

Company Use Only

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We do not discriminate on the basis of race, color, religion, national origin, trans-gender identification, sex, age, or non-job related disability. It is our intention that all qualified applicants be given equal opportunity and that selection decisions be based on job related factors.

NOTE: Answer each question fully and accurately. No action can be taken on this application until you have answered all questions. Use blank paper if you do not have enough room on this application. PLEASE PRINT or type all information within this application, except for signatures, on the last page of this application. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job-related information.

APPLICATION FOR EMPLOYMENT

(APPLICATION VOID AFTER 90 DAYS).

Date: ____/____/____
Month / Day / Year

Name: _____
FIRST MIDDLE LAST

Social Security No. _____ - _____ - _____

Current Address* _____
STREET CITY STATE ZIP CODE HOW LONG?

Phone: (____) _____ Cell Phone: (____) _____ Email Address: _____
AREA CODE AREA CODE

**If at the above residence for less than three years, list below all residences for the past three years. Attach a separate sheet if necessary.*
YOU MUST LIST A STREET ADDRESS IN ADDITION TO ANY P.O. BOX ADDRESS

STREET CITY STATE ZIP CODE

EMERGENCY Contact Name: _____ Phone Number: _____

Position Applying for: _____ Casual Part Time Full Time

How did you hear about our company? _____ Who referred you? _____

Rate of pay expected? _____ Any relatives employed by this company _____
List Relative Name(s)

Have you worked for this company before? Yes No Dates: From _____ To _____ Where? _____
MONTH/YEAR MONTH/YEAR

Currently employed? Yes No If not, how long since leaving last employment? _____

What date are you available to start work? ____/____/____ Are you eligible to work in the U.S.? Yes No

EDUCATION

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 College: 1 2 3 4

Last school attended: _____
NAME ADDRESS

GENERAL

Have you ever been convicted of a felony? Yes No If yes, please explain fully on a separate piece of paper. Conviction of a crime is not an automatic bar to employment, all circumstances will be considered.

Have you ever been known by any other name? Yes No If so, under what name? _____

TDI NATIONWIDE
3540 Seven Bridges Drive Ste 300
Woodridge, IL 60517

EMPLOYMENT RECORD

List all employers (not just driving jobs) for last **ten (10) years**. Start with last or current position, including military experience, and work back. If unemployed more than 1 month, **list as separate item** as "unemployed." (Attach a separate sheet of paper if necessary) Gaps in employment must be explained

Check here if you do **NOT** wish us to contact your current employer at this time.

1. Current Employer: _____ Supervisor's Name: _____
Street Address: _____ Phone: _____
City/State: _____ From _____ To _____ Salary _____
Position Held: _____ Reason for leaving: _____

Was Your Job Designated As A Safety-Sensitive Position Subject To Controlled Substances And Alcohol Testing? Yes No

2. Company: _____ Supervisor's Name: _____
Street Address: _____ Phone: _____
City/State: _____ From _____ To _____ Salary _____
Position Held: _____ Reason for leaving: _____

Was Your Job Designated As A Safety-Sensitive Position Subject To Controlled Substances And Alcohol Testing? Yes No

3. Company: _____ Supervisor's Name: _____
Street Address: _____ Phone: _____
City/State: _____ From _____ To _____ Salary _____
Position Held: _____ Reason for leaving: _____

Was Your Job Designated As A Safety-Sensitive Position Subject To Controlled Substances And Alcohol Testing? Yes No

4. Company: _____ Supervisor's Name: _____
Street Address: _____ Phone: _____
City/State: _____ From _____ To _____ Salary _____
Position Held: _____ Reason for leaving: _____

Was Your Job Designated As A Safety-Sensitive Position Subject To Controlled Substances And Alcohol Testing? Yes No

5. Company: _____ Supervisor's Name: _____
Street Address: _____ Phone: _____
City/State: _____ From _____ To _____ Salary _____
Position Held: _____ Reason for leaving: _____

Was Your Job Designated As A Safety-Sensitive Position Subject To Controlled Substances And Alcohol Testing? Yes No

6. Company: _____ Supervisor's Name: _____
Street Address: _____ Phone: _____
City/State: _____ From _____ To _____ Salary _____
Position Held: _____ Reason for leaving: _____

Was Your Job Designated As A Safety-Sensitive Position Subject To Controlled Substances And Alcohol Testing? Yes No

7. Company: _____ Supervisor's Name: _____
Street Address: _____ Phone: _____
City/State: _____ From _____ To _____ Salary _____
Position Held: _____ Reason for leaving: _____

Was Your Job Designated As A Safety-Sensitive Position Subject To Controlled Substances And Alcohol Testing? Yes No

EXPERIENCE AND QUALIFICATION

PLEASE GIVE THE AMOUNT OF EXPERIENCE IN YEARS FOR THE FOLLOWING CATEGORIES

ACCOUNTING	ACCOUNTS PAYABLE	ACCOUNTS RECEIVABLE	BILLING
CREDIT/COLLECTION	FILING	TRAFFIC/ DISPATCH	TRANSPORTATION
SAFETY	CLAIMS	SALES	INFORMATION TECHNOLOGY
SUPERVISOR	MANAGEMENT	OPERATIONS	PERSONNEL

PLEASE LIST ANY ADDITIONAL PRIOR TRAINING OR COMPUTER SKILLS:

DOCK & WAREHOUSE EXPERIENCE

HISTORY OF CERTIFICATIONS			PERFORMED WHERE	HOW LONG?
PITO OPERATOR	YES <input type="checkbox"/>	NO <input type="checkbox"/>		
FORKLIFT OPERATOR	YES <input type="checkbox"/>	NO <input type="checkbox"/>		
YARD TRACTOR OPERATOR	YES <input type="checkbox"/>	NO <input type="checkbox"/>		
FORKLIFT OPERATOR	YES <input type="checkbox"/>	NO <input type="checkbox"/>		
HAND TRUCK OPERATOR	YES <input type="checkbox"/>	NO <input type="checkbox"/>		
MATERIAL CHECKER	YES <input type="checkbox"/>	NO <input type="checkbox"/>		
MATERIAL LOADER	YES <input type="checkbox"/>	NO <input type="checkbox"/>		
MATERIAL SHIPPER	YES <input type="checkbox"/>	NO <input type="checkbox"/>		
TRUCK SCALES	YES <input type="checkbox"/>	NO <input type="checkbox"/>		
FURNITURE MOVER	YES <input type="checkbox"/>	NO <input type="checkbox"/>		
ORDER PICKER	YES <input type="checkbox"/>	NO <input type="checkbox"/>		
PICK N PACK	YES <input type="checkbox"/>	NO <input type="checkbox"/>		
FINISHER	YES <input type="checkbox"/>	NO <input type="checkbox"/>		

(Please complete the following if you have any of the Dock or Warehouse Experience listed above.)

Accident or Incident Review for Past 5 Years on Safety Sensitive Equipment (Attach separate sheet of paper if more space is needed)			If none, check here <input type="checkbox"/>
Last Accident _____			
DATE	NATURE OF ACCIDENT	INJURIES	
Next Previous _____			
DATE	NATURE OF ACCIDENT	INJURIES	
Next Previous _____			
DATE	NATURE OF ACCIDENT	INJURIES	

Company Rules and Regulations

The Company provides these rules and regulations for your information in the belief that this type of knowledge will allow us to have a long and mutually beneficial relationship. We also enforce the specific rules of our clients.

Any infraction of the following rules may result in discharge, suspension, warning notice or reprimand. Management reserve the right to modify and interpret these rules as we deem appropriate.

1. Dishonesty including, but not limited to, theft, embezzlement, and falsification of work records.
2. Any indication of the use or possession of intoxicants or drugs, when reporting for work or while on duty.
3. Failure to report any accident or failure to comply with safety rules.
4. Failure to turn in client company money or paperwork the same day.
5. Lack of sufficient rest when reporting for duty, or sleeping on duty.
6. Possession of any weapon while on duty.
7. Tampering with or abuse of equipment.
8. Failure to report to duty or to call in or leaving job without proper authorization.
9. Excessive absenteeism or frequent tardiness.
10. Insubordination to our client, its customers, vendors or Company personnel.
11. Loitering on Company or client premises, either before or after working hours.
12. Failure to comply with all State and Federal regulations.
13. Acts of violence, horseplay, or recklessness in the workplace.
14. Improper handling of company or client materials, equipment or documents.
15. Harassment of any nature in the workplace.
16. Failure of employee to notify Company of a physical change or loss of physical capabilities or temporary injury.

Our customers may have special job duties or responsibilities which are designed for their individual operations and are to be complied with in addition to the above. These rules are provided as initial information relating to your employment. You will receive and acknowledge an employee Handbook that thoroughly addresses your employment with Company. Any conflict between the above Company Rules and Regulations and the Company Handbook shall be interpreted in accordance with the Handbook.

I HAVE READ, UNDERSTAND AND AGREE TO ABIDE BY THE ABOVE RULES AND REGULATIONS.

Applicant Signature: _____ Date: _____

APPLICANT MUST READ AND SIGN

The following notices and consents apply to TDI Nationwide and its affiliated entities including: Transport Drivers, Inc (TDI); Optimum Logistic Solutions (OLS); and Vanguard Services Group (VSG), Optimum Logistics Solutions (OPI) and TDI Solutions (TDS), (collectively referred to in this application as "Company")

I certify that I have read and understand all of the employment application.

It is understood that this application for employment in no way obligates the employer to employ me. The offer of employment by the Company and acceptance of this offer by the applicant is employment-at-will. This means that employment is not for any fixed period of time, and may be terminated by the Company or by the Employee at any time for any reason, without notice. This is not to be, in any way, considered an employment contract or guarantee of employment. I acknowledge that no written or oral statements have been made to or relied upon by me regarding the length of employment or the reasons for which my employment can be terminated.

I certify that I completed this application and that all of the information I supply in this application packet is a full and complete statement of facts and contains no material omissions. It is understood that if any falsification is discovered, it will constitute grounds for rejection of application for employment or, if hired, dismissal from employment upon discovery thereof. If hired, I agree to abide by all the rules and policies of the employer.

I understand that, as an applicant for a position with this company, I may be asked to demonstrate that I am capable of performing tasks that are pertinent to the job. I also understand that if offered a job, the offer may be conditioned on the results of a physical examination and drug/alcohol tests or other prescribed specimen. I understand that failing or refusing such a test may result in my immediate termination. I further authorize the release and of the results of such a test to a Medical Review Officer designated by Company.

In addition, I authorize, Company, to obtain the necessary hospital reports and other documents that would indicate whether there were any controlled substances in my system if I am seriously injured while on-the-job and cannot provide a specimen at the time. The authorization conforms with Section 391.113(B) of the Federal Motor Carrier Safety Regulations.

I understand that prior to any hiring decision-that I have the following rights regarding the investigative information that will be provided to employer pursuant to 49 CFR 391.23(d) and (e):

1. The right to review information provided by current/previous employers; 2. The right to have errors in the information corrected by previous employers and for that previous employer to re-send the corrected information to the prospective employer; 3. 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.

Applicant Signature: _____ Date: _____