

The following document is the electronic version of the Tropical Shipping Driver's Application for Employment.

Please read and complete the entire form.

When the form is complete, save the form and email it as an attachment to [Owner Operator Applications](#) (click for email).

Tropical Shipping USA, LLC

**TROPICAL SHIPPING USA, LLC.
INFORMATION FOR
OWNER OPERATORS (INDEPENDENT CONTRACTORS)**

DRIVER QUALIFICATIONS

- 5 years verifiable over the road experience including 2 years handling ocean containers
- Current Class A CDL
- Hazardous materials endorsement
- Tanker endorsement
- Clean driving record with no points
- Current D.O.T. physical
- Must be able to qualify for all Florida ports I.D.'s

TRACTOR REQUIREMENTS AND SPECIFICATIONS

- Tractor cannot be more than 5 years old (If day cab configuration, 7 years)
- Tractor fueled and occupied cannot weigh more than:
 - 17,000 lbs. gross for South Florida operation
 - 18,500 lbs. gross for Intermodal over the road operation
- Wheelbase must be at least 17 feet
- Tractor must be equipped with factory ECM (Electronic Computer Monitor)
- Tractor unit must be in good condition and aesthetically pleasing
- Tractor must pass initial inspections by Tropical's inspection vendor

Tractor year _____

Make _____

Wheelbase _____

Weight (fueled & occupied) _____

Day cab _____ (Yes or No)

CDL Endorsements:

Hazardous Materials _____ Tanks _____



DRIVER'S APPLICATION FOR EMPLOYMENT

Company:

Address:

City:

State:

ZIP:

(answer all questions – please print)

In compliance with Federal, State and Equal Opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or non-job related disability.

Position(s) Applied For: Date of application:

Name: Social Security No.
Last First Middle

Address: City
Street Phone:
State ZIP

ADDRESS FOR THE PAST THREE YEARS | Street City State & ZIP How long?
Street City State & ZIP How long?

Do you have the legal right to work in the United States?

Date of Birth / / Can you provide proof of age?
(required for Truck Drivers)

Have you worked for this company before? Where?

Dates: From: To: Rate of Pay? Position:

Reason for Leaving:

Are you now employed? If not, how long since your last employment?

Who referred you? Rate of expected pay?

Is there any reason you might be unable to perform the functions of the job for which you have applied [as described in the attached job description]?

If yes, explain if you wish:

EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding three (3) years.

Applicants to drive a commercial motor vehicle* in intrastate or interstate commerce shall also provide an additional seven (7) years' information on those employers for whom the applicant operated such vehicles.

(NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary.)

EMPLOYER			DATE		
Name:			From:		To:
			Mo.	Yr.	Mo.
			Yr.		
Address:			Position Held:		
City:	State:	ZIP:	Salary/Wage:		
Contact Person:			Reason for Leaving:		
Phone Number:					
EMPLOYER			DATE		
Name:			From:		To:
			Mo.	Yr.	Mo.
			Yr.		
Address:			Position Held:		
City:	State:	ZIP:	Salary/Wage:		
Contact Person:			Reason for Leaving:		
Phone Number:					
EMPLOYER			DATE		
Name:			From:		To:
			Mo.	Yr.	Mo.
			Yr.		
Address:			Position Held:		
City:	State:	ZIP:	Salary/Wage:		
Contact Person:			Reason for Leaving:		
Phone Number:					
EMPLOYER			DATE		
Name:			From:		To:
			Mo.	Yr.	Mo.
			Yr.		
Address:			Position Held:		
City:	State:	ZIP:	Salary/Wage:		
Contact Person:			Reason for Leaving:		
Phone Number:					
EMPLOYER			DATE		
Name:			From:		To:
			Mo.	Yr.	Mo.
			Yr.		
Address:			Position Held:		
City:	State:	ZIP:	Salary/Wage:		
Contact Person:			Reason for Leaving:		
Phone Number:					

*Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

ACCIDENT RECORD FOR THE PAST THREE (3) YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)

Dates	Nature of Accident (head-on, rear-end, upset, etc.)	Fatalities	Injuries
Last Accident:			
Next Previous:			
Next Previous:			

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

Location	Date	Charge	Penalty
Last Accident:			
Next Previous:			
Next Previous:			

(ATTACH SHEET IF MORE SPACE IS NEEDED)

EDUCATION

Select highest grade completed: 1 2 3 4 5 6 7 8 High School: 1 2 3 4 College: 1 2 3 4

Last school attended

(Name)

(City/State)

DRIVER LICENSES	STATE	LICENSE NO.	TYPE	EXPIRATION DATE

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle?	Yes	No
B. Has any license, permit or privilege ever been suspended or revoked?	Yes	No

IF THE ANSWER TO EITHER A OR B IS YES, ATTACH STATEMENT GIVING DETAILS

DRIVING EXPERIENCE

Class of Equipment	Type of Equipment (Van, tank, flat, Etc.)	Dates		Approx. No. of Miles (Total)
		From	To	
Straight Truck				
Tractor and Semi-Trailer				
Tractor – Two Trailers				
Other				

List states operated in for the last five (5) years:

Show special courses or training that will help you as a driver:

Which safe driving awards do you hold and from whom?

EXPERIENCE AND QUALIFICATIONS – OTHER

Show any trucking, transportation or other experience that may help in your work for this company

List courses and training other than shown elsewhere in this application

List special equipment or technical materials you can work with (other than those already shown)

TO BE READ AND SIGNED BY APPLICANT

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.

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 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 understand, also, that I am required to abide by all rules and regulations of the Company.

Date

Applicant's Signature

PROCESS RECORD

Applicant Hired:

Rejected:

Date Employed:

Point Employed:

Department:

Classification:

(IF REJECTED, SUMMARY REPORT OF REASONS SHOULD BE PLACED IN FILE)

THIS SECTION TO BE FILLED IN BY RESPONSIBLE OFFICER OR COMPANY REPRESENTATIVE

	SUPERIOR	GOOD	FAIR	BELOW AVERAGE	POOR	WRITTEN RECORD ON FILE
APPLICATION						
INTERVIEW						
PAST EMPLOYMENT						
WRITTEN EXAM						
ROAD TEST						
CRIMINAL AND TRAFFIC CONVICTIONS						

SIGNATURE OF INTERVIEWING OFFICER:

TRANSFERS

From:	To:	From:	To:
Date:		Date:	
Reason for Transfer:		Reason for Transfer:	
From:	To:	From:	To:
Date:		Date:	
Reason for Transfer:		Reason for Transfer:	

TERMINATION OF EMPLOYMENT

Date Terminated:	Department Released From:		
Dismissed	Voluntarily Quit	Other	
Termination Report Placed In File	Supervisor		

AGREEMENT, AUTHORIZATION, AND CONSENT FOR RELEASE OF BACKGROUND INFORMATION

Please type or print

I, _____
 Last Name First Name Middle Name (Please include Jr. Sr. II, III, Etc.)

Understand that in conjunction with my application for employment, work to be performed under contract, promotion, volunteer position, reassignment, and/or retention ("Engagement"), Tropical Shipping USA, LLC will use the services of an outside agency to research and verify the information I have provided on my application for Engagement including my personal background, character, professional standing, work history and qualifications. This agency will provide a written report of its findings to Tropical Shipping USA, LLC.

Tropical Shipping USA, LLC also uses Abso, a consumer-reporting agency, as an agent to perform its Employment related background investigations.

Abso will utilize various sources of information it deems appropriate including but not limited to: criminal records, current and former employers, department of motor vehicles records, military records, credit reporting agencies, education records, licensing authorities, state and federal sanctioning authorities, professional and personal references and workers compensation records including any and all injuries in compliance with the American with Disabilities Act. I agree, authorize and consent to the release and disclosure of any and all information including but not limited to the above to Tropical Shipping USA, LLC, and Abso.

I agree, authorize and consent to the procurement of a Consumer Report and/or an Investigative Consumer Report and understand that it may contain information about my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living. This authorization in original or copy form shall be valid for my term of Engagement from the date indicated next to my signature. According to the Fair Credit Reporting Act, I will be notified by Tropical Shipping USA, LLC if Engagement is denied because of information obtained from a Consumer Reporting Agency. Additionally, I understand that if requested within 60 days, I will be given a full and accurate disclosure as to the nature and substance of all information provided to Tropical Shipping USA, LLC. I further understand that I may request a copy of the report, and that when doing so, proper identification will be required and I should direct my request to: Abso, 3009 Douglas Blvd., 3rd Floor, Roseville, CA 95661. I understand that residents of all states will automatically receive a copy of the report if an adverse action is taken regarding the employment application, or upon request as outlined herein.

CHECK THIS BOX IF you are applying for work with a California, Minnesota or Oklahoma based employer and you would like a copy of your Consumer Report if one is prepared in the investigation of your background. CA Codes 1785.20.5 & 1786.16(a)(5)(b)(1), MN Code 13C Subdivision 2, OK Code 24 O.S. 148

LAW ENFORCEMENT AGENCIES AND OTHER ENTITIES FOR POSITIVE IDENTIFICATION PURPOSES REQUIRE THE FOLLOWING INFORMATION WHEN CHECKING PUBLIC RECORDS. IT IS CONFIDENTIAL AND WILL NOT BE USED FOR ANY OTHER PURPOSES. PLEASE PRINT CLEARLY.

Signed _____ Today's Date _____
 Name as it appears on your driver's license _____ Position applied for _____
 Social Security Number _____ Date of Birth _____ Driver's License Number _____ State _____
 Other names you have used, or are also known as, including maiden name, name changes and any aliases:

PLEASE PROVIDE ALL RESIDENTIAL ADDRESSES FOR THE PAST SEVEN (7) YEARS

Current Address	Street	Apt. #	City	State	ZIP	Mo/Yr	Mo/Yr
						From	To
Former Address	Street	Apt. #	City	State	ZIP	From	To
Former Address	Street	Apt. #	City	State	ZIP	From	To