

CHEETAH TRANSPORTATION SYSTEMS

Thank you for making Application with Cheetah Transportation.
Please fill out all forms completely and legibly.

1. For company: Cheetah Transportation
1890-A State Hwy 35 Bypass
Alvin, TX 77511
2. Fill in every line.
3. Account for the last 10 years, **including gaps in jobs and include month and year.**
4. Be sure you put down all past employer's addresses & phone numbers. (**this is very important to even be considered for hire.**)
5. List all moving violations, including dates and location.
6. Be sure to sign and date the back of Application.

NOTE: You will be required to furnish 2 forms of identification, Truck Registration, Title, and your Bobtail Insurance coverage if hired.

DRIVER'S APPLICATION FOR EMPLOYMENT

(ADD ADDITIONAL SHEETS AS NECESSARY TO PROVIDE COMPLETE INFORMATION)

Applicant Name _____ Date of Application _____
(print)

Company CHEETAH TRANSPORTATION

Address 1890-A S. H. 35 BYPASS
ALVIN, TX 77512

City _____ State _____ 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 Texas Motor Transportation Association is not engaged in rendering legal, accounting, or other professional services. Texas Motor Transportation Association 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 Residence Address(es) For The Last 3 Years:

Current Address _____ How Long? _____
Street City State & Zip Code Yr./Mo.

Home Phone _____ Cell Phone _____ Alternate Phone _____

Previous Address _____ How Long? _____
Street City State & Zip Code Yr./Mo.

Previous Address _____ How Long? _____
Street City State & Zip Code Yr./Mo.

Previous Address _____ How Long? _____
Street City State & Zip Code 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? _____

If yes, explain if you wish: _____

The following page is for information on your "Employment History". All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. Provide the complete mailing address showing the street number, city, state and zip code.

Applicants to drive a commercial motor vehicle * (see page 3), in intrastate or interstate commerce shall provide a list of the names and addresses of the applicant's employers during the 7-year period preceding the 3-years required in the paragraph above.

List employers starting with the most recent employer. Add another sheet as necessary.

EMPLOYMENT HISTORY

LAST EMPLOYER: NAME _____ FROM _____ TO _____ SALARY _____
Mo. Yr. Mo. Yr.
POSITION HELD _____ REASON FOR LEAVING _____
ADDRESS _____ CITY _____ ST _____ ZIP _____
CONTACT PERSON/TITLE _____ PHONE () _____
WERE YOU SUBJECT TO THE FMCSRS+ WHILE EMPLOYED? Yes _____ 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? Yes _____ No _____

2nd LAST EMPLOYER: NAME _____ FROM _____ TO _____ SALARY _____
Mo. Yr. Mo. Yr.
POSITION HELD _____ REASON FOR LEAVING _____
ADDRESS _____ CITY _____ ST _____ ZIP _____
CONTACT PERSON/TITLE _____ PHONE () _____
WERE YOU SUBJECT TO THE FMCSRS+ WHILE EMPLOYED? Yes _____ 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? Yes _____ No _____

3rd LAST EMPLOYER: NAME _____ FROM _____ TO _____ SALARY _____
Mo. Yr. Mo. Yr.
POSITION HELD _____ REASON FOR LEAVING _____
ADDRESS _____ CITY _____ ST _____ ZIP _____
CONTACT PERSON/TITLE _____ PHONE () _____
WERE YOU SUBJECT TO THE FMCSRS+ WHILE EMPLOYED? Yes _____ 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? Yes _____ No _____

4th LAST EMPLOYER: NAME _____ FROM _____ TO _____ SALARY _____
Mo. Yr. Mo. Yr.
POSITION HELD _____ REASON FOR LEAVING _____
ADDRESS _____ CITY _____ ST _____ ZIP _____
CONTACT PERSON/TITLE _____ PHONE () _____
WERE YOU SUBJECT TO THE FMCSRS+ WHILE EMPLOYED? Yes _____ 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? Yes _____ No _____

5th LAST EMPLOYER: NAME _____ FROM _____ TO _____ SALARY _____
Mo. Yr. Mo. Yr.
POSITION HELD _____ REASON FOR LEAVING _____
ADDRESS _____ CITY _____ ST _____ ZIP _____
CONTACT PERSON/TITLE _____ PHONE () _____
WERE YOU SUBJECT TO THE FMCSRS+ WHILE EMPLOYED? Yes _____ 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? Yes _____ No _____

6th LAST EMPLOYER: NAME _____ FROM _____ TO _____ SALARY _____
Mo. Yr. Mo. Yr.
POSITION HELD _____ REASON FOR LEAVING _____
ADDRESS _____ CITY _____ ST _____ ZIP _____
CONTACT PERSON/TITLE _____ PHONE () _____
WERE YOU SUBJECT TO THE FMCSRS+ WHILE EMPLOYED? Yes _____ 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? Yes _____ No _____

7th LAST EMPLOYER: NAME _____ FROM _____ TO _____ SALARY _____
Mo. Yr. Mo. Yr.
POSITION HELD _____ REASON FOR LEAVING _____
ADDRESS _____ CITY _____ ST _____ ZIP _____
CONTACT PERSON/TITLE _____ PHONE () _____
WERE YOU SUBJECT TO THE FMCSRS+ WHILE EMPLOYED? Yes _____ 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? Yes _____ No _____

* Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers, 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 9 or more passengers, OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

ACCIDENT RECORD

List all accidents for past 3 years in which you were the driver. If none, write NONE.

Date	Nature (Head-on etc.)	# Fatalities	# Injuries	Hazardous Material Spill
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

TRAFFIC CONVICTIONS

And forfeitures for the past 3 years (other than parking violations). If none, write NONE.

Date	Charge	Penalty	Location
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

LICENSES AND PERMITS

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

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 _____

QUALIFICATIONS AND EXPERIENCE

Class of Equipment (Check Yes or No)	Circle Type of Equipment	Dates: From (M/Y)	To (M/Y)	Approx. No. Total Miles
Straight Truck <input type="checkbox"/> Y <input type="checkbox"/> N	Van - Tank - Flat - Dump - Reefer	_____	_____	_____
Tractor and Semi-Trailer <input type="checkbox"/> Y <input type="checkbox"/> N	Van - Tank - Flat - Dump - Reefer	_____	_____	_____
Tractor - Two Trailers <input type="checkbox"/> Y <input type="checkbox"/> N	Van - Tank - Flat - Dump - Reefer	_____	_____	_____
Tractor - Three Trailers <input type="checkbox"/> Y <input type="checkbox"/> N	Van - Tank - Flat - Dump - Reefer	_____	_____	_____
Motorcoach - School Bus <input type="checkbox"/> Y <input type="checkbox"/> N		_____	_____	_____
More than 8 passengers				
Motorcoach - School Bus <input type="checkbox"/> Y <input type="checkbox"/> N		_____	_____	_____
More than 15 passengers				
Other _____		_____	_____	_____

LIST STATES OPERATED IN FOR LAST 5 YEARS: _____

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

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

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

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: _____

**REQUEST/CONSENT FORM FOR INFORMATION FROM
PREVIOUS EMPLOYER(S)**

ALCOHOL & SUBSTANCE TESTING RECORDS

IN ACCORDANCE WITH SEC. 382.405 (F) (B), SEC 382.413 (A) (B) (C) (E) (F)

I _____ hereby authorize, _____ @
_____ to release and forward
all information on my Alcohol and Controlled Substance Testing and Training records to
Cheetah Transportation Systems, Inc.

I also hereby authorize you to release the following information to **Cheetah
Transportation Systems, Inc.** as required by Section 391.23 of the Federal Motor
Carrier Safety Regulations. You are released from any and all liability which may result
from furnishing such information.

DATE _____ SIGNATURE _____ S.S.# _____ - _____ - _____

The above named individual has made application to this company as a contract driver
and states that he was employed by you as a _____

From _____ To _____

Did he drive a commercial motor vehicle for you _____, Straight Truck _____

Bus _____ Tractor Semi Trailer _____ Other _____

Was he a safe driver Yes _____ No _____

Reason for leaving: Discharged _____, Resignation _____, Laid off _____, Military _____.

Was his general conduct satisfactory? Yes _____ No _____

Please advise of any past driving history, any freight claims or accidents if available, For
past three years. _____

1) Has this person ever tested positive for a controlled substance in the past three
years? Yes _____ No _____

2) Has this person ever had an alcohol test with a Breath Alcohol Concentration
0.04 or greater in the last three years? Yes _____ No _____

3) Has this person ever refused a required test for drugs or alcohol in the last three
years? Yes _____ No _____

If the answer is yes to any of the questions please give the Substance Abuse
Professional's name, address, and phone number for further reference.

Person releasing information:

Signature _____ Date _____

Title _____

PLEASE FAX BACK TO: 281-585-3139

Company Name: Cheetah Transportation Systems, Inc.

FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT

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 Section 382.413, 391.23 and 391.25 of the Federal Motor Carrier Safety Regulations.

Applicants Signature

Date

Print Name

Social Security number

Cheetah Transportation Systems, Inc.
1890A SH 35
Alvin, TX 77512

VEHICLE INFORMATION

YEAR: _____ MAKE: _____ BED SIZE: _____

CARRYING CAPACITY _____ SPECIAL EQUIPMENT (PIPERACK,
LIFTGATE, SIDES, HITCH TYPES ECT... _____

LICENSE PLATE # _____ VIN # _____

GVWR _____

CONDITION OF VEHICLE: EXCELLENT _____ GOOD _____ FAIR _____

PERSON VEHICLE IS REGISTERED TO _____

INSURANCE CO: _____

DOES THIS COVER YOUR VEHICLE AS A COMMERCIAL VEHICLE ? _____