

IronTiger Employee Application Packet

Please return this packet, in its entirety, to Kristy DeMeyer for processing. You can email it to me at [kristy@truckmovers.com](mailto:kristy@truckmovers.com), fax it to 816-222-0794 or scan it in to HR.

Along with this packet we need the following:

- Copy of a current CDL, front and back
- Copy of a Social Security Card
- Copy of a current medical card, if they have one
- Physical Long Form
- Passport, if they have one
- Voided check
- Frequent Flier Information – if driver position

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

Application Location : \_\_\_\_\_

Application Position : \_\_\_\_\_

Applicant Desired Date of Hire : \_\_\_\_\_

**APPLICATION**

Name \_\_\_\_\_  
Last First Middle (Maiden Name, if any)

Address \_\_\_\_\_ How Long? \_\_\_\_\_  
Street City State and zip code

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ E-Mail \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address For Past Street \_\_\_\_\_ City \_\_\_\_\_ State & Zip \_\_\_\_\_ How Long? \_\_\_\_\_  
Three

Years Street \_\_\_\_\_ City \_\_\_\_\_ State & Zip \_\_\_\_\_ How Long? \_\_\_\_\_

Position for which you're applying: \_\_\_\_\_ Location: \_\_\_\_\_

In case of emergency notify: Name \_\_\_\_\_ Telephone: \_\_\_\_\_

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

Have you worked with this company before? \_\_\_\_\_ When and Where? \_\_\_\_\_

**LICENSE INFORMATION**

Section 383.21 FMCSR states "No person who operates a commercial motor vehicle shall at any time have more than one driver's license." I certify that I do not have more than one motor vehicle license, the information for which is listed below:

|                | STATE | LICENSE NO. | ENDORSEMENTS | TYPE / CLASS | DATE OF EXPIRATION OR DATE SUSPENDED |
|----------------|-------|-------------|--------------|--------------|--------------------------------------|
| <b>CURRENT</b> |       |             |              |              |                                      |

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 \_\_\_\_\_

C. Are there any restrictions on your license? YES \_\_\_\_\_ NO \_\_\_\_\_

IF THE ANSWER TO EITHER A, B, or C IS YES, GIVE DETAILS \_\_\_\_\_

**ACCIDENT RECORD FOR PAST 10 YEARS**

IF NO ACCIDENTS, WRITE "NONE" - DO NOT LEAVE BLANK. ATTACH SHEET IF MORE SPACE IS NEEDED.

|               | DATES | NATURE OF ACCIDENT<br>(Head-on, Rear-end, Upset, etc.) | FATALITIES | INJURIES | P<br>R<br>E<br>V | N<br>O<br>N<br>P<br>R<br>E<br>V |
|---------------|-------|--|------------|----------|------------------|---------------------------------|
| LAST ACCIDENT |       |  |            |          |                  |                                 |
| NEXT PREVIOUS |       |  |            |          |                  |                                 |
| NEXT PREVIOUS |       |  |            |          |                  |                                 |

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

IF NO TRAFFIC CONVICTIONS, WRITE "NONE." DO NOT LEAVE BLANK. (ATTACH SHEET IF MORE SPACE IS NEEDED)

| LOCATION-CITY-STATE | DATE | CHARGE | PENALTY |
|---------------------|------|--------|---------|
|                     |      |        |         |
|                     |      |        |         |
|                     |      |        |         |

**DRIVING EXPERIENCE**

| CLASS OF EQUIPMENT | TYPE OF EQUIPMENT<br>(Van, Tank, Flat, etc.) | DATES |    | APPROXIMATE NUMBER OF MILES (TOTAL) |
|--------------------|--|-------|----|-------------------------------------|
|                    |  | From  | To |                                     |
|                    |  |       |    |                                     |

|                          |  |  |  |
|--------------------------|--|--|--|
| STRAIGHT TRUCK           |  |  |  |
| TRACTOR AND SEMI-TRAILER |  |  |  |
| TRACTOR – TWO TRAILERS   |  |  |  |
| OTHER                    |  |  |  |

### SPECIALIZED EQUIPMENT

| CLASS OF EQUIPMENT                   | TYPE OF EQUIPMENT<br>(Van, Tank, Flat, etc.) | DATES |    | APPROXIMATE NUMBER<br>OF MILES (TOTAL) |
|--------------------------------------|--|-------|----|--|
|                                      |  | From  | To |  |
| Garbage, cement and/or dump trucks   |  |       |    |  |
| Fire truck or ambulance              |  |       |    |  |
| Military and/or farm vehicles        |  |       |    |  |
| School, charter and/or shuttle buses |  |       |    |  |
| Other                                |  |       |    |  |

### WORK RECORD

Applicants who desire to drive in intrastate/interstate commerce must provide the following information for all employers and/or contractors during the previous three years. You must give the same information for all employers and/or contractors you have driven a commercial motor vehicle for the seven years prior to the initial three years (total of ten years employment record). **You must list the complete mailing address: street number and name, city, state and zip code.** Attach separate sheet if more space is needed

| LAST OR CURRENT EMPLOYER/GENERAL CONTRACTOR |         | FROM:              | TO:        |
|---|---------|--------------------|------------|
| Name  |         | Mo.    Yr.         | Mo.    Yr. |
| Address                                     |         | Position Held      |            |
| City/State/Zip                              |         | Salary / Wage      |            |
| Contact Person                              | Phone # | Reason for Leaving |            |

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer?      Yes  No   
 Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substance testing requirements as required by 49 CFR Part 40?      Yes  No

| SECOND LAST EMPLOYER/GENERAL CONTRACTOR |         | FROM:              | TO:        |
|---|---------|--------------------|------------|
| Name                                    |         | Mo.    Yr.         | Mo.    Yr. |
| Address                                 |         | Position Held      |            |
| City/State/Zip                          |         | Salary / Wage      |            |
| Contact Person                          | Phone # | Reason for Leaving |            |

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer?      Yes  No   
 Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substance testing requirements as required by 49 CFR Part 40?      Yes  No

**ANY GAPS IN EMPLOYMENT AND OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH AND YEAR) AS WELL AS REASON.**

| THIRD LAST EMPLOYER/GENERAL CONTRACTOR |         | FROM:              | TO:        |
|--|---------|--------------------|------------|
| Name                                   |         | Mo.    Yr.         | Mo.    Yr. |
| Address                                |         | Position Held      |            |
| City/State/Zip                         |         | Salary / Wage      |            |
| Contact Person                         | Phone # | Reason for Leaving |            |

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer?      Yes  No   
 Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substance testing requirements as required by 49 CFR Part 40?      Yes  No

**ANY GAPS IN EMPLOYMENT AND OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH AND YEAR) AS WELL AS REASON.**

### INTERNATIONAL REQUIREMENTS

Because drivers are required to cross international boundaries and pass immigration and customs investigations at border crossings, we must ask for the following to prevent detention, arrest, or delay at border crossings.

Are you a United States citizen?      YES \_\_\_\_\_ NO \_\_\_\_\_      Do you hold a valid passport?      YES \_\_\_\_\_ NO \_\_\_\_\_

If no, please explain: \_\_\_\_\_

Have you ever been convicted of a felony? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, for what? \_\_\_\_\_ Date of conviction: \_\_\_\_\_

Are you currently on parole or probation? YES \_\_\_\_\_ NO \_\_\_\_\_

## **AUTHORIZATION TO RELEASE BACKGROUND, EMPLOYMENT AND ALCOHOL/CONTROLLED SUBSTANCE INFORMATION**

I authorize IronTiger Logistics, Inc, hereafter referred to as IronTiger to obtain any and all past employment records regarding previous employment and other areas of my background, including but not limited to past employer inquiries, criminal records inquiries, driving history, driver inspection/crash records through the Motor Carrier Management Information System (MCMIS) and alcohol/controlled substance testing results. I agree to hold harmless any person or organization for providing information to IronTiger and its affiliates or IronTiger and its affiliates for using this information in my contract determination. I am aware this report is prepared under the guidelines of the Fair Credit Reporting ACT (FCRA) and I am eligible to receive, upon written request, a copy of the report if not contracted. I understand that information I provide in this application regarding current and/or previous employers may be used and those employer(s) will be contacted for the purpose, in part, of the investigation my safety performance history as required by CFR 49, subpart C, 391.23.

### **To all my previous employers and/or contractors:**

Please accept this faxed or mailed document as an original authorization for release of all employment records including reason for termination or resignation, criminal records and past alcohol and controlled substance test result. I further authorize all previous employers to release all information as to my work habits, character, performance, traffic offenses, credit, accidents, experience and reason for termination.

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

*(Print)*

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

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

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

"I understand the information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand I have the right to:

- Review information provided by current and previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information."

Date: \_\_\_\_\_ Applicant Signature: X \_\_\_\_\_

In the event of an accepted offer, 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 the Contractor.

This certifies I have completed this application, and that all entries on it and information contained are true and complete to the best of my knowledge.

Date: \_\_\_\_\_ Applicant Signature: X \_\_\_\_\_



## PRE-EMPLOYMENT QUESTIONNAIRE

1. Are you between the ages of 25 and 70? Y / N
2. Have you received over 3 traffic violations in the previous 3 years? Y / N
3. Have you received over 2 traffic violations in the previous 12 months? Y / N
4. In the past 5 years have you received a citation for or been convicted of driving under the influence of drugs or alcohol? Y / N
5. In the past 3 years have you received a citation for or been convicted of any of the following? Y / N  
If **yes**, check which ones:
  - Operating a motor vehicle while your license was suspended as a result of a moving violation?
  - Possessing alcohol or drugs in a motor vehicle?
  - Commission of a felony using a motor vehicle?
  - Leaving the scene of an accident?
  - Fleeing or eluding a law enforcement officer?
  - Reckless Driving?
  - Speed Contest or Exhibition?
2. In the last 3 years have you tested positive for the use of a controlled substance or alcohol? Y / N
3. In the last 3 years have you tested positive, or refused to test, for any pre-employment controlled substance or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules? Y / N
4. Do you have at least 2 years of verifiable driving experience? Y / N
5. Do you have a valid commercial driver's license? Y / N
6. Have you ever refused to submit to an alcohol or drug test? Y / N
7. Is your CDL currently suspended? Y / N
8. Has your license ever been suspended for more than 30 days? Y / N
9. In the previous year, have you had more than 1 preventable accident? Y / N
10. In the previous 3 years, have you had more than 2 preventable accidents? Y / N

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

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

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