



# LAD TRUCK LINES, INC.

PO Box 749 • 109 Barnett Shoals Road • Watkinsville, GA 30677  
706.769.4048 phone • 706.769.5826 fax • www.ladtrucklines.com

## APPLICATION FOR EMPLOYMENT

### APPLICATION INFORMATION

In compliance with Federal and State Equal Employment Opportunity (EEO) laws, qualified applicants are considered for all positions without regard to race, color, religion, gender, national origin, age, marital status, or non-job related disability.

Full Name: \_\_\_\_\_ SS#: \_\_\_\_\_

Phone: \_\_\_\_\_ Cellular Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

#### List your addresses of residency for the past 3 years:

Address: \_\_\_\_\_ City, State & Zip: \_\_\_\_\_ Months: \_\_\_\_\_

Previous Address: \_\_\_\_\_ City, State & Zip: \_\_\_\_\_ Months: \_\_\_\_\_

Previous Address: \_\_\_\_\_ City, State & Zip: \_\_\_\_\_ Months: \_\_\_\_\_

Do you have a DWI or DUI on your Driver record at any time in the past?  Yes  No

If so, give date of DUI \_\_\_\_/\_\_\_\_/\_\_\_\_

Have you ever been convicted of a crime:  Yes  No

If so, explain the crime \_\_\_\_\_

Are you employed now?  Yes  No

If yes, may we inquire of present employer?  Yes  No

Have you ever tested positive on a DOT drug or alcohol test, pre-employment or otherwise?  Yes  No

If so, give date of drug test \_\_\_\_\_

#### Emergency Contact Information:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Workplace: \_\_\_\_\_

Who referred you? \_\_\_\_\_

### Employment History

Please complete with your previous 10 years work history, starting with our most recent employer. Cover all time for the last 10 years. If you were unemployed for more than 30 days, indicate each of those time periods in one of the employer areas.

#### EMPLOYER 1

Name: \_\_\_\_\_

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

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

Dates From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_

Contact Person: \_\_\_\_\_ Position Held: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Salary/Wage: \_\_\_\_\_

Were you subject to the FMCSRs while employed?  Yes  No Reason For Leaving: \_\_\_\_\_

Was your job designated as a safety-sensitive function in any DOT-related mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?  Yes  No

**EMPLOYER 2**

Name: \_\_\_\_\_

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

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

Dates From: \_\_\_\_ / \_\_\_\_ To: \_\_\_\_ / \_\_\_\_

Contact Person: \_\_\_\_\_ Position Held: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Salary/Wage: \_\_\_\_\_

Were you subject to the FMCSRs while employed?  Yes  No Reason For Leaving: \_\_\_\_\_  
Was your job designated as a safety-sensitive function in any DOT-related mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?  Yes  No

**EMPLOYER 3**

Name: \_\_\_\_\_

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

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

Dates From: \_\_\_\_ / \_\_\_\_ To: \_\_\_\_ / \_\_\_\_

Contact Person: \_\_\_\_\_ Position Held: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Salary/Wage: \_\_\_\_\_

Were you subject to the FMCSRs while employed?  Yes  No Reason For Leaving: \_\_\_\_\_  
Was your job designated as a safety-sensitive function in any DOT-related mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?  Yes  No

**EMPLOYER 4**

Name: \_\_\_\_\_

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

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

Dates From: \_\_\_\_ / \_\_\_\_ To: \_\_\_\_ / \_\_\_\_

Contact Person: \_\_\_\_\_ Position Held: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Salary/Wage: \_\_\_\_\_

Were you subject to the FMCSRs while employed?  Yes  No Reason For Leaving: \_\_\_\_\_  
Was your job designated as a safety-sensitive function in any DOT-related mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?  Yes  No

**EMPLOYER 5**

Name: \_\_\_\_\_

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

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

Dates From: \_\_\_\_ / \_\_\_\_ To: \_\_\_\_ / \_\_\_\_

Contact Person: \_\_\_\_\_ Position Held: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Salary/Wage: \_\_\_\_\_

Were you subject to the FMCSRs while employed?  Yes  No Reason For Leaving: \_\_\_\_\_  
Was your job designated as a safety-sensitive function in any DOT-related mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?  Yes  No

**EMPLOYER 6**

Name: \_\_\_\_\_

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

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

Dates From: \_\_\_\_ / \_\_\_\_ To: \_\_\_\_ / \_\_\_\_

Contact Person: \_\_\_\_\_ Position Held: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Salary/Wage: \_\_\_\_\_

Were you subject to the FMCSRs while employed?  Yes  No Reason For Leaving: \_\_\_\_\_  
Was your job designated as a safety-sensitive function in any DOT-related mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?  Yes  No

**EMPLOYER 7**

Name: \_\_\_\_\_

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

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

Dates From: \_\_\_\_ / \_\_\_\_ To: \_\_\_\_ / \_\_\_\_

Contact Person: \_\_\_\_\_ Position Held: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Salary/Wage: \_\_\_\_\_

Were you subject to the FMCSRs while employed?  Yes  No Reason For Leaving: \_\_\_\_\_  
Was your job designated as a safety-sensitive function in any DOT-related mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?  Yes  No

**EMPLOYER 8**

Name: \_\_\_\_\_

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

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

Dates From: \_\_\_\_ / \_\_\_\_ To: \_\_\_\_ / \_\_\_\_

Contact Person: \_\_\_\_\_ Position Held: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Salary/Wage: \_\_\_\_\_

Were you subject to the FMCSRs while employed?  Yes  No Reason For Leaving: \_\_\_\_\_  
Was your job designated as a safety-sensitive function in any DOT-related mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?  Yes  No

**EMPLOYER 9**

Name: \_\_\_\_\_

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

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

Dates From: \_\_\_\_ / \_\_\_\_ To: \_\_\_\_ / \_\_\_\_

Contact Person: \_\_\_\_\_ Position Held: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Salary/Wage: \_\_\_\_\_

Were you subject to the FMCSRs while employed?  Yes  No Reason For Leaving: \_\_\_\_\_  
Was your job designated as a safety-sensitive function in any DOT-related mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?  Yes  No

**EMPLOYER 10**

Name: \_\_\_\_\_

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

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

Dates From: \_\_\_\_ / \_\_\_\_ To: \_\_\_\_ / \_\_\_\_

Contact Person: \_\_\_\_\_ Position Held: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Salary/Wage: \_\_\_\_\_

Were you subject to the FMCSRs while employed?  Yes  No Reason For Leaving: \_\_\_\_\_

Was your job designated as a safety-sensitive function in any DOT-related mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?  Yes  No

**EMPLOYER 11**

Name: \_\_\_\_\_

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

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

Dates From: \_\_\_\_ / \_\_\_\_ To: \_\_\_\_ / \_\_\_\_

Contact Person: \_\_\_\_\_ Position Held: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Salary/Wage: \_\_\_\_\_

Were you subject to the FMCSRs while employed?  Yes  No Reason For Leaving: \_\_\_\_\_

Was your job designated as a safety-sensitive function in any DOT-related mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?  Yes  No

**EMPLOYER 12**

Name: \_\_\_\_\_

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

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

Dates From: \_\_\_\_ / \_\_\_\_ To: \_\_\_\_ / \_\_\_\_

Contact Person: \_\_\_\_\_ Position Held: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Salary/Wage: \_\_\_\_\_

Were you subject to the FMCSRs while employed?  Yes  No Reason For Leaving: \_\_\_\_\_

Was your job designated as a safety-sensitive function in any DOT-related mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?  Yes  No

**Driver License Information**

List the valid operating license in your possession: CDL Class: \_\_\_\_ State: \_\_\_\_ Number: \_\_\_\_\_ Expiration Date: \_\_/ \_\_/ \_\_

Have you ever lost your driving privileges?  Yes  No Haz/Mat Endorsement: ?  Yes  No

If so, explain why you lost your driving privileges: \_\_\_\_\_

**Driving Violations**

List below all moving violations you have received in the past 3 years:

Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Offense \_\_\_\_\_ Location \_\_\_\_\_ Type of Vehicle \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Offense \_\_\_\_\_ Location \_\_\_\_\_ Type of Vehicle \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Offense \_\_\_\_\_ Location \_\_\_\_\_ Type of Vehicle \_\_\_\_\_

**Traffic Accidents**

Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Nature of Accident \_\_\_\_\_ Fatalities \_\_\_\_\_ Personal Injury \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Nature of Accident \_\_\_\_\_ Fatalities \_\_\_\_\_ Personal Injury \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Nature of Accident \_\_\_\_\_ Fatalities \_\_\_\_\_ Personal Injury \_\_\_\_\_

**Experience**

Explain experience you have driving. If you have operated motor vehicle equipment, explain the types and names of states driven in.

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**Comments**

Please list any comments or information you think we need for considering your application: \_\_\_\_\_

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**Acknowledgement**

This certifies 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, 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 may result in discharge. I understand, also, that I am required to abide by the rules and regulations of LAD Truck Lines.

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Applicant Signature: \_\_\_\_\_