



MOTOR VEHICLE DRIVER APPLICATION FOR EMPLOYMENT

Louisiana Motor Coach, Inc. 3912 4th Street, Marrero LA, 70072 Phone: 504.343.1400 / USDDOT Number: 1833528

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, gender, national origin, age, marital status, union affiliation, sexual orientation, the presence of a non-job related medical condition or handicap, or another category protected by law.

DRIVER APPLICANT INFORMATION

Table with 4 columns: Applicant's Name, Email, Date of Application, Current Address, City, State, Zip, Social Security Number, Date of Birth, Phone Number.

ADDRESSES FOR THE PAST THREE YEARS (Prior to date of application)

Table with 4 columns: 1. Street Address, City, State and Zip, How Long? (Rows 1-3)

GENERAL QUESTIONS

1. Position Applying For: Temporary [] Full Time [] Part Time []
2. Who Referred You: Rate of Pay Expected:
3. Have you worked here before? [] YES [] NO If yes, from: to
Which location: List Position Held:
List Rate of Pay: Reason for Leaving:
4. Names of any relatives employed by this company:

**MOTOR VEHICLE DRIVER
APPLICATION FOR EMPLOYMENT**

5. Are you employed now? YES NO If not, how long since leaving last employment?

6. What date are you available to start work? _____.

7. Are you legally qualified to work in this country? YES NO

8. Have you ever been convicted of a felony? YES NO If yes, please attach explanation statement.

EDUCATION

Type of School <i>(Elem, High, Tech, College)</i>	Name of Institution(s)	City and State	Highest Grade Completed or Degree Earned

DRIVING LICENSES FOR PAST (3) YEARS PRIOR TO APPLICATION DATE: *(complete for each license/permit)*

State of Issue	License Number	Expiration Date	Type or Class of License	Endorsements

DRIVING EXPERIENCE IN THE OPERATION OF MOTOR VEHICLES

Equipment Operated	Equipment Type <i>(please specify)</i>	# of Years Experience	Approximate Number of Miles Driven (Total)
Tractor Trailer			
Straight Truck			
Bus			
Other:			
Other:			

ACCIDENT RECORD FOR THE PAST (3) YEARS PRIOR TO APPLICATION DATE: *(use extra sheet if more space needed)*

**MOTOR VEHICLE DRIVER
APPLICATION FOR EMPLOYMENT**

Accident Date <i>(starting with most recent)</i>	Nature of Accident <i>(passenger vehicle, head-on, rear-end, etc.)</i>	Injuries/Fatalities	Comments

TRAFFIC CONVICTIONS & FORFEITURES IN THE PAST (3) YEARS PRIOR TO APPLICATION

DATE: *(other than parking)*

Conviction Date	Location (State)	Charge	Penalty

Have you ever been denied a license, permit, or privilege to operate a motor vehicle? YES NO

Have you ever had any license, permit, or privilege to operate ever suspended or revoked? YES NO

If yes, please explain:

EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all work references during the preceding **three (3) years** from the date the application is submitted. Those drivers applying to operate a commercial motor vehicle in intrastate or interstate commerce shall also provide an additional **seven (7) years** information preceding the three (3) years. **NOTE: Please list companies in reverse order starting with the most recent, add additional sheets if needed.**

Company Name:			

Company Address:			

Street		City	State & ZIP
Contact:	_____	Phone Number:	_____

Employed From:	Month _____ Year _____	To: Month _____ Year _____	Total Months:

Position(s) Held:			

<input type="checkbox"/> YES <input type="checkbox"/> NO	Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer?		
<input type="checkbox"/> YES <input type="checkbox"/> NO	Was this job designated as a safety sensitive function in any D.O.T. regulated mode subject to alcohol and controlled substance testing requirements as required by 49 CFR Part 40?		
Reason for Leaving: <input type="checkbox"/> Resignation <input type="checkbox"/> Lay Off <input type="checkbox"/> Termination <input type="checkbox"/> Other (please describe):			

Explanation:			

**MOTOR VEHICLE DRIVER
APPLICATION FOR EMPLOYMENT**

Company Name: _____

Company Address: _____

Contact: _____ Street _____ City _____ State & ZIP _____
Phone Number: _____

Employed From: Month _____ Year _____ To: Month _____ Year _____ Total Months: _____

Position(s) Held: _____

YES NO Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer?

YES NO Was this job designated as a safety sensitive function in any D.O.T. regulated mode subject to alcohol and controlled substance testing requirements as required by 49 CFR Part 40?

Reason for Leaving: Resignation Lay Off Termination Other (please describe): _____

Explanation: _____

Company Name: _____

Company Address: _____

Contact: _____ Street _____ City _____ State & ZIP _____
Phone Number: _____

Employed From: Month _____ Year _____ To: Month _____ Year _____ Total Months: _____

Position(s) Held: _____

YES NO Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer?

YES NO Was this job designated as a safety sensitive function in any D.O.T. regulated mode subject to alcohol and controlled substance testing requirements as required by 49 CFR Part 40?

Reason for Leaving: Resignation Lay Off Termination Other (please describe): _____

Explanation: _____

Company Name: _____

Company Address: _____

Contact: _____ Street _____ City _____ State & ZIP _____
Phone Number: _____

**MOTOR VEHICLE DRIVER
APPLICATION FOR EMPLOYMENT**

Employed From: Month _____ Year _____ To: Month _____ Year _____ Total Months: _____

Position(s) Held: _____

YES NO Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer?

YES NO Was this job designated as a safety sensitive function in any D.O.T. regulated mode subject to alcohol and controlled substance testing requirements as required by 49 CFR Part 40?

Reason for Leaving: Resignation Lay Off Termination Other (please describe): _____

Explanation: _____

Company Name: _____

Company Address: _____

Street City State & ZIP

Contact: _____ Phone Number: _____

Employed From: Month _____ Year _____ To: Month _____ Year _____ Total Months: _____

Position(s) Held: _____

YES NO Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer?

YES NO Was this job designated as a safety sensitive function in any D.O.T. regulated mode subject to alcohol and controlled substance testing requirements as required by 49 CFR Part 40?

Reason for Leaving: Resignation Lay Off Termination Other (please describe): _____

Explanation: _____

Company Name: _____

Company Address: _____

Street City State & ZIP

Contact: _____ Phone Number: _____

Employed From: Month _____ Year _____ To: Month _____ Year _____ Total Months: _____

Position(s) Held: _____

YES NO Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer?

**MOTOR VEHICLE DRIVER
APPLICATION FOR EMPLOYMENT**

YES NO Was this job designated as a safety sensitive function in any D.O.T. regulated mode subject to alcohol and controlled substance testing requirements as required by 49 CFR Part 40?

Reason for Leaving: Resignation Lay Off Termination Other (please describe):

Explanation:

DRIVER APPLICANT

I hereby authorize you to release the following information to Louisiana Motor Coach, Inc. for the purposes of investigation as required by §391.23 and §40.321(b) of the Federal Motor Carrier Safety Regulations. You are hereby released from any and all liability which may result from furnishing such information.

Applicant's Signature: _____ Date: _____

**MOTOR CARRIER
PREVIOUS EMPLOYER:**

Mailed, Date: _____ Faxed, Date: _____ Emailed, Date: _____

Received by Phone, Date: _____ Name of Person Contacted: _____

Applicant: _____ **Social Security No.** _____ **has**
submitted an application to this company for the position of _____ **and states that he/she**
was
employed with your company as a _____ **from** _____
to _____.

PREVIOUS EMPLOYER

PLEASE COMPLETE THE FOLLOWING INFORMATION AND RETURN AS SOON AS POSSIBLE TO:

Louisiana Motor Coach, Inc.
3912 4th Street, Marrero, LA 70072
Phone Number 504.343.1400 / Fax Number 504.265.0140
USDOT Number 1833528
Email: info@louisianamotorcoach.com

1. Are the dates of employment correct as stated above? YES NO

If no, please provide correct dates of employment:

2. Did the applicant drive commercial motor vehicles for your company? YES NO

3. Was the applicant a safe and efficient driver? YES NO

**MOTOR VEHICLE DRIVER
APPLICATION FOR EMPLOYMENT**

4. Was the applicant involved in any vehicle accidents while employed with your company? YES NO
If yes, please provide details:

5. Reason for leaving your employment: Resignation Discharged Lay Off

6. Has the applicant tested positive for a controlled substance in the last two (2) years? YES NO

7. Has the applicant had an alcohol test with a B.A.C. of 0.04 or greater in the last two (2) years? YES NO

8. Has the applicant refused a required test for drugs or alcohol in the last two (2) years? YES NO

9. Did the applicant complete a substance abuse rehabilitation program, if required? YES NO
If yes, please provided documentation of the employee's successful completion of DOT return to duty requirements.

10. Has this person ever violated any other DOT agency drug and alcohol testing regulations? YES NO

Comments:

Signature: _____ Title: _____ Date: _____