

Please send a copy of your CDL license with your application.

DRIVERS APPLICATION FOR EMPLOYMENT

T.T.I. Inc., • P.O. Box 188 • Eden, WI 53019

Dear Applicant: Per FMCSR 391.21 (d) Before an application is submitted, the motor carrier shall inform the applicant that the information he/she provides for the employment history may be used, and the applicant's prior employers may be contacted, for the purpose of investigating the applicant's safety performance history information. The prospective employer must also notify the driver in writing of his/her due process rights as specified in § 391.2(i) regarding information received as a result of these investigations. You the applicant have the following rights: (i) The right to review information provided by previous employers; (ii) The right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to the prospective employer; (iii) The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

Driver Applicant Printed Name _____ Driver Applicant Signature _____

Position(s) Applied for: Van Driver Flatbed Driver Stepdeck Driver Reefer Driver

Name _____ Social Security No. _____
Last First Middle

Address _____
Street City State Zip

Email Address _____ Phone _____

ADDRESS FOR PAST THREE YEARS }
Street City State & Zip Code How Long? _____
Street City State & Zip Code How Long? _____

Did you have the legal right to work in the United States? _____

Date of Birth ____ / ____ / ____ Can you provide proof of age? _____
(Required for Truck Drivers)

In case of emergency, notify _____
Name Address Phone

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 _____

TRUCK DRIVER JOB DESCRIPTION

Driver is required to be knowledgeable and skilled in loading trailer, securing the load, and driving a semi-truck with trailer. Driver is responsible for performing pre-trip and post-trip vehicle inspections, keeping log on miles, filling out trip reports, etc. Filling fuel tanks, hook and unhook trailers, and performing preventative maintenance inspections.

Are you capable of the above job description? _____

Are you physically capable of lifting 50 pounds over your head? _____

Are you physically capable of listing 50 pounds repetitively? _____

Are you physically capable of sitting and driving for long periods of time? _____

If applying for flatbed driver position, are you physically capable of pulling chain binder? _____

If applying for van driver position, are you physically capable of shutting van trailer doors? _____

Would you be willing to take a pre-placement physical examination? _____

Would you be willing to take a pre-placement drug test? _____

Do you have any pending convictions or charged against you? _____

DRIVERS APPLICATION FOR EMPLOYMENT

EMPLOYMENT RECORD Complete all data for EACH last employer COMPLETELY. The U.S. Department of Transportation requires that the driver applicants show all employment for the past **three years**. Effective July 1, 1987, they **must also show commercial driver employment for the seven years preceding this three year period**. Sec. 291.21 (b) (10) 911). Account for any gaps in employment between employers.

Last Employer

Name _____ Phone (____) _____

Address _____
Street City State Zip

Position Held _____ Dates ____/____/____ - ____/____/____

Type of Equip. Driven _____
Were you regulated by FMCSA during this job?
 YES NO

Areas Driven In _____
Was this job a FMCSA safety sensitive function position subject to DOT regulated controlled substance & alcohol testing?
 YES NO

Reason for Leaving _____
 YES NO

Second Last Employer

Name _____ Phone (____) _____

Address _____
Street City State Zip

Position Held _____ Dates ____/____/____ - ____/____/____

Type of Equip. Driven _____
Were you regulated by FMCSA during this job?
 YES NO

Areas Driven In _____
Was this job a FMCSA safety sensitive function position subject to DOT regulated controlled substance & alcohol testing?
 YES NO

Reason for Leaving _____
 YES NO

Third Last Employer

Name _____ Phone (____) _____

Address _____
Street City State Zip

Position Held _____ Dates ____/____/____ - ____/____/____

Type of Equip. Driven _____
Were you regulated by FMCSA during this job?
 YES NO

Areas Driven In _____
Was this job a FMCSA safety sensitive function position subject to DOT regulated controlled substance & alcohol testing?
 YES NO

Reason for Leaving _____
 YES NO

Fourth Last Employer

Name _____ Phone (____) _____

Address _____
Street City State Zip

Position Held _____ Dates ____/____/____ - ____/____/____

Type of Equip. Driven _____
Were you regulated by FMCSA during this job?
 YES NO

Areas Driven In _____
Was this job a FMCSA safety sensitive function position subject to DOT regulated controlled substance & alcohol testing?
 YES NO

Reason for Leaving _____
 YES NO

Fifth Last Employer

Name _____ Phone (____) _____

Address _____
Street City State Zip

Position Held _____ Dates ____/____/____ - ____/____/____

Type of Equip. Driven _____
Were you regulated by FMCSA during this job?
 YES NO

Areas Driven In _____
Was this job a FMCSA safety sensitive function position subject to DOT regulated controlled substance & alcohol testing?
 YES NO

Reason for Leaving _____
 YES NO

Sixth Last Employer

Name _____ Phone (____) _____

Address _____
Street City State Zip

Position Held _____ Dates ____/____/____ - ____/____/____

Type of Equip. Driven _____
 Were you regulated by FMCSA during this job?
 YES NO

Areas Driven In _____
 Was this job a FMCSA safety sensitive function position subject to DOT regulated controlled substance & alcohol testing?
 YES NO

Reason for Leaving _____
 YES NO

Seventh Last Employer

Name _____ Phone (____) _____

Address _____
Street City State Zip

Position Held _____ Dates ____/____/____ - ____/____/____

Type of Equip. Driven _____
 Were you regulated by FMCSA during this job?
 YES NO

Areas Driven In _____
 Was this job a FMCSA safety sensitive function position subject to DOT regulated controlled substance & alcohol testing?
 YES NO

Reason for Leaving _____
 YES NO

Eighth Last Employer

Name _____ Phone (____) _____

Address _____
Street City State Zip

Position Held _____ Dates ____/____/____ - ____/____/____

Type of Equip. Driven _____
 Were you regulated by FMCSA during this job?
 YES NO

Areas Driven In _____
 Was this job a FMCSA safety sensitive function position subject to DOT regulated controlled substance & alcohol testing?
 YES NO

Reason for Leaving _____
 YES NO

ACCIDENT RECORD OF PAST 10 YEARS OR MORE (Attach sheet if more space is needed.)

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

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 10 YEARS (Other than parking violations.)

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

EDUCATION

Check 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

Did you graduate from Truck Driving School? No Yes Year _____ Where _____

EXPERIENCE AND QUALIFICATIONS – DRIVER

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
- C. Have you ever been convicted of a felony? YES NO
- D. Have you ever been convicted of a DWI/OWI? YES NO
- E. Have you tested positive or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years? YES NO
- F. If the answer is yes, did you go to a substance abuse professional for an evaluation? YES NO

IF YES TO ANY ANSWER ATTACH STATEMENT GIVING DETAILS!

DRIVING EXPERIENCE – FOR THE PAST TEN YEARS

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

List states operated in for last five years. _____

Show special courses or training that will help you as a driver. _____

Which safe driving award do you hold and from whom? _____

List flatbed experience for the past 10 years. _____

List van experience for the past 10 years. _____

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). _____

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 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. I hereby release employers, schools or persons from all liability in responding to inquiries 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, as permitted by Law.

Date _____

Applicant's Signature

PROCESS RECORD

APPLICANT HIRED _____ REJECTED _____

DATE EMPLOYED _____ POINT EMPLOYED _____

DEPARTMENT _____ CLASSIFICATION _____

(IF REJECTED, SUMMARY REPORT OR REASONS SHOULD BE PLACE IN FILE)

THIS SECTION TO BE FILLED IN BY RESPONSIBLE OFFICER OR COMPANY REPRESENTATIVE

	SUPERIOR	GOOD	FAIR	BELOW AVERAGE	POOR	WRITTEN RECORD ON FILE
1. APPLICATION						
2. INTERVIEW						
3. PAST EMPLOYMENT						
4. WRITTEN EXAM						
5. ROAD TEST						
6. POLICE AND TRAFFIC RECORD						

Signature or interviewing officer: _____

REQUEST FOR CHECK OF DRIVING RECORD

I hereby authorize you to release the following information to T.T.I., Inc.
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.

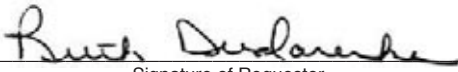
Applicant's Signature _____

_____ 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 provisions of the **Driver's Privacy Protection Act of 1994** (Public Law 103-322, Title XXX, Section 300002(a)).



Signature of Requestor

_____ Date

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 391.23, Federal Department of Transportation Regulations, please furnish the undersigned with the applicant's driving record for the past three years.

NAME OF APPLICANT/DRIVER _____

ADDRESS _____
Number & Street City State Zip

FORMER ADDRESS _____
Number & Street City State Zip

DATE OF BIRTH - - SSN LICENSE NO. _____

REQUESTED BY

T.T.I., Inc.

Name of Company

P.O. Box 188

Address

Eden, WI 53019

City

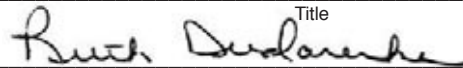
State

Ruth Dudarenke

Typed Name

Driver Recruiter

Title



Signature

FAX'D _____
 TO: _____
 ATTN: _____
 FAX: _____

FROM: T.T.I., Inc.
 ATTN: Ruth Dudarenke
 FAX: 920-477-5201 or 920-477-2708
 PHONE: 1-800-558-2664

REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER

SECTION 1 (to be completed by driver)

I, _____ hereby authorize _____ to release the following information to **T.T.I., Inc.** for the purpose of investigation as required by Section 391.23, 382.405, 40.25 and 382.413 of the FMCSA regulations. You are released from any and all liability, which may result from furnishing such information. I also realize I may not be offered a job based on information in this report.

Date _____ Social Security # _____ - _____ - _____ DOB ____ / ____ / ____ Applicant's Signature _____

G97 HCB & ftc VYVta d YH'X'VmdfYj Jci g'Ya d'cmf'CB@W'XfJj Yfg'Xc' BCH'Z''ci hH Jg'gYWJcbl

Applicant's Name _____

Employment Date(s): From _____ To _____ From _____ To _____

Type of work performed? _____ If Driver, answer below:

- OTR 1ST SEAT TRACTOR/SEMI FLATBED *Type of Commodities Hauled?*
 LOCAL 2ND SEAT STRAIGHT TRUCK LOWBOY MACHINERY GENERAL COMMODITIES
 STUDENT BUS VAN REEFER HOUSEHOLD IRON, STEEL PRODUCTS
 OTHER _____ OTHER _____ LUMBER OTHER _____

States Operated in: _____

Was Applicant involved in any accidents with you? YES NO

3 Year Accident History: _____ # Chargeable _____ # Non-Chargeable

DATE	CITY/STATE	# OF FATALITIES	# OF INJURIES	TOW
_____	_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO \$ _____
_____	_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO \$ _____
_____	_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO \$ _____

Has driver had any hours of service violations that resulted in and out of service order? YES NO

Did he/she have any problems with customers? YES NO

Was he/she a safe and conscientious driver? YES NO

Did he/she have any cargo claims? YES NO \$ _____

Was he/she considered cooperative & dependable? YES NO

Were loading and unloading schedules made on time? YES NO

Did he/she have a good safety attitude toward logs? YES NO

Would you re-employ or re-qualify? YES NO

What was his/her reason for leaving? Discharged Resignation Lay-off Military Other

Comments: _____

If driver was not subject to DOT test requirements while employed by this employer, please check here. Sign below and return.

- Has this person ever tested positive for controlled substances in the last three years? YES NO
- Has this person ever had an alcohol test with a Breath Alcohol Concentration 0.04 or greater in the last three years? YES NO
- Has this person ever refused a required test for drugs or alcohol in the last three years (including adulterated or substituted drug test results)? YES NO
- If this person has violated a DOT drug/alcohol regulation, do you have documentation of the employee's successful completion of DOT return-to-duty requirement, including follow-up test? YES NO
- Had driver ever failed to undertake or complete a rehabilitation program recommended by a professional? YES NO
- Has this person violated any other DOT agency drug and alcohol testing regulations? (Please send this documentation, if applicable.) YES NO

Completed by _____ Title _____ Date _____

Company _____ Address _____

**THE BELOW DISCLOSURE AND AUTHORIZATION LANGUAGE IS FOR MANDATORY USE BY
ALL ACCOUNT HOLDERS
IMPORTANT DISCLOSURE**

REGARDING BACKGROUND REPORTS FROM THE *PSP Online Service*

In connection with your application for employment with _____ T.T.I., Inc. _____ (“Prospective Employer”), Prospective Employer, its employees, agents or contractors may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

When the application for employment is submitted in person, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report.

When the application for employment is submitted by mail, telephone, computer, or other similar means, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer must provide you within three business days of taking adverse action oral, written or electronic notification: that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

Neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. You may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If you challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. Your request will be forwarded by the DataQs system to the appropriate State for adjudication.

Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with Federal Motor Carrier Safety Regulations (FMCSR) violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

The Prospective Employer cannot obtain background reports from FMCSA without your authorization.

AUTHORIZATION

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

I authorize _____ T.T.I., Inc. _____ (“Prospective Employer”) to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am authorizing the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.

I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

I understand that any crash or inspection in which I was involved will display on my PSP report. Since the PSP report does not report, or assign, or imply fault, I acknowledge it will include all CMV crashes where I was a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, I understand all inspections, with or without violations, will appear on my PSP report, and State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on my PSP report.

I have read the above Disclosure Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this Disclosure and Authorization, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Date: _____

Signature

Name (Please Print)

NOTICE: This form is made available to monthly account holders by NIC on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain an Applicant's written or electronic consent prior to accessing the Applicant's PSP report. Further, account holders are required by FMCSA to use the language contained in this Disclosure and Authorization form to obtain an Applicant's consent. The language must be used in whole, exactly as provided. Further, the language on this form must exist as one stand-alone document. The language may NOT be included with other consent forms or any other language.

NOTICE: The prospective employment concept referenced in this form contemplates the definition of "employee" contained at 49 C.F.R. 383.5.

LAST UPDATED 2/11/2016

DISCLOSURE AND AUTHORIZATION FORM TO OBTAIN CONSUMER REPORTS FOR DOT EMPLOYMENT PURPOSES

Please Read Carefully Before Signing the Authorization

DISCLOSURE

In considering you for employment, **T.T.I., Inc.** may request and rely upon one or more consumer reports or investigative consumer reports about you that we obtain from consumer reporting agencies, such as iiX and IntelliCorp Records, Inc.

This information is being requested in compliance with DOT regulations §40.25 and FMCSA regulation §391.23. By signing the authorization form, I authorize the release of the following information concerning DOT drug and alcohol testing violations including pre-employment tests during the past three (3) years: 1. Alcohol tests with a result of 0.04 or higher alcohol concentration; 2. Verified positive drug tests; 3. Refusals to be tested; 4. Other violations of DOT agency drug and alcohol testing regulations; 5. Documentations, if any, of completion of the return-to-duty process following a rule violation; 6. Information obtained from previous employers of a drug and alcohol rule violation.

iiX, a unit of ISO Claim Services, Inc., can be contacted by mail at 1716 Briarcrest Drive, Suite 200; Bryan, TX 77802; or phone: 800-299-7099; or website: www.iix.com.

IntelliCorp Records, Inc. can be contacted by mail at 3000 Auburn Dr, Suite 410; Beachwood, OH 44122; or phone: 1-888-946-8355; or website: www.intellicorp.net.

For explanation purposes:

- a “consumer report” is a written, oral or other communication of any information by a consumer reporting agency bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or expected to be used or collected in whole or in part for the purpose of serving as a factor in making an employment-related decision about you. Such information may include, for example, credit information, criminal history reports, or driving records; and
- an “investigative consumer report” is a consumer report in which information on your character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with your current and/or prior employers, neighbors, friends, or associates, or with others who may have knowledge concerning any such items of information. In the event an investigative consumer report is requested about you, you are entitled to additional disclosures regarding the nature and scope of the investigation requested, as well as a written summary of your rights under the Fair Credit Reporting Act (“FCRA”).

Under the FCRA, before the Company can obtain a consumer report or investigative consumer report about you for employment purposes, we must have your written authorization. Before we take adverse action on the basis, in whole or in part, of information in that report, you will be provided a copy of that report, the name, address, and telephone number of the consumer reporting agency, and a summary of your rights under the FCRA.

I have read and understand the foregoing Disclosure, and authorize **T.T.I., Inc.** to obtain and rely upon consumer reports or investigative consumer reports concerning me. By my signature below, I authorize the Company to obtain any such reports and to share the information received with any person involved in their decision about me.

I do do not authorize you to contact *my current* employer for Employment and Reference Verifications.

Additionally, I acknowledge receipt of the attached summary of my rights under the Fair Credit Reporting Act and, as required by law, any related state summary of rights (collectively "Summary of Rights").

This consent will not affect my ability to question or dispute the accuracy of any information contained in a Report. I understand that if Company makes a conditional decision to disqualify me based all or in part on my Report, I will be provided with a copy of the Report and another copy of the Summary of Rights, and if I disagree with the accuracy of the purported disqualifying information in the Report, I must notify Company within five business days of my receipt of the Report that I am challenging the accuracy of such information with iiX and Intellicorp.

(This will authorize immediate inquiries to the Human Resources Department and to any listed supervisors or references in the Employment/Reference Section of your application.)

I also agree that this Disclosure and Authorization in original, faxed, photocopied, or electronic (including electronically signed) form will be valid for any consumer reports or investigative consumer reports that may be requested about me by or on behalf of the Company.

Printed Name

Applicant Signature

Date

**General Consent for Full Query of the
Federal Motor Carrier Safety Administration (FMCSA)
Drug and Alcohol Clearinghouse**

I am signing this consent form in connection with my employment or engagement to operate for, or application to become qualified as a commercial driver by TTI INC. (the “Company”). By signing below, I hereby provide consent to the Company to conduct a full query of the FMCSA Commercial Driver’s License Drug and Alcohol Clearinghouse (the “Clearinghouse”) to determine whether drug or alcohol violation information about me exists in the Clearinghouse. I acknowledge and understand that this consent extends to queries to be conducted as part of the Company’s initial review of my qualifications to operate as mandated by the Federal Motor Carrier Safety Regulations.

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

Finally , I understand that the Company must prohibit me from performing safety-sensitive functions, including driving a commercial motor vehicle, as required by FMCSA’s drug and alcohol program regulations if I: (a) refuse to provide this consent for the Company to conduct a limited query of the Clearinghouse; or (b) refuse to provide the above-described consent to the FMCSA to disclose to the Company any drug or alcohol violation information responsive to a query.

Signature: _____ **Date:** _____

Name Printed: _____