



Tiemac Logistics, Inc
2451 Cumberland Pkwy, SE
Suite 3697
Atlanta, GA 30339
P): 770-799-8133 | email : Careers@Tiemac.com
www.Tiemaccorporation.com

DRIVER EMPLOYMENT APPLICATION

An Equal Opportunity Employer

Tiemac Logistics is an Atlanta, GA based subsidiary of Tiemac Technologies, Inc and operates primarily as a Power Unit only trucking company. We are directly contracted with some of the biggest companies in the trucking industry such as Amazon, JB Hunt, CH Robinson, PAM Transport. We also own some DRY Van trailers and operate on dedicated lanes.

Our drivers are well taken care of and are assigned their own power units. We sometimes operate a relay system where on long runs our drivers interchange loads so that they may return to base early. As a result, we guarantee that the maximum number of weekends a driver may spend on the road in any given month is 2. However, we try to have our drivers home on each weekend.

Type of Employment

- Full Time: As an applicant you are applying for a full time driver position with Tiemac Logistics, Inc:
- As a fulltime employee, you will be working as a W2 worker
- You will be paid on the basis of fulltime salary and therefore you will not be paid based on rate per mile driven. However, your employment will be measured on a performance basis and as part of this performance metric you are expected to complete on average of 2,6500 – 2,850 miles per week when on the road.

Pay and Benefits

- Compensation: starting at \$7,500.00 - Gross per month
- Benefits: 401(k) matching, Dental insurance, Health insurance, Vision insurance and Paid time 2 weeks' time off.
- Sign on bonus of \$6,000 paid monthly over 1 year period, with first bonus payment commencing 30 days after date of employment.
- Therefore, monthly salary with bonus in the first year starts at \$8,000.

Job description

- Must have minimum 2 years commercial vehicle CDL class A driving experience without accidents.
- This is an over the road driving position (mainly east coast and central USA) but anticipate being home about 3 weekends per month.
- Initial work is drop and hook, although this may change in the future.
- This is a permanent company position with starting salary paying \$7,500 per month and with full benefits and a sign on bonus of \$6,000.
- While on the road, if your truck breaks down and it's more than a day when you are on the road, alternative plans will be made by the company to get you home and or you may be placed in another truck as driver to continue your driving schedule.

If you agree to apply for the position as detailed above, please complete the information as requested below

Please note that all date fields filled in must be entered with the following format: mm/dd/yyyy



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COMPLETE IN FULL OR IT WILL NOT BE CONSIDERED.

| APPLICANT INFORMATION | | | | | |
|-----------------------|--|----------------------|--|-------------------------|--|
| FIRST NAME | | MIDDLE NAME | | LAST NAME | |
| PHONE | | EMAIL | | | |
| DATE OF BIRTH | | SOCIAL SECURITY # | | | |
| DATE OF APPLICATION | | POSITION APPLIED FOR | | DATE AVAILABLE FOR WORK | |

Do you have legal right to work in the United States? YES NO

| PREVIOUS THREE YEARS RESIDENCY | | | | | |
|--|--------|------|-------|----------|-----------------------|
| <i>Attach additional sheet if more space is needed</i> | | | | | |
| | STREET | CITY | STATE | ZIP CODE | # OF YEARS AT ADDRESS |
| CURRENT | | | | | |
| MAILING | | | | | |
| PREVIOUS | | | | | |
| PREVIOUS | | | | | |
| PREVIOUS | | | | | |

| LICENSE INFORMATION | | | | |
|---|-----------|------------|--------------|-----------------|
| No person who operates a commercial motor vehicle shall at any time have more than one driver's license (49 CFR 383.21). I certify that I do not have more than one motor vehicle license, the information for which is listed below. Include all licenses held for the past 3 years; attach additional sheets if needed. | | | | |
| STATE | LICENSE # | TYPE/CLASS | ENDORSEMENTS | EXPIRATION DATE |
| | | | | |
| PREVIOUSLY HELD LICENSES | | | | |
| | | | | |
| | | | | |



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DRIVING EXPERIENCE

| CLASS OF EQUIPMENT | TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.) | DATE FROM | DATE TO | APPROX # OF MILES (TOTAL) |
|------------------------|---|-----------|---------|---------------------------|
| STRAIGHT TRUCK | | | | |
| TRACTOR & SEMI-TRAILER | | | | |
| TRACTOR & 2 TRAILERS | | | | |
| TRACTOR & TANKER | | | | |
| OTHER | | | | |

ACCIDENT RECORD FOR THE PAST 3 YEARS

Attach additional sheet if more space is needed. Check this box if none

| DATES (List most recent first) | NATURE OF ACCIDENT (Head-on, rear-end, upset, etc.) | # FATALITIES | # INJURIES | CHEMICAL SPILLS (Y/N) |
|--------------------------------|---|--------------|------------|-----------------------|
| | | | | |
| | | | | |
| | | | | |

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

Attach additional sheet if more space is needed. Check this box if none

| DATE CONVICTED (Month/Year) | VIOLATION | STATE OF VIOLATION | PENALTY (Forfeited bond, collateral and/or points) |
|-----------------------------|-----------|--------------------|--|
| | | | |
| | | | |
| | | | |
| | | | |

Have you ever been denied a license, permit, or privilege to operate a motor vehicle? YES NO If yes, explain: _____



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Has any license, permit, or privilege ever been suspended or revoked? YES NO

If yes, explain: _____

EMPLOYMENT HISTORY

The Federal Motor Carrier Safety Regulations (49 CFR 391.21) require that all applicants wishing to drive a commercial vehicle list all employment for the last three (3) years. ***In addition, if you have driven a commercial vehicle previously, you must provide employment history for an additional seven (7) years (for a total of ten (10) years). Any gaps in employment in excess of one (1) month must be explained.***

Start with the last or current position, including any military experience, and work backwards (attach separate sheets if necessary). You are required to list the complete mailing address, including street number, city, state, zip; and complete all other information.

| CURRENT (MOST) EMPLOYER | | | | | |
|--|--|---------------|-------|-------------|--|
| RECENT | | | | | |
| NAME | | | PHONE | | |
| ADDRESS | | | | | |
| POSITION HELD | | FROM MO/YR | | TO MO/YR | |
| REASON FOR LEAVING | | | | SALARY | |
| EXPLAIN ANY GAPS IN EMPLOYMENT (Include month/year & reason) | | | | | |
| While employed here, were you subject to the Federal Motor Carrier Safety Regulations? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | |
| Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | |
| SECOND (MOST RECENT) EMPLOYER | | | | | |
| NAME | | | PHONE | | |
| ADDRESS | | | | | |
| POSITION HELD | | FROM MO/YR | | TO MO/YR | |
| REASON FOR LEAVING | | | | SALARY | |
| EXPLAIN ANY GAPS IN EMPLOYMENT (Include month/year & reason) | | | | | |
| While employed here, were you subject to the Federal Motor Carrier Safety Regulations? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | |
| Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | |
| THIRD (MOST RECENT) EMPLOYER | | | | | |
| NAME | | | PHONE | | |
| ADDRESS | | | | | |
| POSITION HELD | | FROM MO/YR | | TO MO/YR | |



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| | | | |
|---|--|--|--|
| REASON FOR LEAVING | | SALARY | |
| EXPLAIN ANY GAPS IN EMPLOYMENT (Include month/year & reason) | | | |
| While employed here, were you subject to the Federal Motor Carrier Safety Regulations? | | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40? | | <input type="checkbox"/> YES <input type="checkbox"/> NO | |

| EDUCATION | | | | | | |
|-------------|-----------------|-----------------|-----------------|--------------------------|--------------------------|---------|
| SCHOOL | NAME & LOCATION | COURSE OF STUDY | YEARS COMPLETED | GRADUATE | | DETAILS |
| | | | | Y | N | |
| High School | | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| College | | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| Other | | | | <input type="checkbox"/> | <input type="checkbox"/> | |

| OTHER QUALIFICATIONS |
|--|
| Please list any other qualifications that you have and which you believe should be considered. |
| |

TO BE READ AND SIGNED BY APPLICANT



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I authorize you to make investigations (including contacting current and prior employers) into my personal, employment, driving records, financial, medical history, and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, health care providers, and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I also understand that I am required to abide by all rules and regulations of the Company.

I understand that the information I provide regarding my current and/or prior 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. I understand that I have the right to:

- Review information provided by current/prior employers;
- Have errors in the information corrected by previous employers, and for those previous employers to resend the corrected information to the prospective employer; and
- 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.

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. Note: A motor carrier may require an applicant to provide more information than that required by the Federal Motor Carrier Safety Regulations.

| | | | |
|--------------------------|--|------|--|
| Applicant Signature | | Date | |
| Applicant Name (printed) | | | |