

# COVENANT TRANSPORT, INC. DRIVER APPLICATION

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Graduate Student \_\_\_\_\_  
 System-Regional \_\_\_\_\_  
 Dedicated \_\_\_\_\_  
 Team XL \_\_\_\_\_

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Social Security Number: \_\_\_\_\_ E-Mail \_\_\_\_\_

Name of Driving School \_\_\_\_\_ Date Graduated \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone \_\_\_\_\_

**PLEASE LIST YOUR LAST FIVE YEARS WORK HISTORY:**

**Present or Last Employer**

From: \_\_\_\_\_ To: \_\_\_\_\_ Name: \_\_\_\_\_  
 Phone: (\_\_\_\_) \_\_\_\_\_ Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Number of States: \_\_\_\_\_ Position Held: \_\_\_\_\_  
 Reason For Leaving \_\_\_\_\_

**Second Last Employer**

From: \_\_\_\_\_ To: \_\_\_\_\_ Name: \_\_\_\_\_  
 Phone: (\_\_\_\_) \_\_\_\_\_ Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Number of States: \_\_\_\_\_ Position Held: \_\_\_\_\_  
 Reason For Leaving \_\_\_\_\_

**Third Last Employer**

From: \_\_\_\_\_ To: \_\_\_\_\_ Name: \_\_\_\_\_  
 Phone: (\_\_\_\_) \_\_\_\_\_ Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Number of States: \_\_\_\_\_ Position Held: \_\_\_\_\_  
 Reason For Leaving \_\_\_\_\_

**DRIVERS LICENSE INFORMATION**

State: \_\_\_\_\_ DL# \_\_\_\_\_ Issue Date: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Endorsements: \_\_\_\_\_  
 Have You Ever Been Convicted of a DWI / DUI \_\_\_\_\_, MISDEMEANOR \_\_\_\_\_  
 OR FELONY \_\_\_\_\_, IF SO DATES/DETAILS \_\_\_\_\_

**ACCIDENT RECORD FOR THE PAST 10 YEARS OR MORE-WHETHER CHARGEABLE OR NON-CHARGEABLE**

Date	Nature of Accident	Fatalities?	Injuries?	Type of Vehicle

**TRAFFIC CONVICTIONS AND FORFEITURES FOR PAST 10 YEARS ( OTHER THAN PARKING VIOLATIONS)**

Date	Location	Charge	Penalty	Type of Vehicle

I HEREBY CERTIFY THAT ALL INFORMATION ON THIS FORM IS CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE, I HEREBY AUTHORIZE COVENANT TRANSPORT TO OBTAIN INFORMATION CONCERNING MY PAST OR PRESENT WORK HISTORY, AND TO DO A COMPLETE BACKGROUND INVESTIGATION IN ACCORDANCE WITH STATE AND FEDERAL LAWS, I HEREBY RELEASE SUCH PERSONS FROM LIABILITY OR DAMAGES.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_



# COVENANT TRANSPORT, INC.

## DISCLOSURE AND RELEASE

IN CONNECTION WITH MY APPLICATION FOR EMPLOYMENT (INCLUDING CONTRACT FOR SERVICES) WITH COVENANT TRANSPORT, INC., I UNDERSTAND THAT CONSUMER REPORTS WHICH MAY CONTAIN PUBLIC RECORD INFORMATION MAY BE REQUESTED FROM DAC SERVICES TULSA, OKLAHOMA. THESE REPORTS MAY INCLUDE THE FOLLOWING TYPES OF INFORMATION: NAMES AND DATES OF PREVIOUS EMPLOYERS, REASON FOR TERMINATION OF EMPLOYMENT, WORK EXPERIENCE, ACCIDENTS ETC. I FURTHER UNDERSTAND THAT SUCH REPORTS MAY CONTAIN PUBLIC RECORD INFORMATION CONCERNING MY DRIVING RECORD, WORKERS' COMPENSATION CLAIMS, CREDIT, BANKRUPTCY PROCEEDINGS, CRIMINAL RECORDS, ETC., FROM FEDERAL, STATE AND OTHER AGENCIES WHICH MAINTAIN SUCH RECORDS; AS WELL AS INFORMATION FROM DAC CONCERNING PREVIOUS DRIVING RECORD REQUESTS MADE BY OTHERS FROM SUCH STATE AGENCIES, AND STATE PROVIDED DRIVING RECORDS.

**I AUTHORIZE, WITHOUT RESERVATION, ANY PART OR AGENCY CONTACTED BY DAC TO FURNISH THE ABOVE-MENTIONED INFORMATION.**

I HAVE THE RIGHT TO MAKE A REQUEST TO DAC, UPON PROPER IDENTIFICATION, TO REQUEST THE NATURE AND SUBSTANCE OF ALL INFORMATION IN ITS FILES ON ME AT THE TIME OF MY REQUEST, INCLUDING THE SOURCES OF INFORMATION; AND THE RECIPIENTS OF ANY REPORTS ON ME WHICH DAC HAS PREVIOUSLY FURNISHED WITHIN THE TWO YEAR PERIOD PRECEDING MY REQUEST. I HEREBY CONSENT TO YOUR OBTAINING THE ABOVE INFORMATION FOR DAC, AND I AGREE THAT SUCH INFORMATION WHICH DAC HAS OR OBTAINS AND MY EMPLOYMENT HISTORY WITH YOU IF I AM HIRED, WILL BE SUPPLIED BY DAC TO OTHER COMPANIES WHICH SUBSCRIBE TO DAC SERVICES.

I HEREBY AUTHORIZE PROCUREMENT OF CONSUMER REPORT(S). IF HIRED (OR CONTRACTED), THIS AUTHORIZATION SHALL REMAIN ON FILE AND SHALL SERVE AS ONGOING AUTHORIZATION FOR YOU TO PROCURE CONSUMER REPORTS AT ANY TIME DURING MY EMPLOYMENT (OR CONTRACT) PERIOD.

YOU ARE HEREBY AUTHORIZED TO GIVE COVENANT TRANSPORT ALL INFORMATION REGARDING MY SERVICES, CHARACTER AND CONDUCT WHILE IN YOUR EMPLOYMENT AND YOU ARE RELEASED FROM ANY LIABILITY WHICH MAY RESULT FROM GIVING SUCH INFORMATION. IN ORDER TO ENABLE COVENANT TRANSPORT TO COMPLY WITH THE REQUIREMENTS 49 C.F.R. SECTION 382.413, I HEREBY CONSENT TO COVENANT TRANSPORT OBTAINING FROM MY PRIOR EMPLOYERS THE INFORMATION PERTAINING TO ME WHICH THEY ARE REQUIRED TO MAINTAIN BY 49 C.F.R. SECTION 382.401 (B) (L) (1) THROUGH (111) REGARDING ALCOHOL TEST WITH A CONCENTRATION RESULT OF 0.04 OR GREATER, POSITIVE CONTROLLED SUBSTANCE TEST RESULTS, AND REFUSALS TO BE TESTED, WITHIN THE THREE (3) YEARS PRECEDING THE DATE OF THIS APPLICATION. I HEREBY AUTHORIZE AND DIRECT MY PRIOR EMPLOYERS TO RELEASE SUCH INFORMATION TO COVENANT TRANSPORT IN MY PERSONAL INTERVIEWS, TELEPHONE INTERVIEWS, OR ANY OTHER METHOD ENSURING CONFIDENTIALITY. I HEREBY AUTHORIZE COVENANT TRANSPORT, INC. TO RELEASE SUCH INFORMATION TO ANY OF ITS PERSONNEL WHO'S DUTIES REQUIRE THEM TO ASSESS THIS APPLICATION OR TO MAKE ANY RECOMMENDATIONS OR DECISIONS WITH RESPECT TO IT.

X \_\_\_\_\_  
Print Name as it Appears on License

X \_\_\_\_\_  
Social Security No.

X \_\_\_\_\_  
Signature

X \_\_\_\_\_  
CDL State                      License Number

X \_\_\_\_\_  
Date of Birth

X \_\_\_\_\_  
Previous State                      Previous License No.

X \_\_\_\_\_  
Date

X \_\_\_\_\_  
Previous State                      Previous License No.

FAX TOLL FREE 888 816 8837  
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