



Liggon Transport, Inc.
2641 N Cullen Ave, Suite 2
PO Box 15096, Evansville, IN 47716
P812-437-3311 F812-437-4292

Fax or email application to: 812-437-4292 or vgibson@liggoninc.com

COMMERCIAL DRIVER APPLICATON

FILL IN ALL BLANKS & PROVIDE ALL INFORMATION REQUESTED-PRINT OR TYPE (NEAT & LEGIBLE)

Date of Application: ____ / ____ / ____

Name: First _____ Middle _____ Last _____

Address: _____ Home telephone: _____

City: _____ State: _____ Zip: _____ Cell/Mobile phone: _____

Date of Birth: _____ Social Security Number: _____ - _____ - _____

If your above address is less than 3 years continue listing them below to cover the previous 3 year period:

1 Street _____ Dates: From _____ To _____
 City _____ State _____ Zip _____

2 Street _____ Dates: From _____ To _____
 City _____ State _____ Zip _____

Use backside of sheet for additional addresses

Driver's License Information: all licenses held, last 3 years:

State _____ License Number _____ Issue Date _____ Expiration Date _____

State _____ License Number _____ Issue Date _____ Expiration Date _____

Experience:

 Type of vehicle driven (straight or tractor/trailer or flatbed, dry van, refer) _____ Dates _____ To _____ Approximate mileage driven _____

 Type of vehicle driven (straight or tractor/trailer or flatbed, dry van, refer) _____ Dates _____ To _____ Approximate mileage driven _____

 Type of vehicle driven (straight or tractor/trailer or flatbed, dry van, refer) _____ Dates _____ To _____ Approximate mileage driven _____

All Accidents, last 3 years: (If none, write NONE)

Date _____ Describe _____ Fatalities _____ Injuries _____

Date _____ Describe _____ Fatalities _____ Injuries _____

Date _____ Describe _____ Fatalities _____ Injuries _____

List ALL traffic violations convictions, last 3 years: (If none, write NONE)

Date _____ Violation _____ State _____ Commercial Vehicle: YES / NO

Date _____ Violation _____ State _____ Commercial Vehicle: YES / NO

Date _____ Violation _____ State _____ Commercial Vehicle: YES / NO

Date _____ Violation _____ State _____ Commercial Vehicle: YES / NO

Date _____ Violation _____ State _____ Commercial Vehicle: YES / NO

Have you ever had any driver license denied, suspended, revoked or canceled by any issuing state agency?

YES NO If yes; state of issuance and explanation: _____

Employment History – last 10 years (383.35) ACCOUNT FOR ANY GAPS OF EMPLOYMENT (example: If unemployed a few months write "Unemployed" for that time duration so that there are NO gaps of employment for 10 years)

1. Employer: _____ Dates: _____ to _____
(month/year) (month/year)

Street Address: _____ Supervisor: _____

City, State, Zip: _____ Telephone: _____ Fax: _____

Were you subject to the Federal Motor Carrier Safety Regulations during this period? YES NO

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? YES NO

Reason for Leaving: _____

2. Employer: _____ Dates: _____ to _____
(month/year) (month/year)

Street Address: _____ Supervisor: _____

City, State, Zip: _____ Telephone: _____ Fax: _____

Were you subject to the Federal Motor Carrier Safety Regulations during this period? YES NO

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? YES NO

Reason for Leaving: _____

3. Employer: _____ Dates: _____ to _____
(month/year) (month/year)

Street Address: _____ Supervisor: _____

City, State, Zip: _____ Telephone: _____ Fax: _____

Were you subject to the Federal Motor Carrier Safety Regulations during this period? YES NO

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? YES NO

Reason for Leaving: _____

4. Employer: _____ Dates: _____ to _____
(month/year) (month/year)
Street Address: _____ Supervisor: _____
City, State, Zip: _____ Telephone: _____ Fax: _____
Were you subject to the Federal Motor Carrier Safety Regulations during this period? YES NO
Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? YES NO
Reason for Leaving: _____

5. Employer: _____ Dates: _____ to _____
(month/year) (month/year)
Street Address: _____ Supervisor: _____
City, State, Zip: _____ Telephone: _____ Fax: _____
Were you subject to the Federal Motor Carrier Safety Regulations during this period? YES NO
Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? YES NO
Reason for Leaving: _____

6. Employer: _____ Dates: _____ to _____
(month/year) (month/year)
Street Address: _____ Supervisor: _____
City, State, Zip: _____ Telephone: _____ Fax: _____
Were you subject to the Federal Motor Carrier Safety Regulations during this period? YES NO
Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? YES NO
Reason for Leaving: _____

7. Employer: _____ Dates: _____ to _____
(month/year) (month/year)
Street Address: _____ Supervisor: _____
City, State, Zip: _____ Telephone: _____ Fax: _____
Were you subject to the Federal Motor Carrier Safety Regulations during this period? YES NO
Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? YES NO
Reason for Leaving: _____

USE BACKSIDE FOR ADDITIONAL EMPLOYERS

For driver applicants of commercial motor vehicles that require a Commercial Driver License (CDL) the applicant must disclose their controlled substance and alcohol status per the requirements of 49 CFR part 40.25(j).

As a prospective driver employee, you have the right to review information provided by previous employers. You have the right to have errors in the information corrected by the previous employer(s) and for that previous employer(s) to re-send the corrected information to the prospective employer; the right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

Driver employees who have previous Department of Transportation regulated employment history in the preceding three years, and wish to review previous employer provided investigative information, must submit a written request to the prospective employer, which may be done at any time, including when applying or as late as thirty (30) days after being employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five (5) business days of receiving the written request. If the prospective employer has not yet received the requested information from the previous employer(s), then the five (5) business day deadlines will begin when the prospective employer receives the requested safety performance history information. If the driver has not arranged to pick up or receive the requested records within thirty (30) days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived their request to review the records.

CERTIFICATION

"I certify 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"

APPLICANT'S SIGNATURE

DATE SIGNED

THIS SECTION IS TO BE COMPLETED BY THE EMPLOYER:

Application received by:

Application reviewed for completeness by:

Name

Name

Title

Date

Title

Date

SIGNIFICANT DATES:

Date of Hire: _____

Date & Time of Pre-employment CST: _____

Date & Time of Pre-employment CST results received: _____

Date first used in safety sensitive position: _____

Date of Termination: _____

Liqon Transport Inc

Evansville, IN 47715

(812) 437-3311

**COMMERCIAL VEHICLE DRIVER APPLICANT
Controlled Substance and Alcohol Questionnaire
Pursuant to 49 CFR part 40.25(j)**

Application Date _____

Name _____
First Middle Last

Address _____ Home Telephone _____

City _____ State _____ Zip _____ Cell Telephone _____

Date of Birth _____ Social Security Number _____ - _____ - _____

49 CFR 40.25(j)

Have you ever tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, <u>safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules</u> during the past two years?		YES	NO
If YES —	Have you successfully completed the return-to-duty process?	YES	NO
If YES —	Documentation <u>MUST BE PROVIDED</u> before any safety-sensitive transportation function is performed.		

Applicant's Signature _____

Date Signed _____

TO BE COMPLETED BY EMPLOYER:

Received by: _____

Reviewed by: _____

Title: _____

Date: _____

Title: _____

Date: _____

AUTHORIZATION FORM

Date: _____

Attention: Safety and Training Department

The individual named below has given us permission to obtain a written verification of his/her driving record and/or criminal history. Please complete Part 3 of this form and return it to us at your earliest convenience. The information you provide will assist us in making our hiring decision.

Part 1- To Be Completed by Employer

Type of Verification Requested:

Motor Vehicle Report

Liggon Transport, Inc.

Company

Criminal History Verification
(may take 1-14 days depending
from what state requested)

Signature

Valerie Gibson

Printed Name

Part 2- To Be Completed by Applicant

Current Name (Please Print Legibly)

Social Security Number

Date of Birth

Driver's License Number

State of Issue

Race

Male or Female

Current Address

City/State

Zip Code

I authorize the release of the information requested above:

Applicant Signature

Date

Part 3 – To Be Completed by Indiana Testing, Inc.

The following reports are completed and attached:

Comments: _____

Motor Vehicle Report

Criminal History Verification

Report Number: _____

/Administrative Assistant

Signature

Date

****SAFETY PERFORMANCE HISTORTY RECORDS REQUEST - DRUG/ALCOHOL TESTING HISTORY****

PART 1: TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

I, (print name) _____, _____ / _____ / _____, _____ / _____ / _____
 First **Middle** **Last** **Social Security #** **Date**

Hereby authorize my previous employer, _____, to release and forward the information requested below concerning my Alcohol and Controlled Substances Testing records' within the previous (3) years from the date of my employment application, which is ____ / ____ / _____. The information should be sent to Liggon Transport Inc., to the address, confidential fax or confidential e-mail shown below.

Applicant's Signature _____ **Date** _____

PART 2: TO BE COMPLETED BY PROSPECTIVE EMPLOYER

This form is being (CHECK ONE) Faxed Mailed E-Mailed
By: **Liggon Transport Inc.** Date: _____ / _____ / _____
To: Previous Employer : _____ Phone Number: _____
Street Address: _____ Fax Number: _____
City, State, Zip: _____ E-Mail: _____
Contact Name: _____ Title: _____

Please take a moment and complete the information requested in Part 3. We would appreciate your prompt response. As you are aware, after October 29, 2004, failure to respond within 30 days to investigate requests for safety performance or drug and alcohol history will result in a complaint notification being filed with the Federal Motor Carrier Safety Administration using the complaint process specified in §386.12.

PLEASE SEND RESPONSES TO:
Liggon Transport, Inc. Phone# 812-437-3311
P.O. Box 15096 Fax# 812-437-4292
Evansville, IN 47716 Email: vgibson@liggoninc.com

PART 3: TO BE COMPLETED BY THE PREVIOUS EMPLOYER

DRUG AND ALCOHOL HISTORY

If the applicant was not subject to Department of Transportation (DOT) testing requirements while employed with you, please check here , fill in the dates of employment, sign below and return.

DATES OF EMPLOYMENT: FROM _____ / _____ / _____ TO _____ / _____ / _____
APPLICANT WAS SUBJECT TO DOT TESTING REQUIREMENTS FROM _____ / _____ / _____ **TO** _____ / _____ / _____.

- 1. Has this person had an alcohol test with a result of 0.04 or higher alcohol concentration? YES NO
- 2. Has this person tested positive for controlled substances? YES NO
- 3. Has this person refused to submit to a post-accident, random, reasonable suspicion or follow-up alcohol, or controlled substances test, or adulterated or substituted a drug test specimen? YES NO
- 4. If this person has violated a DOT drug and alcohol regulation, did this person completed a SAP-prescribed rehabilitation program while in your employ, including return-to-duty and follow-up tests? (if YES, please send documentation of the SAP name, address & phone # when you return this form) YES NO
- 5. For a driver who successfully completed a SAP rehabilitation referral and remained in your employ, did the driver subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refuse to be tested? YES NO

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

PART 3 COMPLETED BY (Signature): _____ Title: _____
PLEASE PRINT NAME: _____ Date: _____

PART 4: TO BE COMPLETED BY THE PROSPECTIVE EMPLOYER

Information received on (date) _____ / _____ / _____ by (check one): Fax Mail E-mail

****SAFETY PERFORMANCE HISTORTY RECORDS REQUEST - ACCIDENT HISTORY****

PART 1: TO BE COMPLETED BY PROSPECTIVE EMPLOYER

This form is being (CHECK ONE) Faxed Mailed E-Mailed

By: **Liggon Transport, Inc., Evansville, IN**

Date: ____ / ____ / ____

To: Previous Employer : _____

Phone Number: _____

Street Address: _____

Fax Number: _____

City, State, Zip: _____

E-Mail: _____

Contact Name: _____

Title: _____

The applicant named below has applied to our company for a position as a driver, and states that he/she previously worked for your company from ____ / ____ / ____ to ____ / ____ / ____.

Applicant Name: _____ (please print)

APPLICANT SIGNATURE: _____

Social Security Number: ____ - ____ - ____ Date of Birth: ____ / ____ / ____

Please take a moment and complete the information requested in Part 2. We would appreciate your prompt response. As you are aware, after October 29, 2004, failure to respond within 30 days to investigate requests for safety performance history will result in a complaint notification being filed with the Federal Motor Carrier Safety Administration using the complaint process specified at §386.12.

PLEASE SEND RESPONSES TO:

**Liggon Transport, Inc.
PO Box 15096
Evansville, IN 47716
Attn: Valerie Gibson**

Phone: 812-437-3311
Fax: 812-437-4292
Email: vgibson@liggoninc.com

PART 2: TO BE COMPLETED BY PREVIOUS EMPLOYER

Your response is being (CHECK ONE): Faxed Mailed E-Mailed

Did the above named applicant work for your company? YES NO

If yes, please state the actual dates of employment: FROM: ____ / ____ / ____ TO: ____ / ____ / ____

Did he/she drive a motor vehicle for your company? YES NO

If yes, please check the type(s) of vehicles operated: Straight Truck Tractor/Semi-Trailer Cargo Tank
 Flatbed Doubles/Triples Bus Other _____

Reason for leaving your company: Discharged Resignation Lay-off Military Duty

Would this applicant be considered for employment with your company again? YES NO

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

ACCIDENT HISTORY: Please give the following information for any accidents included on your accident register (§386.12(b)) that involved the applicant (regardless of fault) which occurred in the previous (3) years. Note: Until May 1, 2006, only information for accidents that occurred after April 29, 2003, need to be included.

Or, check her if there is no accident register data for this applicant.

Date	City, State	Description	# of injuries	# of fatalities	HazMat Spill
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Please provide any other information involving the applicant that is retained under internal company policies.

Any other remarks: _____

PART 2 COMPLETED BY (Signature): _____ TITLE: _____

PLEASE PRINT NAME: _____ DATE: ____ / ____ / ____

PART 3: TO BE COMPLETED BY THE PROSPECTIVE EMPLOYER

Information received on (date) ____ / ____ / ____ by (check one): Fax Mail E-mail