



DOT Application

Full-Time	<input type="checkbox"/>
Seasonal	<input type="checkbox"/>

Personal information

First name _____ Middle Name _____
Last name _____ Suffix _____
Known by other name(s) _____
Social Security Number (SSN) _____
Date of birth ____/____/____
Address 1 _____
Address 2 _____
City _____ State _____ Zip Code _____
Phones _____ Email _____
SMS messages _____
Lived at this residence for 3 years or more? Yes No
If checked No, please provide address for last 3 years

Address 1 _____
Address 2 _____
City _____ State _____ Zip Code _____

Address 1 _____
Address 2 _____
City _____ State _____ Zip Code _____
Do you have a TWIC card? Yes No

Licenses (Check all applicable boxes):

License class _____ License state _____
License number _____ License expiration ____/____/____
Do you have endorsements? Yes No If Yes, Circle all endorsements T - P - N - H - X - S

Product Experience

Agriculture Dry Freight Bulk/Liquid Garbage/ Waste Other: _____

Willing to work (Check all applicable boxes):

Night Shifts Weekends Holidays Long Hours (within DOT Rules)

How did you hear about the position at Tiger Lines LLC?

- Truck School (Name): _____ Walk-in (Location): _____ Sign/Trucks (Where): _____
 Newspaper (Name): _____ Internet (Website): _____ TV/Radio (Station): _____
 Employee Referral (Name): _____ Job Fair (Where): _____

Have you ever worked for Tiger Lines LLC. YES NO

If Yes: Reason for leaving: _____
Location: _____ Dates: From _____ To _____ Position: _____

Motor Vehicle Record

Revoked licenses, permits or privileges Yes No

Please explain (include dates and details) _____

Driving convictions Yes No

Please explain (include dates and details) _____

Drug and alcohol convictions Yes No

Please explain (include dates and details) _____

Moving violations

Violation

Violation date ____/____/____

Charge / Description _____

State _____

Were you in a commercial vehicle? Yes No

Penalty / Fine _____

Other description _____

Violation

Violation date ____/____/____

Charge / Description _____

State _____

Were you in a commercial vehicle? Yes No

Penalty / Fine _____

Other description _____

Previous Employers

Employer 1		
Company name _____		
Start date _____	End date _____	
Street address 1 _____		
Street address 2 _____		
City _____	State _____	Zip code _____
Company phone _____		
Company fax _____		
Company email _____		
Position held _____		
Reason for leaving? _____		
Did you operate a commercial motor vehicle?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Type of work performed _____		
Equipment operated during employment _____		
Were you subject to FMCSRs while working for this employer - designated as a safety sensitive function (i.e. driving) regulated by DOT and subject to alcohol and controlled substance testing?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		

Employer 2		
Company name _____		
Start date _____	End date _____	
Street address 1 _____		
Street address 2 _____		
City _____	State _____	Zip code _____
Company phone _____		
Company fax _____		
Company email _____		
Position held _____		
Reason for leaving? _____		
Did you operate a commercial motor vehicle?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Type of work performed _____		
Equipment operated during employment _____		
Were you subject to FMCSRs while working for this employer - designated as a safety sensitive function (i.e. driving) regulated by DOT and subject to alcohol and controlled substance testing?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		

Employer 3

Company name _____

Start date _____ End date _____

Street address 1 _____

Street address 2 _____

City _____ State _____ Zip code _____

Company phone _____

Company fax _____

Company email _____

Position held _____

Reason for leaving? _____

Did you operate a commercial motor vehicle? Yes No

Type of work performed _____

Equipment operated during employment _____

Were you subject to FMCSRs while working for this employer - designated as a safety sensitive function (i.e. driving) regulated by DOT and subject to alcohol and controlled substance testing?

Yes No

Employer 4

Company name _____

Start date _____ End date _____

Street address 1 _____

Street address 2 _____

City _____ State _____ Zip code _____

Company phone _____

Company fax _____

Company email _____

Position held _____

Reason for leaving? _____

Did you operate a commercial motor vehicle? Yes No

Type of work performed _____

Equipment operated during employment _____

Were you subject to FMCSRs while working for this employer - designated as a safety sensitive function (i.e. driving) regulated by DOT and subject to alcohol and controlled substance testing?

Yes No

Employer 5

Company name _____

Start date _____ End date _____

Street address 1 _____

Street address 2 _____

City _____ State _____ Zip code _____

Company phone _____

Company fax _____

Company email _____

Position held _____

Reason for leaving? _____

Did you operate a commercial motor vehicle? Yes No

Type of work performed _____

Equipment operated during employment _____

Were you subject to FMCSRs while working for this employer - designated as a safety sensitive function (i.e. driving) regulated by DOT and subject to alcohol and controlled substance testing?

Yes No

Employer 6

Company name _____

Start date _____ End date _____

Street address 1 _____

Street address 2 _____

City _____ State _____ Zip code _____

Company phone _____

Company fax _____

Company email _____

Position held _____

Reason for leaving? _____

Did you operate a commercial motor vehicle? Yes No

Type of work performed _____

Equipment operated during employment _____

Were you subject to FMCSRs while working for this employer - designated as a safety sensitive function (i.e. driving) regulated by DOT and subject to alcohol and controlled substance testing?

Yes No

Employer 7

Company name _____

Start date _____ End date _____

Street address 1 _____

Street address 2 _____

City _____ State _____ Zip code _____

Company phone _____

Company fax _____

Company email _____

Position held _____

Reason for leaving? _____

Did you operate a commercial motor vehicle? Yes No

Type of work performed _____

Equipment operated during employment _____

Were you subject to FMCSRs while working for this employer - designated as a safety sensitive function (i.e. driving) regulated by DOT and subject to alcohol and controlled substance testing?

Yes No

Employer 8

Company name _____

Start date _____ End date _____

Street address 1 _____

Street address 2 _____

City _____ State _____ Zip code _____

Company phone _____

Company fax _____

Company email _____

Position held _____

Reason for leaving? _____

Did you operate a commercial motor vehicle? Yes No

Type of work performed _____

Equipment operated during employment _____

Were you subject to FMCSRs while working for this employer - designated as a safety sensitive function (i.e. driving) regulated by DOT and subject to alcohol and controlled substance testing?

Yes No

Employer 9

Company name _____

Start date _____ End date _____

Street address 1 _____

Street address 2 _____

City _____ State _____ Zip code _____

Company phone _____

Company fax _____

Company email _____

Position held _____

Reason for leaving? _____

Did you operate a commercial motor vehicle? Yes No

Type of work performed _____

Equipment operated during employment _____

Were you subject to FMCSRs while working for this employer - designated as a safety sensitive function (i.e. driving) regulated by DOT and subject to alcohol and controlled substance testing?

Yes No

Employer 10

Company name _____

Start date _____ End date _____

Street address 1 _____

Street address 2 _____

City _____ State _____ Zip code _____

Company phone _____

Company fax _____

Company email _____

Position held _____

Reason for leaving? _____

Did you operate a commercial motor vehicle? Yes No

Type of work performed _____

Equipment operated during employment _____

Were you subject to FMCSRs while working for this employer - designated as a safety sensitive function (i.e. driving) regulated by DOT and subject to alcohol and controlled substance testing?

Yes No

Unemployment

Unemployment period 1

Start date ____/____/____

End date ____/____/____

Details related to unemployment period _____

Driving school

School

School name _____

Start date ____/____/____

End date ____/____/____

City _____ State _____

School phone number _____ School fax number _____

School email _____

Were you subject to FMCSRs while attending this truck school

- designated as a safety sensitive function (i.e. driving) regulated by DOT and subject to alcohol and controlled substance testing?

Yes

No

Military

Service

Branch of Service _____

Start date ____/____/____

End date ____/____/____

Rank at discharge _____

Did you operate heavy equipment/machinery? Yes No

Did you receive an honorable discharge? Yes No

My signature below certifies that this application was completed by me, and that all entries on it and information in it is true and complete to the best of my knowledge.

Signature: _____ Signed Date: _____

**NOTICE - BACKGROUND INVESTIGATION
CALIFORNIA RESIDENTS**

This summary of the provisions of California Civil Code section 1786.22 is being provided to you pursuant to state law.

Your employer intends to obtain information about you from an investigative consumer reporting agency, as defined under California law, for employment purposes.

Under California law you are entitled to visually inspect all files maintained about you by an investigative consumer reporting agency (ICRA) upon request and presentation of proper identification during normal business hours and on reasonable notice as follows:

- **In person.** You may request a copy of your file. The ICRA may charge you for the actual copying costs associated with providing you with a copy of your file.
- **By telephone.** A summary of all information contained in the ICRA's file about you will be provided to you via telephone, if you have made a written request for telephone disclosure, and the toll charge, if any, for the telephone call is prepaid by or charged directly to you.
- **By certified mail.** You may make a written request for copies to be sent to a specified addressee. ICRA's complying with requests for certified mailings shall not be liable for disclosures to third parties caused by mishandling of mail after such mailings leave the ICRA.

"Proper Identification" includes documents such as a valid driver's license, social security account number, military identification card, and credit cards. If an ICRA is unable to reasonably identify you on the basis of these documents, they may require additional information concerning your employment and personal or family history in order to verify your identity.

The ICRA will provide trained personnel to explain any information furnished to you and will provide a written explanation of any coded information contained in files maintained on you. This written explanation will be provided whenever a file is provided to you for visual inspection.

You may be accompanied by one other person of your choosing, who must furnish reasonable identification. An ICRA may require you to furnish a written statement granting permission to the ICRA to discuss your file in such person's presence.

**DISCLOSURE REGARDING INVESTIGATIVE CONSUMER REPORTS
AS REQUIRED BY CALIFORNIA LAW**

Please be advised that Tiger Lines LLC (the "Company") will procure one or more investigative consumer reports about you for employment purposes, including for decisions regarding hiring, promotion, reassignment, or retention as an employee. Such reports may include information on your character, general reputation, personal characteristics, and mode of living.

The investigation will be conducted by one or more of the following:

Asurint

1501 Euclid Ave, Suite 900

1- (800) 906-2034

www.asurint.com

DriverReach

550 Congressional Blvd. Suite 115

800-791-0461

www.driverreach.com

HireRight, Inc.

5151 California Avenue

800-490-7983

Cisive Driver IQ LLC

4500 S. 129th East Ave., Suite
127

1-800-848-3397 Option 2

Foley Carrier Services

140 Huyshope Ave., Second Floor

800.253.5506

www.foleyservices.com

VOE Plus

550 Congressional Blvd. Suite 115

800-791-0461

**Federal Motor Carrier Safety
Administration**

1200 New Jersey Avenue, SE

855-368-4200

The nature and scope of the report(s) may include criminal history checks and other public records, educational verification, employment verification, and motor vehicle records and the reports will be used for employment screening purposes.

AUTHORIZATION FOR INVESTIGATIVE CONSUMER REPORTS

By signing below you authorize the obtaining of investigative consumer reports by the Company at any time after receipt of this authorization and throughout the course of your employment with the Company, as applicable and unless revoked by you in writing.

Check the box if you would like to receive a copy of the investigative consumer report, free of charge, if one is obtained by the Company.

Signature: _____	Print Name: _____
Date: _____	Social Security Number: _____
Driver's License # and State of Issuance: _____	Date of Birth: _____

Tiger Lines LLC

TO BE READ AND SIGNED BY APPLICANT

I certify that I have read and understand all of the employment application. 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. This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge. If hired, I agree to abide by all the rules and policies of the employer.

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 DriverReach, employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

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 current/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;
- 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.

Full Name (print): _____

Signature: _____

Date: _____

Tiger Lines LLC

DISCLOSURE AND AUTHORIZATION FOR BACKGROUND INVESTIGATION

In connection with your application for employment with Tiger Lines LLC (the "Company") you understand a consumer report and/or investigative consumer report may be requested by the Company about you for employment purposes. These reports (also known as "background check reports") may contain information about your character, general reputation, personal characteristics, and mode of living, whichever are applicable, and may include information obtained through personal interviews with neighbors, friends, or associates of yours. They may include the following types of information: criminal history, credit history, driving and/or motor vehicle records, public records, education or employment history, DOT drug and alcohol testing results, and medical information about your physical or mental health for purposes relevant to an employment determination, to the extent permitted by applicable law. The reports may contain a certified abstract of your complete driver's record in any state where you hold or have applied for a driver's license. No employer, prospective employer, or their agent may use information contained in a driving record related to the sealed juvenile record of an employee or prospective employee for any purpose unless required by federal law. The employee or prospective employee must furnish a copy of the court order sealing the juvenile record to the employer, prospective employer, or their agent.

You have a right, upon written request made within a reasonable period of time after receipt of this disclosure, to be provided a disclosure of the nature and scope of the investigation requested. Such request should be made in writing to the Company.

The scope of this notice and your authorization below is not limited to the present and, if you are hired, will continue throughout the course of your employment with the Company and allow us to conduct future screenings for retention, promotion, or reassignment, as permitted by law and unless revoked by you in writing.

Full Name (print): _____

Signature: _____

Date: _____

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

A Prospective Employer and DriverReach Customer, (the "Company") may request background information about you from a consumer reporting agency in connection with your employment application and for employment purposes. This information may be obtained in the form of consumer reports and/or investigative consumer reports. These reports may be obtained at any time after receipt of your authorization and, if you are hired by the Company, throughout your employment.

Asurint, Driver iQ, HireRight, Inc., Foley Carrier Services, or another consumer reporting agency, (Collectively "CRA") will obtain the reports for the Company. The reports may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The types of information that may be obtained include, but are not limited to: social security number verifications; credit reports; criminal records checks; public court records checks; driving records checks; educational records checks; employment verifications; personal and professional references checks; licensing and certification records checks; DOT drug and alcohol testing results; medical information about my physical or mental health for purposes relevant to an employment determination, to the extent permitted by applicable law; etc. The information contained in the reports will be obtained from private and public record sources, including, as appropriate, personal interviews with sources, such as neighbors, friends and associates. The reports may contain a certified abstract of your complete driver's record in any state where you hold or have applied for a driver's license. No employer, prospective employer, or their agent may use information contained in a driving record related to the sealed juvenile record of an employee or prospective employee for any purpose unless required by federal law. The employee or prospective employee must furnish a copy of the court order sealing the juvenile record to the employer, prospective employer, or their agent.

You may request more information about the nature and scope of any investigative consumer reports by contacting the Company to which you applied. A summary of your rights under the Fair Credit Reporting Act is also being provided to you. The scope of this disclosure is all-encompassing, however, allowing the Company to obtain from an outside organization all manner of consumer reports throughout the course of your employment to the extent permitted by law.

Providers Contact Information:

Asurint by mail at 1501 Euclid Ave, Suite 900, Cleveland OH 44115, and Asurint can be contacted by phone at 1-(800) 906-2034 or on the web at www.asurint.com.

Cisive Driver iQ LLC is located at 4500 S. 129th East Ave., Suite 127 Tulsa, OK 74134, and can be contacted at 1-800-848-3397 Option 2

HireRight, Inc. is located at 5151 California Avenue, Irvine, CA 92617, and can be contacted at 800-490-7983.

Foley Carrier Services is located at 140 Huyshope Ave., Second Floor, Hartford, CT 06106, and can be contacted at 800.253.5506 or on the web at www.foleyservices.com.

Signature: _____

Signed Date: _____

Tiger Lines LLC

ACKNOWLEDGEMENT AND AUTHORIZATION FOR BACKGROUND CHECK

I acknowledge receipt of the separate document entitled DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT (which can be found [here](#)) and certify that I have read and understand both of those documents. By my signature below, I consent to the release of consumer reports and investigative consumer reports prepared by a consumer reporting agency to the Prospective Employer and DriverReach Customer, (the "Company") and its designated representatives and agents. I understand that if the Company hires me, my consent will apply, and the Company may obtain reports, throughout my employment.

I also understand that information contained in my job application or otherwise disclosed by me before or during my employment, if any, may be used for the purpose of obtaining consumer reports and/or investigative consumer reports.

By my signature below, I authorize law enforcement agencies, learning institutions (including public and private schools and universities), information service bureaus, credit bureaus, record/data repositories, courts (federal, state and local), motor vehicle records agencies, my past or present employers, the military, and other individuals and sources to furnish any and all information on me that is requested by the consumer reporting agency.

By my signature below, I certify the information I provided on this form is true and correct. I agree that this Disclosure and Authorization form in original, faxed, photocopied or electronic (including electronically signed) form, will be valid for any reports that may be requested by or on behalf of the Company.

ADDITIONAL STATE LAW NOTICES

If you are a California, Florida, Georgia, Maine, Maryland, Montana, New Jersey, New York or Washington applicant, please also note:

CALIFORNIA: Under section 1786.22 of the California Civil Code, you may view the file maintained on you by the CRA during normal business hours. You may also obtain a copy of this file, upon submitting proper identification and paying the costs of duplication services, by appearing at CRA's offices in person, during normal business hours and on reasonable notice, or by mail. You may also receive a summary of the file by telephone, upon submitting proper identification. CRA has trained personnel available to explain your file to you, including any coded information. If you appear in person, you may be accompanied by one other person, provided that person furnishes proper identification. A summary of your rights under CA Civil Code 1786.22 is being provided to you [here](#).

FLORIDA: I hereby provide consent for Agency to provide emergency contact information contained in my motor vehicle records.

GEORGIA: I hereby provide consent for Agency to include photographs, fingerprints, computer images, medical and disability information in my driving records.

MAINE: You have the right, upon request, to be informed of whether an investigative consumer report was requested, and if one was requested, the name and address of the consumer reporting agency furnishing the report. You may request and receive from the Company, within five business days of our receipt of your request, the name, address and telephone number of the nearest unit designated to handle inquiries for the consumer reporting agency issuing an investigative consumer report concerning you. You also have the right, under Maine law, to request and promptly receive from all such agencies copies of any such reports.

MARYLAND: I hereby provide consent for Agency to report driving record entries that are more than 3 years old, records of a first offense of driving with an alcohol concentration, records or notations of probation before judgment, and records of the medical advisory board.

MONTANA: I hereby provide consent for Agency to report driving records of traffic accidents that did not result in a conviction.

NEW JERSEY: You have the right, upon request, to be informed of whether or not a consumer report was requested. If a consumer report is requested, you will be provided with the name and address of the consumer reporting agency (CRA) furnishing the report. You can dispute inaccurate information with the CRA, and inaccurate information must be corrected or deleted upon resolution of the dispute. A summary of your rights under the New Jersey Fair Credit Reporting Act is being provided to you [here](#).

NEW YORK: You have the right, upon request, to be informed of whether or not a consumer report was requested. If a consumer report is requested, you will be provided with the name and address of the consumer reporting agency furnishing the report. You may inspect and receive a copy of the report by contacting that agency. A copy of New York Correction Law Article 23-A is being provided to you [here](#).

WASHINGTON STATE: If we request an investigative consumer report, you have the right, upon written request made within a reasonable period of time after your receipt of this disclosure, to receive from us a complete and accurate disclosure of the nature and scope of the investigation we requested. A summary of your rights under the Washington Fair Credit Reporting Act is being provided to you [here](#).

Full Name (print): _____

Signature: _____

Date: _____

Tiger Lines LLC

IMPORTANT DISCLOSURE REGARDING BACKGROUND REPORTS FROM THE PSP Online Service

In connection with your application for employment with Tiger Lines LLC, ("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 Tiger Lines LLC ("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.

Full Name (print): _____

Date: _____

Signature: _____

Tiger Lines LLC

GENERAL CONSENT FOR LIMITED QUERIES OF THE FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION (FMCSA) DRUG AND ALCOHOL CLEARINGHOUSE

I _____, hereby provide consent to Tiger Lines LLC to conduct a limited query of the FMCSA Commercial Driver's License Drug and Alcohol Clearinghouse (Clearinghouse) to determine whether drug or alcohol violation information about me exists in the Clearinghouse. This limited query may be conducted by Tiger Lines LLC on a periodic basis throughout my employment and no less than at least once a year.

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

I further understand that if I refuse to provide consent for Tiger Lines LLC to conduct a limited query of the Clearinghouse, Tiger Lines LLC must prohibit me from performing safety-sensitive functions, including driving a commercial motor vehicle, as required by FMCSA's drug and alcohol program regulations.

Full Name (print): _____

Signature: _____

Date: _____

Past Employment Inquiry

DOT DRUG AND ALOCHOL RELEASE: Per 49 CFT Part 40 I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer, listed below to Tiger Lines,LLC. This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25. I understand that information to be released in Section II-A by my previous employer, is limited to the following DOT-regulated testing items: 1. Alcohol tests with a result of 0.04 or higher; 2. Verified positive drug tests; 3. Refusals to be tested; 4. Other violations of DOT agency drug and alcohol testing regulations; 5. Information obtained from previous employers of a drug and alcohol rule violation; 6. Documentation, if any, of completion of the return-to-duty process following a rule violation, to Tiger Lines,LLC.

List all DOT regulated employers you have applied with and/or worked for in a safety sensitive function during the previous three (3) years:

Company
Name: _____

Company
Name: _____

Company
Name: _____

Company
Name: _____

Company
Name: _____

Company
Name: _____

Company
Name: _____

Company
Name: _____

Company
Name: _____

Company
Name: _____

Company
Name: _____

Company
Name: _____

Printed Name: _____ SSN: _____

Signature: _____ Date: _____