

Matrana's Produce Inc.
201 Louisiana St. Westwego, La 70094
careers@matranas.com

Driver Application: Must have all fields completed for consideration.

Personal information:

Date of application: _____

First Name: _____ Last Name: _____ MI _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Number: (____) ____ - ____ Cell Number: (____) ____ - ____

Driver's License: Number: _____ State: _____ Class: _____ CLD Issue Date: _____

Are you under 18 ☐ Yes ☐ No If yes, can you provide eligibility to work? ☐ Yes ☐ No

Do you have the legal right to work in the United States? ☐ Yes ☐ No

List any maiden/other name used in the last seven years: _____

List all allergens: _____

Previous Three Years Residency:

(Street) (City) (State & Zip Code) # Years _____

(Street) (City) (State & Zip Code) # Years _____

(Street) (City) (State & Zip Code) # Years _____

Education:

Circle 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)

email address: _____

Matrana's is a tobacco free and drug free work place; this means you must be able to pass a drug test upon hire and at any other time while employed at Matrana's. | Be forewarned, this facility houses certain allergens.

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Position Sought: ☐ Driver ☐ Rig Driver

Desired rate of pay _____ ☐ Hourly ☐ Salary ☐ Full time ☐ Part Time ☐ Seasonal

How did you learn about our company? _____

How many hours can you work weekly? _____

When are you available to start? _____

Have you worked for the company before? ☐ Yes ☐ No If so when? _____

Why did you leave? _____

Employment History:

Provide **driving** employment history for the past 3 years.

1) Employer: _____ Dates: _____ to _____

Address: _____ Supervisor: _____

City, State, Zip: _____ Telephone: _____

Were you subject to Federal Motor Carrier Safety Regulations during this period? ☐ Yes ☐ No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? ☐ Yes ☐ No

Reason for Leaving: _____

2) Employer: _____ Dates: _____ to _____

Address: _____ Supervisor: _____

City, State, Zip: _____ Telephone: _____

Were you subject to Federal Motor Carrier Safety Regulations during this period? ☐ Yes ☐ No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? ☐ Yes ☐ No

Reason for Leaving: _____

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3) Employer: _____ Dates: _____ to _____

Address: _____ Supervisor: _____

City, State, Zip: _____ Telephone: _____

Were you subject to Federal Motor Carrier Safety Regulations during this period? ☐ Yes ☐ No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? ☐ Yes ☐ No

Reason for Leaving: _____

Any gaps in employment and/or unemployment must be explained. Include dates and reason.

Military Status:

Have you ever served in the U.S. Armed Forces? ☐ Yes ☐ No Branch: _____

Experience and skills gained: _____

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References:

1. Name: _____ Company: _____

Relationship: _____ Phone Number: _____

2. Name: _____ Company: _____

Relationship: _____ Phone Number: _____

3. Name: _____ Company: _____

Relationship: _____ Phone Number: _____

Platform Experience and Qualifications:

List types of platform experience and years of each: _____

List platform equipment you can operate (Lift truck, etc.) _____

Show courses or training in platform work: _____

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Driving Experience:

List all licenses held in the last 3 years:

State:	License Number:	Type:	Expiration Date:

List all states that you have operated in for the past five years: _____

Type of vehicle(s) operated: _____

Can you operate a standard vehicle as well as an automatic? ☐ Yes ☐ No

Have you ever been denied a license, permit, or privilege to operate a motor vehicle? ☐ Yes ☐ No

If yes, explain: _____

Has any license, permit, or privilege ever been suspended or revoked? ☐ Yes ☐ No

If yes, explain: _____

State(s): _____ When: _____

Arrested for DWI? ☐ Yes ☐ No

Have you ever been investigated in a fatal crash? ☐ Yes ☐ No

If so, where? _____ Date(s): _____

This job requires certain physical exertions such as: lifting 50- 70 lbs, push up to 800 lbs, standing, bending, stooping on a continuous basis and also working in a cold storage unit. Are you capable of performing these duties on a daily basis? ☐ Yes ☐ No

If no, please explain: _____

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Class of Equipment	Type of Equipment (Van, Tank, Flat, Etc.)	Date Range	Approximate # of Miles (Total)
Straight Truck			
Tractor and Semi-Trailer			
Tractor – Two Trailers			
Other			

Accident Record for the past 3 years or more:

Dates	Nature of Accident (Head on, Rear end, etc.)	Number of Fatalities	Number of Injuries	Chemical Spills
				Yes / No
				Yes / No
				Yes / No
				Yes / No
				Yes / No

Traffic Convictions and forfeitures for the past 3 years (Other than parking violations):

Date Convicted (Month/Year)	Violation	State of Violation Location	Penalty (Forfeited bond, Collateral and/or points)

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For drivers of commercial motor vehicles that require a Commercial Driver License (CDL) the applicant must disclose their controlled substance and alcohol status per the requirements of 49 CFR part 40.25 (j).

Have you ever tested positive, or refused to test, on any pre-employment drug or alcohol test (scheduled or random) administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years?

☐ Yes ☐ No

If yes, have you successfully completed the return-to-duty process? ☐ Yes ☐ No

Documentation must be provided before any safety-sensitive transportation function is performed.

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 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.

Signature: _____ Date: _____

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) 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 previous employers
- Have errors in the information corrected by previous employers and for those previous employers to resend the corrected information to the prospective employer
- 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

Signature: _____ Date: _____

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Applicant Authorization and Release

I hereby authorize Matrana's Produce to contact, obtain and verify the accuracy of information contained in this application from all previous employers, educational institutions, and references. I also authorize Matrana's Produce to contact, obtain and verify the accuracy of information contained in this application from law enforcement agencies, credit agencies, city, state, county and federal courts, and military services to release information about my background including but not limited to information about my employment, education, consumer credit history, criminal records and general public history, driving records, to the person or company with which this form has been filled out. This releases the aforementioned parties from any responsibility and liability for seeking, gathering, collecting and using such information to make employment decisions and all other persons or organizations for providing such information. I believe to the best of my knowledge that all the information I have provided is accurate and true and correct and that I fully understand the terms of this release.

I understand that any misrepresentation or material omission by me on this application will be sufficient cause for cancellation of this application or immediate termination if I am employed, whenever it may be discovered.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute as an agreement or contract for employment. Accordingly, either I or the employer can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

We are an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, gender, sexual orientation, national orientation, citizenship, age, height, weight or disability. We assure you that your opportunity for employment with us depends solely on your qualifications.

Applicant Name (Print): _____ Date: _____

Applicant Signature: _____