



Lake Charles, Louisiana

**DRIVER PROGRAM
I**

OFFICE (337) 494-6900

FAX (337) 436-4606

A copy of Drivers License and Social Security card must be submitted with application.

TRUCK OPERATOR QUALIFICATION CRITERIA

REQUIREMENTS

Operator must be **25 years** of age or older.

Must have **2 years experience** driving tractor trailer within the last five years.

Must have a current **TWIC** card. (Transportation Workers Identification Credential)

Must be able to secure **Haz-Mat** on drivers license within 60 days. (except dump operator)

Maximum limit of **(2) two moving violations** in previous (3) three years period.

No more than **(2) two preventable motor vehicle** accidents in the previous three years. A copy of police reports for all accidents must be presented with application. (Accident preventability must be determined and verified.)

DUI OR DWI MUST BE AT LEAST FIVE YEARS OLD TO BE CONSIDERED.

EMPLOYMENT

Operator must accurately list all periods of employment, self employment, training and periods of unemployment for the past 3 years. If operating a **commercial vehicle** within the past 10 years, you must also list past employment history for the period of the time involved in driving a commercial vehicle.

PHYSICAL REQUIREMENTS

Operator must be in good physical condition and capable of performing heavy lifting, bending and climbing.

Applicant must successfully complete a DOT approved physical and drug screen prior to qualifying. Previous physicals will be accepted, if not more than (1) one year old. Applicant must present the long form physical and matching medical card.

COMPENSATION

STARTING PAY 22% up to your one year, with a 1/2% increase for each year thereafter up to the maximum of 25%. Accessorial pay to driver will be \$40.00 per load for tarping.

TOLLS & SCALES Reimbursed 100% with receipts on following check.

WHEN PAID Weekly, based on paperwork received by Monday before noon will be settled by direct deposit by Friday.

Benefits

INSURANCE After an employee has completed the 90 day probationary period, Lake City Trucking will pay 50% of the employees' health insurance. Upon entering the 6th year, LCT will pay 100% of employees' insurance coverage. If an employee elects to cover his family, 100% of the families premiums will be deducted from his/her check.

VACATION Paid based on an average weekly compensation for prior year not exceeding \$600.00 per week.

1-2 years = 1week
3-8 years = 2weeks
9-14 yrs = 3weeks
15 or more = 4weeks

PLEASE READ CAREFULLY AND SIGN BELOW

I understand that the information supplied herein shall be used, and that prior motor carriers / employers shall be contacted, for the purpose of complying with the Federal Motor Carriers Safety Regulations.

Further, this document is in compliance with Federal and State equal opportunity laws, qualified applicants are considered without regard to race, color, religion, sex, national origin, age, marital status, or non-job related disability.

It is agreed and understood that any misrepresentation of information given herein shall be considered an act of dishonesty.

It is agreed and understood that Lake City Trucking or the contracting motor carrier and their agents may investigate any and all information of concern supplied herein.

I further authorize Lake City Trucking to make such investigations and inquires of my personal, employment, financial or medical history and other related matters as may be necessary, whether of record or not, in arriving at a decision concerning this application.

I hereby release employers, schools, health care providers, D.A.C., and other persons from all liability in responding to inquires and releasing information in connection with my application including previous alcohol and drug test results.

It is agreed and understood that this is an applications for qualification with Lake City Trucking, and is further agreed and understood that this document in no way obligates the contracting motor carrier and is required to meet certain federal and state regulations required of a motor carrier.

It is agreed and understood that the applicant will be on a probationary period during which time the applicant can be disqualified without recourse.

It is agreed and understood that the applicant is responsible for all expenses incurred during hiring process if probationary period is not satisfied.

This certifies that I completed this document, and that all of the entries and information contained herein are true and complete to the best of my knowledge.

Date

Signature

DRIVERS JOB DESCRIPTION

JOB TITLE: DRIVER

General Summary of Duties: Pick-up and delivery of various types of freight to and from various locations, utilizing tractor and trailer as assigned. Must follow all safety rules and regulations. Must be able to get clean shaven (industry standard) when necessary.

Supervision Received: President, Operations Manager, Safety Manager and /or Dispatcher

Supervision Exercised: None

Typical Physical Demands: Requires sitting for long periods of time. Driving of heavy trucks under various weather and road conditions for periods up to 11 hours at a time. Getting in and out of truck regularly. Must be able to weather protect loads including but not limited to tarping. Also bend, stoop, lift (up to 75 lbs.), climb to heights of 15 feet, and have complete use of upper and lower torso. Requires normal range of hearing and sight. Must be able to get clean shaven when necessary.

Typical Working Conditions: Normal driving environment. Regular evenings or week-end work.

Duties to include: (This list may not include all of the duties assigned.)

- Must read, understand and follow company handbook.
- Call in for dispatch assignments every morning and evening.
- Pick-up and deliver freight as instructed in a timely manner.
- Pre-trip tractor and trailer each day, and through-out day as needed.
- Secure all freight for safe transporting per Department of Transportation (DOT) regulations.
- Check in with dispatcher through out day for up-date on progress and for other information.
- Obtain appropriate signatures on all necessary paperwork.
- Maintain driving logs as required by the Department of Transportation (DOT)
- Retrieve, maintain and deliver to Lake City Trucking, all paperwork related to trip. Company and customer Bill of Ladings, manifests, expense receipts, weight tickets etc.
- Inspect and trouble shoot mechanical and tire problems on truck and trailer.
- Report to dispatch and or mechanic all repairs needed to trucks and trailers, following prescribed procedure.
- Protect loads with vinyl covering when necessary and/or required. (tarps)
- Follow all safety rules and/or regulations as required by employer and customers.
- Must carry all proper Personal Protective Equipment (PPE) at all times.
- Must keep and maintain in working order all company issued equipment.
- Must attend at least 75% of company safety meetings and training sessions per year.
- Must keep truck and equipment clean and free of defects at all times.

Performance Requirement

Knowledge, Skills and Abilities

Valid "Commercial Drivers License", must pass physical and drug screening. Must be insurable. Knowledge of all facts of tractor operations: connecting and disconnecting of tractors to trailers, securing of vehicle and freight. Knowledge of safety regulations as prescribed in the "Federal Motor Carrier Safety Regulation Manuel", and knowledge of handling of hazardous material as outlined in "Haz-Mat Transport Regulation".

Employee Signature

Date

DRIVER'S APPLICATION FOR EMPLOYMENT

LAKE CITY TRUCKING
5700 B J Cement Rd
Lake Charles, LA 70615 (337) 494-6900

(answer all questions & please print)

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.

Position(s) applied for _____ Date of Application _____

Name _____ Social Security No. _____
Last First Middle

Address _____
Street City State & Zip

How Long Phone

Previous Address _____
Street City State & zip code How long?

Do you have the legal right to work in the United States? _____

Date of Birth _____/_____/_____ Can you provide proof of age? _____

Do you currently use any illegal drugs? _____ Have you ever refused a drug or alcohol test? _____

Have you ever tested positive for controlled substance? _____ Had an alcohol test result greater than 0.04? _____

Have you ever had drivers license revoked or suspended? _____ If yes explain. _____

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

Who referred you? _____ Rate of pay expected _____

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, please explain.

Employment History

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

Applicants to drive a commercial motor vehicle in 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 most recent. Add another sheet as necessary)

EMPLOYER		DATE	
Name	From Month	Yr	To Month
			Yr
Address		Position Held	
City		Salary /Wage	
Contact Person	Phone	Reason for Leaving	

EMPLOYER		DATE	
Name	From Month	Yr	To Month
			Yr
Address		Position Held	
City		Salary /Wage	
Contact Person	Phone	Reason for Leaving	

EMPLOYER		DATE	
Name	From Month	Yr	To Month
			Yr
Address		Position Held	
City		Salary /Wage	
Contact Person	Phone	Reason for Leaving	

EMPLOYER		DATE	
Name	From Month	Yr	To Month
			Yr
Address		Position Held	
City		Salary /Wage	
Contact Person	Phone	Reason for Leaving	

EMPLOYER		DATE	
Name		From Month Yr	To Month Yr
Address		Position Held	
City		Salary /Wage	
Contact Person	Phone	Reason for Leaving	

EMPLOYER		DATE	
Name		From Month Yr	To Month Yr
Address		Position Held	
City		Salary /Wage	
Contact Person	Phone	Reason for Leaving	

EMPLOYER		DATE	
Name		From Month Yr	To Month Yr
Address		Position Held	
City		Salary /Wage	
Contact Person	Phone	Reason for Leaving	

EMPLOYER		DATE	
Name		From Month Yr	To Month Yr
Address		Position Held	
City		Salary /Wage	
Contact Person	Phone	Reason for Leaving	

EMPLOYER		DATE	
Name		From Month Yr	To Month Yr
Address		Position Held	
City		Salary/Wage	
Contact Person	Phone	Reason for Leaving	

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)

DATE	NATURE OF ACCIDENT (HEAD ON, REAR-END, ETC.)	FATALITIES	INJURIES
LAST ACCIDENT _____	_____	_____	_____
NEXT PREVIOUS _____	_____	_____	_____
NEXT PREVIOUS _____	_____	_____	_____

DOT CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (36 MONTHS) (OTHER THAN PARKING VIOLATIONS)

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)

Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES _____ NO _____

Has any license, permit or privilege ever been suspended or revoked? YES _____ NO _____

IF THE ANSWER TO EITHER QUESTION IS YES, ATTACH STATEMENT GIVING DETAILS

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	FROM	TO	APPRX. # OF MILES
STRAIGHT TRUCK				
TRACTOR & SEMI-TRAILER				
TRACTOR – TWO TRAILERS				
OTHER				

LIST OF STATES OPERATED IN FOR LAST FIVE YEARS _____

EXPERIENCE AND QUALIFICATIONS ---OTHER

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER: _____

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM? _____

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY. _____

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

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. 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 all rules and regulations of the company.

Applicant's Signature

Date

PROCESS RECORD

APPLICANT HIRED _____

REJECTED _____

DATE EMPLOYED _____

CLASSIFICATION _____

THIS SECTION TO BE FILLED IN BY COMPANY REPRESENTATIVE

	SUPERIOR	GOOD	FAIR	BELOW AVERAGE	POOR	COMMENTS
APPLICATION						
INTERVIEW						
ATTITUDE						
PAST EMPLOYMENT						

SIGNATURE OF INTERVIEWING OFFICER OR COMPANY REPRESENTATIVE _____

TERMINATION OF EMPLOYMENT

DATE TERMINATED _____ DISMISSED VOLUNTARILY QUIT OTHER _____



Lake Charles, Louisiana

CERTIFICATION OF COMPLIANCE WITH DRIVER LICENSE REQUIREMENTS

The requirements in Part 383 apply to every driver who operates intrastate, interstate, or foreign commerce and operates a vehicle weighing 26,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

The requirements in Part 391 apply to every driver who operates in interstate commerce and operates a vehicle weighing 10,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

DRIVER REQUIREMENTS: parts 383 and 391 of the Federal Motor Carrier Safety Regulations contain some requirements that you as driver must comply with. These requirements are in effect as of July 1, 1987. They are as follows

1. Posses only one License: You as a commercial vehicle driver, may not posses more than one motor vehicle operator's license. If you have more than one license, keep the license from your state of residence and return the additional license to the states that issued them. DESTROYING a license does not close the record in the state that issued it; you must notify the state. If a multiple license has been lost, stolen, or destroyed, close your record by notifying the state of issuance that you no longer want to be licensed by the state.

2. Notification of License Suspension, Revocation or Cancellation: Sections 392.42 and 383.33 of the Federal Motor Carrier Safety Regulations require that you notify your employer the NEXT BUISNESS DAY of any revocation or suspension of your driver's license. In addition, Section 383.31 requires that any time you violate a state or local traffic law (other than parking), you must report it with in 30 days to :1 your employer, 2) the state that issued your license (if the violation occurs in a state other than the one which issued your license). The notification to both the employer and state must be in writing.

The following license is the only one I will Posses:

Driver's License Number: _____ State: _____ Exp.: _____

DRIVER'S CERTIFICATION :I certify that I have read and understand the above requirements.

Driver's Name: _____

Driver's Signature: _____ Date: _____

Reviewed By: _____ Date: _____

Carrier's Official (printed)

Carrier's Signature

Title

Comments _____



Lake Charles, Louisiana

ACKNOWLEDGEMENT Pre-Employment Drug Screening Consent

I (please print) _____, hereby voluntarily consent to the taking of a urine, blood, plasma, or breath sample to be used for drug/alcohol screening. I also authorize and give full written permission to the doctor, clinic, hospital or agents and associates to send this specimen to the laboratory for screening. I also authorize these results to be given to Lake City Trucking, and its authorized agents and/or employees, partners, or associates.

I have been informed and understand that I retain the expressed right to terminate the taking of urine, blood, plasma or breath samples at any time I so desire and to leave the room without further delay.

I have been informed and understand that the results will be released to Lake City Trucking, solely for the purpose of consideration of employment, and such authorization at any time (except to extent that action has been taken in reliance thereon).

Employee Signature

Date

Witness Signature

Date



Lake Charles, Louisiana

DRUG AND ALCOHOL TESTING RESULTS REQUEST – RELEASE FORM

DRUG AND ALCOHOL TESTING RESULTS REQUEST

MAIL TO FORMER EMPLOYER:

I _____, do hereby authorize Lake City Trucking to contact
Please Print Name SS#
my previous employer(s) in accordance with current US DOT rules and regulations as setforth in 49 CFR 382.413
in order to obtain the following information for the preceding three years:

- 1. Alcohol test with a result of 0.04 alcohol concentration or greater;
- 2. Verified positive controlled substances test results; and
- 3. Refusals to be tested.

I fully understand the above, and do hereby give my consent to obtain the information required by 49 CFR 382.413.

Drivers Signature Date

(Detach here for your record)

Date:
(Name of Former Employer)

You are hereby authorize to give to Lake City Trucking all information regarding my drug and alcohol testing result while in your employ, and you are released from any and all liability which may result from furnishing such information to the above named company.



**MOTOR VEHICLE
DRIVER'S CERTIFICATION
OF VIOLATIONS**

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 past 12 months.

Date	Offense	Location	Type of Vehicle Operated
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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 past 12 months.

(Date of Certification)

(Driver's Signature)

(Motor Carrier's Name)

(Motor Carrier's Address)

(Reviewed by: Signature)

(Title)



Lake Charles, Louisiana

AUTHORIZATION FOR BACKGROUND REPORTS

In connection with your application for employment with Lake City Trucking, we may obtain one or more reports regarding your credit, driving, and/or criminal background history from a consumer reporting agency and/or other sources. If Lake City Trucking uses any information it obtains from a background report in a decision to not hire you or to make any other adverse employment decision regarding you, Lake City Trucking will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon a background report, Lake City Trucking will notify you that the action has been taken and that the background report was the reason for the action. Lake City Trucking cannot obtain background reports from consumer reporting agencies or other sources regarding you unless you consent in writing. If you agree that Lake City Trucking may obtain such background reports, please read the following and sign below:

I authorize Lake City Trucking to contact any organization or individual that I have listed on my employment application or resume or mentioned in job interviews and obtain from them any relevant information about my job qualifications, including my experience, skills, and abilities. I understand that I am consenting to the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years, as well as any reference-related information about me held or known by my former employers, supervisors, and co-workers. In addition, I consent to the release of any information about my education, experience abilities, or work-related characteristics or traits held or known by other organizations or individuals, including schools and educational institutions, professional or business associates, and friends and acquaintances that Lake City Trucking might contact in the course of conducting a reference check or background investigation of my suitability for employment.

I understand and acknowledge that this release of information can involve my qualifications, performance, credentials, or other characteristics or factors affecting my suitability for employment with Lake City Trucking. Specifically, I am authorizing the release of any information about my performance, experience, capability, attitude, specific events, or other work-related characteristics that currently are in the possession of the requested organizations or their managers or representatives.

In exchange for Lake City Trucking’s consideration of my employment application, I agree not to file or pursue any complaints, claims, or legal actions of any kind against any organization or individual that provides work-related information about me to Lake City Trucking or its agents in accordance with the terms and intent of this release. I also agree not to file or pursue any complaints, claims, or legal actions against Lake City Trucking or any of its employees, representatives, or agents arising out of their efforts to obtain work-related information about me.

I have read the above Notice Regarding Background Reports provided to me by Lake City Trucking and I understand that if I sign this consent form, Lake City Trucking and/or any entity it retains to obtain such background reports may obtain reports of my credit, driving, and/or criminal background history in addition to information regarding my background, references, education, specific events, and past employment. I hereby authorize Lake City Trucking and its employees, agents, and affiliates to obtain the information above.

Date: _____

Signature

Social Security Number

Name (Please Print)

License Number /License State

Date of Birth

Years of Experience