

ACCIDENTS

List and explain in detail giving dates and location of all accidents that you have been involved in during the past five years, in any type of vehicle, and regardless of whether you feel they were chargeable or nonchargeable. **FAILURE TO LIST ALL ACCIDENTS MAY RESULT IN YOUR DISQUALIFICATION. IF YOU HAVE HAD NO ACCIDENTS IN THE PAST 5 YEARS, WRITE "NONE."**

Date	Type Vehicle	Whose Fault	Fatalities? Yes or No	Injuries? Yes or No	\$ Amount of All Damage
Describe Accident					

Date	Type Vehicle	Whose Fault	Fatalities? Yes or No	Injuries? Yes or No	\$ Amount of All Damage
Describe Accident					

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Describe Accident					

TRAFFIC VIOLATIONS

I certify that the following is a true and complete list of traffic violations (other than parking violations) for which I have been convicted or forfeited bond or collateral during the past 5 years. **FAILURE TO LIST ALL TRAFFIC VIOLATIONS MAY RESULT IN YOUR DISQUALIFICATION. IF YOU HAVE HAD NO TRAFFIC VIOLATIONS IN THE PAST 5 YEARS, WRITE "NONE."**

Traffic Conviction(s): Describe	Date	City & State	Penalty	Circle One	
				POV	CMV

AGREEMENT (PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY)

I understand that Total Transportation of MS, LLC and its subsidiaries follow the practice of requiring driver applicants to successfully complete a DOT physical, drug test, alcohol test or other tests, as a term and condition of qualification and from time to time thereafter to submit to a DOT physical, drug test, alcohol test, or other tests, upon request, as a term and condition of continued qualification. I hereby knowingly and freely give my consent to submit to DOT physicals, drug tests, alcohol tests, or other tests, and further agree to submit to DOT physicals, drug test, alcohol test, or other tests from time to time when so requested. I understand that any job offer is contingent upon obtaining DOT certification as well as successful completion of the orientation.

In connection with my application for qualification with you, I understand that an investigative consumer report(s) are being requested that will include information as to my character, credit history, work habits, performance, experience, accident history, drug and alcohol test results, including results from any pre-employment drug and/or alcohol test, along with reasons for termination of past employment obtained from previous employers. Further, I understand that you will be requesting information concerning my driving record and/or information from various state agencies that maintain records concerning credit record, criminal history, traffic offenses and accidents, as well as information concerning my previous driving record requests made by others from such state agencies. I understand that I have a right to make a written request within a reasonable amount of time to receive additional detailed information about the nature and scope of this investigation. I hereby authorize Total Transportation of MS, LLC and its subsidiaries to obtain the above-described information, and agree that such information, and my experience history with you if I am qualified, will be supplied to other companies.

I further consent to you furnishing to consumer reporting services information concerning my character, work habits, performance, driving record and experience, as well as any reasons for termination of my qualifications, including drug and alcohol test results, and further consent to these services furnishing such information in the future to other companies which subscribe to these services from which I am seeking employment.

This certifies that this application was completed by me and that all entries on it are true and complete to the best of my knowledge. I also agree that falsified information and significant omissions may result in my disqualification now or at any time. I understand that Total Transportation of MS, LLC and its subsidiaries use an electronic filing and signature system which includes the imaging and storing of employment applications. Therefore, my original paper application will not be retained. I understand that an electronic signature will be binding upon me to the same extent as if handwritten.

I understand that my qualification can be terminated, with or without cause, at any time at the discretion of either the company or myself.

In accordance with Section(s) 382.405, 382.413 & 391.23 of the Federal Motor Carrier Safety Regulations, I authorize any and all persons and/or institutions to provide any relevant information, including my alcohol and controlled substances testing/training and accident history that may be required to complete my qualification and I agree to release them from any and all liability for supplying said information.

Signature

Date

Total Transportation of MS, LLC is an Equal Opportunity Employer