

TICKETS / ACCIDENTS / ETC.

Accident Record for Past 3 Years		
Date	Description	# of Injuries / Fatalities

Traffic Convictions & Forfeitures for Past 3 Years			
Location	Date	Charge	Penalty

HISTORY WITH COMPANY WHICH YOU ARE APPLYING FOR

I have worked for this company before Yes No (if yes, please indicate hire and termination dates)
 Note: This information should also be reflected in employment record section.

I have applied for work with this company before Yes No (if yes please indicate date(s).)

How did you hear about this employer? _____

EMPLOYMENT RECORD

NOTE: DOT requires employment for 3 years previous and/or commercial driving experience for past 10 years be shown.

PLEASE CONTINUE EMPLOYMENT RECORD ON NEXT PAGE (PAGE 3)

Employer: _____	Employed From: _____	To: _____
Address: _____		
Phone: (____) _____	Supervisor: _____	
Position: _____ Reason for Leaving: _____		
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 & alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Employer: _____	Employed From: _____	To: _____
Address: _____		
Phone: (____) _____	Supervisor: _____	
Position: _____ Reason for Leaving: _____		
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 & alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Note: if needed, make additional copies of this page to capture info regarding all employers during the past 10 yrs.

Employer: _____	Employed From: _____	To: _____
Address: _____		
Phone: (____) _____	Supervisor: _____	
Position: _____	Reason for Leaving: _____	
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 & alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Employer: _____	Employed From: _____	To: _____
Address: _____		
Phone: (____) _____	Supervisor: _____	
Position: _____	Reason for Leaving: _____	
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 & alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Employer: _____	Employed From: _____	To: _____
Address: _____		
Phone: (____) _____	Supervisor: _____	
Position: _____	Reason for Leaving: _____	
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 & alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Employer: _____	Employed From: _____	To: _____
Address: _____		
Phone: (____) _____	Supervisor: _____	
Position: _____	Reason for Leaving: _____	
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 & alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No		

DECLARATION OF EMPLOYMENT STATUS

-This refers to any gaps in employment history

I understand that I must provide my complete employment history for the past 3 years, and all CDL required employment for the 7 years preceding that. Any gaps in employment longer than 1 month are explained as follows:

From: _____ To: _____

During this time, I was engaged in the following activity:

In addition:

_____ I was not employed by any company or individual

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, 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 interviews may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

I understand information I provide regarding current and/or previous employers may be used, and those employers will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23 (d) and (e). I understand that I have the right to:

- Review information provided by the 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.

This certifies 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: _____

Pre-Interview Questionnaire

Candidate Name: _____

1. What is important to you in a place where you work? Tell us about what your ideal company and job would be like.
2. Tell me about a personal or career goal that you have accomplished and why that was important to you? What are your long term goals? What are you doing/what will you do to accomplish these goals?
3. Tell me about a time when you were part of a great team. Why was it great? What was your part in making the team effective?
4. What kinds of people do you like to work with? What types of people do you not like to work with?
5. Give me an example of a time when you had to deal with a difficult co-worker. How did you handle the situation and what was the outcome?
6. Describe your coping mechanism when things get hectic at work.
7. What would your previous supervisors say about you?
8. Strengths/weaknesses?
9. Why hire?

SAFETY PERFORMANCE HISTORY RECORDS REQUEST

Section 1: TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

I, (Print Name) _____
First, M.I., Last
Social Security Number
Date of Birth

Herby authorize:

Previous Employer: _____ Telephone: _____

Street: _____ Fax No.: _____

City, State, Zip: _____

To release and forward the information requested by section 2 and 3 of this document concerning my Alcohol and Controlled Substance Testing records within the previous 3 years from _____ To: _____
(M/Y of employment dates)

Attn: _____ Phone: _____

Prospective Employer: LAMP ENVIRONMENTAL INDUSTRIES
 Street: 11441 FONTANA LANE
 City, State, Zip: INDEPENDENCE, LA 70443
 Fax: (985) 878-3033

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, letter, or email.

 Applicant's Signature

 Date

**SECTION 2: TO BE COMPLETED BY PREVIOUS EMPLOYER
 ACCIDENT HISTORY**

The applicant named above was employed by us. Yes No

Employed from (m/y) _____ to (m/y) _____

1. Did he/she drive motor vehicle for you? Yes No If yes, what type? Straight Truck Tractor Trailer
 Other (Specify) _____

2. Reason for leaving your employ: Discharged Resignation Lay Off Military Duty

If there is no safety performance history to report, check here , sign below & return.

ACCIDENTS: 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 shown above, or check here if there is no accident register data for this driver.

Date	Location	No of Injuries	No of Fatalities	Hazmat Spill
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

Please provide information concerning any other accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies: _____

Signature: _____ Title: _____ Date: _____