



Driver Application for Employment

Please Print

Applicant Name: _____

Home Telephone Number: _____ Cell Phone Number: _____

Social Security Number: _____ Date of Birth: _____
(Required for Commercial Drivers)

Current Street Address: _____

City: _____ State: _____ Zip: _____

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status.

TO BE READ AND SIGNED BY APPLICANT

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, healthcare providers and other persons from all liability in responding to inquires and releasing information in connection with my application.

I declare that the information on this application is correct. I understand that this application is not a contract, offer, or promise of employment. In the event of employment, I understand that false, misrepresentation, omission or misleading information given in my application or interview(s) will result in my dismissal. I understand, also, that I am required to abide by all rules and regulations of the Company.

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 49CFR 391.23(d) and (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 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.

Signature _____ Date _____

EMPLOYMENT HISTORY

Employment Experience: Give a complete record of all employment, including any unemployment or self-employment.

Company _____		
Address _____		
City _____	State _____	Zip _____
Supervisor _____ (_____) _____	Phone Number _____	
Employed From _____	Employed To _____	
Position Held _____	Salary / Wage _____	
Reason for Leaving _____		
Were you subject to the * FMCSRs while employed? Yes _____ No _____		
Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the Drug and Alcohol testing requirements of 49CFR Part 40? Yes _____ No _____		

Company _____		
Address _____		
City _____	State _____	Zip _____
Supervisor _____ (_____) _____	Phone Number _____	
Employed From _____	Employed To _____	
Position Held _____	Salary / Wage _____	
Reason for Leaving _____		
Were you subject to the * FMCSRs while employed? Yes _____ No _____		
Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the Drug and Alcohol testing requirements of 49CFR Part 40? Yes _____ No _____		

EMPLOYMENT HISTORY - Continued

Employment Experience: Give a complete record of all employment, including any unemployment or self-employment.

Company _____		
Address _____		
City _____	State _____	Zip _____
Supervisor _____ (_____)_____	Phone Number _____	
Employed From _____	Employed To _____	
Position Held _____	Salary / Wage _____	
Reason for Leaving _____		
Were you subject to the * FMCSRs while employed? Yes _____ No _____		
Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the Drug and Alcohol testing requirements of 49CFR Part 40? Yes _____ No _____		

Company _____		
Address _____		
City _____	State _____	Zip _____
Supervisor _____ (_____)_____	Phone Number _____	
Employed From _____	Employed To _____	
Position Held _____	Salary / Wage _____	
Reason for Leaving _____		
Were you subject to the * FMCSRs while employed? Yes _____ No _____		
Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the Drug and Alcohol testing requirements of 49CFR Part 40? Yes _____ No _____		

EMPLOYMENT HISTORY - Continued

Company _____		
Address _____		
City _____	State _____	Zip _____
Supervisor _____ (_____) _____	Phone Number _____	
Employed From _____	Employed To _____	
Position Held _____	Salary / Wage _____	
Reason for Leaving _____		
Were you subject to the * FMCSRs while employed? Yes _____ No _____		
Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the Drug and Alcohol testing requirements of 49CFR Part 40? Yes _____ No _____		
Reason for Leaving _____		

Company _____		
Address _____		
City _____	State _____	Zip _____
Supervisor _____ (_____) _____	Phone Number _____	
Employed From _____	Employed To _____	
Position Held _____	Salary / Wage _____	
Reason for Leaving _____		
Were you subject to the * FMCSRs while employed? Yes _____ No _____		
Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the Drug and Alcohol testing requirements of 49CFR Part 40? Yes _____ No _____		

Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 16 or more passengers (including the driver), or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

*The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport more than 8 passengers (including the driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

DRIVER APPLICANT TO COMPLETE

(Answer All Questions - Please Print)

List your addresses of residency for the past 3 years:

Current Address _____

City _____ State _____ Zip _____ How Long? _____
Yr. / Mo.

Previous Address _____

City _____ State _____ Zip _____ How Long? _____
Yr. / Mo.

Previous Address _____

City _____ State _____ Zip _____ How Long? _____
Yr. / Mo.

Previous Address _____

City _____ State _____ Zip _____ How Long? _____
Yr. / Mo.

Do you have the legal right to work in the United States? Yes / No

Date of Birth _____/_____/_____ Can you provide proof of age? Yes / No

Have you worked for L&R Pallet before? Yes / No

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

Reason for leaving _____

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

Who referred you? _____ Rate of pay expected _____

Have you ever been convicted of a felony? Yes / No

If yes, please identify the crime, the date of conviction and court location _____

Are you currently under a medical doctor's care and prescribed any prescription drug, including but not limited to, medical marijuana? Yes / No

Do you have any physical limitations that would inhibit your ability to perform your job on a continual daily basis (such as driving, getting in and out of a semi, trailer, dock, throwing straps, cranking dollies) Yes / No

If yes, please describe _____

Are you at least 23 years of age? Yes / No

Do you have a minimum of two full-time year's verifiable experience with like type vehicle? Yes / No

Do you have less than two moving violations (including no more than one preventable accident) during the previous 36 months? Yes / No

Have you had a DUI conviction during the previous five years in a commercial or personal vehicle? Yes / No

Have you operated a vehicle with a suspended or revoked driver's license? Yes / No

Have you been charged with vehicular homicide? Yes / No

Have you ever operated a vehicle without the owner's permission? Yes / No Unauthorized Use / Grand Theft

Have you ever been charged with reckless driving? Yes / No

Have you ever been charged with speed contests? Yes / No

Have you been charged with leaving the scene of an accident causing bodily injury/physical damage? Yes / No

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED) IF NONE, WRITE **NONE**

DATES **NATURE OF ACCIDENT** **FATALITIES** **INJURIES** **HAZARDOUS SPILL**

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE **NONE**

DATES **LOCATION** **CHARGE** **PENALTY**

DRIVER LICENSES OR PERMITS HELD IN THE PAST 3 YEARS

STATE **LICENSE NO.** **CLASS** **ENDORSEMENT(S)** **EXPIRATION DATE**

DRIVING EXPERIENCE CIRCLE YES OR NO

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT	DATES From To	APPRX # MILES
Straight Truck Yes / No	Van, Tank, Flat, Dump, Refer	____/____	_____
Tractor and Semi-Trailer Yes / No	Van, Tank, Flat, Dump, Refer	____/____	_____
Tractor – Two Trailers Yes / No	Van, Tank, Flat, Dump, Refer	____/____	_____
Tractor – Three Trailers Yes / No	Van, Tank, Flat, Dump, Refer	____/____	_____
Motor Coach – School Bus Yes /No	(More than 8 Passengers)	____/____	_____
Motor Coach – School Bus Yes / No	(More than 15 Passengers)	____/____	_____

List States Operated in for Last Five Years: _____

Indicate any foreign languages you can speak, read and/or write:

Circle 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 _____ City, State _____

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.

Signature _____

Date _____



FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT

In accordance with the provisions of Section 604(b)(2)(A) of the Fair Credit Reporting Act, public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I, of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on you for employment purposes. These reports are required by Sections 382.413, 291.25 of the Federal Motor Carrier Safety Regulations.

Print Applicant's Name

Applicant's Signature

Date

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MOTOR VEHICLE DRIVER'S CERTIFICATION OF COMPLIANCE WITH DRIVER LICENSE REQUIREMENTS

MOTOR CARRIER INSTRUCTIONS: The requirements in Part 383 apply to every driver who operates in intrastate, interstate, or foreign commerce and operates a vehicle weighing 26,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

The requirements in Part 391 apply to every driver who operates in interstate commerce and operates a vehicle weighing 10,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

DRIVER REQUIREMENTS: Parts 383 and 391 of the Federal Motor Carrier Safety Regulations contain certain driver licensing requirements that you as a driver must comply with, including the following:

1. **POSSESS ONLY ONE LICENSE:** You, as a commercial vehicle driver, may not possess more than one motor vehicle operator's license.
2. **NOTIFICATION OF LICENSE SUSPENSION, REVOCATION OR CANCELLATION:** Sections 391.15(B)(2) and 383.33 of the Federal Motor Carrier Safety Regulations require that you notify your employer the NEXT BUSINESS DAY of any revocation or suspension of your driver's license. In addition, Section 383.31 requires that any time you are convicted of violating a state or local traffic law (other than parking), you must report it within 30 days to: 1) your employing motor carrier, and 2) the state that issued your license (if the violation occurs in a state other than the one which issued your license.) The notification to both the employer and state must be in writing.
3. **CDL DOMICILE REQUIREMENT:** Section 383.23(a)(2) requires that your commercial driver's license be issued by your legal state of domicile, where you have your true, fixed, and permanent home and principle residence and to which you have the intention of returning whenever you are absent. If you establish a new domicile in another state, you must apply to transfer your CDL within 30 days.

The following license is the only one I possess:

Driver's License No. _____ State _____ Exp. Date _____

DRIVER CERTIFICATION: I certify that I have read and understand the above requirements.

Driver Name Printed: _____

Driver's Signature: _____ Date: _____

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PREVIOUS PRE-EMPLOYMENT EMPLOYEE ALCOHOL AND DRUG TEST STATEMENT

Sec. 40.25(j) As the employer, you must also ask the employee whether he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years. If the employee admits that he or she had a positive test or a refusal to test, you must not use the employee to perform safety-sensitive functions for you, until and unless the employee documents successful completion of the return-to-duty process.

Prospective Employee Print:

Name: _____

The prospective employee is required by Sec. 40.25(j) to respond to the following questions:

1. Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years?

Check one: Yes _____ No _____

2. If you answered yes, can you provide/obtain proof that you've successfully completed the DOT return-to-duty requirements?

Check one: Yes _____ No _____

I certify that the information provided on this document is true and correct.

Prospective Employee Signature: _____

Date: _____

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DRIVER EMPLOYMENT GAP

Under Federal Motor Carrier Safety Regulations (Section 391-23), L&R Pallet Service, Inc. is required to verify the employment background of all prospective drivers for the preceding three (3) years. You have stated that you were unemployed or self-employed during the time period shown below. This form is designed to assist you to account for that period of your employment history or period when you were not employed, which cannot be verified by other means. In the sections below, please fill in the dates and describe your activities during that time period.

Print Name

Social Security Number

Date: From ____/____/____ To ____/____/____

During this time period specified, I was: _____

I confirm that during this time, the statements that I check below are ***TRUE***

- I was not employed on a full-time or part-time basis
- I was Self-Employed
- I did not collect unemployment benefits
- I was not convicted of a crime involving a commercial motor vehicle or any aspect of this industry
- I was not involved in a commercial motor vehicle accident of any type

The two people listed below, neither of whom is related to me, can verify the above information to be true or false. I hereby authorize L&R Pallet Service, Inc. to contact and request the necessary information, and I authorize each to release the requested information to L&R Pallet Service, Inc.

NAME	ADDRESS	PHONE
_____	_____	_____
_____	_____	_____

Signature

Date

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SAFETY PERFORMANCE HISTORY RECORDS REQUEST

PROSPECTIVE EMPLOYER: The individual identified in SECTION 1 below has indicated that you employ(ed) or use(d) him/her within the last 3 years in a position that involved the operation of a commercial motor vehicle and/or that was subject to U.S. Department of Transportation (DOT)-regulated drug and alcohol testing.

In accordance with 49 CFR §40.25 and 391.23 we are hereby requesting that you supply us with the Safety Performance History of this individual. **Under DOT rule §391.23(g), you *must* respond to this inquiry within 30 days of receipt.**

Please complete SECTIONS 2, 3 and 4 (if applicable) and then return to the prospective employer shown in SECTION 1.

APPLICANT: Complete SECTION 1 and submit to prospective employer.

SECTION 1: TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

Please Print

I, Applicant Name: _____

Social Security Number: _____ Date of Birth: _____
(Required for Commercial Drivers)

Herby authorize:

Previous Employer: _____

Street: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax Number: _____

to release and forward the information requested by section 3 and 4 of this document concerning my Accident History and Alcohol and Controlled Substances Testing records within the previous 3 years from the date of this request.

To: L&R Pallet Service, Inc.
Human Resources
3855 Lima Street Telephone: 303.355.5083
Denver, CO 80239 Fax: 303.371.2038

In compliance with §40.25(g) and 391.23(h), release of this information must be made in a written form that ensures confidentiality, such as fax, email or letter.

Applicant's Signature

Date

SAFETY PERFORMANCE HISTORY RECORDS REQUEST – Continued

SECTION 2: TO BE COMPLETED BY PREVIOUS EMPLOYER - EMPLOYMENT VERIFICATION

The applicant named above was or is employed or used by us. Yes _____ No _____

Job Title _____ From (M/Y) _____ To (M/Y) _____

Did he/she drive a motor vehicle for you? Yes _____ No _____

If yes, what type? Straight Truck _____ Tractor-Semitrailer _____ Bus _____ Cargo Tank _____
Doubles/Triples _____ Other (Specify) _____

Completed by: _____ Title: _____

Company: _____

Street: _____

City, State, Zip: _____

Telephone: _____ Fax: _____

Signature: _____ Date: _____

If there is no safety performance history to report, check here _____ and return. Otherwise, complete Sections 3 and 4 before returning.

SECTION 3: TO BE COMPLETED BY PREVIOUS EMPLOYER – ACCIDENT HISTORY

Complete the following for any accidents included on your accident register (§390.15(b)) that involved the applicant in the 3 years prior to the application date, or check here _____ if there is no accident register data for this driver.

DATE	LOCATION	# OF INJURIES	# FATALITIES	HAZMAT SPILL
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Please provide information concerning any other commercial motor vehicle accidents involving the applicant that were reported to government agencies or insurers or retained under inter company policies: _____

SAFETY PERFORMANCE HISTORY RECORDS REQUEST - Continued

SECTION 4: TO BE COMPLETED BY PREVIOUS EMPLOYER – DRUG AND ALCOHOL HISTORY

If applicant was **not** subject to DOT testing requirements under 49 CFR Part 40 while employed by you, please check here _____ and return.

Applicant was subject to DOT testing requirements From (M/Y) _____ To (M/Y) _____

In answering these questions, include any required DOT drug or alcohol testing information you obtained from other employers in the 3 years prior to the application date shown.

Within the past 3 years from the application date:

- | | |
|---|--------------------------|
| <p>1. Has this person violated any of the drug and/or alcohol prohibitions under 49 CFR Part 40 or Subpart B of Part 382, including:</p> <ul style="list-style-type: none"> ▪ An alcohol test with a result of 0.04 or higher alcohol concentration ▪ A controlled substances test result of positive, adulterated, or substituted ▪ A refusal to submit to a random, post-accident, reasonable-suspension, or follow-up controlled substances or alcohol test ▪ Alcohol use while performing or within 4 hours before performing safety-sensitive functions ▪ Alcohol use after an accident, in violation of §382.213 | <p>Yes No N/A</p> |
| <p>2. If this person violated a DOT drug and/or alcohol prohibition did he/she fail to begin or complete a rehabilitation program prescribed by a Substance Abuse Professional (SAP)? If rehabilitation was required but you do not know if he/she began or completed such a program, check here _____</p> | <p>Yes No N/A</p> |
| <p>3. If the person successfully completed a SAP's rehabilitation referral and remained in your employ, did he/she subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refusal to be tested?</p> | <p>Yes No N/A</p> |

SECTION 5a: TO BE COMPLETED BY PROSPECTIVE EMPLOYER

This form was FAXED _____ MAILED _____ EMAILED _____ OTHER _____

By: _____ Date: _____

Subsequent attempts to contact previous employer (§391.23(c)(1)): _____

SECTION 5b: TO BE COMPLETED BY PROSPECTIVE EMPLOYER

Information received from: _____

Recorded by: _____ Method: FAXED _____ MAILED _____
 EMAILED _____ OTHER _____

Date: _____

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ROAD TEST EXAMINATION

Driver's Name: _____ Telephone: _____
Address: _____
City, ST-Zip _____
License # and State: _____

The road test shall be given by the motor carrier, or a person designated by the motor carrier. Any owner operator must have a road test given by another person. The test should be given by a person who is competent to evaluate and determine whether the driver who takes the test has demonstrated that he/she is capable of operating the vehicle and associated equipment that the motor carrier intends to assign to him/her.

Performance = Ok or Failed	Area Tested
	Pre-trip inspection (Section 392.7) Oil, Belts, Coolant, Air tanks, Brakes. Demonstration of emergency equipment
	Coupling and uncoupling of articulated units, includes combinations. King pin, Landing Gear, Secured trailer against movement.
	Backing (Asks for ground guide, Gets out to check rear, Steering.
	Placing the equipment in operation (Seat Belts, Mirrors, Glass)
	Accelerating to traffic speed.
	Gears (Does not use clutch, Grinds gears,
	Steering Directional Control,
	Left turns, Right turns. (Too wide, short Proper lane, blocks against cars)
	Intersections and Railroad crossings
	Other:

Power Unit Used: _____	Trailer Used: _____
If Passenger vehicle type of bus: _____	

This is to certify that the above named driver was given a road test under my supervision on _____ consisting of _____ miles of driving.

Examiners Signature: _____	Date: _____
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CERTIFICATION OF ROAD TEST

Driver's Name:
License # and State:

Power Unit Used:	Trailer Used:
If Passenger vehicle type of bus:	

This is to certify that the above named driver was given a road test under my supervision on consisting of _____ miles of driving.
It is my considered opinion that this driver possesses sufficient driving skill to safely operate the vehicle listed above.

Examiners Signature:
Title: