



DRIVER'S APPLICATION FOR EMPLOYMENT

Applicant Name (Print)

Date of Application

LuGreg Trucking, LLC
P. O. Box 1289, 22476 N 2860 RD
Kingfisher, OK 73750

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, veteran status, genetic information, disability, or any other protected group status.

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make 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 for 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(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

I understand that 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 that I have the right to:
Review information provided by 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.

Signature _____

Date _____

FOR COMPANY USE

PROCESS RECORD

APPLICANT HIRED _____ REJECTED _____

DATE EMPLOYED _____ POINT EMPLOYED _____

POSITION _____ (If rejected, summary of reasons should be placed in file)

SIGNATURE OF INTERVIEWING PERSON(S) _____

TERMINATION OF EMPLOYMENT

DATE TERMINATED _____ POSITION RELEASED FROM _____

DISMISSED _____ VOLUNTARILY QUIT _____ OTHER _____

TERMINATION REPORT PLACED IN FILE _____ SUPERVISOR _____

APPLICANT TO COMPLETE
(answer all questions – please print)

Position(s) Applied for _____

Name _____ Social Security No. _____
(Last) (First) (Middle)

Email Address _____

List your addresses of residency for the past 3 years.

Current Address

Street _____ City _____
State _____ Zip Code _____ Phone _____ How long? _____
yr./mo.

Previous
Addresses

Street _____ City _____
State _____ Zip Code _____ Phone _____ How long? _____
yr./mo.

Street _____ City _____
State _____ Zip Code _____ Phone _____ How long? _____
yr./mo.

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 worked for this company before? _____ Where? _____

Dates: From _____ To _____ Rate of Pay _____ Position _____

Reason for leaving _____

Are you now employed? _____ If not, how long since leaving last employment? _____

Knowledge of opening was by Word of Mouth Newspaper Radio Website Social Media

Who referred you? _____ Rate of pay expected _____

Have you ever been bonded? _____ Name of bonding company _____
(Answer only if a job requirement (CDL position))

Have you ever been convicted of a felony? _____ If yes, please explain fully on a separate
sheet of paper. Conviction of a crime is not an automatic bar to employment-all circumstances will be
considered.

Can you perform the essential functions of the job for which you have applied, with or without reasonable
accommodations? Yes _____ No _____

EMPLOYMENT HISTORY

Applicants to drive a commercial motor vehicle in intrastate or interstate commerce shall provide 7 years' information on those employers for whom the applicant operated such vehicle.

(NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary.)

EMPLOYER	DATE	
NAME	FROM MO. YR.	TO MO. YR.
ADDRESS	POSITION HELD	
CITY STATE ZIP	SALARY/WAGE	
CONTACT PERSON	PHONE NUMBER	REASON FOR LEAVING
WERE YOU SUBJECT TO THE FMCSR^WHILE EMPLOYED? _____ YES _____ NO		
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? _____ YES _____ NO		

EMPLOYER	DATE	
NAME	FROM MO. YR.	TO MO. YR.
ADDRESS	POSITION HELD	
CITY STATE ZIP	SALARY/WAGE	
CONTACT PERSON	PHONE NUMBER	REASON FOR LEAVING
WERE YOU SUBJECT TO THE FMCSR^WHILE EMPLOYED? _____ YES _____ NO		
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? _____ YES _____ NO		

EMPLOYER	DATE	
NAME	FROM MO. YR.	TO MO. YR.
ADDRESS	POSITION HELD	
CITY STATE ZIP	SALARY/WAGE	
CONTACT PERSON	PHONE NUMBER	REASON FOR LEAVING
WERE YOU SUBJECT TO THE FMCSR^WHILE EMPLOYED? _____ YES _____ NO		
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? _____ YES _____ NO		

EMPLOYMENT HISTORY (continued)

EMPLOYER			DATE			
NAME			FROM		TO	
			MO.	YR.	MO.	YR.
ADDRESS			POSITION HELD			
CITY	STATE	ZIP	SALARY/WAGE			
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING			
WERE YOU SUBJECT TO THE FMCSR^WHILE EMPLOYED? _____ YES _____ NO						
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? _____ YES _____ NO						

EMPLOYER			DATE			
NAME			FROM		TO	
			MO.	YR.	MO.	YR.
ADDRESS			POSITION HELD			
CITY	STATE	ZIP	SALARY/WAGE			
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING			
WERE YOU SUBJECT TO THE FMCSR^WHILE EMPLOYED? _____ YES _____ NO						
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? _____ YES _____ NO						

EMPLOYER			DATE			
NAME			FROM		TO	
			MO.	YR.	MO.	YR.
ADDRESS			POSITION HELD			
CITY	STATE	ZIP	SALARY/WAGE			
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING			
WERE YOU SUBJECT TO THE FMCSR^WHILE EMPLOYED? _____ YES _____ NO						
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? _____ YES _____ NO						

*Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designated to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

^The Federal Motor Carrier Safety Regulations apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designated or used to transport 9 or more passengers, OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED) IF NONE, WRITE NONE

DATES	NATURE OF ACCIDENT (Head-on, Rear-end, Upset, etc.)	FATALITIES	INJURIES	HAZARDOUS MATERIAL SPILL
Last Accident				
Next Previous				

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE NONE

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

EXPERIENCE AND QUALIFICATIONS – DRIVER

List all driver licenses or permits held in the past 3 years

DRIVERS LICENSES	STATE	LICENSE NO.	TYPE	EXPIRATION DATE

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 _____

IF THE ANSWER TO EITHER A OR B IS YES, GIVE DETAILS _____

DRIVING EXPERIENCE (CHECK YES OR NO)

CLASS OF EQUIPMENT	CIRCLE TYPE OF EQUIPMENT	DATES		APPROX. NO. OF MILES (TOTAL)
		FROM (M/Y)	TO (M/Y)	
STRAIGHT TRUCK <input type="checkbox"/> YES <input type="checkbox"/> NO	(Van, Tank, Flat, Dump, Reefer)			
TRACTOR AND SEMI-TRAILER <input type="checkbox"/> YES <input type="checkbox"/> NO	(Van, Tank, Flat, Dump, Reefer)			
TRACTOR-TWO TRAILERS <input type="checkbox"/> YES <input type="checkbox"/> NO	(Van, Tank, Flat, Dump, Reefer)			
TRACTOR-THREE TRAILERS <input type="checkbox"/> YES <input type="checkbox"/> NO	(Van, Tank, Flat, Dump, Reefer)			
MOTORCOACH-SCHOOL BUS <input type="checkbox"/> YES <input type="checkbox"/> NO	MORE THAN 8 PASSENGERS			
MOTORCOACH-SCHOOL BUS <input type="checkbox"/> YES <input type="checkbox"/> NO	MORE THAN 15 PASSENGERS			
OTHER				

LIST STATES OPERATED IN FOR LAST FIVE YEARS: _____

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

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

EXPERIENCE AND QUALIFICATIONS - OTHER

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

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION

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

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, STATE _____

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.

Signature: _____ **Date:** _____

LuGreg Trucking, LLC

Verification Release

I hereby authorize, without liability, any person or organization, including but not limited to any educational institution, training facility or any institution, whose name I have given as a reference, or by whom I have been previously employed, to furnish LuGreg Trucking, LLC (Company) any information they may have concerning my character, habits, ability, financial responsibility, job performance, reasons for leaving employment, and all information concerning my employment or training to give such information to other companies and carriers requesting such information. Furthermore, there may be entities that the Company does business with may request investigative reports or consumer reports which apply to my background. In this case, these reports would apply to my assignment to projects related to the Customer, permission to be on the Customers' premises and to handle its product and other security concerns of the customer. I hereby release all such persons and organizations from any claims for damages of any kind, which may occur to me by reasons of furnishing such information. I hereby authorize any law enforcement agency or court of record to furnish LuGreg Trucking, LLC information concerning Motor Vehicle Record, or any felony or misdemeanor of which I have been convicted.

Under the authority granted me by 49 CFR Parts 40 and 382, I hereby authorize and require my previous and/or current employers specifically listed as well as any other person or company provided by me in writing or by verbal interview by whom I was employed or to whom I applied for employment in the two year period preceding the date of this application to release the date, type of test result of all drug and alcohol test taken by me, including the date and type of test for any refusals by me to take a drug or alcohol test, to management assigned to process my application at LuGreg Trucking, Inc. If I tested positive on any controlled substance test, had an alcohol test with a concentration of 0.02 or greater, or refused to take any drug or alcohol test. I also authorize the release of all information concerning my referral to a Substance Abuse Professional (SAP) including all records pertaining to my evaluation and treatment (if required by SAP). I authorize this release by whatever means is most expedient and agree to hold harmless any past employer or any person or company I applied with as well as their employees, agents, or representatives from all liability or damage that may arise from the release of the information specifically authorized here.

Name (Printed)

Social Security Number

Signature

Date

PLEASE RETURN FAX TO	405-375-5728
ATTN: ANGELA NEMECEK	

THANK YOU

If an offer of employment with LuGreg Trucking, LLC is made I understand this offer of employment is **conditional** based upon the satisfactory results of a pre-employment physical. This physical will determine your ability to perform the essential functions of the job classification, with or without accommodation.

Select Physical Therapy of Select Medical will conduct pre-employment physicals for LuGreg Trucking, LLC. Failure to appear for the physical may be considered a rejection of the **conditional** job offer.

Pending an offer, an appointment for your physical will be set up for you and you will be notified of this appointment. LuGreg Trucking, will handle this process and will contact you when we have been notified of the results of this physical. If you have any questions about this process, please contact LuGreg Trucking @ 405-375-4014.

Name (Printed)

Social Security Number

Signature

Date