

APPLICATION FOR EMPLOYMENT

APPLICANT: READ AND SIGN BEFORE SUBMITTING THIS APPLICATION

I understand that the information in this application will be used and that prior employers will be contacted for purposes of investigation as required by 391.23 of the Motor Carrier Safety Regulations.

APPLICANT'S SIGNATURE: _____

You may fill out this form online and print a copy to bring with you when you apply in person at:

**Myers Transport, Inc.
6314 Leslie Lane
Lake Charles, LA 70615**

NAME: First: _____ Middle: _____ Last: _____

PHONE: _____ SOCIAL SECURITY NO.: _____

LIST ADDRESSES FOR PAST THREE YEARS (You may attach a separate sheet if needed)

ADDRESS:

Street: _____ City: _____ State & Zip Code: _____

HOW LONG AT THIS ADDRESS? _____

PREVIOUS ADDRESS:

Street: _____ City: _____ State & Zip Code: _____

HOW LONG AT THIS ADDRESS? _____

PREVIOUS ADDRESS:

Street: _____ City: _____ State & Zip Code: _____

HOW LONG AT THIS ADDRESS? _____

SEX: _____ HEIGHT: _____ WEIGHT: _____ DATE OF BIRTH: (Not discriminated against due to age) _____

MARITAL STATUS (Check One):

SINGLE: ENGAGED: MARRIED: SEPARATED: DIVORCED: WIDOWED:

NO. OF DEPENDENTS: _____ AGES OF DEPENDENTS: _____

DO YOU OWN HOME OR RENT? _____ AVERAGE MONTHLY LIVING EXPENSES: _____

IS YOUR SPOUSE WORKING? _____ IF SO, WHERE? _____

IN CASE OF EMERGENCY, NOTIFY:

Name: _____ Address: _____ Phone: _____

MILITARY STATUS

HAVE YOU SERVED IN THE U.S. ARMED FORCES? _____ BRANCH: _____ FROM: _____ TO: _____

RANK AT DISCHARGE: _____ DATE OF DISCHARGE: _____

(IN N.J. DO NOT FILL IN THIS LINE UNLESS HIRED) DRAFT STATUS: _____ RESERVE STATUS: _____

EDUCATION

CHECK 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 (Give Name and City): _____

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? (Check One): Yes: No:

B. Has any license, permit or privilege ever been suspended or revoked? (Check One): Yes: No:

(IF THE ANSWER TO EITHER A OR B IS YES, ATTACH STATEMENT GIVING DETAILS)

EMPLOYMENT HISTORY (PAST THREE YEARS)
(Attach a separate sheet if more space is needed)

LAST EMPLOYER: NAME _____

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

POSITION HELD: _____ FROM: _____ TO: _____ SALARY: _____

REASON FOR LEAVING: _____

SECOND LAST EMPLOYER: NAME _____

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

POSITION HELD: _____ FROM: _____ TO: _____ SALARY: _____

REASON FOR LEAVING: _____

THIRD LAST EMPLOYER: NAME _____

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

POSITION HELD: _____ FROM: _____ TO: _____ SALARY: _____

REASON FOR LEAVING: _____

PREVIOUS DRIVING EXPERIENCE

- (a) Have you been employed as a driver by other Motor Carriers prior to date of this application? _____
- (b) If so, how long did you operate: Straight Trucks: _____ Tractors & Semi-Trailers: _____
- (c) Give the length of time you were engaged in transporting: General Freight (regular routes): _____
- (d) Machinery & Heavy Cargo: _____ Perishables: _____ Liquids: _____
- (e) Other (state kind): _____

ACCIDENT RECORD

List all accidents in which you were involved as a driver during the proceeding three years.

| Date | Nature | Number of Fatalities | Persons Injured |
|------|--------|----------------------|-----------------|
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WORK INJURY RECORD:

List all personal injuries suffered by you that were job connected, and give the following information pertaining to each injury. If there were none, so state:

| Date | Employer | Type | Compensatory | Non-Compensatory |
|------|----------|------|--------------|------------------|
| | | | | |
| | | | | |
| | | | | |

TRAFFIC VIOLATION RECORD

List all violations of motor vehicle law or ordinances (other than violations involving only parking) of which you were convicted or forfeited bond or collateral during the three years preceding the date of this application:

| Date | Type | Location |
|------|------|----------|
| | | |
| | | |
| | | |

**CERTIFICATION
TO BE READ AND SIGNED BY APPLICANT**

It is agreed and understood that any misrepresentations of information given above shall be considered an act of dishonesty. It is agreed and understood that the employer or his agents may investigate the applicant's background to ascertain any and all information of concern to applicant's record, whether same is of record or not applicant releases employers and persons named herein from any liability for any damages on account of his furnishing such information. The applicant agrees to furnish such additional information and complete such examinations as may be required to complete his employment file.

It is agreed and understood that this application for employment in no way obligates the employer to employ this applicant. It is agreed and understood that if hired, the employee may be on a probationary period during which time he may be discharged without recourse.

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

_____ Date

_____ Applicant's Signature

PROCESS RECORD

APPLICANT HIRED _____

REJECTED _____

DATE EMPLOYED _____

POINT EMPLOYED _____

DEPARTMENT _____

CLASSIFICATION _____

(IF REJECTED, SUMMARY REPORT OF REASONS SHOULD BE PLACED IN FILE)

MYERS TRANSPORT, INC.
1343 Hwy. 384
Grand Lake, LA 70607

PREVIOUS EMPLOYER INFORMATION REQUEST FORM

TO: (Previous Employer): _____ Date: _____

Applicant Name: _____ Social Security Number: _____

The person named above has applied to this company for employment. Your firm is listed by the applicant as a past employer. Please complete the following items and return to us either by mail or fax as soon as possible.

If the above applicant was employed as a driver with your company, Department of Transportation regulation S382.405 (f) and (h) require you to provide the following information:

DRUG & ALCOHOL INJURY

In the past two years, has the above individual ever:

Had an alcohol test result with a breath alcohol concentration of 0.04 or greater? Yes No
Tested positive for a controlled substance? Yes No
Refused to submit for an alcohol or controlled substance test? Yes No

If any of the above questions were answered yes, please provide the following:

(Substance Abuse Professional Name) (Telephone Number) (Date Referred)

(Address) (City) (State and Zip Code)

PAST EMPLOYMENT HISTORY

1. Dates of employment: From _____ To: _____ Position: _____

2. If employed as a driver, what type of equipment was operated:

Tractor Trailer _____ Straight Truck _____ Bus _____ Other (specify) _____

3. Number of accidents: _____ Number Preventable: _____

4. Has this employee received worker's compensation benefits for an injury? Yes No

If yes please explain: _____

5. Was this employee's conduct : Satisfactory Average Poor

6. Why did this employee leave your company? Resigned Discharged Laid Off

7. Would you re-employ this person? Yes No Explain _____

REMARKS: _____

(Signature of person supplying information) (Title) (Date)

APPLICANT CONSENT & RELEASE: I

_____ do hereby authorize my previous employers to release and forward all information regarding my alcohol and controlled substance testing (if named carrier in connection with my application for employment. I hereby release my former employers from any and all liability of any type as a result of providing the above information.

(Applicant Signature) (Date) (Witness Signature) (Date)

Date Response Received: _____ Via: Mail Phone: Fax