



COMMERCIAL TERMINAL SERVICE, INC.

13587 192nd St. • Council Bluffs, IA 51503
PHONE: 712-328-1700 • FAX: 712-328-4125

DISCLOSURE TO CONSUMER

Commercial Terminal Service, Inc.
Name of Company

As part of our hiring background and investigation process, we may obtain, where permitted, one or more reports and other information about you, including your background, employment history, academic and/or professional credentials, military service, credit history, and driving history. The information gathered also may involve a criminal history and/or alcohol or drug use history, if any. An investigative consumer report may include information about your character, general reputation, personal characteristics and mode of living that may be obtained by interviews with individuals with whom you are acquainted or who may have knowledge concerning any such items of information. This also may include contacts of all listed prior employers to verify your employment history. In addition, if your employment falls under the federal Department of Transportation ("DOT") and the Federal Motor Carrier Safety Administration ("FMCSA"), including 49 CFR § 391.23, the report could include your driving, safety inspection and performance history from the FMCSA.

Under the provisions of the Fair Credit Reporting Act ("FCRA"), 15 U.S.C. § 1681 *et seq.*; FMCSA regulations in the Federal Code of Regulations, including 49 CFR § 40.329; and certain state laws, before we can seek such reports, where permitted, we must have your written permission to obtain the information. You have the right, upon written request, to a complete and accurate disclosure of the nature and scope of the investigation. You also are entitled to a copy of that document entitled, Rights Under the Fair Credit Reporting Act.

Notice to California Applicants. Under California law, the reports ordered about you for employment purposes within the State of California are defined as "investigative consumer reports." These reports may contain information on your character, general reputation, personal characteristics and mode of living. Under California Civil Code § 1786.22, you may view the report(s) maintained at iX during normal business hours. You also may obtain a copy by submitting proper identification and paying the cost of duplication by appearing at iX in person, by mail, or by telephone. iX is required to have personnel available to explain the report(s) and to explain any coded information. If you appear in person, you may be accompanied by a person of your choice, if s/he furnishes proper identification.

AUTHORIZATION AND RELEASE TO OBTAIN INFORMATION

Under the Fair Credit Reporting Act ("FCRA"), 15 U.S.C. § 1681 *et seq.*, the regulations applicable to the federal Department of Transportation's Federal Motor Carriers Safety Administration, including 49 CFR § 40.329, the Americans with Disabilities Act and all other applicable federal, state, and local laws, I hereby authorize and permit Commercial Terminal Service, Inc.
(Name of Employer or Prospective Employer)

to obtain information, where permitted, pertaining to my employment records, driving history records, driving performance and safety history, criminal history, credit history, civil records, workers' compensation (post-offer only), alcohol and drug testing, verification of my academic and/or professional credentials, and information and/or copies of documents from any military service records.

I understand that an "investigative consumer report" may result that could include information as to my character, general reputation, personal characteristics, and mode of living that may be obtained by interviews with individuals with whom I am acquainted or who may have knowledge concerning any such items of information. I specifically authorize the release of information by my former employers for the purpose of satisfying driver qualification regulations.



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DOT Drivers. I understand that Title 49 of the Federal Code of Regulations, § 391.23, requires that my prospective employer and/or its agent(s) may contact all former employers of a driver within the last three years under the regulation of the Department of Transportation. Information such as dates of employment, position, accident history, as well as information pertaining to my drug and alcohol testing history, may be requested from each employer in accordance with Section 391.23 and 49 CFR 40.25.

By signing below, I consent to and authorize the gathering of this information by my prospective employer and those whom my prospective employer has engaged to request and obtain this information, including from former employers and/or from or through iiX. I hereby release and hold harmless any person, firm, or entity, including iiX, that discloses matters in accordance with this authorization from liability that might otherwise result from the request for use of and/or disclosure of any or all of the information discussed above. This information may be obtained in whole or in part by iiX or its agents.

I understand and acknowledge that this release of information may assist my prospective employer to make a determination regarding my suitability as an employee. I further understand that under the FCRA, I may request a copy of any consumer report from the consumer reporting agency that compiled the report, after I have provided proper identification. I agree that a copy of this authorization has the same effect as an original. Where permitted, this authorization shall remain in effect over the course of my employment and reports may be ordered periodically during the course of my employment.

Applicant's Full Name _____ Date of Signature _____
(Print clearly)

Signature

- California Applicants:** Please check here to have a copy of your consumer report sent directly to you. The employer or prospective employer is to provide a copy of the report to you in accordance with California Civil Code § 1786.16.
- Minnesota and Oklahoma Applicants:** Please check here to have a copy of your consumer report sent directly to you. If you wish to receive a copy, you must complete the information below. Please print clearly. If this block is marked, the prospective employer or employer should return this form to iiX via fax to (201) 748-1449 within 24 hours of the request for the report.

_____ (PRINTED NAME)	_____ (SIGNATURE)	_____ (DATE)
_____ (STREET ADDRESS)	_____ (CITY)	_____ (ST) _____ (ZIP CODE)

_____ (DATE OF BIRTH)	_____ (SS NUMBER)	_____ (DRIVERS LICENSE)	_____ (STATE OF ISSUE)
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Commercial Terminal Service Inc.
(EMPLOYER OR PROSPECTIVE EMPLOYER)

<u>Commercial Terminal Serv</u> iiX Customer Name	<u>848048</u> iiX Customer No.	_____ Date of Request
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DRIVER'S APPLICATION FOR EMPLOYMENT

Applicant Name _____ Date of Application _____
(print)

Company Commercial Terminal Service, Inc.
Address 13587 192nd ST
City Council Bluffs State IA Zip 51503

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 J. J. Keller & Associates, Inc. is not engaged in rendering legal, accounting, or other professional services. J. J. Keller & Associates, Inc. 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 addresses of residency for the past 3 years.

Current Address	Street _____	City _____	
	State _____	Zip Code _____	Phone _____ How Long? _____ yr./mo.
Previous Addresses	Street _____	City _____	State & Zip Code _____ How Long? _____ yr./mo.
	Street _____	City _____	State & Zip Code _____ How Long? _____ yr./mo.
	Street _____	City _____	State & Zip Code _____ How Long? _____ 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 [as described in the attached job description]?

If yes, explain if you wish.

EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state and zip code.

Applicants to drive a commercial motor vehicle* in intrastate or interstate commerce shall also provide an additional 7 years' information on those employers for whom the applicant operated such vehicle.

(NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary.)

EMPLOYER			DATE			
NAME			FROM MO.	YR.	TO MO.	YR.
ADDRESS			POSITION HELD			
CITY	STATE	ZIP	SALARY/WAGE			
CONTACT PERSON	PHONE NUMBER		REASON FOR LEAVING			
WERE YOU SUBJECT TO THE FMCSRs [†] WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO						

EMPLOYMENT HISTORY (continued)

EMPLOYER			DATE	
NAME	FROM MO.	YR.	TO MO.	YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRs [†] WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO				

EMPLOYER			DATE	
NAME	FROM MO.	YR.	TO MO.	YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRs [†] WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO				

EMPLOYER			DATE	
NAME	FROM MO.	YR.	TO MO.	YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	
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EMPLOYER			DATE	
NAME	FROM MO.	YR.	TO MO.	YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
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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? <input type="checkbox"/> YES <input type="checkbox"/> NO				

EMPLOYER			DATE	
NAME	FROM MO.	YR.	TO MO.	YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRs [†] WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO				

*Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 16 or more passengers (including the driver), 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 more than 8 passengers (including the driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED) IF NONE, WRITE NONE

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

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE NONE

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

EXPERIENCE AND QUALIFICATIONS – DRIVER

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

DRIVER LICENSES	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 _____

DRIVING EXPERIENCE CHECK YES OR NO

CLASS OF EQUIPMENT	CIRCLE TYPE OF EQUIPMENT	DATES		APPROX. NO. OF MILES (TOTAL)
		FROM (M/Y)	TO (M/Y)	
STRAIGHT TRUCK <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)			
TRACTOR AND SEMI-TRAILER <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)			
TRACTOR - TWO TRAILERS <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)			
TRACTOR - THREE TRAILERS <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)			
MOTORCOACH - SCHOOL BUS <input type="checkbox"/> YES <input type="checkbox"/> NO <small>More than 8 passengers</small>	---			
MOTORCOACH - SCHOOL BUS <input type="checkbox"/> YES <input type="checkbox"/> NO <small>More than 15 passengers</small>	---			
OTHER _____				

LIST STATES OPERATED IN FOR LAST FIVE YEARS: _____

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

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

EXPERIENCE AND QUALIFICATIONS – OTHER

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

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION

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: _____

CAFEFULLY READ THE FOLLOWING AN SIGN BELOW

By signing this statement, I certify that this employment application has been completed by me, and all the entries provided are true, complete, and accurate, to the best of my knowledge. By signing below I also authorize this company 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 is made.

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

Applicant's Signature

Date

From: Safety Department, Commercial Terminal Service Inc.
Phone: 712-328-1700

Please Return by: Fax: 712-328-4125 or
Email: safety@ctsia.com

Sent to: Employment Verification -
(Previous or Current Employer)

Fax: _____

Phone: _____

Email: _____

EMPLOYMENT SAFETY HISTORY REQUEST FORM

➤ Name of Applicant: _____ ➤ Social Security Number: XXX-XX-

I hereby authorize you to release to Commercial Terminal Service any and all information regarding my services, character, and conduct while in your employment, and you are released from any liability, which may result from giving such information.

In order to enable Commercial Terminal Services to comply with the requirements of 49 C.F.R. 391.23, I authorize the release of information they are required to maintain by 49 C.F.R. Subpart 382 or 49 C.F.R. Part Positive Controlled Substance Test results, and refusals to be tested within the three (3) years preceding the date of this application.

➤ _____
Applicant Signature

➤ _____
Date

Below To Be Completed by Previous or Current Employer Only

Dates of Employment : _____ To _____ and From: _____ To: _____

Position Held: _____ Local: _____ Regional: _____ Over the Road: _____

Type of Equipment: _____

Reason for Leaving: Discharged: _____ Resigned: _____ Terminated: _____ Retired: _____ Military: _____

If terminate, Why? _____

Eligible for rehire? Yes: _____ No: _____ Upon Review: _____ No (company Policy): _____

Motor Vehicle Accident/Equipment Damage/Incident Inquiry – If not accidents, please check the box None

_____ Date _____ City, State _____ Tow: _____ Injury: _____ Fatality: _____ Hazmat: _____

_____ Brief Description of Accident _____

_____ Date _____ City, State _____ Tow: _____ Injury: _____ Fatality: _____ Hazmat: _____

_____ Brief Description of Accident _____

Alcohol & Controlled Substance History Inquiry

1. Individual was employed in a safety – sensitive function that required alcohol and controlled substances specifically by 49 C.F.R. Part 40 Yes: _____ No: _____
(If NO, Skip this section)

2. This individual had an alcohol test with a result of 0.04 or higher alcohol concentration Yes: _____ No: _____

3. This individual tested positive for controlled substances or adulterated or substituted a test specimen Yes: _____ No: _____

4. This individual refused to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test. Yes: _____ No: _____

5. This individual committed other violations of Subpart B of Part 382 or Part 40. Yes: _____ No: _____

6. This individual has violated a DOT Drug and Alcohol Regulation and completed a SAP Prescribed Rehabilitation program in our employ, including Return – to – Duty and Follow-up tests. Yes: _____ No: _____

7. This individual, after successfully completing a SAP Rehabilitation Referral, remained in our employ but subsequently Had an alcohol test of 0.04 or greater, a verified positive drug test, or refused to be tested. Yes: _____ No: _____

Person Providing Information: _____ Title: _____

Phone Number: _____ Date: _____

First Request Date: _____ Second Request Date: _____ Third Request Date: _____

Fax _____ Mail _____ Email _____ Fax _____ Mail _____ Email _____ Fax _____ Mail _____ Email _____