

# DRIVER'S APPLICATION FOR EMPLOYMENT

Laughlin Trucking, Inc.

PO Box 399 Carlton, OR 97111

Ph. (800) 452-9436

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, or the presence of non job-related medical condition or handicap. All motor carriers regulated under Federal Motor Carrier Safety Regulations must meet the requirements of Title 49 CFR Part 391 and Part 382 as they apply to qualifying the applicant for a driving position.

Position applying for:			
Date of application (Month/Day/Year):			
Name:		Phone #:	
DOB (Month/Day/Year):		SSN:	
Addresses for the past three years: (Use the back of this page if more room is needed)			
Street address:			
City:	State:	Zip:	How long?
Street address:			
City:	State:	Zip:	How long?
Are you eligible to work in the US?			
In case of emergency, notify:			
Name:		Phone:	Relation:
Have you worked for this company before?		If yes, what position?	
Dates:	From:	To:	
Reason for leaving?			
Are you now employed?			
If not, how long since leaving last employment?			
Who referred you?		Desired pay rate:	

ALL INFORMATION MUST BE COMPLETED BEFORE AN APPLICATION CAN BE CONSIDERED.

Please print legibly.

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Laughlin Trucking, Inc.

Name:	Date:
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## Physical Condition

List any limitations that prevent you from performing the duties of a commercial motor vehicle driver. Specify any medical waivers.

Are you physically capable of heavy manual work? Yes  No

Would you be willing to take an examination? Yes  No

## Employment History

Applicants for positions that require the driving of commercial motor vehicles must provide an additional 7 years information on those employers for whom the applicant operated such vehicles, or up to 10 years employment history.

<b>EMPLOYER Name:</b>	<b>From:</b>	<b>To:</b>
Address:		
City:	State:	Zip:
Position:		
Contact person & phone:		
Reason for leaving:		
Did you operate vehicles weighing 10,001 lbs or more? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Were you subject to Part 382: drug and alcohol rules? Yes <input type="checkbox"/> No <input type="checkbox"/>		

Continued on the next page.

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Laughlin Trucking, Inc.

Name:	Date:
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Employment History continued

<b>EMPLOYER Name:</b>	<b>From:</b>	<b>To:</b>
Address:		
City:	State:	Zip:
Position:		
Contact person & phone:		
<i>Reason for leaving:</i>		
<i>Did you operate vehicles weighing 10,001 lbs or more? Yes <input type="checkbox"/> No <input type="checkbox"/></i>		
<i>Were you subject to Part 382: drug and alcohol rules? Yes <input type="checkbox"/> No <input type="checkbox"/></i>		

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Address:		
City:	State:	Zip:
Position:		
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<i>Reason for leaving:</i>		
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Address:		
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Employment History continued

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Position:		
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Address:		
City:	State:	Zip:
Position:		
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\_\_\_\_\_ Please initial here to indicate that all required driving history where you drove a vehicle weighing more than 26,001 lbs. GCVWR, or was designed to carry 16 or more passengers including the driver, or which transported hazardous materials in placardable quantities for the period described above has been included in this application.

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Name:	Date:
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## Driving History and Experience

Please list any motor vehicle accidents in the past 3 years. If not applicable, write "None".

Date	Nature of Accident	Fatalities?	Injuries?

Please list any traffic violations or convictions in the past 3 years. If not applicable, write "None".

Date	Location	Charge	Penalty

Please list any valid licenses currently held.

State	License Number	Type	Expiration Date

Please list any experience driving equipment.

Class	Type (Van, Tank, Flat, etc.)	From	To	Miles
Straight Truck				
Tractor / Trailer				
Doubles				

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Laughlin Trucking, Inc.

Name:	Date:
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## Driving History and Experience continued

<i>Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes <input type="checkbox"/> No <input type="checkbox"/></i>
<i>Has any license, permit or privilege ever been suspended or revoked? Yes <input type="checkbox"/> No <input type="checkbox"/></i>
If "yes", explain the details:
In the past 2 years, have you tested positive, or refused to test, on a pre-employment drug or alcohol test administered by an employer where you applied for a safety sensitive position and were not hired? Yes <input type="checkbox"/> No <input type="checkbox"/>
List states licensed in over the past 5 years:

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. I understand that the employment information I provided in the Employment History section of this application may be used, and my previous employers will be contacted, for the purpose of investigating my safety performance history information as required by 49 CFR 391.23 (d) and (e). I authorize Laughlin Trucking and its agents to contact my former employers for the purpose of fulfilling the requirements of the 49 CFR Parts 391.23 and 382.413. I further authorize Laughlin Trucking, Inc. and its agents to make any such additional inquiries beyond the FMCSR minimum requirements that are necessary to qualify this application. I do hereby release Laughlin Trucking, Inc. and its agents and any of my former employers from any and all liability which may result from obtaining and/or furnishing such information. I have received a copy of and been advised of my rights under 49 CFR 391.23(h) to (i) review information provided by previous employers upon submitting a written request within 30 days after being notified of denial of employment, (ii) have errors in information corrected, and (iii) have a rebuttal statement attached to alleged erroneous information.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

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## REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER

Applicant's name: \_\_\_\_\_ Last 4 of applicant's SSN: \_\_\_\_\_  
Previous employer: \_\_\_\_\_ Contact: \_\_\_\_\_  
Address: \_\_\_\_\_ City / State / Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

I hereby authorize you to release information to Laughlin Trucking, Inc. and its agents for the purpose of investigating as required by Part 391.23, 382.413, 382.405(f) and 40.25 of Title 49 Code of Federal Regulations. You are released from any and all liability, which may result from furnishing such information. Thank you for your cooperation.

\_\_\_\_\_  
Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

THE ABOVE NAMED INDIVIDUAL HAS MADE APPLICATION TO THIS COMPANY AS A DRIVER AND STATES THAT HE/SHE WAS EMPLOYED BY YOU AS (position) \_\_\_\_\_

FROM \_\_\_\_\_ TO \_\_\_\_\_ Confirmed: Yes  No  Actual: From \_\_\_\_\_ To \_\_\_\_\_

### Driver's Safety Performance History

Did he/she drive a commercial motor vehicle (CMV) as defined in 49 CFR 390.5 or 383.5? Yes  No

If yes, what kind of vehicle?  Straight truck  Tractor-Semi-trailer  Bus  Other \_\_\_\_\_

Was he/she involved in a CMV accident, as defined in 49 CFR 390.5?  Yes  No

If yes, date of accident: \_\_\_\_\_ Location (City/State): \_\_\_\_\_

Number of injuries: \_\_\_\_\_ Number of fatalities: \_\_\_\_\_

Were hazardous materials, other than fuel spilled?  Yes  No

Reason for leaving your company:  Discharged  Resignation  Lay Off  Other \_\_\_\_\_

Was he/she a safe and efficient driver?  Yes  No

Would you rehire?  Yes  No

Any other comments: \_\_\_\_\_

For applicants who have been employed as a driver subject to part 382 Drug & Alcohol testing in the past 3 years, while your employee, did the person named above:

Have an alcohol test with a result of 0.04 alcohol concentration or greater?  Yes  No

Have a verified positive controlled substances test?  Yes  No

Refuse to complete a drug or alcohol test required under Part 382?  Yes  No

Violate drug and alcohol regulations of any other DOT agency?  Yes  No

If the answer to any of the above four questions is "yes", can you provide documentation of the applicant's successful completion of return-to-duty process?  Yes  No

Did he/she subsequent to completing the SAP's rehabilitation referral have an alcohol test with a result of 0.04 or higher, a verified positive drug test, or refuse to be tested?  Yes  No

Please return to: Laughlin Trucking, Inc.

Attn: Mel Powell

PO Box 399 Carlton, OR 97111

Fax (503) 852-7056

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