APPLICATION FOR EMPLOYMENT

LAFAYETTE LOGISTICS LLC
3481 Concord Rd Lafayette, IN 47909

An Equal Opportunity Employer

COMPLETE IN FULL OR IT WILL NOT BE CONSIDERED.

APPLICANT INFORMATION							
FIRST NAME		MIDDLE NAME		LAST NAME			
PHONE		EMAIL					
DATE OF BIRTH		SOCIAL SECURITY #					
DATE OF APPLICATION		POSITION APPLIED FOR		DATE AVAILABLE FOR WORK			

Do you have the legal right to work in the United States? ☐ YES ☐ NO

PREVIOUS THREE YEARS RESIDENCY					
Attach additional sheet if more space is needed					
	STREET	CITY	STATE	ZIP CODE	# OF YEARS AT ADDRESS
CURRENT					
MAILING					
PREVIOUS					
PREVIOUS					
PREVIOUS					

LICENSE INFORMATION				
No person who operates a commercial motor vehicle shall at any time have more than one driver's license (49 CFR 383.21). I certify that I do not have more than one motor vehicle license, the information for which is listed below. Include all licenses held for the past 3 years; attach additional sheets if needed.				
STATE	LICENSE #	TYPE/CLASS	ENDORSEMENTS	EXPIRATION DATE
PREVIOUSLY HELD LICENSES				

DRIVING EXPERIENCE				
CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATE FROM	DATE TO	APPROX # OF MILES (TOTAL)
STRAIGHT TRUCK				
TRACTOR & SEMI-TRAILER				
TRACTOR & 2 TRAILERS				
TRACTOR & TANKER				
OTHER				

ACCIDENT RECORD FOR THE PAST 3 YEARS				
Attach additional sheet if more space is needed. Check this box if none ☐				
DATES (List most recent first)	NATURE OF ACCIDENT (Head-on, rear-end, upset, etc.)	# FATALITIES	# INJURIES	CHEMICAL SPILLS (Y/N)

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)			
Attach additional sheet if more space is needed. Check this box if none ☐			
DATE CONVICTED (Month/Year)	VIOLATION	STATE OF VIOLATION	PENALTY (Forfeited bond, collateral and/or points)

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

If yes, explain

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

If yes, explain

Fair Credit Reporting Act Disclosure Statement (Allows us to run MVRs)

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 and required by Sections 382.413 and 391.25 of the Federal Motor Carrier Safety Regulations.

Applicant's Signature _____ Date _____

Print Name _____ Drivers License Number & State of Issuance _____

Notice Regarding Background Reports

1. In connection with your application for employment with **Lafayette Logistics LLC** ("Prospective Employer"), Prospective Employer, its employees, agents or contractors may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

When the application for employment is submitted in person, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer 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 your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report.

When the application for employment is submitted by mail, telephone, computer, or other similar means, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer must provide you within three business days of taking adverse action oral, written or electronic notification: that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

Neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. You may challenge the accuracy of the data by submitting a request to https://dataqs.fmcsa.dot.gov. If you challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. Your request will be forwarded by the DataQs system to the appropriate State for adjudication.

Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with Federal Motor Carrier Safety Regulations (FMCSR) violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

The Prospective Employer cannot obtain background reports from FMCSA without your authorization.

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

2. I authorize Lafayette Logistics LLC ("Prospective Employer") to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am authorizing the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.

3. I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to https://dataqs.fmcsa.dot.gov. If I challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

4. I understand that any crash or inspection in which I was involved will display on my PSP report. Since the PSP report does not report, or assign, or imply fault, I acknowledge it will include all CMV crashes where I was a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, I understand all inspections, with or without violations, will appear on my PSP report, and State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on my PSP report.

I have read the above Disclosure Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this Disclosure and Authorization, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Signature: _____ Date: _____

Printed Name: _____

EMPLOYMENT HISTORY

The Federal Motor Carrier Safety Regulations (49 CFR 391.21) require that all applicants wishing to drive a commercial vehicle list all employment for the last ten (10) years. Any gaps in employment in excess of one (1) month must be explained.

Start with the last or current position, including any military and/or school experience, and work backwards (attach separate sheets if necessary). You are required to list the complete mailing address, including street number, city, state, zip; and complete all other information.

CURRENT (MOST RECENT) EMPLOYER					
NAME		PHONE			
ADDRESS					
POSITION HELD		FROM MO/YR		TO MO/YR	
REASON FOR LEAVING					
EXPLAIN ANY GAPS IN EMPLOYMENT (Include month/year & reason)					

While employed here, were you subject to the Federal Motor Carrier Safety Regulations? ☐ YES ☐ NO

Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40? ☐ YES ☐ NO

SECOND (MOST RECENT) EMPLOYER					
NAME		PHONE			
ADDRESS					
POSITION HELD		FROM MO/YR		TO MO/YR	
REASON FOR LEAVING					
EXPLAIN ANY GAPS IN EMPLOYMENT (Include month/year & reason)					

While employed here, were you subject to the Federal Motor Carrier Safety Regulations? ☐ YES ☐ NO

Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40? ☐ YES ☐ NO

THIRD (MOST RECENT) EMPLOYER					
NAME		PHONE			
ADDRESS					
POSITION HELD		FROM MO/YR		TO MO/YR	
REASON FOR LEAVING					
EXPLAIN ANY GAPS IN EMPLOYMENT (Include month/year & reason)					

While employed here, were you subject to the Federal Motor Carrier Safety Regulations? ☐ YES ☐ NO

Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40? ☐ YES ☐ NO

FOURTH (MOST RECENT) EMPLOYER					
NAME		PHONE			
ADDRESS					
POSITION HELD		FROM MO/YR		TO MO/YR	
REASON FOR LEAVING					
EXPLAIN ANY GAPS IN EMPLOYMENT (Include month/year & reason)					

While employed here, were you subject to the Federal Motor Carrier Safety Regulations? ☐ YES ☐ NO

Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40? ☐ YES ☐ NO

FIFTH (MOST RECENT) EMPLOYER					
NAME		PHONE			
ADDRESS					
POSITION HELD		FROM MO/YR		TO MO/YR	
REASON FOR LEAVING					
EXPLAIN ANY GAPS IN EMPLOYMENT (Include month/year & reason)					

While employed here, were you subject to the Federal Motor Carrier Safety Regulations? ☐ YES ☐ NO

Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40? ☐ YES ☐ NO

SIXTH (MOST RECENT) EMPLOYER					
NAME		PHONE			
ADDRESS					
POSITION HELD		FROM MO/YR		TO MO/YR	
REASON FOR LEAVING					
EXPLAIN ANY GAPS IN EMPLOYMENT (Include month/year & reason)					
While employed here, were you subject to the Federal Motor Carrier Safety Regulations?				☐ YES	☐ NO
Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40?				☐ YES	☐ NO

SEVENTH (MOST RECENT) EMPLOYER					
NAME		PHONE			
ADDRESS					
POSITION HELD		FROM MO/YR		TO MO/YR	
REASON FOR LEAVING					
EXPLAIN ANY GAPS IN EMPLOYMENT (Include month/year & reason)					
While employed here, were you subject to the Federal Motor Carrier Safety Regulations?				☐ YES	☐ NO
Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40?				☐ YES	☐ NO

EIGHTH (MOST RECENT) EMPLOYER					
NAME		PHONE			
ADDRESS					
POSITION HELD		FROM MO/YR		TO MO/YR	
REASON FOR LEAVING					
EXPLAIN ANY GAPS IN EMPLOYMENT (Include month/year & reason)					
While employed here, were you subject to the Federal Motor Carrier Safety Regulations?				☐ YES	☐ NO
Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40?				☐ YES	☐ NO

*PLEASE LET US KNOW IF FURTHER DOCUMENTATION IS NEEDED FOR EMPLOYMENT HISTORY

Safety Performance History Records Request

In compliance with §40.25(g) and 391.23(h), release of this information must be made in a written form that ensures confidentiality, such as fax, letter, or email.

I (print name): _____ **SS#:** _____ **DOB:** _____

Signature: _____ **Date:** _____

(Please do not fill out any more on this page, we will contact your previous employer)

Authorize Previous Employer: _____ Telephone: _____

Street: _____ Fax Number: _____

City, State, Zip: _____ Email: _____

To release and forward the information requested in this document concerning Accidents and Alcohol and Controlled Substance testing records within the previous three (3) years from _____ to _____ (dates of employment).

To: ***Cathy Fritz Consulting, Inc*** **Attn: Connie Reid** **Email: ckreid.consulting@gmail.com**
113 E Main St **Winamac, IN 46996** **Phone: 574.946.0049 Fax: 574.946.0304**

Employment History: The applicant was employed by us from (m/y) _____ to (m/y) _____. ☐ Not Employed

Did s/he drive a motor vehicle for you? ☐ Yes ☐ No If yes, what type? ☐ Straight Truck ☐ Tractor Trailer

☐ Other: _____

Reason for leaving your employ: ☐ Discharged ☐ Resignation ☐ Lay-Off ☐ Military Duty

If there is no safety performance history to report, check here ☐, sign below & return.

Accident History: Complete the following for accidents included on your accident register (§390.15(b) involving this driver in the 5 years prior to the application date shown above, or check here ☐ if there is no accident register data for this driver.

Date	Location	# Injuries	# Fatalities	Hazmat Spill

Please provide information concerning any other accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies: _____

Drug & Alcohol History: If driver was not subject to DOT testing requirements, please check here ☐.

Driver was subject to DOT testing requirements from (m/y)_____ to (m/y)_____. ☐ Y ☐ N

1. Has s/he had an alcohol test with a result of 0.04 or higher? ☐ Y ☐ N
2. Has s/he tested positive or adulterated or substituted a test specimen for controlled substances? ☐ Y ☐ N
3. Has s/he refused to submit to a post-accident, random, reasonable suspicion, or follow up test? ☐ Y ☐ N
4. Has s/he committed other violations of Subpart B of Part 382 or Part 40? ☐ Y ☐ N
5. If s/he violated a DOT drug & alcohol regulation, did s/he complete a SAP prescribed rehabilitation program, including return-to-duty and follow-up tests? If yes, please send documentation. ☐ Y ☐ N
6. For a driver who successfully completed a SAP's rehabilitation referral and remained in your employ, did s/he subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refuse a test? ☐ Y ☐ N

In answering these questions, include any required DOT drug or alcohol testing information obtained from prior previous employers in the previous 3 years prior to the application date shown above.

Name: _____ Telephone: _____

Company: _____

Street: _____ City, State, ZIP: _____

Signature: _____ Title: _____ Date: _____

Office Use Only

1st Attempt: ☐ Faxed ☐ Mailed ☐ Emailed ☐ Other: _____ Date: _____

2nd Attempt: ☐ Faxed ☐ Mailed ☐ Emailed ☐ Other: _____ Date: _____

3rd Attempt: ☐ Faxed ☐ Mailed ☐ Emailed ☐ Other: _____ Date: _____

Received By: ☐ Fax ☐ Mail ☐ Email ☐ Other: _____ Date: _____

EDUCATION						
SCHOOL	NAME & LOCATION	COURSE OF STUDY	YEARS COMPLETED	GRADUATE Y	N	DETAILS
High School				☐	☐	
College				☐	☐	
Other				☐	☐	

OTHER QUALIFICATIONS
Please list any other qualifications that you have and which you believe should be considered.

Alcohol and Controlled Substances

Prior Testing

Have you ever refused to be tested for drugs and/or alcohol at any time in the last two (2) years? ☐ Yes ☐ No

Have you ever tested positive for drugs and/or alcohol at any time in the last two (2) years? ☐ Yes ☐ No

Have you ever tested positive on any pre-employment drug or alcohol test for a job which you applied for but did not obtain? ☐ Yes ☐ No

If you answered yes to any of the above questions, attach a statement of explanation and provide proof of return to duty process.

Applicant's Signature _____ Date _____

Consent and Release

I understand that, as required by the Federal Motor Carrier Safety Regulations and company policy, all drivers must submit to alcohol and controlled substance testing as a condition of employment. I also understand that any offer of employment will be contingent upon the results of an alcohol and controlled substance test.

Therefore, I agree to submit to the following alcohol and controlled substance tests in accordance and as defined by the Federal Motor Carrier Safety Regulation and this company's policies:

- Pre-Employment, to determine employment eligibility
- Random
- Reasonable Suspicion
- Post-Accident

I certify that I have read, understand, and agree to abide by the condition of this consent and release form.

Applicant's Signature _____ Date _____

ACKNOWLEDGEMENT OF RECEIPT
OF
SUBSTANCE ABUSE POLICY
FOR
LAFAYETTE LOGISTICS LLC

I acknowledge that I have received a copy of the DOT Drug and Alcohol Policy for **Lafayette Logistics LLC.**

I understand that it is my responsibility to read the policy in its entirety.

I understand that as an employee of **Lafayette Logistics LLC,** I am required to abide by the rules and regulations established by this policy and that I am subject to consequences if I violate the policy.

I understand that the policy may change to comply with federal and state laws, and that I may obtain a current copy of the policy at any time during business hours from my employer's designated employer representative (DER).

I understand that if I have any questions about this policy, or if I need assistance or resources related to alcohol and/or drug-related issues or problems, I may take those questions and concerns to my employer's DER without fear of consequences or retribution.

_____ _____
Name of Employee (Print Name) Employee's Signature

_____ _____
Driver's License # and State of Issuance Date

DRIVER STATEMENT OF ON-DUTY HOURS								
Motor carriers, when using a driver for the first time, must obtain from the driver a signed statement giving the total time on-duty during the immediately preceding 7 days and the time at which the driver was last relieved from duty prior to beginning work for the carrier, as required by section 395.8(j)(2) of the Federal Motor Carrier Safety Regulations. Hours for any work during the preceding 7 days, including any compensated work for a non-motor carrier, must be recorded on this form.								
Day	**1**	**2**	**3**	**4**	**5**	**6**	**7 (yesterday)**	
Date:								Total Hours Worked:
Hours Worked:								

Driver Certification for Other Compensated Work

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, and performing any compensated work for any non-motor carrier entity.

Are you currently working for another employer? ☐ 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.

_____ _____
Applicant's Signature Date

General Consent for Limited Queries of the Federal Motor Carrier Safety Administration (FMCSA) Drug and Alcohol Clearinghouse

I, _____, hereby provide consent to **Lafayette Logistics LLC** to conduct a limited query of the FMCSA Commercial Driver's License Drug and Alcohol Clearinghouse (Clearinghouse) to determine whether drug or alcohol violation information about me exists in the Clearinghouse.

I understand that as long as I am employed with **Lafayette Logistics LLC,** I consent to unlimited queries to be conducted for the duration of my employment

I understand that if the limited query conducted by **Lafayette Logistics LLC** indicates that drug or alcohol violation information about me exists in the Clearinghouse, FMCSA will not disclose that information to **Lafayette Logistics LLC** without first obtaining additional specific consent from me.

I further understand that if I refuse to provide consent for **Lafayette Logistics LLC** to conduct a limited query of the Clearinghouse, **Lafayette Logistics LLC** must prohibit me from performing safety-sensitive functions, including driving a commercial motor vehicle, as required by FMCSA's drug and alcohol program regulations.

Print Name: _____ Date of Birth: _____

DL #: _____ State: _____

Signature: _____ Date: _____