

# DRIVER'S APPLICATION FOR EMPLOYMENT

**Heck Industries Inc.  
5415 Choctaw Drive  
Baton Rouge, LA 70805**

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, marital status, or non-job related disability.

Date of Application \_\_\_\_\_

Position(s) Applied for \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_  
Last First Middle

List your addresses of residency for the past 3 years.

Current Address \_\_\_\_\_  
Street City State & Zip code

\_\_\_\_\_ How long? \_\_\_\_  
Street City State & Zip code

Previous \_\_\_\_\_ How long? \_\_\_\_  
Addresses Street City State & Zip code

\_\_\_\_\_ How long? \_\_\_\_  
Street City State & Zip code

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security # \_\_\_\_-\_\_\_\_-\_\_\_\_

Are you authorized to work indefinitely in the United States for any employer? \_\_\_\_\_

Have you worked for this company before? \_\_\_\_\_ Where? \_\_\_\_\_

Dates: From \_\_\_\_\_ To \_\_\_\_\_ Rate of Pay \_\_\_\_\_ Position \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Are you now employed? \_\_\_\_\_ If not, how long since leaving last employment? \_\_\_\_\_

Who referred you? \_\_\_\_\_ Rate of pay expected \_\_\_\_\_

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Is there any reason you might be unable to perform the functions of the job for which you have applied [as described in the attached job description?]

\_\_\_\_\_

If yes, explain if you wish \_\_\_\_\_

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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, ECT.)	FATALITIES	INJURIES
LAST ACCIDENT _____	_____	_____	_____
NEXT PREVIOUS _____	_____	_____	_____
NEXT PREVIOUS _____	_____	_____	_____

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

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

**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)

**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, ATTACH STATEMENT GIVING DETAILS

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES		APPROX. NO. OF MILES (TOTAL)
		FROM	TO	
STRAIGHT TRUCK	_____	_____	_____	_____
TRACTOR-AND SEMI-TRAILER	_____	_____	_____	_____
TRACTOR-TWO TRAILERS	_____	_____	_____	_____
MOTOR COACH – SCHOOL BUS	_____	_____	_____	_____
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

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List courses and training other than shown elsewhere in this application

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

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

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.

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, healthcare 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 of the Company.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

**DRIVER CERTIFICATION FOR OTHER COMPENSATED WORK**

INSTRUCTIONS: When employed by a motor carrier, a driver must report to the carrier all on-duty time including time working for other employers. The definition of on-duty time found in Section 395.2 paragraphs (8) and (9) of the Federal Motor Carrier Safety Regulations includes time performing any other work in the capacity of, or in the employ or service of, a common, contract or private motor carrier, also performing any compensated work for any non-motor carrier entity.

Are you currently working for another employer? (Check one)  
 Yes  No

At this time do you intend to work for another employer while still employed by this company?  Yes  No

I hereby certify that the information given above is true and I understand that once I become employed with this company, if I begin working for any additional employer(s) for compensation that I must inform this company immediately of such employment activity.

\_\_\_\_\_  
Driver's Signature

\_\_\_\_\_  
Date

Witness:

\_\_\_\_\_  
Company Representative

\_\_\_\_\_  
Date



# PREVIOUS PRE-EMPLOYMENT EMPLOYEE ALCOHOL AND DRUG TEST STATEMENT

**Heck Industries, Inc.  
5415 Choctaw Drive  
Baton Rouge, LA. 70805**

Prospective Employee Name: \_\_\_\_\_ ID Number: \_\_\_\_\_  
(print)

The prospective employee is required by Sec. 40.25(j) to respond to the following questions.

- 1) Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years?

Check one:  Yes  No

- 2) If you answered yes, can you provide/obtain proof that you've successfully completed the DOT return-to-duty requirements?

Check one:  Yes  No

Prospective Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witnessed By: \_\_\_\_\_ Date: \_\_\_\_\_  
(signature)

Heck Industries, Inc.

**ACKNOWLEDGEMENT**

**PRE-EMPLOYMENT DRUG SCREENING CONSENT**

I, (please print) \_\_\_\_\_  
Hereby voluntarily consent to the taking of a urine and/or blood sample to be used for drug screening. I also authorize and give full written permission to the doctor, clinic, hospital or its agents and associates to send this specimen to laboratory for screening tests for the presence of Amphetamines, Barbiturates, and Methagualone. I authorize these results to be given to Heck Industries, its agents, partners or associates.

I have been informed and understand that I retain the express right to terminate the taking of the urine and/or blood samples at any time I so desire and to leave the room with further delay.

I have been informed and fully understand that the test results will be released to Heck Industries solely for the purpose of consideration of employment, and such authorization will expire 60 days from the date on this form. I may also revoke this authorization at any time (except to the extent that action has been taken in reliance thereon).

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE



Heck Industries, Inc.

**Medical Examination & Drug Test Policy**

In accordance with La. R.S. 23:897K, it is the stated policy of Heck Industries, Inc. and Contract Labor, Inc. that Heck Industries, Inc. and/or Contract Labor, Inc. has a right of reimbursement from an employee or an applicant who becomes an employee, provided the employee is compensated at a rate equivalent to not less than one dollar above the existing federal minimum wage and is not a part-time or seasonal employee as defined in R.S. 23:1021, for the costs of such employee's or applicant's pre-employment medical examination and/or drug test, if the employee voluntarily terminates the employment relationship sooner than 90 working days after his/her first day of work or never reports to work, unless such voluntary termination is attributable to a substantial change made to the employment by the employer as applied in Louisiana Employment Security Law.

An employee who, without prior approval, fails to call in or report to work as scheduled for 3 consecutive days shall be deemed to have voluntarily terminated his/her employment by abandonment of his/her position.

In accordance with La. R.S. 23:634,B. and the terms of the above-stated policy, I hereby agree that the costs of my pre-employment medical examination and/or drug test, not to exceed \$60.00, may be withheld from my wages if I voluntarily resign within 90 working days from my first day of work.

\_\_\_\_\_  
(signature)

\_\_\_\_\_  
(date)

Heck Industries, Inc.

**FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT**

In accordance with the provisions of Section 604(b)(2)(A) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I, of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on you for employment purposes. These reports are required by Sections 382.413, 391.23, and 391.25 of the Federal Motor Carrier Safety Regulations.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Social Security Number