

Thoroughbred Transport, Inc.
1171 Wemple Rd.
Bossier City, LA 71111

APPLICATION FOR EMPLOYMENT

APPLICANTS ARE CONSIDERED WITHOUT REGARD TO RACE, CREED, SEX, RELIGION, AGE, OR NATIONAL ORIGIN

DATE _____

PERSONAL DESCRIPTION

Full Name _____ Social Security No. _____
Last First Middle

Date of Birth _____ Address _____
Street City State Zip

Phone No. () _____ Name of Spouse _____

In Case of Emergency Notify _____ At _____ Phone () _____

Address _____
Street City State Zip

Last 3 yr. _____
Street City State Zip

Address _____
Street City State Zip

PHYSICAL HISTORY

Date of Last Physical _____ Doctor's Name _____

Phone No. () _____ Address _____
Street City State Zip

List any Physical Limitations (Diabetes, Heart Disease, Eyesight, Limb Impairment, etc.) _____

EXPERIENCE AND QUALIFICATIONS

Valid Driver's License	State	License Number	Type	Expiration Date

Have you ever been denied a Permit, License or Privilege to operate a motor vehicle? _____

Has your License Permit or privilege been suspended or revoked ____ If yes explain _____

Have you been convicted of driving under the influence of alcohol or drugs? _____ Penalty _____

Have you ever been convicted of a crime _____ Explain _____

DRIVING EXPERIENCE

Power Equipment	Type of Equipment	Number of Years	States you have driven in
Tractor Trailer			
Bus	School		
Other			

ACCIDENT RECORD LAST THREE YEARS

Date	Nature of Accident	No. of fatalities	No. of injuries	Commercial Vehicle	Personal Automobile

Traffic Convictions and Forfeitures Last 3 Years (other than Parking)

State	Date	Charge	Penalty	Commercial Vehicle or Automobile

EMPLOYMENT HISTORY

Have you worked for this Company before? _____ Where _____ When _____

Position _____ Reason for leaving _____

EMPLOYMENT HISTORY FOR THE PAST 10 YEARS (USE SEPARATE SHEET IF NECESSARY)

Last Employer: Name				Phone			
Address							
From / /	Street To / /	City Position	State	Zip	Salary		
Last Employer: Name				Phone			
Address							
From / /	Street To / /	City Position	State	Zip	Salary		
Last Employer: Name				Phone			
Address							
From / /	Street To / /	City Position	State	Zip	Salary		
Last Employer: Name				Phone			
Address							
From / /	Street To / /	City Position	State	Zip	Salary		
Last Employer: Name				Phone			
Address							
From / /	Street To / /	City Position	State	Zip	Salary		

OFFICE USE ONLY

	DATE	NAME OF PERSON CONTACTED	RESULTS
Employer Contacted			
Employer Contacted			
Employer Contacted			
Employer Contacted			
Employer Contacted			

**MOTOR VEHICLE
DRIVER'S CERTIFICATION
OF VIOLATIONS**

I certify that the following is a true and complete list of traffic violations (other than parking violations) for which I have been convicted or forfeited bond or collateral in the past 12 months.

Date	Offense	Location	Type of Vehicle Operated

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation required to be listed during the past 12 months.

Date of Certification:	Driver's Signature:
Motor Carrier's Name:	Motor Carrier's Address:
Reviewed by: (Signature)	Title:

REQUEST FOR CHECK OF DRIVING RECORD

I hereby authorize you to release the following information to _____ for purposes of investigation

(Prospective Employer)

as required by Section 391.23 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information.

(Applicant's Signature)

(Date)

1. In accordance with the provisions of Section 604 and Section 607 of the Fair Credit Reporting Act, Public Law No. 91-508, I hereby certify that the information requested below will be used for a "permissible purpose" as defined in the Act, and that the information received will be used for no other purpose.
2. I further certify that if the applicant named below is denied employment based upon the information received, I will identify the source of the report in accordance with Section 615(a) of the Fair Credit Reporting Act.

(Signature of Requester)

(Date)

TO: _____

GENTLEMEN:

The following named person has made application with our company for the position of _____. As in accordance with Section 391.23, Federal Department of Transportation Regulations, please furnish the undersigned with the applicant's driving record for the past three years.

NAME OF APPLICANT _____

ADDRESS _____
(Number & Street) (City) (State) (Zip Code)

FORMER ADDRESS _____
(Number & Street) (City) (State) (Zip Code)

DATE OF BIRTH _____

SOCIAL SECURITY NUMBER _____ LICENSE NUMBER _____

REQUESTED BY

(Name of Company)

(Typed Name)

(Address)

(Title)

(City)

(State)

(Signature)

PRE-EMPLOYMENT URINALYSIS NOTIFICATION

The Federal Motor Carrier Safety Regulations, Section 391.103 – pre-employment testing requirements, apply to deliver-applicants of this company.

391.103 Pre-employment testing requirements.

(a) A motor carrier shall require a driver-applicant who 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 pre-qualification condition.

(c) Prior to collection of a 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, I agree 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 this company.

The Medical Review Officer will maintain the results of the Urinalysis Test. Negative and positive results will be reported to the company.

My written authorization is required for the Urinalysis Test results to be given to other parties.

I have read and understand the above conditions for the Pre-Employment Urinalysis Notification.

APPLICANT'S NAME (type or print)

APPLICANT'S SIGNATURE
WITNESSED BY:

MONTH DAY YEAR

COMPANY REPRESENTATIVE'S SIGNATURE

MONTH DAY YEAR

**Form I-9, Employment
Eligibility Verification**

Read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification *(To be completed and signed by employee at the time employment begins.)*

Print Name: Last	First	Middle Initial	Maiden Name
Address (Street Name and Number)		Apt. #	Date of Birth (month/day/year)
City	State	Zip Code	Social Security #

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- ☐ A citizen of the United States
☐ A noncitizen national of the United States (see instructions)
☐ A lawful permanent resident (Alien #) _____
☐ An alien authorized to work (Alien # or Admission #) _____
until (expiration date, if applicable - month/day/year)

Employee's Signature

Date (month/day/year)

Preparer and/or Translator Certification *(To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.*

Preparer's/Translator's Signature

Print Name

Address (Street Name and Number, City, State, Zip Code)

Date (month/day/year)

Section 2. Employer Review and Verification *(To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)*

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____

CERTIFICATION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) _____ and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative

Print Name

Title

Business or Organization Name and Address (Street Name and Number, City, State, Zip Code)

Date (month/day/year)

Section 3. Updating and Reverification *(To be completed and signed by employer.)*

A. New Name (if applicable)

B. Date of Rehire (month/day/year) (if applicable)

C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.

Document Title: _____

Document #: _____

Expiration Date (if any): _____

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative

Date (month/day/year)