

# BORDERLINE FREIGHT CO.

## APPLICATION FOR EMPLOYMENT

875 LE BARRON ROAD

EL PASO, TX 79005

NAME \_\_\_\_\_ SSNUM: \_\_\_\_\_ DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_  
(First) (Middle) (Maiden Name, if any) (Last)

ADDRESS \_\_\_\_\_ HOW LONG? \_\_\_\_\_  
(Street) (City) (State & Zip Code)

HOME PHONE ( ) \_\_\_\_\_ CELLULAR PHONE ( ) \_\_\_\_\_

ADDRESS \_\_\_\_\_ HOW LONG? \_\_\_\_\_  
(Street) (City) (State & Zip Code)

FOR PAST THREE YEARS / \_\_\_\_\_ HOW LONG? \_\_\_\_\_  
(Street) (City) (State & Zip Code)

*IF MORE SPACE IS NEEDED, PLEASE USE AN EXTRA SHEET OR THE BACK OF THIS SHEET*

HAVE YOU EVER BEEN CONVICTED OF: FELONY \_\_\_ YES \_\_\_ NO ANY OTHER TYPE OF CONVICTIONS: \_\_\_ YES \_\_\_ NO

HAS YOUR CDL EVER BEEN DISQUALIFIED? \_\_\_ YES, \_\_\_ NO IF YES BY WHICH STATE: \_\_\_\_\_

### EXPERIENCE AND QUALIFICATIONS—DRIVER

DRIVER LICENSES	STATE	LICENSE NO.	TYPE	EXPIRATION DATE

### DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES		APPROX. NO. OF MILES (TOTAL)
		FROM	TO	
STRAIGHT TRUCK _____				
TRACTOR AND SEMI-TRAILER _____				
TRACTOR—TWO TRAILERS _____				
OTHER _____				

### ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)

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

DO YOU HAVE THREE OR MORE ACCIDENTS IN A THREE YEAR PERIOD? \_\_\_\_\_ YES \_\_\_\_\_ NO

HAVE YOU BEEN CONVICTED/CHARGED FOR ANY ACCIDENT? \_\_\_\_\_ YES \_\_\_\_\_ NO

EXPLAIN, (IF ONE OF THE ABOVE APPLIES): \_\_\_\_\_

# APPLICATION FOR EMPLOYMENT

**TRAFFIC CONVICTIONS AND FORFEITURES FOR THE 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)**

NOTE: DOT Requires That Employment for at Least 3 Years and/or Commercial Driving Experience for the Past 10 Years Be Shown

LAST EMPLOYER: NAME \_\_\_\_\_ TELEPHONE(    ) \_\_\_\_\_

ADDRESS \_\_\_\_\_

POSITION HELD \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_ SALARY \_\_\_\_\_

REASONS FOR LEAVING \_\_\_\_\_

SECOND LAST EMPLOYER: NAME \_\_\_\_\_ TELEPHONE(    ) \_\_\_\_\_

ADDRESS \_\_\_\_\_

POSITION HELD \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_ SALARY \_\_\_\_\_

REASONS FOR LEAVING \_\_\_\_\_

THIRD LAST EMPLOYER: NAME \_\_\_\_\_ TELEPHONE(    ) \_\_\_\_\_

ADDRESS \_\_\_\_\_

POSITION HELD \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_ SALARY \_\_\_\_\_

REASONS 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.

\_\_\_\_\_ Date

\_\_\_\_\_ Applicant's Signature

Note: A motor carrier may require an applicant to provide information in addition to the information required by the Federal Motor Carrier Safety Regulations.

# BORDERLINE FREIGHT CO.

875 LE BARRON ROAD  
EL PASO, TX 79907

## DECLARATION OF EMPLOYMENT STATUS

Under the Federal Motor Carrier Safety Regulations (Section 391.23), BORDERLAND FREIGHT CO., is required to verify the employment background of all prospective drivers for the preceding three (3) years. You have advised that you were unemployed or self-employed during the time period shown below. This form is designed to enable you to account for that period of your employment history, or period when you were not employed, which cannot be verified by any other means. In the section below, please fill in the dates and describe your activities during that time.

Dates: From \_\_\_\_\_ to \_\_\_\_\_  
Month / Year Month / Year

During the period specified I engaged as follows:

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I also confirm that during that period, the statements I have checked below are true:

- 1. I was not employed in any capacity on a full-time regular basis.
- 2. I was self-employed.
- 3. I did not collect unemployment during this period.
- 4. I was not convicted of a crime or felony involving a motor carrier or any aspect of the carrier industry.
- 5. I was not involved in a motor vehicle accident of any type.

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## DECLARATION OF EMPLOYMENT STATUS

The two persons listed below, neither of whom is related to me in any manner, can verify the above information. I hereby authorize you to contact them and request that information, and authorize them to release that information to you.

Names, Addresses, and Telephone-numbers:

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Date: \_\_\_\_\_ Signature: \_\_\_\_\_

SSN: \_\_\_\_\_ Print Name: \_\_\_\_\_

Verify By: \_\_\_\_\_  
NAME DATE

# BORDERLINE FREIGHT CO.

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## Motor Vehicle Driver's

### CERTIFICATION OF COMPLIANCE WITH DRIVER LICENSE REQUIREMENTS

**MOTOR CARRIER INSTRUCTIONS:** The requirements in Part 383 apply to every driver who operates in intrastate, interstate, or foreign commerce and operates a vehicle weighing 26,001 lbs or more, can transport more than 15 people, or transports hazardous materials that require placarding.

The requirements in Part 391 apply to every driver who operates in interstate commerce and operates a vehicle weighing 10,001 lbs or more, can transport more than 15 people, or transports hazardous materials that require placarding.

**DRIVER REQUIREMENTS:** Parts 383 and 391 of the Federal Motor Carrier Safety Regulations contain some requirements that you as a driver must comply with. These requirements are in effect as of July 1, 1987. They are as follows:

1. **POSSESS ONLY ONE LICENSE:** You, as a commercial vehicle driver, may not possess more than one motor vehicle operator's license.

If you have more than one license, keep the license from your state of residence and return the additional licenses to the states that issued them. DESTROYING a license does not close the record in the state that issued it; you must notify the state. If a multiple license has been lost, stole, or destroyed, close your record by notifying the state of issuance that you no longer want to be licensed by that state.

2. **NOTIFICATION OF LICENSE SUSPENSION, REVOCATION OR CANCELLATION:** Sections 391.15(b)(2) and 383.33 of the Federal Motor Carrier Safety Regulations require that you notify your employer the NEXT BUSINESS DAY of any revocation or suspension of your driver's license. In addition, Section 383.31

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Motor Vehicle Driver's

## CERTIFICATION OF COMPLIANCE WITH DRIVER LICENSE REQUIREMENTS

- requires that any time you violate a state or local traffic law (other than parking), you must report it within 30 days to: 1) your employing motor carrier, and 2) the state that issued your license (if the violation occurs in a state other than the one which issued your license). The notification to both the employer and state must be in writing.

The following license is the one I will possess:

Driver's License No. \_\_\_\_\_

State \_\_\_\_\_ Exp. Date \_\_\_\_\_

DRIVER CERTIFICATION: I certify that I have read and understood the above requirements.

Driver's Name  
(Printed): \_\_\_\_\_

Driver's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Notes: \_\_\_\_\_

# DRIVERS MANDATORY NOTIFICATION

-PLEASE READ CAREFULLY BEFORE SIGNING-

## 383.31 Notification of convictions for driver violations.

- (a) Each person who operates a commercial motor vehicle, who has a commercial driver's license issued by a State or jurisdiction, and who is convicted of violating, in any type of motor vehicle traffic control (other than a parking violation) in a State or jurisdiction other than the one which issued his/her license, shall notify an official designated by the State or jurisdiction which issued such license, of such conviction. The notification must be made within 30 days after the date that person has been convicted.
- (b) Each person who operates a commercial motor vehicle, who has a commercial driver's license issued by a State or jurisdiction, and who is convicted of violating, in any type of motor vehicle, a State or local law relating to motor vehicle traffic control (other than a parking violation), shall notify his/her current employer of such conviction. The notification must be made within 30 days after the date the person has been convicted. If the driver is not currently employed, he/she must notify the State or jurisdiction which issue the license according to 383.31(a).
- (c) Notification. The notification to the State official and employer must be made in writing and contain the following information

- (1) Driver's full name;
- (2) Driver's license number;
- (3) Date of conviction;
- (4) The specific criminal or other offense(s), serious traffic violation(s), and other violation(s) of State or local law relating to motor vehicle traffic control, for which the person was convicted and any suspension, revocation, or cancellation of certain driving privileges which resulted from such conviction(s);
- (5) Indication whether the violation was in a commercial motor vehicle;
- (6) Location of offense; and
- (7) Driver's Signature.

## 383.33 Notification of driver's license suspensions.

Each employee who has a driver's license suspended, revoked, or canceled by a State or jurisdiction, who loses the right to operate a commercial motor vehicle in a State or jurisdiction for any period, or who is disqualified from operating a commercial motor vehicle for any period, shall notify his/her current employer of such suspension, revocation, cancellation, lost privilege, or disqualification. The notification must be made before the end of the business day following the end of the business day following the day the employee received notice of suspension, revocation, cancellation, lost privilege, or disqualification

PLEASE PRINT

NAME (IN FULL) \_\_\_\_\_

LICENSE NO. \_\_\_\_\_ STATE \_\_\_\_\_

DATE OF CONVICTION \_\_\_\_\_

SPECIFY OFFENSE/VIOLATION \_\_\_\_\_

VIOLATION IN A COMMERCIAL MOTOR VEHICLE? YES \_\_\_\_\_ NO \_\_\_\_\_

LOCATION OF OFFENSE: (Nearest) \_\_\_\_\_

STATE \_\_\_\_\_

WAS YOUR LICENSE SUSPENDED, REVOKED OR CANCELLED AS A RESULT OF CONVICTION? \_\_\_\_\_ IF YES FOR HOW LONG? \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

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875 LE BARRON ROAD  
EL PASO, TX 79907

## REQUEST FOR CHECK OF DRIVING RECORD

I hereby authorize you to release the following information to \_\_\_\_\_  
(Prospective Employer)  
for purposes of investigation as required by Sections 391.23 and 391.25 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability, which may result from furnishing such information.

\_\_\_\_\_  
(Applicant's Signature)

\_\_\_\_\_  
(Date)

In accordance with the provisions of Sections 604 and 607 of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter 1, of Public Law 104-208), I hereby certify the following:

1. The consumer (applicant) has authorized in writing the procurement of this report;
2. The consumer (applicant) has been informed in a separate written disclosure that a consumer report may be obtained for employment purposes;
3. The information requested below will be used for a "permissible purpose" (i.e., information for employment purposes) and will be used for no other purpose;
4. The information being obtained will not be used in violation of any federal or state equal opportunity law or regulation; and
5. Before taking an adverse action based in whole or in part on the report the consumer (applicant) will receive a copy of the requested report and the summary of consumer rights as provided with the report by the consumer reporting agency.

I also hereby certify that this report request and the above applicant's release notice meet the definition of "permissible uses" of state motor vehicle records under the provision of the Driver's Privacy Protection Act of 1994 (Public Law 103-322, Title XXX, Section 300002(a)).

\_\_\_\_\_  
(Signature of Requester)

\_\_\_\_\_  
(Date)



# REQUEST FOR CHECK OF DRIVING RECORD

TO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DEAR SIR/MADAM:

- The following named person has made application with our company for the position of \_\_\_\_\_. In accordance with Section 391.23, Federal Department of Transportation Regulations, please furnish the undersigned with the applicant's driving record for the past three years.
- The following named person is employed with our company in the position of \_\_\_\_\_. In accordance with Section 391.25, Federal Department of Transportation Regulations, please furnish the undersigned with the employee's driving record for the past year.

NAME OF APPLICANT/DRIVER \_\_\_\_\_

ADDRESS \_\_\_\_\_

(Number & Street) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code) \_\_\_\_\_

FORMER ADDRESS \_\_\_\_\_

(Number & Street) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code) \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ SS # \_\_\_\_\_ LICENSE NO. \_\_\_\_\_

REQUESTED BY

\_\_\_\_\_  
(Name of Company)

\_\_\_\_\_  
(Typed Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Signature)

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## FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT

### **Empolyment & Criminal Records**

In accordance with the provisions of Section 604(b)(2)(A) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I, of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on you for employment purposes. These reports are required by Sections 382.413, 391.23, and 391.25 of the Federal Motor Carrier Safety Regulations.

\_\_\_\_\_  
(Applicant's Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Social Security #)



2421 W. 7<sup>th</sup> St. Ste 350  
Fort Worth, TX 76107

### FORMER EMPLOYER VERIFICATION FORM

Please complete and fax to:

Fax: 817-546-8306 / 888-958-5293  
Phone: 817-332-0044 x 502  
Contact: Linda Wells or Sylvia Madrid

Sent to Attn of: _____
Phone: _____
Fax: _____
1 <sup>st</sup> attempt _____ 2 <sup>nd</sup> attempt _____ 3 <sup>rd</sup> attempt _____
4 <sup>th</sup> attempt Certified Letter/DOT Notified

#### SECTION 1: PREVIOUS EMPLOYEE INFORMATION AND RELEASE

Name: \_\_\_\_\_ Social Security: \_\_\_\_\_

I hereby authorize \_\_\_\_\_ to release the below information to

FLEET SCREEN for the purposes of investigation and qualifying me to drive a commercial motor vehicle, including to employment drug tests results. You are now required by the U.S. DOT and Federal Motor Carrier Safety Regulations 49 CFR Parts 40, 382, 391 to furnish this information. You are hereby released from and all liability that may result from furnishing such information. Your quick response to this request will be greatly appreciated.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Requested by prospective employer : **Borderline Freight**

#### SECTION 2: PREVIOUS EMPLOYEE WORK HISTORY (to be completed by past employer)

Dates of employment: \_\_\_\_\_ Job Title: \_\_\_\_\_

Did the employee drive a motor vehicle.....Yes No

Types of equipment operated: \_\_\_\_\_

Please list any special equipment operated: \_\_\_\_\_

Reason for leaving: Discharged Resigned Laid off Other If other please list: \_\_\_\_\_

#### SECTION 3: SAFETY PERFORMANCE HISTORY PER 49 C.F.R. 391.23 (2)

Was the employee a safe and efficient driver? .....	Yes	No
Was the employee involved in accidents in the past three years? .....	Yes	No
If yes, were any accidents preventable: .....	Yes	No
If yes, please provide details, including dates:		

#### SECTION 4: PREVIOUS DRUG AND ALCOHOL RESULTS PER 48 C.F.R. 40.25

Was this applicant in a DOT controlled substance testing program with your company? .....	Yes	No
1. Did the employee have a verified positive drug test result? .....	Yes	No
2. Did the employee refuse to be tested? .....	Yes	No
3. Did the employee have other violations of DOT agency drug and alcohol testing regulations? .....	Yes	No
4. Did any previous employers report any drug or alcohol rule violations to you? .....	Yes	No
5. Did any previous employers report any drug or alcohol rule violations to you? .....	Yes	No

Name of person completing this form: \_\_\_\_\_ Title: \_\_\_\_\_



6000 Western Place Suite 480  
Fort Worth, Texas 76107

**DISCLOSURE & AUTHORIZATION FOR RELEASE OF INFORMATION**

As a part of our hiring, a background check and investigation will be conducted. We may ask FleetScreen, a consumer reporting agency, to prepare a consumer report and an investigative consumer report prior to your being qualified in the service of \_\_\_\_\_. The consumer investigative report may consist of contacting all listed prior employers to verify your employment history, job performance and drug/alcohol testing data. It may also include a consumer report to include a check of applicable criminal police or court records. Under the provisions of the Fair Credit Reporting Act (15 USC at 1681-1681u) as amended, before we can seek such a report from FleetScreen, we must have your written permission for FleetScreen to obtain the information and to provide the information to us as part of our analysis of your application for employment with our company.

Below you will find an authorization and release for FleetScreen to prepare a consumer report, and for our company to receive, a copy of that report. If you do not wish to execute this release, please return all of the application materials to the person from whom you obtained them.

**AUTHORIZATION & RELEASE TO OBTAIN CONSUMER REPORT**

Under the provision of the Fair Credit Reporting Act, 15 USC, Section 1681 et. Seq., the Americans with Disability Act and all applicable federal, state and local laws, I hereby authorize and permit \_\_\_\_\_ to obtain from FleetScreen, a consumer report and investigative consumer report which may include the following:

1. My employment records
2. Records concerning any driving, criminal history, credit history, and civil records
3. For Truck Drivers Only- In accordance with the Department of Transportation Motor Carrier Safety Regulations, Section 382.413, information concerning alcohol and controlled substances use for the past three (3) years.
4. Verification of my academic and/or professional credentials; and information and/or copies of documents from any military service.

I understand that the above items, which may constitute "investigative consumer reports", may include information as to my character, general reputation, personal characteristics, and mode of living which may be obtained by interviews with individuals with whom I am acquainted or who may have knowledge concerning any such items of information.

I agree that a copy of the authorization has the same effect as an original.

I hereby release and hold harmless any person, firm or entity that discloses matters in accordance with this authorization, as well as \_\_\_\_\_ and FleetScreen from liability that might otherwise result from the request for use of and/or disclosure of any or all of the foregoing information.

I understand and acknowledge that under provisions of the Fair Credit Reporting Act, I may request a copy of the consumer report or consumer investigative report from FleetScreen, the consumer reporting agency that compiled the report, after I have provided FleetScreen with proper identification. I also understand that before any adverse action is taken based, in whole or in part, on the information in the consumer report, I will be provided a copy of the report, the name, address and telephone number of FleetScreen, and a summary of my rights under the Fair Credit Reporting Act.

I hereby authorize FleetScreen to obtain and prepare an investigative consumer report as set forth above and to provide that report to \_\_\_\_\_ as part of its investigation of my employment application.

FULL NAME \_\_\_\_\_ A.K.A. \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY/ST. \_\_\_\_\_ ZIP \_\_\_\_\_

PREVIOUS ADD. \_\_\_\_\_ CITY/ST. \_\_\_\_\_ ZIP \_\_\_\_\_

\*DOB \_\_\_\_\_ SSN \_\_\_\_\_

DRIVERS LICENSE No. \_\_\_\_\_ STATE ISSUED \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*This is for criminal purposes only

**Must be completed by client before investigation will be performed**

Client: \_\_\_\_\_ Manager: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Please check all that apply

STATE CRIM \_\_\_\_\_ COUNTY CRIM \_\_\_\_\_ NATIONAL CRIM \_\_\_\_\_ SSN \_\_\_\_\_ MVR \_\_\_\_\_ CDL: YES / NO  
EMPLOYMENT \_\_\_\_\_ EDUCATION \_\_\_\_\_