

G.F. Lacaeyse Transport, Inc.

ICC MC 150999

Box 630

Grinnell, IA 50112

Bus. 641-236-6967

1-800-645-3748

Fax 641-236-1047

APPLICATION FOR EMPLOYMENT

Applicants are considered for all positions without regard to their race, color, religion, sex, national origin, age, marital status, or handicap.

I. General

Please print plainly and complete all blanks

Name _____ Date: ____/____/____
Home Phone: (____) _____
Social Security # _____
First Middle Last

Current Address _____
Number Street City State

Zip _____

Other Addresses _____
(Past 3 Years) Street City State How Long?

Street City State How Long?

Date of Birth	Place of Birth	Citizenship	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Remarried No. of Dependents ____
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In Case of Emergency Notify: _____
Name Address City/State Phone

Relationship _____

Do you have any friends and/or relatives employed by this company? Yes No

Name: _____ Relationship: _____

Have you worked here before? Yes No In What Capacity _____

If hired, do you have a reliable means of getting to work? Yes No

How did you hear about this company?
 Advertisement Friend Relative Other _____

Referred by: _____ Tractor # _____

Position applying for: _____

Name two individuals, other than relatives, who can verify periods of unemployment or self employment.

Name : _____ Workday Phone # _____

Name : _____ Workday Phone # _____

II EMPLOYMENT RECORD FOR PAST 10 YEARS

Begin with your present or most recent job and work backward in order, listing your employer for at least 10 years including all full- and part-time employment. All time must be accounted for including military service, self-employment and periods of unemployment. Use supplementary sheet if necessary. **WE MUST HAVE TELEPHONE NUMBERS.**

Current or most recent employer: Name: _____ Supervisor _____	
Are you presently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No May we call your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address: _____ Phone: (_____) _____	
Street _____ City _____ State & Zip _____	
Position Held: _____ From: _____ To _____ Rate of Pay _____	month/year month/year
Why do you want to change employers: _____	
Number of states driven in _____	
Number of accidents _____ Please explain _____	
Second Last Employer: Name: _____ Supervisor _____	
Address: _____ Phone: (_____) _____	
Street _____ City _____ State & Zip _____	
Position Held: _____ From: _____ To _____ Rate of Pay _____	month/year month/year
Reason for leaving: _____	
Number of states driven in _____	
Number of accidents _____ Please explain _____	
Third Last Employer: Name: _____ Supervisor _____	
Address: _____ Phone: (_____) _____	
Street _____ City _____ State & Zip _____	
Position Held: _____ From: _____ To _____ Rate of Pay _____	month/year month/year
Reason for leaving: _____	
Number of states driven in _____	
Number of accidents _____ Please explain _____	
Fourth Last Employer: Name: _____ Supervisor _____	
Address: _____ Phone: (_____) _____	
Street _____ City _____ State & Zip _____	
Position Held: _____ From: _____ To _____ Rate of Pay _____	month/year month/year
Reason for leaving: _____	
Number of states driven in _____	
Number of accidents _____ Please explain _____	
Fifth Last Employer: Name: _____ Supervisor _____	
Address: _____ Phone: (_____) _____	
Street _____ City _____ State & Zip _____	
Position Held: _____ From: _____ To _____ Rate of Pay _____	month/year month/year
Reason for leaving: _____	
Number of states driven in _____	
Number of accidents _____ Please explain _____	
Sixth Last Employer: Name: _____ Supervisor _____	
Address: _____ Phone: (_____) _____	
Street _____ City _____ State & Zip _____	
Position Held: _____ From: _____ To _____ Rate of Pay _____	month/year month/year
Reason for leaving: _____	
Number of states driven in _____	
Number of accidents _____ Please explain _____	
Seventh Last Employer: Name: _____ Supervisor _____	
Address: _____ Phone: (_____) _____	
Street _____ City _____ State & Zip _____	
Position Held: _____ From: _____ To _____ Rate of Pay _____	month/year month/year
Reason for leaving: _____	
Number of states driven in _____	
Number of accidents _____ Please explain _____	
Eighth Last Employer: Name: _____ Supervisor _____	
Address: _____ Phone: (_____) _____	
Street _____ City _____ State & Zip _____	
Position Held: _____ From: _____ To _____ Rate of Pay _____	month/year month/year
Reason for leaving: _____	
Number of states driven in _____	
Number of accidents _____ Please explain _____	

III. DRIVING RECORD / EXPERIENCE

LICENSE

List all drivers licenses/permits held in past 3 years

STATE	LICENSE NUMBER	TYPE	EXPIRATION DATE

TRAFFIC CONVICTIONS/FORFEITURES

List all car, truck, etc. moving traffic convictions and forfeitures for the past 3 years (if non, write none)

DATE	LOCATION (STATE)	CHARGE	IF SPEEDING, MPH OVER LIMIT	PENALTY

ACCIDENT RECORD

List all accidents with car, truck, etc. for past 3 years. Include preventable and non-preventable. (if non, write none)

DATE	TYPE OF VEHICLE	NATURE OF ACCIDENT (Head on, rear end, upset, etc.)	INDICATE PREVENTABLE OR NON-PREVENTABLE	FATALITIES	INJURIES	AMOUNT OF PROP. DAMAGE
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

NATURE AND EXTENT OF EXPERIENCE

Type	Trailer Length	Dates		Approximate No. of Miles	States Operated
		From	To		
Tractor w/flatbed					
Tractor w/van					
Tractor w/reefer					
Tractor w/tank					
Tractor w/hopper					
Other (Specify)					

Show special courses of training that will help you as a driver: _____

Which safe driving awards do you hold and from whom? _____

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes No
- B. Have you ever had any license, permit or privilege suspended or revoked? Yes No
- C. Have you ever been convicted or forfeited bond for driving while under the influence of alcohol or drugs? Yes No
- D. Have you ever been convicted for possession, sale, or use of a narcotic drug, amphetamine or derivative thereof? Yes No
- E. Have you ever been refused liability insurance or driven under an SR-22? Yes No
- F. Have you ever been convicted of a felony or misdemeanor? Yes No
- G. Have you ever been disqualified to drive by federal regulations? Yes No
- H. Do you have any unpaid tickets or outstanding warrants? Yes No
- I. Can you perform manual labor that may be required in the loading and unloading of cargo and the operation of the equipment? Yes No

If answer to any question is yes, state details, circumstances, and date: _____

IV. PERSONAL

RELATIVES AND DEPENDENTS

	Name	Date of Birth	Complete Address	Phone
Spouse				
Children				

V. EDUCATIONAL BACKGROUND

Circle Highest Grade Completed	Education															
	Elementary								High School				College			
	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4
Last School Attended _____																
Driving School Graduate <input type="checkbox"/> Yes <input type="checkbox"/> No	Name _____ City _____ State _____ Graduation Date: ____ / ____ / ____ Name of School: _____															

VII. RELEASE – To be read and signed by applicant

I certify that I personally completed this application and that all of the information is true and correct. I authorize G.F. Lacaeyse Transport, Inc. to conduct a thorough background investigation in accordance with state and federal law and authorize my previous employers to release any information requested by G.F. Lacaeyse Transport, Inc. and hold them harmless of all liability from the release of said information. Also, in accordance with the provisions of 49 CFR Part 382.405 and 382.413, I hereby authorize and require my previous and/or current employers specifically listed by me on this application to release the results (including any refusal to test) of all drug and alcohol tests taken by me pursuant to the provisions of 49 CFR while in their employment to G.F. Lacaeyse Transport, Inc. by whatever means is most expedient.

Date ____ / ____ / _____

Applicant's Signature _____