



Employment Application Form

Please print, fill out and sign the following employment application.

Once completed submit this form in person at the address below:

4560 East Napoleon St.

Sulphur, LA 70663



Employment Application Form

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied for _____ Date _____

Last Name		First Name			Middle Name	
Address	Number	Street	City	State	Zip Code	
Telephone Number(s)			Social Security Number			

Date of Birth ____/____/____ Can you provide proof of age? _____

Have you filed an application with us before? **Yes No**
If Yes, give date _____

Have you ever been employed by us before? **Yes No**
If Yes, give date _____

Are you currently employed? **Yes No**

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

On what date would you be available to work? _____

Rate of pay expected? _____

Who referred you? _____

Are you physically capable of heavy manual work? **Yes No**

Do you have any physical condition that may limit your ability to perform the job applied for?
Yes No

If Yes, please explain _____

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)



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Employment Experience “Previous 10 Years”

Employer	Date
Name	From: To:
Address	Position Held
City	Salary Wage
Contact Person	Reason For Leaving

Employer	Date
Name	From: To:
Address	Position Held
City	Salary Wage
Contact Person	Reason For Leaving

Employer	Date
Name	From: To:
Address	Position Held
City	Salary Wage
Contact Person	Reason For Leaving

Employer	Date
Name	From: To:
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Other Qualifications

State any additional information you feel may be helpful to us in considering your application.

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE

DATES	NATURE OF ACCIDENT	FATALITIES	INJURIES
LAST ACCIDENT			
NEXT PREVIOUS			
NEXT PREVIOUS			

**TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS
(OTHER THAN PARKING VIOLATIONS)**

LOCATION	DATE	CHARGE	PENALTY

**DRIVERS LICENSE
EXPERIENCE AND QUALIFICATIONS**

STATE	LICENSE NO.	TYPE	EXPIRATION DATE

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

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



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DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE (VAN, TANK, FLAT, ETC.)	DATES		APPROX. MILES
		FROM:	TO:	
STRAIGHT TRUCK				
TRACTOR AND SEMI-TRAILER				
TRACTOR-TWO TRAILERS				
OTHER				

LIST STATES OPERATED IN LAST FIVE YEARS: _____

SHOW SPECIAL COURSES THAT WILL HELP YOU AS A DRIVER: _____

WHICH SAFE DRIVING AWARDS TO YOU HOLD AND FROM WHO? _____



PRE-EMPLOYMENT URINALYSIS, DRUG TESTING AND DRIVING RECORDS

The Federal Motor Carrier Safety Regulations Title 49 United States Code of Federal Regulations, Section 391.103, and Section 391.23 for checking driving records apply to driver-applicants for Ready Pour, LLC.

391.103 Pre-employment testing requirements.

- (a) A motor carrier shall require a driver-applicant, whom the motor carrier intends to hire or use, to be tested for the use of controlled substances as a pre-qualification condition.
- (b) A driver-applicant shall submit to controlled substance testing as a prequalification condition.
- (c) Prior to collection of urine sample, under #391.107 of this subpart, a driver applicant shall be notified that the sample will be tested for the presence of controlled substances.

As a condition of my Employment Application, I consent to the urine sample collection and controlled substance testing.

I understand a positive test for controlled substances, based on the urinalysis test, will medically disqualify me from the operation of a commercial motor vehicle for Ready Pour, LLC.

Our Medical Review Officer will maintain the results of the urinalysis test. Negative and positive results will be reported to the company.

My written and authorization is required for the urinalysis test results to be given to other parties.

I have read and understand the above conditions for the urinalysis consent agreement.

APPLICANT'S NAME (print)

APPLICANT'S SIGNATURE

MONTH DAY YEAR

COMPANY REPRESENTATIVE

MONTH DAY YEAR