



1707 Industrial Road
Jennings, La 70546
(337) 824-8632

Employment Application

Date of Application: _____

We are an equal opportunity employer. We do not discriminate on the basis of age, race, sex, religion, color, national origin or disability. This application is valid for one year after submission to Trico Transportation, Inc. and its subsidiaries, and will only be valid for the position applied for. Consideration for employment after one year requires completion and submission of a new application.

Personal Information

Name: _____ Referred by: _____

Address: _____ City: _____ State: _____ Zip _____

Home Number: _____ Cell Number _____

Social Security Number: _____ Date of

Birth: _____ (as instructed by CFR 391.21b)

Are you employed now: _____ If yes, may we contact your current employer? _____

Have you worked for Trico Transportation, Inc. or its subsidiaries before? _____ If yes, when? _____

Are you legally eligible for employment in the United States? _____ Are you willing to work overtime? _____ If no, please explain: _____

Are you available for all shifts? _____ If no, please explain: _____

Do you have a TWIC card? _____

Employment Desired

Position(s) Applying for: _____ Date Available: _____

Is there any reason you may be unable to perform the function of the job in which you have applied? _____
If yes, please explain: _____

Have you ever been convicted of a crime? _____ If yes, explain: _____

Education

High School _____ Years Completed _____ Diploma/ Degree _____
College/ University/ Technical _____ Years Completed _____
Diploma/ Degree _____ Course of Study _____

General

Describe any specialized training, apprenticeship or job related skills. Also if you have a valid TWIC or Safety Card: _____

Personal/ Business References

Name	Address	Position	Years Acquainted
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Previous 3 years of Residency

Address	City	State/Zip	Years
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____

Employment History/ Previous Employers (minimum 3 years driving)

Previous Employer: _____

Address: _____ Phone _____

Position Held _____ From _____ To _____

Salary _____ Job Duties: _____

Reason for leaving _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes ___ No ___

Previous Employer: _____

Address: _____ Phone _____

Position Held _____ From _____ To _____

Salary _____ Job Duties: _____

Reason for leaving _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes ___ No ___

Previous Employer: _____

Address: _____ Phone _____

Position Held _____ From _____ To _____

Salary _____ Job Duties: _____

Reason for leaving _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes ___ No ___

Previous Employer: _____

Address: _____ Phone _____

Position Held _____ From _____ To _____

Salary _____ Job Duties: _____

Reason for leaving _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes ___ No ___

(Attach sheet if more space is needed for previous employment)

License Requirements

Section 383.21 FMRCR states “No person who operates a commercial motor vehicle shall at any time have more than one driver’s license. I certify that I do not have more than one motor vehicle license information for which is listed below.

State	License No.	Type	Expiration Date

Driving Experience

Class of Equipment	Type of Equipment (van, end dump, bulk, straight, flat, etc.)	Dates From To	Aprox. No. Total Miles	Local, OTR, Both
Straight Truck				
Tractor and Semi- Trailer				
Tractor- Two Trailers				
Other				

Motor Vehicle Driver’s Certification of Violations/ Accidents

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 during the last 3 years.

Accident Record

Dates	Nature of Accident (head-on, rear end, upset, etc.)	Number of Fatalities	Number of Injuries	Chemical Spills
				Yes No NA
				Yes No NA
				Yes No NA
				Yes No NA

(past 3 years or more—Attach sheet if more space is needed)

Traffic Convictions/ Forfeitures/ Violations

Date Convicted (month/ year)	Violation/ Offense	State of Violation Location	Penalty (forfeited bond, collateral, and/or points)

(past 3 years or more—Attach sheet if more space is needed)

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 last 3 years. I also certify that my commercial driver's license has not been denied, revoked or suspended in the past 3 years. _____ (Initial) If yes, please complete applicable question(s) A or B below.

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes _____ No _____
If Yes, explain: _____
- B. Has any license, permit or privilege ever been suspended or revoked? Yes _____ No _____
If Yes, explain: _____

Authorization/ Release/ Agreement

I certify the facts contained in this application (and accompanying resume, if any) are true and complete to the best of my knowledge. I understand that any false statement, omission or misrepresentation on this application is sufficient cause for refusal to hire or dismissal if I have been employed, no matter when discovered by the Company.

I understand that any employment is conditioned on a background check. I authorize the Company to thoroughly investigate all statements contained in my application or resume, including obtaining my motor vehicle records, criminal records, credit records or any other necessary information pertinent to the Company. I authorize my former employer and all references to disclose information regarding my former employment, character and general reputation to the Company without giving me prior notice of such disclosure. In addition, I release the Company, any further employers and all references listed above from any and all claims, demands or liabilities arising out of such investigation or disclosure.

I understand and agree that nothing contained in this application or conveyed during my interview, is intended to create an employment contract. I further understand and agree that if I am hired, my employment will be "at will" and without fixed term and be terminated at any time, with or without cause and without prior notice, at the option of either promise or guarantee is binding upon the Company, unless in writing.

If I am offered employment, I agree to submit to a medical examination or drug test before starting work. If employed, I also agree to submit to a medical examiner or drug test at any deemed appropriate time by the Company and as permitted by law. I consent to such examinations and tests and I request that the examining disclose to the Company the results of the examination, which results shall remain confidential and segregated from my personnel file. I understand that my employment or continued employment, to the extent permitted my law, is contingent upon satisfactory medical examinations and drug test and if I am hired a condition of my employment will be that I abide by the Company's Drug and Alcohol Policy.

I understand that filling out this form does not indicate there is a position open and does not obligate the Company to offer me employment. If hired or offered employment, I agree to abide by all Company work rules, policies and procedures. The Company retains the right to revise its policies or procedures, in whole or in part at any time without any notification.

I understand that if I am offered employment by the Company, I will be required to attest to my identity and employment eligibility and to present documents confirming my identity and employment eligibility. I understand that I will not be offered employment if I cannot comply with these requirements.

Signature of Applicant: _____ **Date:** _____