

DEPENDABLE SOURCE CORPORATION

DRIVER APPLICATION FOR EMPLOYMENT

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

Date of Application: _____

Position(s) Applied for: _____

Name: _____
First Middle Last

Address: _____
Street City, State & Zip Code

Social Security Number _____ - _____ - _____ Phone: (_____) _____
If address above is less than 3 years please list past 3 years

_____ Street City, State & Zip Code

_____ Street City, State & Zip Code

Do you have the legal right to work in the United States: _____ Yes _____ No

Date of Birth: ____/____/____ Can you provide proof of age: _____ (Required for Truck Drivers)

Are you now Employed? _____ If, Not how long since leaving last Employment: _____

Who Referred You? _____ Rate of Pay Expected: _____

Date of last DOT prescribed physical examination: ____/____/____

EDUCATION

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: _____

ACCIDENT RECORD FOR THE PAST 3 YEARS OR MORE			
DATES	NATURE OF ACCIDENT	FATALITIES	INJURIES
LAST ACCIDENT:			
NEXT PREVIOUS			
NEXT PREVIOUS			

TRAFFICE CONVICTIONS AND FORFEITURE FOR THE PAST 3 YEARS

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

EXPERIENCE AND QUALIFICATIONS - DRIVER LICENSES HELD

STATE	LICENSE NUMBER	TYPE	EXPIRATION DATE

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? _____
- B. Have you ever been arrested or convicted of a felony? _____ Yes _____ No If YES, please explain:

- C. Has any license, permit or privilege ever been suspended or revoked? _____ If the answer to either A, B, or C is yes please give details. _____

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (Van, Tank, Flat, ETC.)	DATES		MILES
		From	TO	(Total)
STRAIGHT TRUCK				
TRACTOR & SEMI				
TRAILER				
TRACTOR & 2 TRAILERS				
OTHER				

- List state operated in for the last 5 years: _____
- Show Special courses or training that will help you as a driver: _____
- Which safe driving awards do you hold and from whom? _____

**PRINT CAREFULLY AND CLEARLY
 PAST EMPLOYMENT RECORD
 IF NECESSARY ATTACH A SHEET**

NOTE: DOT REQUIRES AT LEAST 10 YEARS IF APPLYING FOR A DRIVING POSITION:

CURRENT EMPLOYER: Name: _____	Phone: _____
Address: _____	
Street	City, State & Zip Code
Position Held: _____	Supervisor: _____
Date Hired: ____ / ____ / ____	Date Left: ____ / ____ / ____ Salary: \$ _____
Reason for leaving: _____	

Last Employer:	Phone:
Address:	
Position Held:	Supervisor
Date Hired: / / Date Left: / /	Salary: \$
Reason for Leaving:	
Name:	Phone:
Address:	
Position Held:	Supervisor
Date Hired: / / Date Left: / /	Salary: \$
Reason for Leaving:	
Name:	Phone:
Address:	
Position Held:	Supervisor
Date Hired: / / Date Left: / /	Salary: \$
Reason for Leaving:	
Name:	Phone:
Address:	
Position Held:	Supervisor
Date Hired: / / Date Left: / /	Salary: \$
Reason for Leaving:	
Name:	Phone:
Address:	
Position Held:	Supervisor
Date Hired: / / Date Left: / /	Salary: \$
Reason for Leaving:	
Name:	Phone:
Address:	
Position Held:	Supervisor
Date Hired: / / Date Left: / /	Salary: \$
Reason for Leaving:	

Name:		Phone:
Address:		
Position Held:		Supervisor
Date Hired: / /	Date Left: / /	Salary: \$
Reason for Leaving:		
Name:		Phone:
Address:		
Position Held:		Supervisor
Date Hired: / /	Date Left: / /	Salary: \$
Reason for Leaving:		
Name:		Phone:
Address:		
Position Held:		Supervisor
Date Hired: / /	Date Left: / /	Salary: \$
Reason for Leaving:		
Name:		Phone:
Address:		
Position Held:		Supervisor
Date Hired: / /	Date Left: / /	Salary: \$
Reason for Leaving:		

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 matter 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 my discharge. I understand, also, that I am required to abide by all rules and regulations of DEPENDABLE SOURCE CORPORATION.

APPLICANT'S SIGNATURE

DATE

Dependable Source Corp.

338 Iris Ave., New Orleans, LA 70121
Phone: 504-828-7343 Fax: 504-828-7342

REQUEST FOR PREVIOUS EMPLOYMENT VERIFICATION

I hereby, authorize the release of the following information to Dependable Source Corp., for the purpose of investigation as required by Sections 391-23 and 393-35 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability, which may result from furnishing such information

Applicant Signature: _____

Date: _____

FOR OFFICE USE ONLY: APPLICANT DO NOT FILL OUT BELOW THIS LINE

Company Name: _____ Phone: _____
Contact Name: _____ Title: _____ Fax: _____
From: Rgina Ipock Date: _____ Phone Fax Mail Website Email

Applicant Name: _____ SSN: _____
Employed From _____ to _____ Are dates Correct, if not please correct: _____

What type of Motor Vehicle did he/she drive for you?

_____ Straight Truck _____ T/T _____ Other _____

Were any endorsements needed, if so which one(s)? _____

Were he/she a Safe & Efficient Driver? _____ Yes _____ No Accidents: _____ Yes _____ No

Please explain? _____

Reason for leaving? _____ Discharged/Terminated _____ Resigned _____
_____ LayOff _____ Other: _____

Was his/her conduct satisfactory: _____

If driver was not subject to Part 382 testing requirements while employed by you, please check here _____ sign below and return. If subject to Part 382 Testing requirements please answer below.

Has this person ever tested positive for a controlled substance in the last 3 years? _____

Has this person ever had an alcohol test with a BAC of 0.04 or greater in last 3 years? _____

Has this person ever refused a required test for drug/alcohol in the last 3 years? _____

Has this person violated other DOT drug and alcohol regulations? _____

Have you received information from a previous employer that this individual violated DOT drug and alcohol regulations? _____

Have you received and information from a previous employer that the individual violated any drug and alcohol regulations (NON DOT)? _____

If YES to any of the above questions, please five the SAP's (Substance Abuse Professional) Name, address and phone number for further reference.

Name: _____ Phone: _____
Address: _____

Signature: _____ Date: _____

Disclosure & Release

In connection with my application for employment (including contract for services) with you, I understand that consumer reports, which may contain public record information, may be requested from **INFOMART**. These reports may include the following types of information: names and dates of previous employers, reason for termination of employment, work experience, accidents, etc. I further understand that such reports may contain public record information concerning my driving record, workers' compensation claims, credit, bankruptcy proceeding, criminal records, etc., from federal, state and other agencies which maintain such records, as well as information from **INFOMART** concerning previous driving record requests made by others from such state agencies, and state provided driving records.

I authorize, without reservation, any party or agency contacted by **INFOMART** to furnish the above-mentioned information.

I have the right to make a request to **INFOMART** upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including the sources of information; and the recipients of any reports on my, which **INFOMART** has previously furnished within the two year period preceding my request. I hereby consent to your obtaining the above information from **INFOMART**, and I agree that such information, which **INFOMART** has or obtains, and my employment history with you if I am hired, will be supplied by **INFOMART** to other companies, which subscribe to **INFOMART**.

I hereby authorize procurement of consumer reports. If hired (or contracted), this authorization shall remain on file and shall serve as ongoing authorization for you to procure consumer reports at any time during my employment (or contract) period.

Please Print Your Name Here

Social Security Number

Applicants Signature Here

Today's Date
