

Application of Employment



SLC, LLC.

Date of Application _____

Please print legibly and return to Human Resource Department.

Last Name _____ First _____ Middle _____

Present Address _____

Home Phone _____ Cell Phone _____ SS # _____

DL # _____ DL State: _____ Exp. Date: _____ 18 yrs. or older? _____

If under 18, can you provide required proof of your eligibility to work? _____

Referred By _____ Best time to contact you: _____

Position Applied For _____ Desired Salary _____

Date available to work _____ Which are you available to work: Full Time ☐ Part Time ☐

Have you filed an application with us before? _____ If so, what date? _____

Have you ever been employed with us? _____ If so, what date? _____

If yes, please give reason for leaving _____

Do any of your friends, relatives (other than spouse) work here? _____

If yes, state name and relationship / position _____

Are you currently employed? _____ Company _____

Phone _____ May we inquire your present employer? _____

Who should we contact _____

EDUCATION _____

School	Name & Location	No of Yrs.	Graduate	Subjects / Degree
Grammar				
High School				
College				
Trade/Business				
Correspondence				

Special Skills, Qualifications, and Considerations Summarize special skills and qualifications, volunteer activities, military experience, employment or other activities related to the job you are seeking:

SLC, LLC. is an equal employment opportunity employer. All applicants will be considered without regard to age, race, national origin, religion, disability, sex, or other protected status in accordance with applicable federal and state equal employment opportunity laws. Title I of the Americans with Disabilities Act of 1990 requires an employer to provide reasonable accommodation to qualified individuals with disabilities who are employees or applicants for employment, unless to do so would cause undue hardship.

If you are hired by the company, you will be required to attest to your identity and employment eligibility, and to present documents confirming your identity and employment eligibility.

Updated August 28, 2017

FORMER EMPLOYERS (All applicants applying for a driving position must list your last 10 years of employment.)

Employment Experience

Employer _____ Supervisor's Name _____
 Address _____ Your Job Position _____
 Telephone Number _____ Employed from _____ to _____ (mo/yr)
 Your Salary: Starting / Ending _____ Duties _____
 What did you like most about your job? _____
 Reason for Leaving: _____

Employer _____ Supervisor's Name _____
 Address _____ Your Job Position _____
 Telephone Number _____ Employed from _____ to _____ (mo/yr)
 Your Salary: Starting / Ending _____ Duties _____
 What did you like most about your job? _____
 Reason for Leaving: _____

Employer _____ Supervisor's Name _____
 Address _____ Your Job Position _____
 Telephone Number _____ Employed from _____ to _____ (mo/yr)
 Your Salary: Starting / Ending _____ Duties _____
 What did you like most about your job? _____
 Reason for Leaving: _____

Employer _____ Supervisor's Name _____
 Address _____ Your Job Position _____
 Telephone Number _____ Employed from _____ to _____ (mo/yr)
 Your Salary: Starting / Ending _____ Duties _____
 What did you like most about your job? _____
 Reason for Leaving: _____

Include explanation of any gaps in employment on an attached blank sheet.

REFERENCES

List three (3) non-relatives who are familiar with your qualifications, work history, and ability.

Name	Occupation/Relationship	Years Known	Telephone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If you are hired by the company, you will be required to attest to your identity and employment eligibility, and to present documents confirming your identity and employment eligibility.

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE SIGNING THIS APPLICATION. ONLY THOSE APPLICATIONS THAT ARE SIGNED AND DATED ARE CONSIDERED VALID. IF YOU HAVE ANY QUESTIONS REGARDING THIS STATEMENT, PLEASE ASK THEM BEFORE SIGNING.

AUTHORIZATION

I certify that the facts contained in this application (and accompanying resume, if any) are true and complete to the best of my knowledge. I understand that any false statement, omission, or misrepresentation on this application is sufficient cause for refusal to hire, or dismissal if I have been employed, no matter when discovered by the Company.

I understand that any employment is conditioned on a background check. I authorize the company to thoroughly investigate all statements contained in my application or resume, and I authorize my former employers and references to disclose information regarding my former employment, character and general reputation to the Company, without giving me prior notice of such disclosure. In addition, I release the Company, any former employers and all references listed above from any and all claims, demands or liabilities arising out of or related to such investigation or disclosure.

I understand and agree that nothing contained in this application, or conveyed during any interview, is intended to create an employment contract. I further understand and agree that if I am hired, my employment will be at will and without fixed term, and may be terminated at any time, with or without cause and without prior notice, at the option of either myself or the Company. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the Company unless made in writing in the form of a formal contract, signed by the employee and an officer of the company personnel.

If I am offered employment I agree to submit to a medical examination and drug test before starting work. If employed, I also agree to submit to a medical examination or drug test at any time deemed appropriate by the company and as permitted by law. I consent to such examinations and tests, and I request that the examining doctor disclose to the company the results of the examination, which results shall remain confidential and segregated from my file. I understand that my employment or continued employment, to the extent permitted by law, is contingent upon satisfactory medical examinations and drug tests, and if I am hired a condition of my employment will be that I abide by the company's drug and alcohol policy.

I understand that filling out this form does not indicate there is a position open and does not obligate the company to hire. If hired, I agree to abide by all company work rules, policies and procedures. The company retains the right to revise its policies or procedures, in whole or in part, at any time.

If you are applying for a driving position, please fill out the driver addendum.

Signature _____

Printed Name _____

Date _____

If you are hired by the company, you will be required to attest to your identity and employment eligibility, and to present documents confirming your identity and employment eligibility.

ADDENDUM FOR DRIVER APPLICATION

NAME _____ DATE _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer?

☐ Yes ☐ No

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substance testing requirements as required by 49 CFR Part 40?

☐ Yes ☐ No

License Information

Section 383.21 FMCSR states, "No person who operates a commercial motor vehicle shall at any time have more than one driver's license." I certify that I do not have more than one motor vehicle license, the information for which is listed below.

State	License No.	Type	Expiration Date

Driving Experience

Class of Equipment	Type of Equipment (Van, Tank, Flat, etc.)	Dates from To	Approx. No. of Miles (total)
Straight Truck			
Tractor & 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, Upset, etc.)	Number Fatalities	Number Injuries	Hazmat Spills
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

Traffic Convictions and Forfeitures for the Past 3 Years (other than parking violations)

Date Convicted	Violation	State of Violation Location	Penalty (forfeited bond, collateral and/or prints)

(attach sheet if more space is needed)

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? ☐ Yes ☐ No

If yes, explain _____

B. Has any license, permit or privilege ever been suspended or revoked? ☐ Yes ☐ No

If yes, explain _____

SAFETY PERFORMANCE HISTORY RECORDS REQUEST

To be completed by prospective employee.

Print Name _____ SS # _____ DOB _____

Hereby Authorize _____

Previous Employer _____ Email _____

Address _____ Ph _____ Fx _____

Request for Information from Previous Employer

I hereby authorize _____ to give SLC, LLC. all information regarding my services,
Employer

character/conduct, and accidents while in your employ and or released from any and all liability which may result from furnishing such information. Pursuant to section £391.23, please release any information on alcohol test with a result of .04 or greater, verified positive drug test, any refusals to test (including verified adulterated or substituted drug test results) and any violations DOT drug and alcohol testing rules for the previous three years. On my own authority, I further allow the release of positive drug test results and any refusal to test for the entire length while in your employ. This response is being provided to the perspective employer noted below in compliance with the department of transportation regulations £391.23 (g) (1) and £40.321 (b).

To Prospective Employer: SLC, LLC. Attention: HR Ph: 225 675 5010
Address: 9785 Airline Hwy, Sorrento LA 70778 Fax: 225 675 5020 Email: slcedna@eatel.net

Applicant's Signature _____ Date _____

The following information to be completed by previous employer

ACCIDENT HISTORY

The applicant named above was employed by us? Yes ☐ No ☐

Employed as _____ from (m/y) _____ to (m/y) _____

Did employee drive for you? Yes ☐ No ☐ If so, what vehicle? _____

Reason for leaving? _____

Accident Record

Date	Location	Fatalities	Injuries	Chemical Spills

Please provide any information concerning any other accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies.

DRUG AND ALCOHOL HISTORY

If driver was not subject to Department of Transportation testing requirements while employed by this employer, please check here ☐. Fill in the dates of employment from _____ to _____, and complete signature, title, and date.

Driver was subject to Department of Transportation testing requirements from _____ to _____

Please answer Y/N to the following questions:

1. Has this person had an alcohol test with results of .04 or higher alcohol concentration? Yes ☐ No ☐
2. Has this person tested positive or adulterated or substituted a test specimen 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 substance test? Yes ☐ No ☐
4. Has this person committed other violations of Subpart B of Part 382, or Part 40? Yes ☐ No ☐
5. If this person has violated a DOT drug and alcohol regulation, did this person complete a SAP-prescribed rehabilitation program in your employ, including return-to-duty and follow up test? Yes ☐ No ☐ If yes, please send back documentation with this form.
6. For a driver who successfully completed a SAP's rehabilitation referral and remained in your employ, did this driver subsequently have an alcohol test result of .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 prior previous employers in the previous 3 years prior to the application date shown on other page.

If YES to any of the above questions regarding drug/alcohol testing information obtained from previous the SAP referral information:

Name _____ Address _____

City & State _____ Phone Number _____

Form completed by: _____ Title: _____ Date: _____

Signature _____ Title _____ Date _____

OFFICE USE ONLY

Form was delivered	Fax	Mail	Email
Form was filled out by		On	