



IR Trans Inc.

DAWN CHANDLER
553 S 350 E Burley ID 83318
Phone: 1-208-410-2272
Email: irtransporting@yahoo.com

Employment Application

PERSONAL INFORMATION

Date: _____

Name: _____

Phone: _____ Fax: _____

Email: _____

DOB: _____ SSN: _____

Driver's License #: _____ State: _____

Address: _____

DRUG COMPLIANCE

IR Trans Inc. is a drug free workplace.

Will you consent to an initial drug screening before hired and random drug testing during your employment with IR Trans Inc? YES NO (please circle one)

To be Read and Signed by Applicant

I authorize IR Trans Inc. to make such inquires and investigations deemed necessary for employment, including, but not limited to, employment, personal, financial, criminal and medical history. I hereby release employers, schools, healthcare providers and other persons from all liabilities in releasing information in connection with this application.

In the event of employment, I understand that any false or misleading information given may result in discharge. It is also required to abide by all rules and regulations of the company, and any and all other departments and agencies that the company works with.

Signature: _____ Date: _____



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Position/s Applied for: _____

Give a total of 3 years residence:

Street: _____ City: _____ State: _____ How Long? _____

Street: _____ City: _____ State: _____ How Long? _____

Street: _____ City: _____ State: _____ How Long? _____

Street: _____ City: _____ State: _____ How Long? _____

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

Have you worked for this company before? _____ If so, When? _____

Are you now employed? _____ If not when was your last employment? _____

Who referred you? _____ Rate of pay expected? _____

Is there any reason you might be unable to perform the functions of the job for which you are applying?

Current Employment:

Employer			Date	
Name:			From:	To:
Address:			Position Held:	
City:	State:	Zip:	Salary:	
Contact			Reason for Leaving:	
Phone:				
Were you subject to the FMCSRs 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				

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) weights or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport more than 8 passengers (including Driver) or (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

Applicant to drive a commercial motor vehicle (included vehicles having a GVRW of 26,001 lbs or more, vehicles designed to transport 16 or more passengers (Including the Driver) or any size vehicle to transport hazardous materials in a quantity requiring placarding.)



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Employment History for the last 10 years

Employer		Date	
Name:	From:	To:	
Address:		Position Held:	
City:	State:	Zip:	
Contact Phone:	Reason for Leaving:		
Were you subject to the FMSCRs 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		Date	
Name:	From:	To:	
Address:		Position Held:	
City:	State:	Zip:	
Contact Phone:	Reason for Leaving:		
Were you subject to the FMSCRs 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		Date	
Name:	From:	To:	
Address:		Position Held:	
City:	State:	Zip:	
Contact Phone:	Reason for Leaving:		
Were you subject to the FMSCRs 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		Date	
Name:	From:	To:	
Address:		Position Held:	
City:	State:	Zip:	
Contact Phone:	Reason for Leaving:		
Were you subject to the FMSCRs 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		Date	
Name:	From:	To:	
Address:		Position Held:	
City:	State:	Zip:	
Contact Phone:	Reason for Leaving:		
Were you subject to the FMSCRs 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			



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Accident Record for at least 5 years –attach sheet if more space is needed

Dates	Nature of Accident	Fatalities	Injuries	Hazardous Material Spill
1:				
2:				
3:				
4:				

Traffic Convictions and Forfeitures (other than Parking Violations) –attach sheet if more space is needed

Dates	Location	Charge	Penalty
1:			
2:			
3:			
4:			

Experience and Qualifications

List all Divers licenses or permits held in the past 3 years—attach sheet if more space is needed

State	License #	Type	Expiration Date

Have you ever been denied a license, permit or driving privileges? _____

Has a license, permit or driving privileges ever been suspended or revoked? _____

If yes, Explain _____

Driving Experience

Class of Equipment Yes/No	Type of Equipment (Van, Tank, Flat, Dump, Refer, RGN)	Dates (Month/Year)		Approximate No. of Miles (Total)
		From	To	
Straight Truck				
Tractor and Semi-Trailer				
Tractor/Doubles				
Tractor/Triples				
Motorcoach-Bus (8+)				
Motorcoach-Bus (16+)				
Other _____				

List states operated in for the last 5 years _____

Special courses, training or awards pertaining to the position you are applying for: _____



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Experience and Qualifications

Trucking, Transportation or other experience that may assist your work for IR Trans Inc.

Special Equipment use and experience that you think will help you in your position: _____

Education

Highest Grade Completed: Some High School Graduated High School Some College College Degree

Last School Attended _____ City _____ State _____

Additional Information you think should be added

Do you have the following?

TWIC _____

Passport _____

Is there any reason you cannot go into Canada? _____

This certifies that all the information completed is true and accurate to the best of my knowledge.

Signature: _____ Date: _____



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Request for Check of Driving Record

I hereby authorize you to release the following information to IR Trans Inc. for the purposes of investigation as required by Federal Motor Carrier Safety Regulations sections 391.23 and 391.25. You are released from any and all liability with may result in releasing such information.

Signature: _____ Date: _____

In accordance with the provisions of the Fair Credit Reporting Act, Public Law 91-508, sections 604 and 607, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter 1, of Public Law 104-208), I hereby certify the following:

1. The applicant has authorized in writing the procurement of this report.
2. The applicant has been informed in a separate written disclosure that a consumer report may be obtained for employment purposes:
3. The information requested below will be used for a "permissible purpose" (ie., information for employment purposes) and will be used for no other purpose.
4. The information being obtained will not be used in violation of any federal or state equal opportunity law or regulation.
5. Before taking an adverse action based in whole or in part on the report the applicant will receive a copy of the requested report and the summary of consumer rights as provided with the report by the consumer reporting agency.

I also hereby certified that this report request and the above applicant's release notice meet the definition of "permissible uses" of state motor vehicle records under the provisions of the Driver's Privacy Protection Act of 1994 (Public Law 103-322, Title XXX, Section 300002(a)).

Signature: _____ Date: _____

The following named person has made application with our company for the position of _____.

In accordance with section 391.23, Federal Department of Transportation Regulations, please furnish the undersigned with the applicant's driving record for the past 3 years.

The following named person is employed with our company in the position of _____.

In accordance with section 391.25, Federal Department of Transportation Regulations, please furnish the undersigned with the employee's driving record for the past year.

Name of Applicant/Driver: _____

Address: _____
(Number and Street) (City) (State) (Zip)

Former Address: _____
(Number and Street) (City) (State) (Zip)

Date of Birth: _____ SSN _____ License No. _____ St. _____

Requested By

IR Trans Inc.
Name of Company

Dawn Chandler
Typed Name

569 S 350 E
Address

Owner
Title

Burley Idaho 83318
City State Zip

Signature



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Fair Credit Reporting Act Disclosure Statement

In accordance with the provisions of Section 604 b, 2 and 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, 391.23, and 391.25 of the Federal Motor Carrier Safety Regulations.

Applicant's Signature

Date

Print Name

Social Security Number



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Motor Vehicle Driver's

Certification of Compliance with Driver's License Requirements

The requirements in part 383 apply to every driver who operates in intrastate, interstate, or foreign commerce and operates a vehicle weighing 26,001 lbs or more, can transport more than 15 passengers (including driver) or transport hazardous materials that require Placarding.

The requirements in part 391 apply to every driver who operates in intrastate commerce and operates a vehicle weighing 10,001 lbs or more, can transport more than 15 passengers (including driver) or transport hazardous materials that require Placarding.

Parts 383 and 391 of the FMCSR requires that a driver must comply with

1. You as a commercial drive can only possess one license.
2. Section 391.15 B and 2 and 383.33 of the FMCSR state you must give notification to your employer by the next business day of license suspension, revocation or cancellation. If you are convicted of violating a state or local traffic law you must report it within 30 days to 1) your employer and 2) the state that issued your license (if the violation was in a state other than the one your license was issues in). The notification to both state and employer must be in writing.
3. Section 383.23 a and 2 require that your commercial driver's license be issues by your legal state of residence (where you have a true, fixed or permanent home or principle residence. If you establish a new residence you must transfer your CDL within 30 days.

The following license is the only one I possess:

Driver's License #: _____ State _____ Exp. Date _____

I certify that I have read and understood the above requirements.

Driver's Name (Printed) _____

Signature: _____ Date: _____



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Driver's Statement of On-Duty Hours

Driver's Name _____

Social Security Number _____

Driver's License Number: _____ Class: _____ State: _____

Day	1	2	3	4	5	6	7	
Date								Total Hours
Hours worked								

I hereby certify that the information given above is correct to the best of my knowledge.

I was last relieved from work

Time _____ Day _____ Month _____ Year _____

Driver Certification for other compensated work

A driver must report all on-duty time per section 395.2 paragraphs 8-9 of the FMCSR including time working for other employers.

Are you currently working for another employer? _____

At this time do you intend to work for another employer while employed by IR Trans Inc. _____

I hereby certify that all information is true and accurate to the best of my knowledge and I understand that if and when I become a driver for IR Trans Inc. that I must report any other employment activity whether I believe it will detract from my work with IR Trans Inc. or not.

Signature: _____ Date: _____



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Controlled Substance Testing Consent From

IR Trans Inc. Drug/Alcohol Testing Policy

(Prospective and/or Current Employees)

As a condition of my offer of employment and/or continued employment with IR Trans Inc., I consent to take a drug and/or alcohol test under the company's Drug and Alcohol Testing Policy.

Signature: _____ Date _____

Drug/Alcohol Testing Policy

As part of a DOT commercial drug and alcohol consortium any applicant/employee/driver will be subject to a pre-employment screen as well as subject to random drug and alcohol tests as deemed necessary by the consortium under FMSCA Rules and Regulations. Applicant/employee/drivers will also be subject to drug and/or alcohol testing if sufficient due cause is given under FMCSR Section 382.307—Reasonable suspicion testing.

In the event that any applicant/employee/driver's specimen tests positive for drugs, they will be given an opportunity to discuss that result with a representative of the Consortium for the purpose of providing a reasonable explanation regarding the positive test result. If a reasonable explanation, including but not limited to a false positive or prescription drug interaction, cannot be determined it will stand as a positive result. If it is deemed to be a possible false positive or other cause for retesting, a retest will be given at the company's expense.

If the applicant/employee/driver's test remains positive for illegal drugs they will not be offered employment with IR Trans Inc. and if currently employed they can be immediately terminated from further employment with the company.

In the event that the applicant/employee/driver is involved in an on-the-job accident, described as any accident involved during on-duty hours or any accident involving a company truck, applicant/employee/driver authorizes the release of relevant hospital reports or other documentation that would indicate whether there were illegal drugs or alcohol in their system at the time of the accident.

Applicant/employee/driver consents to the release of drug and alcohol test results received by the consortium as a representative of the Medical Review Officer, to management officials of IR Trans Inc. and understand that all parties will hold those results in confidence.

I have received, read and understand these terms of IR Trans Inc's Drug and Alcohol Testing Policy and agree to abide by these terms.

Signature: _____ Date: _____



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BACKGROUND INVESTIGATION AUTHORIZATION

The Fair Credit Reporting Act (1971) requires that we inform you that a background investigation may be conducted as part of our employment screening and selection process. This may include an inquiry to obtain information regarding your character, general reputation, personal characteristics and mode of living. The main objective of the investigation is to verify information you provided on your application or during the interview process. Upon your written request within a reasonable period of time, additional information as to the nature and scope of the report, if one is made, will be provided. In addition, if a report is made, you have the right to the request details of the report from the consumer-reporting agency. The items of information requested below are needed to process your background investigation. They are intended solely for that purpose and will not be used in a discriminatory manner for the making of business decisions.

Last Name:	First Name:	Middle:	Social Security Number:		
Date Of Birth	Driver's License:	State Issues:	Other Names Used:		
Current Address:	City:	State:	Zip code:		
Home Address for the Last 7 Years					
Street Address:	City:	State:	Zip	From	To

Have you ever been convicted of a criminal offense? Yes No If yes, please explain:

I authorize IR Trans Inc. and their agents to investigate my background as it pertains to employment considerations. This may include investigations of employment history and performance, personal/professional reference, education history, licenses and information contained in public records including credit, criminal, motor vehicle data and worker's compensation. I release all persons, companies or corporations furnishing such information from liability and responsibility, A Photostat copy of this document may be substituted for the original.

Print Full Name: _____ Date: _____

Signature: _____



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Consent for Employment Verification

I understand that current and/or previous employers may be contacted, for the purpose of employment verification, safety and drug compliance and performance history as required by 49 CFR 391.23 (d) and (e). I understand I have the right to:

- Review information provided by employers
- Have errors in the information correct by employers and to have those employers re-send the corrected information
- Have a rebuttal statement attached to the alleged erroneous information, if the employers and I cannot agree on the accuracy of the information.

Applicant's Authorization:

I hereby authorize the addressed individual, company, or institution to furnish IR Trans Inc. with any information it may have concerning me which is on record or otherwise. I hereby release the addressed individual, company, or institution and all individuals connected therewith, including the company to which I am applying, from any and all liability for any damage whatsoever incurred in furnishing and disclosing any information relating to my employment with the addressed individual, company, or institution.

Printed Name: _____ Date: _____

Signature: _____



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Checklist for new employment

Please return

- **Application for Employment**
- **2 Requests for Driving Records**
- **Fair Credit Reporting Act Disclosure Statement**
- **Certificate of Compliance with Driver's License Requirements**
- **Driver Statement of On-Duty Hours**
- **Employment Eligibility Verification (Homeland Security)**
- **Controlled Substance Consent Form and Testing Policy**
- **Background Check Consent Form**
- **Employment Verification Consent Form**
- **Copy of Driver's license (Front and Back)**
- **Copy of Social Security Card**
- **Copy of Medical Examiner's Report (Long Form)**
- **Copy of Medical Certificate**