



P.O. Box 43 • Savage, MN 55378 • (888) 516-5534 • Fax: (952) 890-8192

Pre-Application

Name _____ Home/Cell Phone _____
First Middle Last

Address _____
Street City State Zip Code

SSN _____ Date of Birth _____ Current Dot Medical Expiration Date: _____

Driver's License # _____ State _____ Expiration Date _____

of "Out-of-Service Violations" within past 30 months _____ Please Explain _____

of Moving Violations in the last 3 years _____ # of Accidents/Incidents in Last 3 Years _____

Ever Convicted of a Felony? _____ Ever Convicted of a DUI/DWI? _____ When _____

How did you hear about us? (if a driver referral, please include the drivers name): _____

What position are you applying for? Circle One Company Driver / Owner Operator If you are an Owner Operator : What year is your tractor? _____ How much does it weigh? _____

Employment: Start with Current/Last Employer and work back for 3 years!

Name: _____ From _____ To _____

Address _____ City _____ State _____ Zip _____

Phone: _____ # of States _____ Reason for leaving _____

Name: _____ From _____ To _____

Address _____ City _____ State _____ Zip _____

Phone: _____ # of States _____ Reason for leaving _____

Name: _____ From _____ To _____

Address _____ City _____ State _____ Zip _____

Phone: _____ # of States _____ Reason for leaving _____

Name: _____ From _____ To _____

Address _____ City _____ State _____ Zip _____

Phone: _____ # of States _____ Reason for leaving _____

I hereby certify that all information on this form is correct and complete to the best of my knowledge. I hereby authorize Transport Designs, Inc. to do a complete background investigation in accordance with State and Federal laws. I understand that the information on this pre-application will be used and that past and/or present employers will be contacted for purposes of investigation as required by the Federal Department of Transportation Regulations. I authorize the release of any information, including all information related to my alcohol and controlled substance testing conducted under the Federal Motor Carrier Safety Administration 49 CFR parts 391 or 382, by any current or past employers and NICT to Transport Designs, Inc. I hereby release all such persons from liability or damages. I consent to the procurement and use of PSP information, ANY consumer reports from USIS Commercial Services (Including the 20/20 Criminal Background Check), and electronic and/or written records of inspections and crashes from State and Federal agencies including FMCSA and USDOT deemed necessary by Transport Designs, Inc. in consideration for my employment. I understand that I have the right to: 1.) Review the information provided by my current and/or previous employers. 2.) Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to Transport Designs, Inc. of Savage, MN. 3.) Have a rebuttal statement attached to the alleged erroneous information, if the previous employers and I cannot agree on the accuracy of the information

Signature: _____

Date: _____