



Driver Application

(Please Print Clearly)

Full-Time	<input type="checkbox"/>
Seasonal	<input type="checkbox"/>

Applicant Name: _____ Date: _____

Current Address: _____ Phone # _____
Street City State Zip

List Other Addresses Within the Last 3-Years. Include Street, City, State, & Zip Code ("N/A" if same as above):

Other Address: _____

Other Address: _____

Other Address: _____

Other Address: _____

Are you at least 23 years of age OR older (for auto insurance coverage)? Y or N

Do you have an authorization to work in the U.S.? Y or N

Do you have a valid Class "A" License? Y or N – If yes, circle all endorsements: T - P - N - H - X - S

Do you have more than 2 years of class "A" driving experience? Y or N – If yes, how many years? _____

Do you have a clean MVR in the last 5 years (no DUI or license suspension)? Y or N – If no, date: _____

Do you have a current DOT (Department of Transportation) medical certificate AND long form? Y or N

Equipment Experience (Check all applicable boxes):

- Basket Trailer Dry Vans Hopper Trailer Tanker Trailer Refrigerated Trailer
- Bins Flatbed Trailer Possum Belly Tomato Trailer Walking Floors
- Belt Trailer Grape Trailer Other: _____

Product Experience (Check all applicable boxes):

- Agriculture Dry Freight Bulk/Liquid Garbage/Waste Other: _____

Willing to Work (Check all applicable boxes):

- Night Shifts Weekends Holidays Long Hours (within DOT rules)

How did you hear about the position at Tiger Lines? _____

Employee Referral (name): _____

Did you work for Tiger Lines before? Y or N

If yes:

Reason for Leaving: _____

Location: _____ Dates: From _____ To _____ Position: _____

Do you need any accommodation to perform the essential functions of the job? Y or N

If yes, please explain request: _____



Driver Application

(Please Print Clearly)

ACCIDENT RECORD FOR THE PAST 3 YEARS (attach sheet if more space is needed): IF NONE, WRITE "NONE"

Dates (start with recent)	Type (head-on, rear-end, etc.)	Fatalities (Y/N)	Injuries (Y/N)	HazMat Spill (Y/N)

TRAFFIC CONVICTIONS FOR THE PAST 3 YEARS (other than parking violations/attach sheet if more space is needed): IF NONE, WRITE "NONE"

Dates (start with recent)	Location	Charge	Penalty

- A. Have you ever been denied a license, permit, or privilege to operate a motor vehicle? Y or N
- B. Has any license, permit, or privilege ever been suspended or revoked? Y or N
- If the answer is "Y" to either question A or B, please provide details: (attach sheet if more space is needed)
- Explain details: _____
- _____
- _____

- C. Have you had a license/permit from another State, other than California, in the past 3 years? Y or N
- If the answer is "Y" please provide details: (attach sheet if more space is needed)
- Explain details: _____
- _____
- _____

Please Read Carefully, Initial Each Paragraph, and Sign Below

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery. **Initials:** _____

I understand that nothing contained in the application, or conveyed during any interview is intended to create an employment contract between me and the Tiger Lines, LLC. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or Tiger Lines, LLC, and that no promises or representations contrary to the foregoing are binding unless made in writing and signed by me and the Tiger Lines, LLC's designated representative. **Initials:** _____

In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire. **Initials:** _____

Tiger Lines, LLC is an Equal Opportunity Employer (EOE)

Signature: _____ Date: _____



Driver Application

(Please Print Clearly)

Applicant Name: _____ Date: _____

Employment & Unemployment History

All applicants to drive in interstate commerce must provide the following information on all past or current employers during the preceding 3 years: complete mailing address, street number, city, state, and zip code. All applicants to drive a commercial motor vehicle, having a GVWR of 26,001 lbs. or more, in intrastate or interstate commerce shall also provide an additional 7 years of information on all past or current employers for whom the applicant operated such vehicle.

Please start with most recent status. Please write "UNEMPLOYED" under Employer Name and list dates of unemployment for any period of employment gaps. (attach sheet if more space is needed)

Employer Name:	Date From:
Address:	Date To:
City: State: Zip:	Position:
Contact Name: Phone #:	Separation Reason:
Were you subject to FMCSR while employed? <input type="checkbox"/> Y or <input type="checkbox"/> N	
Was your job designated as safety-sensitive function in any DOT-REGULATED mode subject to the drug and alcohol testing requirements of 49 CFR PART 40? <input type="checkbox"/> Y or <input type="checkbox"/> N	

Employer Name:	Date From:
Address:	Date To:
City: State: Zip:	Position:
Contact Name: Phone #:	Separation Reason:
Were you subject to FMCSR while employed? <input type="checkbox"/> Y or <input type="checkbox"/> N	
Was your job designated as safety-sensitive function in any DOT-REGULATED mode subject to the drug and alcohol testing requirements of 49 CFR PART 40? <input type="checkbox"/> Y or <input type="checkbox"/> N	

Employer Name:	Date From:
Address:	Date To:
City: State: Zip:	Position:
Contact Name: Phone #:	Separation Reason:
Were you subject to FMCSR while employed? <input type="checkbox"/> Y or <input type="checkbox"/> N	
Was your job designated as safety-sensitive function in any DOT-REGULATED mode subject to the drug and alcohol testing requirements of 49 CFR PART 40? <input type="checkbox"/> Y or <input type="checkbox"/> N	

Employer Name:	Date From:
Address:	Date To:
City: State: Zip:	Position:
Contact Name: Phone #:	Separation Reason:
Were you subject to FMCSR while employed? <input type="checkbox"/> Y or <input type="checkbox"/> N	
Was your job designated as safety-sensitive function in any DOT-REGULATED mode subject to the drug and alcohol testing requirements of 49 CFR PART 40? <input type="checkbox"/> Y or <input type="checkbox"/> N	

Continue To Next Page



Driver Application

(Please Print Clearly)

Continued From Previous Page

Employer Name:	Date From:
Address:	Date To:
City: State: Zip:	Position:
Contact Name: Phone #:	Separation Reason:
Were you subject to FMCSR while employed? <input type="checkbox"/> Y or <input type="checkbox"/> N	
Was your job designated as safety-sensitive function in any DOT-REGULATED mode subject to the drug and alcohol testing requirements of 49 CFR PART 40? <input type="checkbox"/> Y or <input type="checkbox"/> N	

Employer Name:	Date From:
Address:	Date To:
City: State: Zip:	Position:
Contact Name: Phone #:	Separation Reason:
Were you subject to FMCSR while employed? <input type="checkbox"/> Y or <input type="checkbox"/> N	
Was your job designated as safety-sensitive function in any DOT-REGULATED mode subject to the drug and alcohol testing requirements of 49 CFR PART 40? <input type="checkbox"/> Y or <input type="checkbox"/> N	

Employer Name:	Date From:
Address:	Date To:
City: State: Zip:	Position:
Contact Name: Phone #:	Separation Reason:
Were you subject to FMCSR while employed? <input type="checkbox"/> Y or <input type="checkbox"/> N	
Was your job designated as safety-sensitive function in any DOT-REGULATED mode subject to the drug and alcohol testing requirements of 49 CFR PART 40? <input type="checkbox"/> Y or <input type="checkbox"/> N	

Employer Name:	Date From:
Address:	Date To:
City: State: Zip:	Position:
Contact Name: Phone #:	Separation Reason:
Were you subject to FMCSR while employed? <input type="checkbox"/> Y or <input type="checkbox"/> N	
Was your job designated as safety-sensitive function in any DOT-REGULATED mode subject to the drug and alcohol testing requirements of 49 CFR PART 40? <input type="checkbox"/> Y or <input type="checkbox"/> N	

Please Read Carefully, Initial at End of Paragraph, and Sign Below

I hereby authorize Tiger Lines, LLC to thoroughly investigate my references, work record, and other matters related to my suitability for employment unless otherwise specified above. I further authorize the references I have listed to disclose to Tiger Lines, LLC any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release Tiger Lines, LLC, my former employers and all other persons, corporations, partnerships and associations from any and all claims or liabilities arising out of or in any way related to such investigation or disclosure. **Initials:** _____

Tiger Lines, LLC is an Equal Opportunity Employer (EOE)

Signature: _____ Date: _____



Driver Application

(Please Print Clearly)

Date of Application: _____

Position Applied for: **Professional Class "A" Driver**

Location: Fresno Lodi Modesto Woodland Other: _____

VOLUNTARY EEO (Equal Employment Opportunity) SURVEY

Tiger Lines, LLC is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, Tiger Lines, LLC invites applicants to voluntarily self-identify and complete this form. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

Sex:

Male Female **Choose not to identify**

Race/Ethnicity:

Hispanic or Latino White Black or African-American
 Native Hawaiian or Pacific Islander Asian Native American or Alaska Native
 Two or More Races **Choose not to identify**

Definitions of the EEO race and ethnicity categories are as follows:

- **Hispanic or Latino** - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
- **White (Not Hispanic or Latino)** - A person having origins in any of the original peoples of Europe, the Middle East or North Africa.
- **Black or African-American (Not Hispanic or Latino)** - A person having origins in any of the black racial groups of Africa.
- **Native Hawaiian or Pacific Islander (Not Hispanic or Latino)** - A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands.
- **Asian (Not Hispanic or Latino)** - A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.
- **Native American or Alaska Native (Not Hispanic or Latino)** - A person having origins in any of the original people of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
- **Two or More Races (Not Hispanic or Latino)** - All persons who identify with more than one of the above five races.