

Briggs, Inc.
 504 S Cass
 Corinth, MS 38834
Application for Employment

Date: _____

Name: _____
First Middle Last

Telephone _____
 Cell: _____

Address _____ How Long _____
Street City State & Zip

Date of Birth _____ Social Security No. _____

Address _____ How Long _____

For past _____
Street City State & Zip

Three years _____ How Long _____

_____ Street City State & Zip

Email Address: _____

	State	License Number	Type	Expiration Date
Driver				
Licenses				

Driving Experience

Class of Equipment	Type of Equipment <small>(Van, Tank, Flat, Etc)</small>	Dates		Approx. No. of Miles <small>(Total)</small>
		From	To	

Straight Truck

Tractor and Trailer

Tractor and Doubles

Other

Accident Record for Past 3 Years or More (Attach Sheet if more space is needed)

Dates	Nature of Accident <small>Head-on, Rear-end, Upset, Etc</small>	Fatalities	Injuries
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Traffic Convictions and Forfeitures for Past 3 Years (Other than parking violations)

Location	Date	Charge	Penalty
_____	_____	_____	_____

(Attach Sheet if more space is needed)

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 attach statement giving details

Employment Record (Attach sheet if more space is needed)

§391.21 (b)(11) States that 10 years of previous employment must be listed

Last Employer: Name _____ Phone _____
Address _____
Position held _____ From _____ To: _____
Reason for Leaving _____

Second Last Employer: Name _____ Phone _____
Address _____
Position held _____ From _____ To: _____
Reason for Leaving _____

Third Last Employer: Name _____ Phone _____
Address _____
Position held _____ From _____ To: _____
Reason for Leaving _____

Employer: Name _____ Phone _____
Address _____
Position held _____ From _____ To: _____
Reason for Leaving _____

Employer: Name _____ Phone _____
Address _____
Position held _____ From _____ To: _____
Reason for Leaving _____

Employer: Name _____ Phone _____
Address _____
Position held _____ From _____ To: _____
Reason for Leaving _____

Employer: Name _____ Phone _____
Address _____
Position held _____ From _____ To: _____
Reason for Leaving _____

Employer: Name _____ Phone _____
Address _____
Position held _____ From _____ To: _____
Reason for Leaving _____

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. I also understand and agree that this motor carrier will order and receive a copy of my MVR.

Date: _____ Signature: _____

Carefully read the following and sign below if you agree to terms

By signing this statement, I certify that this employment application has been completed by me, and all of the entries provided are true, complete, and accurate, to the best of my knowledge. By signing below I also authorize this company or their assigned agent to make such inquiries into my employment, financial, personal, or medical history as might be needed to make an employment decision. I understand that inquiries into my medical history are generally made after a job offer has been made.

I hereby release my former employers, healthcare providers, schools, and insurance agents from any and all liability in making response to the inquiries and from releasing the requested information.

Application' Signature

Date

If you have been employed by one of the companies listed below within the last three years please sign the release below.

- Arnold Transportation Services
- Central Refrigerated Service
- Covenant Transport
- KLLM Transport Services
- Pegasus Transportation
- Team One Transport
- US Xpress Enterprises
- Celadon
- Con-Way, Inc.
- Eagle Systems, Inc.
- Magnum Express
- Swift Transportation
- TransAm Trucking

By signing below, I certify that I have and fully understand this release, that prior to signing I was given the opportunity to ask questions and 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 on this form is true and complete. I also hold harmless DriverFACTS and the employer providing this information to the requester listed above.

Signature

Date

General Consent for Limited Queries of the Federal Motor Carrier Safety Administration (FMCSA) Drug and Alcohol Clearinghouse

I, _____, hereby provide consent to Briggs Inc to conduct a limited query of the FMCSA Commercial Driver's License Drug and Alcohol Clearinghouse (Clearinghouse) to determine whether drug or alcohol violation information about me exists in the Clearinghouse. (Employers and employees may also wish to include the terms of the consent. For example, is the driver consenting to a single limited query or multiple limited queries? If the driver consents to multiple limited inquiries, will those queries be conducted over a fixed period of time or for the duration of employment? Is the number of limited queries specific or unlimited? The scope of the consent would be determined by the employer and the employee.).

I understand that if the limited query conducted by Briggs Inc indicates that drug or alcohol violation information about me exists in the Clearinghouse, FMCSA will not disclose that information to Briggs Inc without first obtaining additional specific consent from me.

I further understand that if I refuse to provide consent for Briggs Inc to conduct a limited query of the Clearinghouse, Briggs Inc must prohibit me from performing safety-sensitive functions, including driving a commercial motor vehicle, as required by FMCSA's drug and alcohol program regulations.

Employee Signature

Date

Request/Consent for Information from Previous Employer(s) Carrier(s) for Alcohol and Controlled Substances Testing Records and changes in Parts 390 and 391 of the FMCSA

Date

Social Security Number

Printed Name

Signature

I, the above mentioned signer, hereby authorize _____

To release and forward in accordance with the following regulation, all known information pertaining to my alcohol and controlled substances testing/training records to Briggs Inc/TSCS, LLC

Disclosure and release

In accordance with DOT Regulation 49 CFR Part 391.23. I authorize the release of information for my DOT regulation drug and alcohol testing records by the carriers (company/school) listed above or to TSCS, LLC for the sole purpose of transmitting such records. I authorize release of the following information concerning DOT drug and alcohol testing violations including pre-employment tests during the past three years: (i) alcohol tests with a result of 0.04 or higher, (ii) verified positive drug tests (iii) refusal 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. I also authorize the carriers (company/school) listed above to release information about names and dates of previous employers, reasons for termination of employment, work experience, accidents, academic history, professional credentials and other information.

The information that I have authorized to TSCS, LLC to review involves tests required by DOT. If any carrier (company/school) listed above furnishes to TSCS, LLC with 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.

Please return reply to:

Brenda Dillard
TSCS, LLC
Fax: 662-869-7368