

Transport America
1715 Yankee Doodle Dr
Eagan, MN 55121
Phone : 1-800-477-1211 ex: 4423
Fax: 651-994-5755

Please sign and fax back to the above fax number
Attn: **Duane Ward - Recruiting**

Falsification/Release Statement:

It is agreed and understood that any misrepresentations of information given shall be considered an act of dishonesty. Falsification or omission on this application is grounds for immediate termination of employment or contract. It is agreed and understood that TRANSPORT AMERICA or its agents may investigate my background to ascertain the veracity of any and all information, whether same is contained on this document or not, and I release TRANSPORT AMERICA and its agents from all liability for any damages on account of furnishing such information. I agree to furnish such additional information and complete such examinations, at my own expense, as may be required by Transport America. I acknowledge that I will be required and agree to submit to a physical examination and testing for alcohol and drug use as part of the company's evaluation procedures and authorize release of my results to Transport America and the company's use of those results in deciding whether I should be offered or continued in employment or contract of hire, pursuant to Section 382.301 of the Federal Motor Carrier Safety Regulations. I acknowledge and agree that evidence of illegal alcohol and/or drug use will be grounds for immediate disqualification, termination of employment or cancellation of lease without notice and without recourse. It is agreed and understood that this application for qualification in no way obligates TRANSPORT AMERICA or any contractor to employ me as a driver or contractor. It is agreed and understood if qualified and accepted by TRANSPORT AMERICA, I may be disqualified as a driver or contractor by TRANSPORT AMERICA at any time. I understand that if I am making application for owner operator or independent contractor, I am not an employee of Transport America nor are any drivers or helpers that I may engage to work for me. 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.

Date: Initials:

SIGNATURE: _____

PRINT NAME:

SOCIAL SECURITY NUMBER:

49 CFR 40.25(j)

Have you ever tested positive, or refused to test, on any pre-employment drug or alcohol test, including randoms and post-accident, administered by an employer to which you applied/worked for, but did not obtain, **safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules.** Please mark appropriate box.

YES NO