

DRIVER APPLICATION FOR EMPLOYMENT OR LEASE

TWIN RIVER LOGISTICS, INC.

1978 NW 92nd Court

Clive, IA 50325

PHONE: 515-327-9242 FAX: 515-327-9243

(ANSWER ALL QUESTIONS, DO NOT LEAVE ANY BLANK)

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.

Date of Application: _____

******* READ, SIGN & DATE STATEMENTS ON PAGE 4 *******

Position(s) Applied for _____

Name _____ Social Security No _____
Last First Middle

IN CASE OF EMERGENCY, CONTACT: _____ PHONE: _____

List your addresses of residency for the past 3 years.

Current Address _____
Street City
State Zip Code Phone How Long? _____

Previous Addresses _____
Street City State & Zip Code How Long? _____
Street City State & Zip Code How Long? _____
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? _____
(Required for Commercial Drivers)

***Have you ever failed or refused a pre-employment Drug/Alcohol Test given by a company where you never accepted employment? YES NO** (If yes, please provide documentation of your successful completion of a return-to-duty process.)

***Have you ever been convicted of a Felony? YES NO** **If Yes, When?** _____ / _____ / _____
A Conviction Record will not necessarily bar you from employment. Such factors as age and time of offense, seriousness, and nature of the violation will be taken into account!

Have you worked for this company before? YES NO Dates: From _____ To _____

Reason for leaving _____

Is there any reason you might be unable to perform the functions of the job for which you have applied?

If yes, explain if you'd like: _____

EMPLOYMENT & LEASE HISTORY

All drivers and / or owner/operators must list your previous employment or lease for the past 3 years. If you have been driving for more than 3 years you must list employment for up to 7 additional years...For vehicles with GVWR of 26,001 or more, vehicles designed to haul 15 or more passengers or vehicles transporting hazardous materials in quantities requiring placards.

FILL IN ALL INFORMATION!

ATTACH A SEPARATE SHEET IF NECESSARY FOR ADDITIONAL EMPLOYERS.

<i>EMPLOYER</i>	<i>DATES</i>
NAME:	FROM:
ADDRESS:	TO:
CITY: STATE: ZIP:	JOB:
PERSON TO CONTACT: PHONE:	WAGE:
REASON FOR LEAVING:	
WERE YOU SUBJECT TO FEDERAL MOTOR CARRIER SAFETY REGULATIONS? YES NO	
WAS THIS JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION SUBJECT TO THE DRUG & ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? YES NO	
<i>EMPLOYER</i>	<i>DATES</i>
NAME:	FROM:
ADDRESS:	TO:
CITY: STATE: ZIP:	JOB:
PERSON TO CONTACT: PHONE:	WAGE:
REASON FOR LEAVING:	
WERE YOU SUBJECT TO FEDERAL MOTOR CARRIER SAFETY REGULATIONS? YES NO	
WAS THIS JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION SUBJECT TO THE DRUG & ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? YES NO	
<i>EMPLOYER</i>	<i>DATES</i>
NAME:	FROM:
ADDRESS:	TO:
CITY: STATE: ZIP:	JOB:
PERSON TO CONTACT: PHONE:	WAGE:
REASON FOR LEAVING:	
WERE YOU SUBJECT TO FEDERAL MOTOR CARRIER SAFETY REGULATIONS? YES NO	
WAS THIS JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION SUBJECT TO THE DRUG & ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? YES NO	
<i>EMPLOYER</i>	<i>DATES</i>
NAME:	FROM:
ADDRESS:	TO:
CITY: STATE: ZIP:	JOB:
PERSON TO CONTACT: PHONE:	WAGE:
REASON FOR LEAVING:	
WERE YOU SUBJECT TO FEDERAL MOTOR CARRIER SAFETY REGULATIONS? YES NO	
WAS THIS JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION SUBJECT TO THE DRUG & ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? YES NO	

**** MAKE SURE YOU COMPLETED ALL INFORMATION. ****

LIST ALL ACCIDENTS IN THE PAST 3 YEARS. ** IF NONE, WRITE NONE. **

DATES	LOCATION CITY or TOWN (OR NEAR) & STATE	# INJURIES	# FATALITIES	HAZMAT INVOLVED?	
				YES	NO
1.					
2.					
3.					
4.					

LIST ALL MOVING VIOLATIONS IN THE PAST 3 YEARS. ** IF NONE WRITE NONE. **

STATE	DATE	VIOLATION	PENALTY
1.			
2.			
3.			
4.			

(IF MORE SPACE NEEDED, ATTACH A SEPARATE SHEET)

EDUCATION

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:

DRIVER LICENSES PAST 3 YEARS

STATE	LICENSE #	TYPE	EXPIRATION DATE

1. HAVE YOU EVER BEEN DENIED A LICENSE TO OPERATE A MOTOR VEHICLE? YES ___ NO ___
 2. HAVE YOU EVER HAD YOUR LICENSE SUSPENDED OR REVOKED? YES ___ NO ___

IF YES TO EITHER 1 OR 2 GIVE DETAILS ON SEPARATE SHEET!

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIP. (VAN, FLAT, TANK, ETC.)	DATES		APPROX. TOTAL NUMBER OF MILES
		FROM	TO	

WHAT STATES HAVE YOU RUN IN THE PAST 3 YEARS?	
ANY SPECIAL COURSES OR TRAINING TAKEN?	
ANY SAFETY AWARDS AND FROM WHOM?	

ANY OTHER QUALIFICATIONS & EXPERIENCE

SHOW ANY OTHER EXPERIENCE OR TRAINING IN TRANSPORTATION NOT MENTIONED. SHOW ANY OTHER TECHNICAL TRAINING OR HEAVY EQUIPMENT TRAINING YOU MAY HAVE RECEIVED. SHOW ANY OTHER CERTIFICATIONS YOU HAVE, I.E...FORK LIFT, MECHANIC, ETC.

TO BE READ SIGNED AND DATED BY APPLICANT

I authorize: Twin River Logistics, Inc . to make such investigations and inquires of my personal history including
PROSPECTIVE EMPLOYER
employment, financial or medical history, including drug & alcohol back ground checks, motor vehicle driving history (MVR) and other related matters as may be necessary in arriving at an employment decision and whatever is necessary for required periodic investigations such as motor vehicle driving records (MVR). (Generally, inquires regarding medical history will be made only if and after a conditional offer of employment has been extended.)

In the event of employment, 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 company.

APPLICANT'S SIGNATURE

DATE

I understand that the information I have provided in regard to my current employer and/or my previous employers may be used, and those employers will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e).

I understand that I have the right to:

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

APPLICANT'S SIGNATURE

DATE

**** SUBMIT COMPLETED PDF FORM VIA EMAIL TO ****
jedmiller@twinriverlogistics.com

OFFICE USE ONLY

PROCESS RECORD

DATE APPLICANT HIRED: _____ DATE APPLICANT TERMINATED OR RESIGNED: _____

COMMENTS: _____

	EXCELLENT	GOOD	AVERAGE	BELOW AVERAGE	POOR
ATTITUDE					
CUSTOMER REL.					
SAFETY MEETINGS					
INCIDENTS					
EQUIPMENT					

SIGNITURE OF INTERVIEWING OFFICER

DATE