

DRIVER'S APPLICATION FOR EMPLOYMENT
(ALL INFORMATION MUST BE FILLED OUT COMPLETELY)

POLY TRUCKING, INC.
2000 W. MARSHALL DRIVE
GRAND PRAIRIE, TX 75051
877-337-7339 Fax: 972-337-8339

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 disability which does not interfere with essential job functions.

Date of application _____ Position(s) applied for _____

Name _____
 Last First Middle

Social Security No. _____ Date of Birth (FMCSR 391.21) _____

Current Address _____
 Street City/State/Zip Code

Phone No. _____ Cell Phone No. _____ How Long? _____

Previous Addresses _____ How Long? _____
 (within past 3 years) _____ How Long? _____
 _____ How Long? _____

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

Military Service **You are not required to answer if prohibited by applicable state law.				
**Branch:	**Grade or Rank:	**Nature of Duty or Training:	**Induction Date:	**Separation Date:
**Present Selective Service Classification:			**Type of Discharge or Separation:	

Who referred you? _____ Rate of pay expected _____

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

Do you possess the legal right to work in the U.S.A.? Yes No
 Have you ever been convicted of, or have you plead guilty, no contest (no lo contendere), including deferred adjudication to a felony offense? Yes No If yes, Date _____. If yes, attach a summary of details. Disclosure of a criminal record does not automatically disqualify you from consideration. Your case will be judged on its own merit.

Have you ever filed an application with Poly Trucking, Inc.? Yes No If yes, Date _____.
 Have you ever been previously employed with Poly Trucking, Inc.? Yes No If yes, Date _____.
 Have you ever been convicted of a serious traffic violation, such as careless or reckless driving, etc.? Yes No If yes, Date _____.
 Have you ever been convicted for leaving the scene of an accident? Yes No If yes, Date _____.
 Have you ever been convicted of driving under the influence of alcohol or drugs? Yes No If yes, Date _____.
 Have you ever been denied a license, permit, or privilege to operate a motor vehicle? Yes No If yes, Date _____.
 Has any license, permit, or privilege ever been suspended or revoked? Yes No If yes, Date _____.
 Have you ever been disqualified from driving a motor vehicle under the D.O.T. regulations? Yes No If yes, Date _____.
 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, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years?
 Yes No If yes, Date _____.

IF THE ANSWER TO ANY OF THE ABOVE QUESTIONS IS YES, ATTACH A STATEMENT GIVING DETAILS.

DRIVERS LICENSE INFORMATION

	State	License Number	Type	Expiration Date	Restrictions
Current CDL					
Previous CDL					
Previous CDL					

EMPLOYMENT HISTORY

All driver applicants to drive a commercial motor vehicle in intrastate or interstate commerce shall provide “**TEN YEARS**” information on those employers for whom the applicant worked, or contracted for. List complete mailing address, street number, city, state, and zip code. Account for all gaps in employment including unemployment and self employment.

ALL INFORMATION MUST BE COMPLETED

May we contact your current employer

Current Employer

Employer	Date From To	Position Held	Contact
Address	City, State Zip	Phone Fax	
Reason for leaving	Salary/Wage	Were you subject to the Federal Motor Carrier Safety Regulations while employed? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Past Employer 1

Employer	Date From To	Position Held	Contact
Address	City, State Zip	Phone Fax	
Reason for leaving	Salary/Wage	Were you subject to the Federal Motor Carrier Safety Regulations while employed? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Past Employer 2

Employer	Date From To	Position Held	Contact
Address	City, State Zip	Phone Fax	
Reason for leaving	Salary/Wage	Were you subject to the Federal Motor Carrier Safety Regulations while employed? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Past Employer 3

Employer	Date From To	Position Held	Contact
Address	City, State Zip	Phone Fax	
Reason for leaving	Salary/Wage	Were you subject to the Federal Motor Carrier Safety Regulations while employed? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Past Employer 4

Employer	Date From To	Position Held	Contact
Address	City, State Zip	Phone Fax	
Reason for leaving	Salary/Wage	Were you subject to the Federal Motor Carrier Safety Regulations while employed? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Past Employer 5

Employer	Date From To	Position Held	Contact
Address	City, State Zip	Phone Fax	
Reason for leaving	Salary/Wage	Were you subject to the Federal Motor Carrier Safety Regulations while employed? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No			

*** Use additional sheets if needed for 10 years employment history.**

SECOND JOB POLICY: It is required that *any and all* earned income that you would be continuing be disclosed to Poly Trucking, Inc. prior to an offer of employment. Outside employment must not, in the eyes of Poly Trucking, Inc., constitute a conflict of interest, interfere with employee safety, interfere with employee’s jobs, or be harmful to Poly Trucking, Inc. in any way. Please list any outside earned income sources that you would be continuing, even if employed by Poly Trucking, Inc.: _____

ACCIDENTS / INCIDENTS

List all accidents/incidents regardless of fault that you were involved in a commercial or personal vehicle.

	Dates	Nature of Accident	Cost	Fatalities	Injuries	DOT Reportable	Haz. Mat. Spill
Last Accident							
Previous Accident							
Previous Accident							

Were you ever discharged by an employer because of an accident/incident? Yes No If so, when and by whom? _____

TRAFFIC CONVICTIONS AND FORFEITURES, OTHER THAN PARKING VIOLATIONS

Includes On-Duty or Off-Duty and while in either a commercial or personal vehicle.

Location	Date	Charge	Penalty

DRIVING EXPERIENCE

Class of Equipment	Type of Equipment (Circle type of vehicle)	Dates		Approximate Number of Miles (total)
		From	To	
Straight Truck <input type="checkbox"/> Yes <input type="checkbox"/> No	(Van, Tank, Flat, Dump, Reefer, Roll off)			
Tractor/Trailer <input type="checkbox"/> Yes <input type="checkbox"/> No	(Van, Tank, Flat, Dump, Reefer, Roll off)			
Tractor/Multiples <input type="checkbox"/> Yes <input type="checkbox"/> No	(Van, Tank, Flat, Dump, Reefer, Roll off)			
Bus <input type="checkbox"/> Yes <input type="checkbox"/> No				
Other <input type="checkbox"/> Yes <input type="checkbox"/> No				

List states operated in for the last five years _____

List any special courses or training _____

Do you hold any safe driving awards? Yes No If so, from whom _____

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. I understand that I have the right to (1) review information provided by previous employers; (2) have errors in the information corrected by previous employers and for that previous employer to resend the corrected information to the prospective employer; and (3) 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.

TO BE READ AND SIGNED BY THE APPLICANT

Company as referred to herein is Poly Trucking, Inc. and affiliated companies, officers, directors, and employees.

This certifies that I completed this application, and that all entries on it are true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my personal, employment, education, financial, or medical history and other related matters as may be necessary in arriving at an employment decision. I authorize any of the organizations, health care providers, employers, and persons to give you any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application, and I release all such parties from all liability from any damages which may result for furnishing such information to you. I understand that any misstatement, falsification, or omission of information on this application or interview(s) is grounds for refusal to hire, or, if hired, termination.

I authorize you to request, receive and verify, all information given on this application for the purpose of evaluating me for employment, promotion, reassignment or retention as an employee.

I understand that as a condition of employment and/or qualification, I will be required to successfully pass and complete a DOT/company physical which includes a drug and/or alcohol test, and from time to time thereafter as a condition of continued employment. I understand that my refusal to or inability to successfully complete such tests will be cause for denial of qualification or disqualification if already qualified. I also understand and agree that, if employed, I may be required to submit to an alcohol or drug screening at any time at the discretion of the company and refusal to do so will result in my termination. I consent to submitting to such tests as requested by the company.

I further acknowledge that if I am employed by the company, my employment will be at-will, and may be terminated with or without cause at any time by me or by the company.

In consideration for review of this employment application, applicant/employee agrees to submit any and all claims or disputes to arbitration, including but not limited to all common law claims and causes of action and all statutory claims and causes of action arising or existing between employee and any of the parties designated as company including but not limited to those under Title VII, The Americans with Disabilities Act, the Age Discrimination in Employment Act, the State’s Human Rights Act or any other statutes with any or all of the entities referred to above as company, or separation therefrom, which company has or may have against employee, or which employee has or may have against any or all of the entities referred to above as company, and the officers, directors, management employees, shareholders, partners, successors, agents, and/or assigns of any and/or all of said entities. All such persons are third party beneficiaries to this agreement.

I agree to conform to the rules and regulations of the company, and my employment and compensation can be modified or terminated with or without cause, and with or without notice, at any time, at the option of either the company or myself. I understand that no manager or representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, either prior to commencement of employment or after I have become employed, other than the president, and such agreement must be in writing.

Date

Applicant’s Signature

DISCLOSURE

In connection with my application for employment with you, I understand that an investigative consumer report and consumer reports which may contain public record information may be requested from HireRight 4500 S. 129th East Avenue, Suite 200, Tulsa, OK 74134. These reports may contain the following types of information: names and dates of previous employers, reason for termination of employment, work experience, accidents, any information relating to character, general reputation, personal characteristics, educational background, or any other information which may reflect upon my potential for employment gathered from any individual, organization, entity, agency, or other source which may have knowledge concerning any such items of information. I further understand that such reports may contain public record information concerning driving record, workers' compensation claims, criminal records, etc., from federal, state, and other agencies which maintain such records; as well as information from HireRight concerning previous driving record requests made by others from such state agencies and state provided driving records.

In connection with my application for employment with POLY TRUCKING I hereby fully release and discharge you and HireRight, their respective affiliates, subsidiaries, directors, officers, employees, and attorneys thereof, and each of them, and any individual, organization, entity, agency, or other source providing information to Poly Trucking and/or HireRight from all claims and damages arising out of or relating to any investigation of background for employment purposes.

I hereby authorize and give my consent to POLY TRUCKING for the procurement of consumer report (s). If hired this authorization shall remain on file and shall serve as ongoing authorization for you to procure consumer reports at any time during my employment period.

Print Name

Social Security No.

Applicant's Signature

Date

Driver Safety Performance History

POLY TRUCKING, INC.
2000 W. MARSHALL DRIVE
GRAND PRAIRIE, TX 75051
972-337-7339; 972-337-8339 FAX

I hereby authorize you to release the following information to POLY TRUCKING, Inc. for the purposes of investigation as required by Section 382.405, 391.23, and 40.25 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability, which may result from furnishing such information. In compliance with 40.25, release of this information must be made in a written form that ensures confidentiality, such as fax, e-mail, or letter.

Date _____ **APPLICANT SIGN HERE** _____

Note to applicant: Please do not write below this line.

Company _____ Address _____ City/ST/Zip Code _____

The below named individual states he/she was employed by you as _____ from _____ to _____.

Name of Applicant: _____ Social Security No.: _____

1. Employed from _____ to _____ Job Title: _____
2. Did he/she drive a motor vehicle for you? Yes No
3. What type of equipment did he/she drive for you? Tractor Trailer Van Reefer Tank Flat Bed Other _____
4. Was he/she a safe and efficient driver? Yes No If no, please explain? _____
5. Reason for leaving your employment _____
6. Was his/her general conduct satisfactory? Yes No If no, please explain? _____
7. Would you rehire? Yes No Upon Review If no, please explain? _____
8. Please advise history of past driving record _____

ACCIDENTS/INCIDENTS

DATE	LOCATION	DESCRIPTION	NON-PREV	PREV.	COST	DOT Reportable	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. _____

Any other remarks _____

DRUG AND ALCOHOL TEST RESULTS

You are required to furnish the following information pursuant to 40.25 and 49CFR section 382.405(F) and (H).

1. Has the above named individual had an alcohol test with a Breath Alcohol concentration of 0.04 or greater in the past three years? Yes No
2. Has the above named individual had a Controlled Substance Test with a positive result in the last three years? Yes No
3. Has the above named individual refused (including a verified adulterated or substituted) a Controlled Substance Test or Alcohol test within the past three years? Yes No
4. Has this person committed other violations of DOT agency Drug and Alcohol Testing regulations in the last three years? Yes No
5. Have you received information from a previous employer that this person violated DOT drug and alcohol regulations? Yes No
6. If this person has violated a DOT Drug and Alcohol regulation, do you have documentation of the employee's successful completion of DOT return-to-duty requirements, including follow-up tests? (Please send this documentation back with this form, if applicable.) Yes No

Please identify the Substance Abuse Professional you referred the driver to if he/she tested positive or refused testing.

Name: _____ Phone No.: _____

Address: _____ City/State/Zip: _____

Signed: _____ Date: _____

Title: _____ Phone Number: _____

VOLUNTARY EEO IDENTIFICATION INFORMATION FOR EMPLOYEES

In order to comply with some reporting requirements under Federal Law, we ask you to complete this form. Completion and submission of the form is **voluntary** and will not be used in any employment decision. The Company believes all persons are entitled to equal employment opportunities and does not discriminate against its employees or applicants for employment because of race, color, sex, sexual orientation, religion, national origin, disability, veteran status, age, marital status, or any other protected group status. ***The information provided will be kept confidential and will be maintained in a separate confidential file.***

(PLEASE PRINT)

LAST NAME:	FIRST NAME:	MI:	DATE:
SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female	JOB APPLYING FOR:		
AGE: <input type="checkbox"/> 18 and Under <input type="checkbox"/> 19 – 39 <input type="checkbox"/> 40 – 69 <input type="checkbox"/> 70 and Over			
*RACE OR NATIONAL ORIGIN:			
<input type="checkbox"/> WHITE <input type="checkbox"/> BLACK or AFRICAN AMERICAN <input type="checkbox"/> HISPANIC or LATINO <input type="checkbox"/> ASIAN <input type="checkbox"/> AMERICAN INDIAN or ALASKA NATIVE			
<input type="checkbox"/> NATIVE HAWAIIAN or PACIFIC ISLANDER <input type="checkbox"/> TWO or MORE RACES (<i>not Hispanic or Latino</i>)			
**VETERAN STATUS:			
<input type="checkbox"/> VETERAN OF VIETNAM ERA <input type="checkbox"/> DISABLED VETERAN <input type="checkbox"/> DISABLED VIETNAM ERA VETERAN			

*RACE/ETHNIC DESCRIPTIONS

WHITE: Includes persons having origins in any of the *original* peoples of Europe, North Africa, or the Middle East.

BLACK or AFRICAN AMERICAN: All persons having origins in any of the black racial groups of Africa.

HISPANIC or LATINO: All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

ASIAN: All persons having origins in any of the *original* peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

AMERICAN INDIAN or ALASKA NATIVE: Persons having origins in any of the *original* peoples of North and South America (including Central America), and who maintain tribal affiliation or community recognition.

NATIVE HAWAIIAN or PACIFIC ISLANDER: All persons having origins in any of the *original* peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

TWO or MORE RACES: All persons who identify with more than one of the above races, EXCEPT Hispanic or Latino. If a person is of any Hispanic or Latino decent, he or she should mark "Hispanic or Latino", regardless of any additional races he or she may be.

**VETERAN STATUS DESCRIPTIONS

VETERAN OF VIETNAM ERA: Any person who (1) served on active duty for a period of more than 180 days, any part of which occurred between August 5, 1964 and May 7, 1975, and was discharged or released there from with other than a dishonorable discharge, or (2) was discharged or released from active duty for service-connected disability if any part of such active duty was performed between August 5, 1964 and May 7, 1975.

DISABLED VETERAN: Any person entitled to disability compensation under laws administered by the VA for disability rated at 30% or more, or a person whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty.