



**CDL DRIVER'S APPLICATION FOR EMPLOYMENT
DELTA ONE TRUCKING, LLC
131 McCormick Drive, Port Barre, LA 70577**

To the applicant: The information below is required by Department of Transportation (DOT) regulations section 391.23. We may investigate all the information provided below and contact your previous employers for the purpose of evaluating your application.

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex national origin, age, martial status, veteran status, non-job related disability, or any other protected group status.

Date of Application: _____

Last Name: _____ First: _____ MI: _____

Address: _____

Phone Number: _____ SSN: _____

List your addresses of residency for the past 3 years:

Street Address: _____ City: _____

State: _____ Zip Code: _____ How Long? _____

Street Address: _____ City: _____

State: _____ Zip Code: _____ How Long? _____

Street Address: _____ City: _____

State: _____ Zip Code: _____ How Long? _____

Date of Birth _____ Can you provide proof of age? Yes No (Required for Commercial Drivers)

Veteran of U.S. Military? Yes No If so, which branch? _____

Was your discharge other than honorable? Yes No

Do you have a Commercial Motor Vehicle License (CMV)? Yes No Do you have more than one (1) CMV License? Yes No

Please list issuing state, license number and expiration date of each expired CMV license or permit you have been issued:

Have you ever worked for Delta One Trucking, LLC before? Yes No

Reason for leaving: _____

Who referred you? _____ Rate of pay expected: _____

APPLICANT TO COMPLETE
(Please answer all questions – PLEASE print)

Position(s) applied for: _____

Do you have the legal right to work in the United States? Yes No
Proof of citizenship or immigration status will be required upon employment.

Are you now employed? Yes No If no, how long since leaving employment? _____

Have you ever been convicted of a felony? _____
If yes, please explain fully on a separate sheet of paper. Conviction of a crime is not an automatic bar to employment – all circumstances will be considered.

Is there any reason you may be unable to perform the functions of the job for which you have applied? Yes No
If yes, please explain _____

EXPERIENCE AND QUALIFICATIONS – DRIVER

DRIVER LICENSES

STATE	LICENSE NO.	TYPE	EXPIRATION DATE

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

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

IF THE ANSWER TO EITHER A OR B IS "YES", GIVE DETAILS _____

DRIVING EXPERIENCE CHECK YES OR NO

CLASS OF EQUIPMENT	CIRCLE TYPE OF EQUIPMENT	DATES FROM (M/Y) TO (M/Y)	APPROX. NO OF MILES (TOTAL)
Straight Truck Yes No	(Van, Tank, Flat, Dump, Refer)		
Tractor & Semi Trailer YesNo	(Van, Tank, Flat, Dump, Refer)		
Tractor -Two Trailers YesNo	(Van, Tank, Flat, Dump, Refer)		
Tractor-Three Trailers YesNo	(Van, Tank, Flat, Dump, Refer)		
Other			

List states operated in for last five years: _____

Show special courses or training that will help you as a driver _____

Which safe driving awards do you hold and from whom? _____

EXPERIENCE AND QUALIFICATIONS – OTHER

Show any trucking, transportation or other experience that may help in your work for this Company

List courses and training other than shown elsewhere in this application _____

List special equipment or technical materials you can work with (other than those already shown) _____

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

EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employment during the preceding 3 years. List complete mailing address, street number, city state and zip code.

Employer: _____ Type of Business: _____
Address: _____ Phone Number: _____
Start Date: _____ Leave Date: _____ Final Salary: _____
Reason for Leaving: _____
Job Title: _____ Supervisor and Title: _____
Description of job duties: _____

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(If you need additional space please continue on another sheet of paper.)

If you are applying for a position to operate a Commercial Motor Vehicle (CMV), please list all employers for whom you have operated a CMV in the seven (7) years previous to the above.

Employer: _____ Type of Business: _____
Address: _____ Phone Number: _____
Start Date: _____ Leave Date: _____ Final Salary: _____
Reason for Leaving: _____
Job Title: _____ Supervisor and Title: _____
Description of job duties: _____

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Start Date: _____ Leave Date: _____ Final Salary: _____
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Please list your experience in the operation of motor vehicles, including the type of equipment, (such as buses, trucks, truck tractors, semi-trailers, full trailers and pole trailers) and the length of experience on each.

(If you need additional space continue on a separate sheet of paper.)

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED) IF NONE, WRITE NONE.

Dates	Nature of Accident (Head-on, Rear-end, Upset, Etc.)	Fatalities	Injuries	Hazardous Material Spill
Last Accident				
Next Previous				
Next Previous				

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE NONE

Location	Date	Charge	Penalty

(Attach sheet if more space is needed)

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 interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations at the Company.

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
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.

Signature:

Date:

FOR COMPANY USE

PROCESS RECORD

APPLICANT HIRED _____ REJECTED _____
DATE EMPLOYED _____ POINT EMPLOYED _____
DEPARTMENT _____ CLASSIFICATION _____
(If rejected, summary report of reasons should be place in file)
SIGNATURE OF INTERVIEWING OFFICER _____

TERMINATION OF EMPLOYMENT

DATE TERMINATED _____ DEPART. RELEASED FROM _____
DISMISSED _____ VOLUNTARILY QUIT _____ OTHER _____
TERMINATION REPORT PLACED IN FILE _____ SUPERVISOR _____

BACKGROUND INVESTIGATION AUTHORIZATION
For Permissible Client Screening

I, _____, understand that in connection with the application process _____ hereafter referred to as "*The Company*", will request that Global Data Fusion, LLC., conduct a background check (*consumer report*) on me.

I AUTHORIZE THE COMPANY, ITS EMPLOYEES, REPRESENTATIVES AND AGENTS TO INVESTIGATE MY BACKGROUND AND TO OBTAIN A CONSUMER REPORT AND/OR INVESTIGATIVE CONSUMER REPORT FOR CLIENT SCREENING PURPOSES. I FURTHER AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY THE COMPANY ITS AGENTS, ITS EMPLOYEES, REPRESENTATIVES AND AGENTS, TO FURNISH INFORMATION REQUIRED IN CONNECTION WITH THE PREPARATION OF A CONSUMER REPORT OR INVESTIGATIVE CONSUMER REPORT.

My signature below, indicates I have carefully read and understand this notice and consent to the release of a consumer report to *The Company* for client screening purposes. I understand my consent remains in effect indefinitely until it has been revoked in writing.

Background Investigation / Consumer Report Authorization

Date: _____

(Signature)

Background Investigation Disclosure Questionnaire

For Permissible Client Screening

Please answer the following questions below, only after the authorization is signed on page 1.

THE COMPANY pre-screens all applicants. This policy was enacted for the protection of our customers / clients.

APPLICANT NAME:

(First) _____ / (Middle) _____ / (Last) _____

SSN#: _____ **Race:** _____ **Gender:** _____

CURRENT ADDRESS:

/Street/ _____ /City/ _____ /State/ _____ /Zip/ _____

PREVIOUS ADDRESS: _____

(List all previous address in the last 7 years. Use additional pages if necessary.)

DRIVER'S LICENSE: *(number/state)* _____ / _____

DATE OF BIRTH¹: *(month/date/year)* _____ / _____ / _____

LAST SCHOOL ATTENDED: _____ City/State _____

DEGREE REC'D: _____ **YEAR GRADUATED:** _____

CURRENT EMAIL ADDRESS(S): _____

¹Your birth date is needed to process your background investigation. Information regarding your birth date is intended solely for purposes of the background investigation itself and nothing more.

Background Investigation Disclosure Questionnaire (cont.)
For Permissible Client Screening

The information provided by me will be the basis for the search of public records, which will include, but not be limited to, a search for criminal arrests/convictions, warrants, civil filings, social security number trace, past employment, bankruptcies, department of motor vehicle records, business filings, educational confirmation, articles of incorporation/limited partnership records, and drug test.

I indemnify and hold harmless, *THE COMPANY*, any of its agents, and any person providing the requested information, from any liability and all damages whatsoever, resulting from the acquisition, use, retention, or disclosure of any such information. I will not hold *THE COMPANY*, or their employees, or agents responsible for errors or inaccuracies in the acquisition or transmittal of information pertaining to the verification of my background.

If any adverse decision is made with regard to my application (if any) based entirely or in part on the information contained in the background report, I understand I will be notified as to the basis of that decision and given a copy of the report, as well as a summary of my applicable rights.

I have provided complete and truthful information to *THE COMPANY* and fully understand that any misrepresentations or material omissions concerning the information provided will be grounds for denying my application, or immediate discharge.

Applicant Initials _____

BACKGROUND CHECK REQUESTED BY: _____ Date _____

(By signing, I authorize that a photocopy or facsimile of this form serves as the original)

Suggested Format: "Release of Information Form -- 49 CFR Part 40 Drug and Alcohol Testing"

Section I. To be completed by the new employer, signed by the employee, and transmitted to the previous employer:

Employee Printed or Typed Name: _____

Employee SS or ID Number: _____

I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer, listed in *Section I-B*, to the employer listed in *Section I-A*. This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25. I understand that information to be released in *Section II-A* by my previous employer, is limited to the following DOT-regulated testing items:

1. Alcohol tests with a result of 0.04 or higher;
2. Verified positive drug tests;
3. Refusals to be tested;
4. Other violations of DOT agency drug and alcohol testing regulations;
5. Information obtained from previous employers of a drug and alcohol rule violation;
6. Documentation, if any, of completion of the return-to-duty process following a rule violation.

Employee Signature: _____ Date: _____

I-A.

New Employer Name: Delta One Trucking, LLC

Address: 131 McCormick Drive
Port Barre, LA 70577

Phone #: 337-585-4553 Fax #: 337-585-7750

Designated Employer Representative: Jordan Doucet