected of you prior to answering the following 2 questions.

Can you perform the functions described in the job description _____ yes/no

Please explain how, with or without reasonable accommodation, you will be able to perform those functions _____

Must be read and signed by Applicant

I agree and understand that any misrepresentations of information given above shall be considered an act of falsification, I agree and understand that the employer or his agents may investigate my background to ascertain any and all information of concern to my employment is factual. I agree and understand that if hired, I will be on a probationary period during which time I may be discharged without recourse.

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.

Applicant's Signature

___/___/___
Date

TRINITY DISTRIBUTION SERVICES INC

Employment (continued)

Company _____ Phone _____

Address _____

From ___/___/___ to ___/___/___ Position _____

Contact _____ Reason for Leaving _____

Company _____ Phone _____

Address _____

From ___/___/___ to ___/___/___ Position _____

Contact _____ Reason for Leaving _____

Company _____ Phone _____

Address _____

From ___/___/___ to ___/___/___ Position _____

Contact _____ Reason for Leaving _____

Company _____ Phone _____

Address _____

From ___/___/___ to ___/___/___ Position _____

Contact _____ Reason for Leaving _____

Company _____ Phone _____

Address _____

From ___/___/___ to ___/___/___ Position _____

Contact _____ Reason for Leaving _____

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GAPS IN EMPLOYMENT HISTORY

Explanation Form

I, _____, _____-_____-_____, certify that the following information is provided to further explain my employment history.

From ___/___/___ to ___/___/___

Reason for Gap _____

From ___/___/___ to ___/___/___

Reason for Gap _____

From ___/___/___ to ___/___/___

Reason for Gap _____

From ___/___/___ to ___/___/___

Reason for Gap _____

From ___/___/___ to ___/___/___

Reason for Gap _____

I understand this information is used to justify gaps in my employment history as listed on my application for employment. I am aware, if this information is found to be untrue, or incorrect, I will be subject to dismissal from my contract for falsifying my application.

Signature

___/___/___
Date

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REQUEST FOR OFFICIAL BACKGROUND CHECK

I, _____, SS# _____-_____-_____, have completed an application for the position of a commercial motor vehicle driver.

Address _____

License # _____ State _____ Expires ____/____/_____

Date of Birth ____/____/_____

In connection with my application of employment (including contract for service), I do hereby authorize TDS, Inc, it's affiliates, or any agency contacted by TDS, Inc to conduct investigative background inquires on myself. The investigative background inquires will include but are not limited to employment references, credential confirmation, identification verification, driving records, criminal arrests and convictions, and other reports. I understand the information will be used to evaluate me for employment, promotion, reassignment, or retention as an employee or contractor. Moreover, I authorize and consent TDS Inc. to share the results of such inquires with those who conduct the investigation and those responsible for hiring.

I understand that TDS Inc will be requesting information from various public and private sources, which maintain records concerning my past activities relating to my criminal, credit, and character history. I further understand that these reports will include information as to my reputation, qualifications, work habits, performance, and experience, along with reasons for termination of past employment from previous employers. I acknowledge that in the least such information will be used to verify information on my application.

I further understand that in the event I am prosecuted for any crime other than minor traffic violations, I will inform TDS Inc immediately; and I authorize any ongoing procurement of the above mentioned reports at anytime during my employment (or contract for services).

With my signature, I am authorizing the release of my information to the above named motor carrier.

_____/_____/_____
Signature Date

I hereby certify that we will use the information for the sole purpose stated above.

Signature of Requestor

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PREVIOUS EMPLOYMENT DRUG & ALCOHOL TESTING INFORMATION

Date: ___/___/___

I, _____, _____-_____-_____, authorize you to release any and all information regarding my participation in the drug and alcohol testing program while I was employed by your company and you are released from any and all liability which may result from furnishing such information. You are hereby authorized to give any and all information to: Trinity Distribution Services Inc.

Signature

In compliance with 40.25(g), release of this information must be made in a written form that ensures confidentiality, such as fax, e-mail, or letter.

If driver was not subject to Department of Transportation testing requirements while employed by this employer, please note below and return.

Safety Department

- | | |
|--|----------------|
| 1. Did this person participate in your drug & alcohol testing program | yes/no |
| 2. Has this person had an alcohol test with a result of 0.04 or higher | yes/no |
| 3. Has this person had a verified positive drug test result | yes/no |
| If yes, was SAP completed | yes/no/unknown |
| 4. Has this person refused to be tested | yes/no |
| 5. Has this person other violations of DOT drug & alcohol regulations | yes/no/unknown |

Signature

___/___/___
Date

This information is being requested in compliance with 40.25 and 382.405(f) and (h).

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PREVIOUS EMPLOYMENT INFORMATION

Date: ___/___/___

I, _____, _____-_____-_____, authorize you to release any and all information regarding my services, character, and conduct while I was employed by your company and you are released from any and all liability which may result from furnishing such information. You are hereby authorized to give any and all information to: Trinity Distribution Services Inc.

Signature

In compliance with 391.23, release of this information must be made in a written form that ensures confidentiality, such as fax, e-mail, or letter.

If driver was not employed by this employer, please note below and return.

Safety Department

Employment with your company? Y/N If yes, give dates: ___/___/___to___/___/___
What was position employed _____
Specify type of equipment operated _____
Was general conduct satisfactory? Y/N
Would rehire? Y/N/Upon Review
Additional comments _____

Signature

___/___/___
Date

This information is being requested in compliance with 391.23.

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PREVIOUS EMPLOYMENT ACCIDENT INFORMATION

Date: ___/___/___

I, _____, _____-_____-_____, authorize you to release any and all information regarding my services, character, and conduct while I was employed by your company and you are released from any and all liability which may result from furnishing such information. You are hereby authorized to give any and all information to: Trinity Distribution Services Inc.

Signature

In compliance with 391.23, release of this information must be made in a written form that ensures confidentiality, such as fax, e-mail, or letter.

If driver was not involved in any accidents while employed by this employer, please note below and return.

Safety Department

Involved in any preventable accidents? Y/N		If yes, how many		
Date	Location	Injuries	Fatalities	Hazmat Spill
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Additional comments _____

Signature

___/___/___
Date

This information is being requested in compliance with 391.23.