

DRIVER APPLICATION FOR

Priefert[®]

LOGISTICS



2630 S Jefferson
Mt. Pleasant, TX 75455

Phones: (903) 572-1741 * 1-800-527-8616 Fax: 903-572-2798 * 1-888-527-8616

We are an Equal Opportunity Employer

In compliance with Federal and State Equal 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.

Name: _____ Date: _____
(Last) (First) (Middle) (Maiden Name)

Address: _____ How Long? _____
(Street) (City) (State & Zip)

Primary Number : () _____ Secondary Number: () _____

Position Seeking: Company Driver Owner Operator

Have you ever been convicted of a felony? Yes No
 Are you currently on a differed adjudication? Yes No
 Have you ever applied/worked for Priefert Mfg. or Priefert Logistics? Yes No If yes, When _____
 How did you here about us? _____

Are you 23 years old or older? Date of Birth ___/___/___ Yes No
Do you have a minimum of 2 years experience operating a tractor/trailer? Yes No
 Have you ever been denied a license, permit, or privilege to operate a motor vehicle? Yes No
 Has any license, permit, or privilege ever been suspended or revoked? Yes No
 Have you ever tested positive for a D.O.T required drug/alcohol test or refused to take a drug/alcohol test? Yes No
 Company _____ Date _____ Did you complete SAP Yes No
 Company _____ Date _____ Did you complete SAP Yes No

EXPERIENCE AND QUALIFICATIONS

LIST ALL DRIVERS LICENSE

STATE	LICENSE NUMBER	TYPE	ENDORSEMENTS	EXPIRATION DATE

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATE FROM	DATE TO	APPROXIMATE NO. OF MILES
STRAIGHT TRUCK				
TRACTOR AND SEMI-TRAILER				
TRACTOR—TWO TRAILER				
OTHER				

ACCIDENT RECORDS FOR THE PAST 3 YEARS, IF NONE, WRITE NONE. (ATTACH SHEET IF MORE SPACE IS NEEDED)

MOST RECENT FIRST	DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	WERE YOU AT FAULT	TYPE OF VEHICLE	NUMBER OF FATALITIES	NUMBER OF INJURIES
LAST ACCIDENT						
NEXT PREVIOUS						
NEXT PREVIOUS						

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

LOCATION	DATE	CHARGE	PENALTY

EMPLOYMENT RECORD FOR THE LAST 10 YEARS

Begin with your present or most recent job and work backward in order, listing your employers for the last 10 years including all full & part-time employment. *All time must be accounted for, including military service, self-employment, and periods of unemployment.*

EMPLOYER		DATE	
Name		From Mo. Yr	To Mo. Yr
Address		Position Held	
City	St Zip-code	Salary/Wage	
Contact Person	Phone Number ()	Fax ()	
Reason For Leaving		Equip. Type	
Subject to FMCSRs?			
Subject to DOT Alcohol and Drug Testing?			
EMPLOYER		DATE	
Name		From Mo. Yr	To Mo. Yr
Address		Position Held	
City	St Zip-code	Salary/Wage	
Contact Person	Phone Number ()	Fax ()	
Reason For Leaving		Equip. Type	
Subject to FMCSRs?			
Subject to DOT Alcohol and Drug Testing?			
EMPLOYER		DATE	
Name		From Mo. Yr	To Mo. Yr
Address		Position Held	
City	St Zip-code	Salary/Wage	
Contact Person	Phone Number ()	Fax ()	
Reason For Leaving		Equip. Type	
Subject to FMCSRs?			
Subject to DOT Alcohol and Drug Testing?			
EMPLOYER		DATE	
Name		From Mo. Yr	To Mo. Yr
Address		Position Held	
City	St Zip-code	Salary/Wage	
Contact Person	Phone Number ()	Fax ()	
Reason For Leaving		Equip. Type	
Subject to FMCSRs?			
Subject to DOT Alcohol and Drug Testing?			

EMPLOYER		DATE	
Name		From Mo. Yr	To Mo. Yr
Address		Position Held	
City	St Zip-code	Salary/Wage	
Contact Person	Phone Number ()	Fax ()	
Reason For Leaving		Equip. Type	
Subject to FMCSRs?			
Subject to DOT Alcohol and Drug Testing?			

EMPLOYER		DATE	
Name		From Mo. Yr	To Mo. Yr
Address		Position Held	
City	St Zip-code	Salary/Wage	
Contact Person	Phone Number ()	Fax ()	
Reason For Leaving		Equip. Type	
Subject to FMCSRs?			
Subject to DOT Alcohol and Drug Testing?			

EMPLOYER		DATE	
Name		From Mo. Yr	To Mo. Yr
Address		Position Held	
City	St Zip-code	Salary/Wage	
Contact Person	Phone Number ()	Fax ()	
Reason For Leaving		Equip. Type	
Subject to FMCSRs?			
Subject to DOT Alcohol and Drug Testing?			

References

REFERENCES (NAMES OF THREE PERSONS NOT RELATED TO YOU WHOM YOU HAVE KNOWN AT LEAST ONE YEAR)				
NAME	ADDRESS	PHONE NO.	BUSINESS	YRS. KNOWN

LIST THE PEOPLE YOU KNOW WHO PRESENTLY WORK FOR PRIEFERT MFG.OR PRIEFERT LOGISTICS.

I understand that the information in this application will be used and that prior employers will be contacted for purposes of investigation as required by 391.23 of the Motor Carrier Safety Regulations..

Residential record for the last 10 years

Begin with your present address and work backward in order, listing your place of residence for the last ten year

Name	DATE	
Address	From Mo. Yr	To Mo. Yr
City	St	Zip-code
Contact Person	Phone Number ()	

Name	DATE	
Address	From Mo. Yr	To Mo. Yr
City	St	Zip-code
Contact Person	Phone Number ()	

Name	DATE	
Address	From Mo. Yr	To Mo. Yr
City	St	Zip-code
Contact Person	Phone Number ()	

Name	DATE	
Address	From Mo. Yr	To Mo. Yr
City	St	Zip-code
Contact Person	Phone Number ()	

Name	DATE	
Address	From Mo. Yr	To Mo. Yr
City	St	Zip-code
Contact Person	Phone Number ()	

Name	DATE	
Address	From Mo. Yr	To Mo. Yr
City	St	Zip-code
Contact Person	Phone Number ()	

Name	DATE	
Address	From Mo. Yr	To Mo. Yr
City	St	Zip-code
Contact Person	Phone Number ()	

PHYSICAL REQUIREMENTS

Pursuant to Section 391.41, all applicants must be able to meet D.O.T. physical qualification requirements to perform essential job functions. Please indicate whether you are able to perform the following physical requirements (with or without reasonable accommodation). Are you:

- Able to maintain radio or telephone contact with base or supervisor to receive instructions or be dispatched to new location
- Able to maintain truck log according to state and federal regulations
- Able to keep record of materials and products transported
- Able to secure, strap, tarp and tie rope around items to secure cargo for transport
- Able to clean, inspect, and perform minor service on vehicle
- Able to operate a commercial vehicle for 11 hours a day
- Able to lift 60 pounds
- Able to reach above shoulder level to strap, un-strap tarp and un-tarp loads
- Able to climb in and out of an OTR tractor 4 to 6 times a day
- Able to complete written logs
- Able to complete a pre-inspection of tractor and load
- Able to operate a commercial vehicle at night
- Able to sit for extended periods of time
- Able to follow D.O.T regulations
- Able to be away from home for extended periods of time

Are any special accommodations necessary? If so, please explain _____

CERTIFICATION TO BE READ BY APPLICANT

It is agreed and understood that any misrepresentations of information given above shall be considered an act of dishonesty.

I release employers and persons named herein from all liability for any damages occurred as a result of furnishing such information.

I understand that the information in this application will be used and that prior employers will be contacted for purposes of investigation as required by 391.23 of the Motor Carrier Safety Regulations. Furthermore, I understand that I may be required to meet D.O.T. physical (and other) requirements, and that I must meet insurance requirements to be eligible for employment.

I agree and understand that this application for employment in no way obligates the employer to employ me.

I agree and understand that if hired I will be in a probationary status. I further understand that employment is "At Will" and may be terminated any time, with or without notice, and with or without reason given, regardless of length of employment or method of pay, and that pay will cease upon date of termination. 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.

I have read the above mentioned certification and physical/ job requirements for Priefert Logistics and feel that I can meet these requirements for the position I am applying for.

Applicant Signature: _____ ***Date:*** _____

**** Note: Application's with missing signatures or omitted information may not be processed. Be sure all required signatures and information are included before submitting application.***

***** Note: A motor carrier may require an applicant to provide information in addition to the information required by the Federal Motor Carrier Safety Regulations***



APPLICANT STATEMENT

1. I certify and agree that: Any material misrepresentation (deliberate or otherwise) or omission of facts or information in my application or interview may be justification for refusal of employment. This application is a sincere effort to obtain employment and for no other purpose. If I am employed, falsification or omission of any information may result in termination. If offered employment, I understand that the offer may be conditional upon verification of information I provide, as well as other information obtained by the Company.

2. In applying for employment I understand that the Company may make a thorough investigation of my entire work and personal history (including credit checks and criminal background), and may verify all data given in my application for employment, related papers, or oral interviews. I authorize such investigation and the giving and receiving of any information requested by the Company, and stand that falsification of data given or any derogatory information discovered as a result of this investigation may prevent my being hired, or if hired, may subject me to immediate dismissal if the company considers such information to be pertinent to employment.

3. I agree that my employment may be terminated by the Company with or without cause at any time without liability whatsoever, except for wages or salary as may have been earned at the date of termination. If requested by management, I authorize any physician, hospital, clinic, or laboratory to release any information that may be necessary to determine my ability to satisfactorily perform the duties of a job I am being considered for, prior to employment, or in the future during my employment with the Company.

4. I understand that management may make efforts to accommodate individual preferences, but that business needs may make the following conditions mandatory: Overtime, Out-of-Town Travel, Shift Work, Rotating Work Schedule, or a work schedule other than Monday through Friday. I understand and accept these as conditions of my employment or continued employment.

I understand that no employment contract is being offered or created at this time. No employee has a contract of employment with this Company unless it is IN WRITING and signed by an authorized officer of the Company. I also understand that if I am employed, my employment will be for an indefinite period of time, and that the Company can change wages, benefits, and conditions of employment at any time, with or without notice, and without prior approval of any employee or employee group, and that any legal action regarding my employment must be initiated and maintained in the court of jurisdiction nearest the home office of the Company.

I have read and understand this statement, and I have had the opportunity to ask for explanations of any portion I may not understand.

Signature

Date



Job Verification

Applicant, please fill out former employee information

Please Fax to:

Company Name

Priefert Logistics
Company Name

Address

2630 South Jefferson
Address

City, State, Zip Code

Mount Pleasant, TX 75455
City, State, Zip Code

(____) _____
Contact Number

(903) 572-1741
Contact Number

(____) _____
Fax

(903) 572-2798
Fax

Supervisor

Human Resource Department
Contact

AUTHORIZATION

I hereby authorize the release of all information as required by 49CFR 391.23 and 49CFR 382.413. I have been informed that previous employers shall be contacted to complete a background investigation.

Applicant Signature

SSN

Printed Name

Date

This person has applied for a position as a driver of a commercial motor vehicle at Priefert Logistics. In order to meet the requirements of 49CFR 391.23 and 49CFR 382.413 we are requesting information on this person. Your company is listed as a former employer.

1. Dates of employment with your company _____ to _____
month year month year

2. Was the employee a safe driver? _____ yes _____ no

3. Was the employee involved in any accidents? _____ yes _____ no

4. Did the employee comply with applicable laws and policies? _____ yes _____ no

5. At any time in the preceding three (3) years has the employee:

(A) had an alcohol test with a result of 0.04 alcohol concentration or greater? _____ yes _____ no

(B) had a verified positive controlled substance test? _____ yes _____ no

(C) refused to be tested? _____ yes _____ no

Name of person verifying information

Title

Date

METHOD OF CONTACT: DATE OF CONTACT _____