



EMPLOYMENT APPLICATION FOR COMMERCIAL DRIVERS

RED 9, LLC P.O. BOX 995 PICAYUNE, MS 39466

PLEASE PRINT OR TYPE

DATE OF APPLICATION	FULL NAME OF APPLICANT					DATE OF BIRTH
DRIVERS LICENSE NUMBER	ISSUING STATE	EXP. DATE	CDL ENDORSEMENTS	SOCIAL SECURITY #		
CURRENT STREET ADDRESS, P.O. BOX #			CITY	STATE	ZIP	
PREVIOUS STREET ADDRESS, P.O. BOX #			CITY	STATE	ZIP	
HOME PHONE		MOBILE PHONE		EMAIL ADDRESS		
WHAT POSITION YOUR ARE APPLYING FOR		RATE OF PAY EXPECTED		FULL TIME	PART TIME	TEMP
WHERE ARE YOU CURRENTLY EMPLOYED		YOUR REASON FOR LEAVING		WHEN CAN YOU START		
HAVE WORKED HERE BEFORE	WHEN	WHAT POSITION	WHY DID YOU LEAVE			
WHO REFERRED YOU	NAME OF ANY RELATIVES CURRENTLY EMPLOYED HERE			WHAT IS THEIR JOB TITLE		
CIRCLE THE HIGHEST EDUCATIONAL GRADE YOU COMPLETED			IF COLLEGE WHERE	WHAT LEVEL OR DEGREE		
1 2 3 4 5 6 7 8 9 10 12 or GED						
LIST TECHINCAL OR VOCATIONAL SCHOOL ATTENDED			FOR WHAT FIELD OR VOCATION	WHAT LEVEL OR DEGREE		
IF MILITARY SERVICE WHAT BRANCH	HIGHEST RANK ATTAINED	JOB CLASSIFICATION		TYPE OF DISCHARGE		
ARE YOU CURRENTLY IN THE NATIONAL GUARD OR RESERVES		YOUR CURRENT RANK		JOB CLASS		
HAVE YOU EVER BEEN CONVICTED OF A FELONY? WHAT FOR?			WHEN	WHAT STATE(S)		

**THIS COMPANY IS AN EQUAL OPPORTUNITY EMPLOYER.
 THIS APPLICATION MEETS THE REQUIREMENTS OF THE DEPARTMENT OF TRANSPORTATION
 THE DEPARTMENT OF LABOR, THE CIVIL LIBERTIES UNION AND THE AMERICANS WITH DISABILITIES ACT.**

Please return a completed copy of all pages to: david@grey-gc.com or bring the entire application to your interview.

APPLICANT / EMPLOYEE RELEASE AND DISCLOSURE STATEMENT

I certify that I have completed and understand this employment application and additional employee information. I understand that the company or their agents will conduct an investigation into my background to ascertain any information pertaining to my possible employment. This may include, but is not limited to, my previous employment history, safety performance history, criminal records, character and reputation, educational background, worker's compensation records, mode of living or any other personal information needed for the employer to determine if I am a suitable candidate for the position for which I am applying. I understand that these investigations will be conducted under the provisions of the Fair Credit Reporting Act U.S.C., Sec. 1681 and within the guidelines of the 1996 Americans with Disabilities Act. I now release the employer and their agents and any persons named in this application from any and all liability and for any damages that may occur due to these investigations.

I understand that if offered a job by the employer that the offer is conditional based on the results of these investigations and the results of drug testing and a physical examination. I have been informed that if hired for the position I am applying for, I will be on probation for a period of not less than 90 days. If I am terminated or choose to end my employment during this probation period the cost of any investigations, drug test, examinations, or training may be deducted from my final paycheck.

If hired, I agree to abide by the policies, rules, and regulations of the employer and State, Federal, or Local regulations that apply to my duties. I also understand that any misrepresentation or omission of facts in this application or my employee file may result in my rejection or termination.

I agree to be tested for the illegal use of controlled substances as part of the pre-employment requirements. I also agree to be tested for drug or alcohol use for reasons including, random screening, post accident, probable cause, or return to duty at any time during my employment with this company. I also understand that my person or my belongings may be searched at anytime while I am on duty or on company property. I understand that refusal to submit to any screening or searches will result in my rejection for employment or immediate termination while employed by this company.

I certify that I have read this release and disclosure statement and that my employment application and all information given are true and accurate to the best of my knowledge.

X

X

PRINT YOUR NAME

SIGN YOUR NAME

C.D.L. # AND EXPIRATION DATE

***** FOR OFFICE USE ONLY *****

Date Hired		Credit Check		Orientation Date	
P-E Drug Test		Criminal Check		Job Training	
MVR Record Check		Previous Employers		Hazmat Training	
Physical Exam Date		Workers Comp Check		Abuse Training	

Disqualified for: _____

Supervisors Signature: _____

**DRIVER QUALIFICATION AND EXPERIENCE
LIST ALL DRIVERS LICENSES HELD IN THE LAST 3 YEARS**

ISSUING STATE	LICENSE NUMBER	CLASS & TYPE	EXPIRATION DATE

LIST ALL ACCIDENTS IN COMMERCIAL VEHICLES IN THE LAST 5 YEARS

DATE	TYPE OF ACCIDENT	INJURIES / FATALITIES	CITY / STATE	CITATION ISSUED

LIST ALL MOVING VIOLATIONS RECEIVED IN THE LAST 5 YEARS

DATE	CITY / STATE	TYPE OF VIOLATION	COMMERCIAL / PERSONAL	PENALTY

LIST ALL TYPES OF COMMERCIAL VEHICLES YOU HAVE OPERATED

TRUCK TYPE	BODY TYPE	TRAILER TYPE	ESTIMATED MILEAGE	DATE

ANSWERING YES TO THESE QUESTIONS REQUIRES A STATEMENT ON A SEPARATE PAGE

1. Has your driver's license or privilege to drive ever been suspended or revoked? **YES** **NO**
2. Have you ever been denied a driver's license or permit? **YES** **NO** What states? _____
3. Have you ever been disqualified for violating Federal Motor Carrier Safety Regulations? **YES** **NO**

PREVIOUS EMPLOYMENT HISTORY

FMCSA requires all commercial drivers with A or B CDL to list employment history for the past 10 years. 3 years for all others. Start with your most recent employment and work back. Show time spent in the US Armed Forces.

PRINT DRIVER NAME _____

COMPANY #1				EMPLOYMENT DATES		
ADDRESS						
SUPERVISOR				OFFICE PHONE #		
JOB TILE				ENDING SALARY		
REASON FOR LEAVING						
Were you required to follow FMCSA Regulations at this job?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Were you enrolled in a D & A program at this job?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
COMPANY #2				EMPLOYMENT DATES		
ADDRESS						
SUPERVISOR				OFFICE PHONE #		
JOB TILE				ENDING SALARY		
REASON FOR LEAVING						
Were you required to follow FMCSA Regulations at this job?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Were you enrolled in a D & A program at this job?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
COMPANY #3				EMPLOYMENT DATES		
ADDRESS						
SUPERVISOR				OFFICE PHONE #		
JOB TILE				ENDING SALARY		
REASON FOR LEAVING						
Were you required to follow FMCSA Regulations at this job?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Were you enrolled in a D & A program at this job?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
COMPANY #4				EMPLOYMENT DATES		
ADDRESS						
SUPERVISOR				OFFICE PHONE #		
JOB TILE				ENDING SALARY		
REASON FOR LEAVING						
Were you required to follow FMCSA Regulations at this job?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Were you enrolled in a D & A program at this job?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	

ADDITIONAL SPACE FOR PREVIOUS EMPLOYER INFORMATION

COMPANY #5		EMPLOYMENT DATES	
ADDRESS			
SUPERVISOR		OFFICE PHONE #	
JOB TITLE		ENDING SALARY	
REASON FOR LEAVING			
Were you required to follow FMCSA Regulations at this job?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Were you enrolled in a D & A program at this job?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
COMPANY #6		EMPLOYMENT DATES	
ADDRESS			
SUPERVISOR		OFFICE PHONE #	
JOB TITLE		ENDING SALARY	
REASON FOR LEAVING			
Were you required to follow FMCSA Regulations at this job?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Were you enrolled in a D & A program at this job?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
COMPANY #7		EMPLOYMENT DATES	
ADDRESS			
SUPERVISOR		OFFICE PHONE #	
JOB TITLE		ENDING SALARY	
REASON FOR LEAVING			
Were you required to follow FMCSA Regulations at this job?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Were you enrolled in a D & A program at this job?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
COMPANY #8		EMPLOYMENT DATES	
ADDRESS			
SUPERVISOR		OFFICE PHONE #	
JOB TITLE		ENDING SALARY	
REASON FOR LEAVING			
Were you required to follow FMCSA Regulations at this job?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Were you enrolled in a D & A program at this job?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
COMPANY #9		EMPLOYMENT DATES	
ADDRESS			
SUPERVISOR		OFFICE PHONE #	
JOB TITLE		ENDING SALARY	
REASON FOR LEAVING			
Were you required to follow FMCSA Regulations at this job?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Were you enrolled in a D & A program at this job?		<input type="checkbox"/> YES	<input type="checkbox"/> NO

REQUEST FOR DRIVER BACKGROUND INFORMATION VERIFICATION

TO THE PERSON COMPLETING THIS REQUEST: In compliance with FMCSA regulations our company is seeking information concerning a commercial driver that was previously employed by your company and has applied for employment with our company. The applicant below has signed this release granting us permission to request this information and giving you permission to provide it to us. Please complete this form and return it to the address shown below, or by FAX. If you need additional information concerning this request please contact our company.

COMMERCIAL DRIVER GRANTING RELEASE OF EMPLOYMENT INFORMATION (DRIVER USE ONLY)

PRINT NAME	CDL NUMBER	SIGNATURE

PREVIOUS EMPLOYER INFORMATION (OFFICE USE ONLY)

COMPANY NAME	ADDRESS	CITY – ST - ZIP	PHONE #

INFORMATION REQUESTED (TO BE COMPLETED BY PREVIOUS EMPLOYER)

DATE HIRED	DATE TERMINATED	REASON FOR TERMINATION (Optional)

ANSWER YES OR NO TO THE FOLLOWING QUESTIONS	YES	NO
1. Would you rehire this driver?		
2. Was this driver involved in a vehicular accident while employed by your company?		
3. Did this driver ever have his/her CDL suspended while employed by your company?		
4. Did this person ever receive an Out of Service DOT violation while employed by your company?		
5. Was this driver ever disqualified from driving duties while employed by your company?		
6. Was this driver a qualified commercial driver when last employed at your company?		
7. Did this driver ever fail a DOT physical examination while employed by your company?		
8. Did this driver ever test positive for drugs or alcohol while employed by your company?		
9. Was this driver in your random drug and alcohol program when last employed at your company?		
10. Did this driver ever refuse to provide a sample for a drug or alcohol test while employed by your company?		

PLEASE RETURN THIS FORM BY MAIL OR FAX AS SOON AS POSSIBLE

COMPANY NAME REQUESTING INFORMATION			ATTENTION	
RED 9, LLC			David Stockstill	
ADDRESS		CITY	ST	ZIP
PO Box 995		Picayune	MS	39466
OFFICE PHONE NUMBER	FAX PHONE NUMBER		E-MAIL ADDRESS	
601-229-0401	601-798-3015		david@red9llc.com	

<i>Internal Use Only</i>		
<i>Date Sent</i>	<i>Sent by</i> FAX <input type="checkbox"/> MAIL <input type="checkbox"/> EMAIL <input type="checkbox"/>	<i>Signature of Sender</i>

HOURS OF SERVICE INFORMATION FOR NEW HIRES

NAME: _____

C.D.L. NUMBER: _____

TYPE AND CLASS: _____

EXPIRATION DATE: _____

ISSUING STATE: _____

Complete the following hours of service for the 7 days period prior to starting work for this company.

DAY	1	2	3	4	5	6	7	TOTAL HOURS
DAY & MONTH								
HOURS ON DUTY								

I was last relieved from duty by my previous employer on: DATE _____ TIME _____

NAME OF YOUR LAST EMPLOYER _____

NAME OF YOUR LAST SUPERVISOR _____

I attest that the information I have given above is true and correct to the best of my knowledge: _____

(Signature) X _____

(Date) _____

CHECK LIST FOR CASUAL, OCCASIONAL, OR INTERMITTENT DRIVERS

Prior to a casual, intermittent, or occasional driver your must ensure that the following requirements are met and that these forms are placed in his/her driver qualification file as per 391.63 in the Federal Motor Carrier Safety Regulations.

A. D.O.T. PHYSICAL EXAMINATION:

The original copy of the medical examiner's certificate showing that the driver is physically qualified to operate a commercial vehicle.

DATE: ____ / ____ / ____

B. SUBSTANCE ABUSE TESTING:

The original or copy of the last drug and/or alcohol test certifying the results were negative. Also a copy of the motor carrier's random testing policy

DATE: ____ / ____ / ____

Supervisors Signature _____

Date _____

CERTIFICATE OF COMPLIANCE AND DRIVER NOTIFICATION

A. The Commercial Motor Vehicle Act of 1986 places stronger regulatory controls over drivers, vehicles, and motor carriers. These regulations apply to all drivers operating vehicles with a GVWR of 26,000 lbs or more and to any vehicle of any size that is transporting a hazardous material in quantities large enough to require placarding. The following provisions became effective July 1, 1987.

- 1. No driver may possess more than one license, and no motor carrier may use a driver that has more than one license.**

- 2. A driver convicted of any traffic violation other than parking, in any type of vehicle must make notification of the conviction to his/her motor carrier, and the state where his/her license was issued within 30 days.**

- 3. All persons applying for commercial driving positions must inform the prospective employer of all previous employment as a commercial driver for the past 3 years, plus 7 additional years for hazardous materials drivers, in addition to any other type of information required about the applicant's history.**

- 4. Any driver who loses the privilege to operate a commercial vehicle or who is disqualified from operating a commercial vehicle must advise their motor carrier by the next business day. PENALTIES: Any violation of the above is punishable by a fine not to exceed \$2,500. Willful violation of either #1 or #4 above, or failure to notify the carrier with 30 days of the loss of driving privileges may result in a fine not to exceed \$5,000. and / or 90 days in jail.**

B. Driver Certification: I do certify that I have read and understand the provisions of the Commercial Motor Vehicle Safety Act of 1986 as listed above. As of this date, I possess only one driver license issued, in my name, from any state or country.

PRINT DRIVER NAME _____

Driver's Address: _____

License Number: _____

Type/Class _____ State _____

Driver's Signature X _____ Date _____

Name of Motor Carrier _____

Witness _____