



Dear Prospective Driver,

Thank you for your interest in joining Trans-United, Inc.

Trans-United, Inc., established in 1964, is a family owned specialized carrier with concentration on over dimensional plant machinery hauling. We pride ourselves on the core values inherent within the foundation of the company and our daily interactions; honesty and integrity.

Trans-United, Inc. offers late model, well maintained equipment. Within our non-forced dispatch environment you will be encouraged to participate in load choice through access to the T-U online load board, and direct contact with our Agents. In addition to offering Pre-Pass, I-Pass, and Profit Sharing to our company drivers, Trans-United, Inc. will also pay a portion of your health care premiums. Your spouse and children can be added at your cost.

Our elite Network of drivers are comprised of the most professional and experienced drivers in the industry. We are excited you have chosen to consider our company to become a member of this elite Network.

Please contact me at the numbers listed below if I can be of additional assistance in your decision.

We look forward to hearing from you again soon and welcoming you to our team.

Most Sincerely,

Mary McBroom
Recruiting
P: 877-762-3111 x 222
F: 219-763-4933



TRANS-UNITED, INC. DRIVER BENEFITS

★ Ranked No. 48 of the TOP 50 carriers by International Cranes & Specialized Transport; 2008

★ Ranked No. 33 out of the TOP 50 carriers selected by American Cranes & Transport; 2008

ONLINE LOAD AVAILABILITY

- As a T-U driver, you will have access to our load board that provides line haul, fuel, tarp, deadhead, and toll amounts billed to our customer. Calculate how much you will make on a load before accepting it.
- Direct access to T-U Agents.
- Access to Get Loaded and Internet Truckstop load boards through T-U provided passwords.
- Your Dispatcher will help get you out of tough spots.

DRIVER FACILITIES

- 24-hour access to our drivers lounge.
 - Showers / Laundry / TV
 - Computer w/ Internet Accessibility.

EQUIPMENT

- Trucks are Newer Peterbilts & Western Star

MAINTENANCE FACILITY

- Shop Hours; Monday –Friday 8:00-4:30
- Truck/Trailer Wash Bay
- Roadside Inspection Bonus (no violations)

HEALTH INSURANCE: Trans-United, Inc. pays a portion of the HSA healthcare; following are driver rates per month:

- EMPLOYEE ONLY: \$ 106.00
- EMPLOYEE + SPOUSE: \$493.00
- EMPLOYEE + CHILD(ren): \$335.00
- FAMILY: \$735.00

Dental and Vision insurance is also available, which is separate from the health policy. These premiums are the responsibility of the employee.

AFLAC Supplemental Health Insurance plans

available for purchase:

- Life Insurance
- Personal Accident Insurance
- Dental Insurance
- Cancer Indemnity
- Short-term Disability

PREPASS & I- PASS

TRAVEL LANES

- 48 States and Canada
- Main Lanes = Midwest, East, South, Southeast

MONEY

★ ALL PAY BASED UPON 100% OF LINE HAUL

- Additional ½ % Pay Increase at annual review (based upon evaluation).

EARN A % OF BILLED CHARGES

LINE HAUL	25 %
STOP OFF	50 %
DETENTION	25 %
TARP FEE	50 %
DEADHEAD	25 %

AVERAGE YEARLY EARNINGS FOR 2008

- Specialized Drivers = \$61,120.00
- Super Load Drivers = \$86,456.00

PAYROLL

- Direct Deposit paid Bi-Weekly
- Turn in paperwork by Monday to be paid Friday

ADVANCES – \$150/week Available on Card

PER DIEM - \$15 Dollars Per Day when Over the Road.

SAFETY INCENTIVE

Incentives are based on having no DOT reportable or chargeable accidents or claims. Out of service violations may also affect incentives.

- Additional 1% after 1st consecutive year
- Additional 1% after 2nd consecutive year
- Additional 1% after 5th consecutive year

RETIREMENT PLAN

Simple retirement plan available after 1 year of employment.

- Dollar for Dollar match up to 1% of yearly compensation
 - Maximum \$11,500 contribution per year.
- Plan is in your name and 100% vested

HOMETIME & HOLIDAYS

- Based on needs. Many drivers are home every 2 weeks.
- Six paid holidays

PAID TIME OFF (PTO DAYS)

Pay based upon average revenue, maximum is \$150.00/day

- PTO – 5 days after first year
- PTO – 10 days after second year

CELL PHONE (Required by Trans-United)

- \$80 per month for Cell phone allowance
- Plans are available for purchase by company.



TRANS-UNITED, INC.

REQUIREMENTS / APPLICATION PROCESS / ORIENTATION

REQUIREMENTS

LICENSE

- Class A CDL
- Minimum 25 Years of Age
- Three Years Verifiable OTR Experience
- Three Years Plant Machinery Experience Preferred
- TWIC Card

CELL PHONE – MANDATORY

A Cell phone is required for communication purposes.

- You will be provided with \$80 per month for cell phone allowance.
- If you do not have a cell phone, plans are available for purchase through Trans-United, Inc.

APPLICATION PROCESS

3-5 Business Days once application is received.

The sooner we receive your application, the faster you can join our elite Network of Drivers.

Once the application is received we will begin to process your application. The process is as follows;

- MVR, DAC, CDLIS reports will be run.
- We will begin employment verifications.
- Once employment verifications have been completed your application will be passed onto the Safety Department who has final approval of your application.
- After Safety approves your resume you will be contacted to setup pre-inspection of your vehicle, and/or you will be scheduled for orientation.
 - Submit your application directly through our website at www.transunited.com.
 - An application can also be faxed, emailed or mailed.

ORIENTATION

Orientation is two (2) days and held at our Burns Harbor, IN facility. Please be prepared to:

- You will be required to take and pass certain tests based upon your level of qualification. All drivers will be required to take and pass a load SECUREMENT exam.
- Go for Drug and Alcohol Screen
- Provide copies of the following;
 - CDL
 - SSN Card
 - TWIC Card
 - DOT Long Form Physical
 - Medical Examiners Card
 - Voided Check for Direct Deposit

THANK YOU for your interest in Trans-United, Inc. If we can be of assistance during your consideration of T-U, please call:

877-762-3111

Ext. 222; Mary Luckey

[TRUCKISMO]™

The belief that overcoming challenges is what makes us better, that complacency forms the basis for failure; and that hard work, honesty, integrity, and trust bring success. And, it's a belief in the power of clear thinking, self-reliance, adventure, ambition, honest competition, and a willingness to take on the tough jobs. Trans-United standards demand it, and we love a challenge.



TRANS-UNITED, INC.
 1123 N. State Road 149
 Burns Harbor, IN 46304
 P: 877-762-3111 x 222 F: (219) 763-4933

DRIVER APPLICATION

Position Applying For: Owner Operator
 Company Driver
 Local Company Driver

PERSONAL INFORMATION

NAME		DATE OF BIRTH	SSN #	DATE
HOME ADDRESS		CITY	ST	ZIP
HOME#	CELL#	FAX#	EMAIL:	
HOW DID YOU HEAR ABOUT T-U?		WHAT ARE YOUR HOMETIME REQUIREMENTS, OR SPECIAL NEEDS?		AVAILABLE DATE

EMERGENCY CONTACT

NAME		RELATIONSHIP		
ADDRESS		CITY	ST	ZIP
HOME #	CELL #	EMAIL:		

TRUCK INFORMATION (IF APPLICABLE)			TRAILER INFORMATION (IF APPLICABLE)		
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MAKE	YEAR	MODEL	MAKE	YEAR	TYPE
COLOR	# AXLES	LAST DOT INSPEC. DATE	COLOR	# AXLES	LAST DOT INSPECT. DATE
VIN #	WEIGHT		VIN #	EMPTY WEIGHT	
FIFTH WHEEL HEIGHT	TIRE SIZE	HEADACHE RACK? <input type="checkbox"/> YES <input type="checkbox"/> NO	LENGTH	WIDTH	HEIGHT
NAME ON TITLE		PAYMENT / MONTH	NAME ON TITLE		PAYMENT/ MONTH
			WELL LENGTH	DECK HEIGHT	

MAINTENANCE

LAST DATE OF B SERVICE:	LIST YOUR REGULAR MAINTENANCE INTERVALS?	WHERE DO YOU HAVE REPAIRS PERFORMED?
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ADDITIONAL EQUIPMENT INVENTORY: LIST TOTAL NUMBER OF FOLLOWING ITEMS

3/8" CHAINS	3/8" SNAP BINDERS	3/8" RATCHET BINDERS	2" x 30' STRAPS	16' x 24' TARPS	24' x 24' TARPS	TARP STRAPS	STROBE LIGHTS
1/2" CHAINS	1/2" RACHET BINDERS	O/D SIGNS	O/D FLAGS (STICK)	O/D FLAGS (HANG)	SKIDDING	SHIMS	PINS
90% LOADS TARPED. ARE YOU PHYSICALLY ABLE AND WILLING TO TARP? <input type="checkbox"/> YES <input type="checkbox"/> NO - IF NO, EXPLAIN:					PADDING <input type="checkbox"/> YES <input type="checkbox"/> NO	HARDHAT <input type="checkbox"/> YES <input type="checkbox"/> NO	SAFETY GLASSES <input type="checkbox"/> YES <input type="checkbox"/> NO
PLEASE CHECK THE AREA OF EXPERTISE THAT YOU FEEL MOST QUALIFIED. <input type="checkbox"/> LEGAL <input type="checkbox"/> SPECIALIZED (UP TO 11FT W) <input type="checkbox"/> SPECIALIZED (UP TO 15FT W) <input type="checkbox"/> SUPERLOAD (OVER 15FT W) <input type="checkbox"/> ALL					LIST OTHER EQUIPMENT OWNED.		

COMMERCIAL DRIVERS LICENSE INFORMATION

CDL DRIVERS LICENSE NO:	TYPE	ISSUING STATE	EXP DATE
TRIPLES/DOUBLES CDL ENDORSEMENTS? <input type="checkbox"/> YES <input type="checkbox"/> NO	DO YOU HAVE A TWIC CARD (TRANSPORTATION WORKER IDENTIFICATION CERTIFICATE) TO ACCESS THE PORTS UNESCORTED? <input type="checkbox"/> YES <input type="checkbox"/> NO - IF NO, EXPLAIN:		
CDL EVER BEEN REVOKED/ SUSPENDED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PLEASE EXPLAIN:		
EVER BEEN CONVICTED OF A FELONY? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PLEASE EXPLAIN:		
EVER TESTED POSITIVE FOR DRUGS? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PLEASE EXPLAIN:		
EVER REFUSED A DRUG OR ALCOHOL TEST? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PLEASE EXPLAIN:		
EVER CONVICTED OF A DWI OR DUI? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PLEASE EXPLAIN:		
HAVE YOU COMPLETED THE DOT SUBSTANCE ABUSE PROGRAM REQUIREMENTS? <input type="checkbox"/> YES <input type="checkbox"/> NO			

SAFETY ITEMS

TRAFFIC CONVICTIONS / FORFEITURES: LIST ALL IN THE PAST THREE YEARS (IF NONE, WRITE NONE)

DATE	LOCATION	CHARGE	PENALTY

ACCIDENTS (LIST ALL WITHIN THE LAST THREE YEARS)

DATE	ACCIDENT TYPE (REAR END, BACKING, ETC.)	# OF INJURIES	# OF FATALITIES	AT FAULT ?

CLAIMS (LIST ALL WITHIN THE LAST THREE YEARS)

DATE	CLAIM TYPE (SHORTAGE, DAMAGE)	CLAIM DETAIL	TOTAL COST	AT FAULT?

DRIVING EXPERIENCE: LIST TOTAL YEARS EXPEREIENCE WITHIN EACH CATEGORY

DRIVING OTR	OVER DIM.	FLAT	STEP	DOUBLE DROP	STRECH	RGN	SCHNABELS	PERMIT LOADS	ESCORT LOADS
WHAT IS THE LARGEST LOAD YOU HAVE HAULED? COMMODITY: _____ WIDTH _____ HEIGHT _____ LENGTH _____ WEIGHT _____ FROM: _____ TO: _____						HAVE YOU HAULED PLANT MACHINERY? (EXAMPLES ARE: HYDRAULIC PRESSES, INJECTION MACHINES, PRE-FAB PROCUCTS, ETC.) <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, # YEARS _____			
						HAVE YOU HAULED WIND ENERGY? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, LIST SECTIONS HAULED.			

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED: HIGH SCHOOL 9 10 11 12 COLLEGE 1 2 3 4 MAJOR _____
LIST SPECIAL TRAINING, AND/OR TECHNICAL SKILLS AND ABILITIES:

WORK EXPERIENCE

NOTE: All applicants must list 10 years of work history in accordance with FMCSR §391.21 & §391.23. If you have had more than 4 employers within the last 10 years, please make a copy of this page prior to completion or contact the recruiting department.

LIST CURRENT EMPLOYER FIRST. MAY WE CONTACT YOUR CURRENT EMPLOYER? YES NO

EMPLOYER NAME			FROM MO YR	TO MO YR
ADDRESS			POSITION HELD: <input type="checkbox"/> OWNER OP <input type="checkbox"/> COMPANY DRIVER	
			TRAVEL LANES: <input type="checkbox"/> 48 STATES <input type="checkbox"/> REGIONAL <input type="checkbox"/> LOCAL	
CITY	ST	ZIP	TRAILER TYPES: <input type="checkbox"/> FLAT <input type="checkbox"/> STEP <input type="checkbox"/> RGN <input type="checkbox"/> DBLE DRP <input type="checkbox"/> VAN <input type="checkbox"/> REEFER <input type="checkbox"/> OTHER:	
CONTACT		PHONE	REASON FOR LEAVING:	
SALARY/ WAGES	WERE YOU SUBJECT TO FMCSR's WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO		WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO	

EMPLOYER NAME			FROM MO YR	TO MO YR
ADDRESS			POSITION HELD: <input type="checkbox"/> OWNER OP <input type="checkbox"/> COMPANY DRIVER	
			TRAVEL LANES: <input type="checkbox"/> 48 STATES <input type="checkbox"/> REGIONAL <input type="checkbox"/> LOCAL	
CITY	ST	ZIP	TRAILER TYPES: <input type="checkbox"/> FLAT <input type="checkbox"/> STEP <input type="checkbox"/> RGN <input type="checkbox"/> DBLE DRP <input type="checkbox"/> VAN <input type="checkbox"/> REEFER <input type="checkbox"/> OTHER:	
CONTACT		PHONE	REASON FOR LEAVING:	
SALARY/ WAGES	WERE YOU SUBJECT TO FMCSR's WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO		WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO	

EMPLOYER NAME			FROM MO YR	TO MO YR
ADDRESS			POSITION HELD: <input type="checkbox"/> OWNER OP <input type="checkbox"/> COMPANY DRIVER	
			TRAVEL LANES: <input type="checkbox"/> 48 STATES <input type="checkbox"/> REGIONAL <input type="checkbox"/> LOCAL	
CITY	ST	ZIP	TRAILER TYPES: <input type="checkbox"/> FLAT <input type="checkbox"/> STEP <input type="checkbox"/> RGN <input type="checkbox"/> DBLE DRP <input type="checkbox"/> VAN <input type="checkbox"/> REEFER <input type="checkbox"/> OTHER:	
CONTACT		PHONE	REASON FOR LEAVING:	
SALARY/ WAGES	WERE YOU SUBJECT TO FMCSR's WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO		WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO	

EMPLOYER NAME			FROM MO YR	TO MO YR
ADDRESS			POSITION HELD: <input type="checkbox"/> OWNER OP <input type="checkbox"/> COMPANY DRIVER	
			TRAVEL LANES: <input type="checkbox"/> 48 STATES <input type="checkbox"/> REGIONAL <input type="checkbox"/> LOCAL	
CITY	ST	ZIP	TRAILER TYPES: <input type="checkbox"/> FLAT <input type="checkbox"/> STEP <input type="checkbox"/> RGN <input type="checkbox"/> DBLE DRP <input type="checkbox"/> VAN <input type="checkbox"/> REEFER <input type="checkbox"/> OTHER:	
CONTACT		PHONE	REASON FOR LEAVING:	
SALARY/ WAGES	WERE YOU SUBJECT TO FMCSR's WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO		WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO	



DISCLOSURE AND RELEASE

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.

SIGNATURE: _____

DATE: _____

I authorize Trans-United, Inc. 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, healthcare providers, and other persons and/or institutions 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 (a) and 391.23 (e). I understand that I have the right to:

- Review information provided by previous employers
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to 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.

In the event of employment, I understand that false or misleading information given in my application or during the interview process may result in discharge.

I agree to abide by all policies, procedures, rules and regulations of the company.

SIGNATURE: _____

DATE: _____

I (print name below)

SSN: _____ / _____ / _____

(FIRST, MIDDLE, LAST)

DATE OF BIRTH: _____ / _____ / _____

Here by Authorize:

PREVIOUS EMPLOYER NAME

ADDRESS

CITY ST ZIP

To release the following information to TRANS-UNITED, INC. for the purposes of investigation as required by §391.23 and allowed by §383.35 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information.

SIGNATURE: _____

DATE: _____

DISCLOSURE AND RELEASE

IMPORTANT NOTICE REGARDING BACKGROUND REPORTS FROM THE PSP ONLINE SERVICE

In connection with your application for employment or lease with Trans-United, Inc. (“Prospective Employer or Carrier”), it may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA). If the Prospective Employer or Carrier uses any information it obtains from FMCSA in a decision to not hire or lease you or to make any other adverse employment or lease decision regarding you, the Prospective Employer/Carrier 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 on upon your driving history or safety report, the Prospective Employer or Carrier will notify you that the action has been taken and that the action was based in part or in whole on this report. The Prospective Employer or Carrier cannot obtain background reports from FMCSA unless you consent in writing. If you agree that the Prospective Employer or Carrier may obtain such background reports, please read the following and sign below:

I authorize Trans-United, Inc. (“Prospective Employer or Carrier”) 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 consenting to 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 Trans-United, Inc. to make a determination regarding my suitability as an employee or as a contractor.

I further understand that neither Trans-United, Inc. 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 am challenging crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DATAQ system to the appropriate State for adjudication.

I have read the above Notice Regarding Background Reports provided to me by Trans-United, Inc. and I understand that if I sign this consent form, Trans-United, Inc. may obtain a report of my crash and inspection history. I hereby authorize Trans-United, Inc. and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Date: _____

Signature

Name (Please Print)