



# Commercial Driver Employment Application

3199 Harrison Way NW | Corydon, IN 47112

Today's Date:

APPLICANT INFORMATION			
Last Name:	First Name:	M.I.:	DOB:
Street Address:		Apartment/Unit #:	
City:	State:	ZIP:	
Phone:	E-mail Address:		
Are you legally authorized to work in the United States? YES <input type="checkbox"/> NO <input type="checkbox"/>		Are you related to, or know anyone currently or previously employed by our company? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Who?			

PREVIOUS THREE YEARS RESIDENCY			
Street:	City:	State & Zip:	No. of Years:

License Information			
State:	License Number:	Type:	Expiration Date:
Has your License, Permit, or Privilege to operate a motor vehicle ever been Denied, Revoked, or Suspended?			YES <input type="checkbox"/> NO <input type="checkbox"/>
If yes, explain reason: _____			

Driving Experience			
Class of Equipment	Type of Equipment (Van, Tank, Flat, Etc.)	Dates From	Approx # of Miles (Total)
Straight Truck			
Tractor and Semi - Trailer			
Tractor - Two Trailers			
Other			

Accident Record for past 3 years or more (attach sheet if more space is needed)				
Dates	Nature of Accident (Head-on, Rear-end, Etc.)	Number of Fatalities	Number of Injuries	Chemical Spill?
				YES <input type="checkbox"/> NO <input type="checkbox"/>
				YES <input type="checkbox"/> NO <input type="checkbox"/>
				YES <input type="checkbox"/> NO <input type="checkbox"/>

**Employment Record**

NOTE: Include the employment history for a 10 year period preceding this application, including current employer.  
(Attach sheet if additional space is needed)

<b>Company:</b>	Phone: (    )
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Address:	Supervisor:
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Job Title:	Starting Salary: \$	Ending Salary: \$
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Responsibilities:

Were you subject to FMCSRs while employed at this company? YES  NO

Was this job designated as a safety sensitive function in any DOT regulated mode and was DOT regulated alcohol and controlled substances testing required? YES  NO

From:	To:	Reason for Leaving:
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May we contact your previous supervisor for a reference? YES  NO

<b>Company:</b>	Phone: (    )
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Address:	Supervisor:
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Job Title:	Starting Salary: \$	Ending Salary: \$
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<b>Traffic Convictions and Forfeitures for the Past 3 Years (Other than parking violations)</b>			
<b>Date Convicted</b>	<b>Violation</b>	<b>State of Violation</b>	<b>Penalty (forfeit bond, collateral and/or points)</b>

<b>Military Service</b>	
<b>Branch:</b>	<b>From:                      To:</b>
<b>Rank at Discharge:</b>	<b>Type of Discharge:</b>
<b>If other than honorable, explain:</b>	

<p><b>Disclaimer and Signature</b></p> <p>Lucas Oil Products is an equal opportunity employer. Lucas Oil does not discriminate in employment on account of race, color, religion, national origin, citizenship status, ancestry, age, sex, gender, sexual orientation, marital status, physical or mental disability, military status or unfavorable discharge from military service.</p> <p>I understand that neither the completion of this application nor any other part of my consideration for employment any obligation for Lucas Oil to hire me. If I am hired, I understand that either Lucas Oil Products or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of Lucas Oil has the authority to make any assurance to the contrary.</p> <p>I attest with my signature below that I have given to Lucas Oil Products true and complete information on this application. No requested information has been concealed. I also understand that Lucas Oil Products may request to contact references provided for employment reference checks, and under consistent hiring practices, may require pre-employment screening and background verification as a condition of employment upon any employment offer. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.</p>
<p><b>Signature:</b> _____ <b>Date:</b> _____</p>