



3930 W 700 N Columbus, IN 47201

Phone:(812) 657-7010

APPLICATION FOR EMPLOYMENT

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.

PLEASE COMPLETE THIS FORM IN YOUR OWN HANDWRITING AND IN INK. RESUMES MAY BE ATTACHED, BUT WILL NOT SUBSTITUTE FOR A COMPLETED APPLICATION.

Date: Social Security Number:

Name: LAST FIRST MIDDLE

Address: STREET CITY ST ZIP

County: Phone:

LIST PREVIOUS ADDRESS

Address: How Long?

Address: STREET CITY ST ZIP How Long? STREET CITY ST ZIP

Date of Birth: Can you provide proof of age? (Required by SEC 391 of FMCSR)

Have you worked for this company before? Where?

Dates: From: To: Position:

Reason for leaving:

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

Who referred you? Rate of pay expected?

DO YOU HAVE A DOT PHYSICAL CERTIFICATE? YES NO. DOCTOR'S NAME

ADDRESS OF DOCTOR DATE OF PHYSICAL

ARE YOU CURRENTLY TAKING ANY MEDICATION? IF YES, WHAT AND WHY?

HAVE YOU EVER BEEN GRANTED A WAIVER UNDER SEC 391.49 OF THE FMCSR? YES NO

HAVE YOU TESTED POSITIVE ON A DOT DRUG SCREEN OR ABOVE .04 ON A DOT BREATH ALCOHOL TEST? YES NO

IF YES, PLEASE EXPLAIN

HAVE YOU EVER BEEN CONVICTED OF A DRUG OR ALCOHOL RELATED TRAFFIC VIOLATION? YES NO

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES NO

IF YES PLEASE EXPLAIN

IN THE PAST TWO YEARS HAVE YOU EVER REFUSED OR TESTED POSITIVE ON A DOT DRUG SCREEN OR DOT BREATH ALCOHOL TEST FROM A MOTOR CARRIER THAT DID NOT HIRE YOU? YES NO

IF YES LIST THE MOTOR CARRIERS AND THE SUBSTANCE ABUSE PROFESSIONAL (SAP) THAT COMPLETED YOUR EVALUATION.

Motor carrier SAP 1. 1. 2. 2. 3. 3.

In the case of emergency, whom should we notify

NAME STREET CITY STATE PHONE #

EMPLOYMENT HISTORY

All driver applicants to drive interstate commerce must provide the following information on all employers during the preceding 3 years.

Applicants to drive a commercial motor vehicle\* intrastate or interstate commerce shall also provide an additional 7 years' information on those employers for whom the applicant operated such vehicle.

(NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary.)

EMPLOYER			DATES	
NAME			FROM: MO:    YR:	TO: MO:    YR:
ADDRESS			POSITION HELD:	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE#	REASON FOR LEAVING	
Were you subject to the FMCRs while employed by the employer listed above? _____ Yes _____ No			_____ DATES _____	
Was job listed above designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substance testing requirements as required by 49 CRF Part 40? _____ Yes _____ No				
_____				
EMPLOYER			DATES	
NAME			FROM: MO:    YR:	TO: MO:    YR:
ADDRESS			POSITION HELD:	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE#	REASON FOR LEAVING	
Were you subject to the FMCRs while employed by the employer listed above? _____ Yes _____ No			_____ DATES _____	
Was job listed above designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substance testing requirements as required by 49 CRF Part 40? _____ Yes _____ No				
_____				
EMPLOYER			DATES	
NAME			FROM: MO:    YR:	TO: MO:    YR:
ADDRESS			POSITION HELD:	
CITY	STATE	ZIP	SALARY/WAGE	
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EMPLOYER			DATES	
NAME			FROM: MO:    YR:	TO: MO:    YR:
ADDRESS			POSITION HELD:	
CITY	STATE	ZIP	SALARY/WAGE	
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EMPLOYER			DATES	

\*Includes vehicles having a GVWE 26,000lbs or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport Hazardous Material in quantity requiring placards.

**EMPLOYMENT HISTORY**

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**ACCIDENT RECORD FOR PAST THREE YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)**

DATE	NATURE OF ACCIDENT	FATALITIES	INJURIES
LAST ACCIDENT			
NEXT PREVIOUS			
NEXT PREVIOUS			

**TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATION)**

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

ST.

**EXPERIENCE AND QUALIFICATIONS – DRIVER**

DRIVERS LICENSES	STATE	LICENSES 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.**

\_\_\_\_\_

**DRIVING EXPERIENCE**

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN,TANK,REFER,ETC.)	DATE		APPROX. NO. OF MILES (TOTAL)
		FROM	TO	

LIST STATE 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: \_\_\_\_\_

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION. \_\_\_\_\_

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWN). \_\_\_\_\_

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

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

I authorize ITI to make such investigation 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, health care 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 ITI.

In connection with my application for employment (including contract for services) with ITI, I understand that a consumer report, which may contain public record information, is being requested from Reference Services, Inc. This report may include the following types of information: names and dates of previous employers, reason for termination of employment, work experience accidents, etc. I further understand that such reports may contain public record information concerning my driving record, worker's compensation claims, credit, bankruptcy proceedings, etc. from federal, state and other agencies which maintain such records as well as information from Reference Services, Inc. (1) previous driving records requests made by others from such state agencies; (2) state provided driving records; (3) claims involving me in the files of insurance companies.

I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY USIS TO FURNISH THE ABOVE MENTIONED INFORMATION.

I have the right to make a request to Reference Services, Inc., upon proper identification, to request the nature and substance of all information in its files on me at the time of my request; the sources of information; the recipients of any reports on me that Reference Services, Inc. has previously furnished within the two-year period preceding my request. I hereby consent to ITI obtaining the above information from Reference Services, Inc. and I agree that such information that Reference Services, Inc. has or obtains, and my employment history with ITI if I am hired, will be supplied by Reference Services, Inc. to other companies which subscribe to Reference Services, Inc..

I HAVE READ AND UNDERSTAND THE ABOVE.

---

DATE

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APPLICANTS SIGNATURE

**INQUIRY TO PAST EMPLOYERS**  
**VERIFICATION**

Past Employers Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Fax: \_\_\_\_\_

City : \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

From: **Indy Transport, Inc.**  
**1002 W. Hanna Ave.**  
**Indianapolis, IN 46217**

Phone: (317) 787-3454  
Fax: (317) 787-3456

*The person named below has applied to us for employment as a Local Truck Driver. Your firm was indicated as a previous employer. Please reply to this inquiry in compliance with Federal Motor Carrier Safety Regulation 391.23 (2)(c). For convenience in replying, we have enclosed a stamped, self addressed envelope.*

Applicant's Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Position Held: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Are the employment dates noted above correct? Yes No: Note correct dates: \_\_\_\_\_

What kind(s) of work if he/she do? Driver Maintenance Dock Office Other \_\_\_\_\_

If driver, please indicate the equipment driven. Tractor Trailer Straight Truck Bus Other \_\_\_\_\_

Number of accidents \_\_\_\_\_ Preventable \_\_\_\_\_ Number of Freight Claims \_\_\_\_\_

Why did this employee leave your employment? Resigned Discharged Laid off.  
Please explain: \_\_\_\_\_

Would you re-employ this person? Yes No: Please Explain: \_\_\_\_\_

I hereby authorize my previous employer to release and forward all records of my employment, including assessment of my job performance, ability and fitness. To my prospective employer, **Indy Transport, Inc.**

This release authorizes personal or telephone interviews, letters or any other methods of obtaining information that insures confidentiality. I release you from any and all liability of any type as a result of providing the above information.

**X: \_\_\_\_\_ Witness \_\_\_\_\_**

\_\_\_\_\_ Faxed \_\_\_\_\_ Mailed \_\_\_\_\_ Phone \_\_\_\_\_ Personal Contact Name \_\_\_\_\_

Date: \_\_\_\_\_ By: \_\_\_\_\_

**INQUIRY TO PAST EMPLOYERS**  
**ALCOHOL/CONTROLLED SUBSTANCES TESTING**

Past Employers Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Fax: \_\_\_\_\_

City : \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**From:           Indy Transport, Inc.**  
**1002 W. Hanna Ave.**  
**Indianapolis, IN 46217**

**Phone: (317) 787-3454**  
**Fax:   (317) 787-3456**

*The person named below has applied to us for employment as a Local Truck Driver. Your firm was indicated as a previous employer. Please reply to this inquiry in compliance with Federal Motor Carrier Safety Regulation 382.405 (f) & (h). For convenience in replying, we have enclosed a stamped, self addressed envelope.*

**Applicant's Name:** \_\_\_\_\_ **SSN:** \_\_\_\_\_

<p><i>Has this person ever tested positive for controlled substance in the last three years?   Yes No:</i> <i>Date : _____</i></p> <p><i>Has this person tested 0.04 of greater for Breath Alcohol Concentration in the last 3 years? Yes No :</i> <i>Date : _____</i></p> <p><i>Has this person refused a required test for drug or alcohol in the last 3 years? Yes No :</i> <i>Date : _____</i></p> <p><i>If yes to question 7, 8, or 9, please complete the following for further reference:</i></p> <p><i>SAP's Name: _____ Phone # _____</i></p> <p><i>Address : _____ City : _____ State : _____ Zip : _____</i></p> <p><i>Comments :</i> _____ _____ _____</p> <p><i>By: _____ Title : _____ Date: _____</i> <i>(signature of person supply information)</i></p>
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I here by authorize my previous employer to release and forward all records of my employment, including information on my alcohol and Controlled Substance Testing/Training records to my prospective employer, **Indy Transport, Inc.**

The release authorized personal or telephone interviews, letters or any other methods of obtaining information that insures confidentiality. I release you from any and all liability of any type as a result of providing the above information.

**X . \_\_\_\_\_ Witness : \_\_\_\_\_**

\_\_\_\_ Faxed    \_\_\_\_ Mailed    \_\_\_\_ Phone    \_\_\_\_ Personal    Contacted \_\_\_\_\_  
Date Completed \_\_\_\_\_ By: \_\_\_\_\_