

**DRIVER'S APPLICATION**

7020 Cline Avenue  
Hammond, Indiana 46323



Phone (219) 554-6750  
Fax (219) 554-6752

*(Answer all questions – please print)*

For Company Driver Applicants: In compliance with Federal and State equal employment opportunity laws, qualified applicants for employment are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job-related disability, or any other protected group status.

Position(s) Applying For:  Company  Owner Operator - If yes, Company Name: \_\_\_\_\_

Name:

\_\_\_\_\_

Last First Middle

Current Address:	_____	_____	_____
	Street Address	City	
Phone Number:	_____	_____	_____
	State	Zip	How Long at this Address?
Email Address:	_____	Cellular Number: _____	_____
	_____		

Addresses for Three Years Preceding Date of Application:

Street Address	City	State, Zip	How Long?

Do you have a legal right to work in the United States? \_\_\_\_\_

(Only required for Company Driver applicants)

The Federal Motor Carrier Safety Regulations (49 CFR 391.21(b)(2)) requires that driver applicants state their date of birth and Social Security Number.

Date of Birth	Social Security No.
____/____/____	- -

**EMPLOYMENT / CONTRACTING HISTORY**

Please provide your most recent 3 years of work history or if you have driven a commercial motor vehicle in the last ten years, provide the previous 10 years of work history. List complete mailing address (street number, city, state and zip code). *\*Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.*

**(List employers in reverse order starting with the most recent.)**

CURRENT OR MOST RECENT EMPLOYER				DATE		
COMPANY			FROM MO	YR	TO MO	YR
ADDRESS				CONTACT PERSON		
CITY		STATE	ZIP	POSITION HELD		
PHONE NUMBER			FAX NUMBER			
DID YOU DRIVE A VEHICLE REQUIRING A CDL?				YES	NO	REASON FOR LEAVING
WERE YOU SUBJECT TO THE FMCSRS?				YES	NO	DOT #
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? YES NO						
EMPLOYER				DATE		
COMPANY			FROM MO	YR	TO MO	YR
ADDRESS				CONTACT PERSON		
CITY		STATE	ZIP	POSITION HELD		
PHONE NUMBER			FAX NUMBER			
DID YOU DRIVE A VEHICLE REQUIRING A CDL?				YES	NO	REASON FOR LEAVING
WERE YOU SUBJECT TO THE FMCSRS?				YES	NO	DOT #
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? YES NO						
EMPLOYER				DATE		
COMPANY			FROM MO	YR	TO MO	YR
ADDRESS				CONTACT PERSON		
CITY		STATE	ZIP	POSITION HELD		
PHONE NUMBER			FAX NUMBER			
DID YOU DRIVE A VEHICLE REQUIRING A CDL?				YES	NO	REASON FOR LEAVING
WERE YOU SUBJECT TO THE FMCSRS?				YES	NO	DOT #
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? YES NO						
EMPLOYER				DATE		
COMPANY			FROM MO	YR	TO MO	YR
ADDRESS				CONTACT PERSON		
CITY		STATE	ZIP	POSITION HELD		
PHONE NUMBER			FAX NUMBER			
DID YOU DRIVE A VEHICLE REQUIRING A CDL?				YES	NO	REASON FOR LEAVING
WERE YOU SUBJECT TO THE FMCSRS?				YES	NO	DOT #
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? YES NO						
EMPLOYER				DATE		
COMPANY			FROM MO	YR	TO MO	YR
ADDRESS				CONTACT PERSON		
CITY		STATE	ZIP	POSITION HELD		
PHONE NUMBER			FAX NUMBER			
DID YOU DRIVE A VEHICLE REQUIRING A CDL?				YES	NO	REASON FOR LEAVING
WERE YOU SUBJECT TO THE FMCSRS?				YES	NO	DOT #
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? YES NO						

**ACCIDENT RECORD FOR THE 3 YEARS PRECEDING THE DATE OF YOUR APPLICATION  
IF NONE, WRITE NONE.**

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET. ETC)	FATALITIES	INJURIES
LAST ACCIDENT			
NEXT PREVIOUS			
NEXT PREVIOUS			

**ALL VIOLATIONS OF MOTOR VEHICLE LAWS OR ORDINANCES (OTHER THAN PARKING) OF WHICH YOU WERE CONVICTED OR  
FORFEITED BOND OR COLLATERAL FOR THE 3 YEARS PRECEDING THE DATE OF YOUR APPLICATION  
IF NONE, WRITE NONE**

LOCATION	DATE	CHARGE	PENALTY

**ENTER DRIVER LICENSE INFORMATION FOR EACH UNEXPIRED COMMERCIAL MOTOR VEHICLE OPERATOR'S LICENSE OR  
PERMIT ISSUED TO YOU**

ISSUING STATE	LICENSE NO.	TYPE	EXPIRATION DATE

**PLEASE LIST IN DETAIL THE FACTS AND CIRCUMSTANCES OF ANY AND ALL DENIALS, REVOCATIONS, OR SUSPENSIONS  
OF ANY LICENSE, PERMIT, OR PRIVILEGE TO OPERATE A MOTOR VEHICLE OR STATE THAT NO SUCH DENIAL,  
REVOCATION, OR SUSPENSION HAS OCCURRED.**

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**NATURE AND EXTENT OF DRIVING EXPERIENCE  
IF NONE, WRITE NONE**

TYPE OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC)	DATES		APPROX. NO OF MILES (TOTAL)
		FROM	TO	
STRAIGHT TRUCK				
TRACTOR AND SEMI-TRAILER				
TRACTOR – TWO TRAILERS				
MOTORCOACH – SCHOOL BUS				
OTHER				

**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 the DOT drug and alcohol testing rules during the past 2 years: Yes: \_\_\_\_\_ No \_\_\_\_\_**

**INITIAL BELOW:**

<b>Initial:</b>	
	<p>I understand that nothing contained in the application, or conveyed during any interview which may be granted, if hired/contracted, is intended to create a contract between the Company and me. <b>Company Driver Applicants:</b> I understand that if I am hired/contracted, it is not for a specific duration and the relationship may be terminated at will, without advance notice, with or without cause to the fullest extent allowed by law, at any time at the option of either the Company or myself. If hired, I understand that the Company may change any terms of our relationship including, but not limited to, work assignment, schedules, pay levels and/or location. I further understand that no manager, supervisor or representative of the Company other than the Chief Executive Officer has any authority to enter into any agreement contrary to the foregoing. <b>Owner-Operator Applicants:</b> I understand and agree that I am seeking qualification as an independent contractor and that, if qualified, I will not be entering into an employment relationship with IST logistics. I understand that this request for qualification is not and is not intended to be a contract and that if a contract is entered into, any resulting contractual relationship will be subject to and terminable in accordance with the terms of that fully executed agreement.</p>
	<p>I understand and agree to submit to any and all drug and /or alcohol testing and physical exams that may be required by law, regulation and/or company policy prior to and during my employment/contracting relationship. I further specifically acknowledge and understand that pursuant to "pre-employment testing" required by Federal Regulations (unless exempted) I must undergo testing for controlled substances prior to performing safety-sensitive functions, as a condition prior to being used.</p> <p>I agree to the collection of a urine sample and to controlled substance testing and I acknowledge and understand that pursuant to Federal Regulations, verified negative test results must be obtained and reported to the company prior to a driver performing a safety-sensitive functions and that, any positive results will result in the rejection of my request for employment/qualification. My initials indicate that I fully understand and consent to the same.</p>
	<p>To the extent applicable, I agree and consent that the Company may inspect any Company property at any time and for any reason, without notice. This property includes, without limitation, work stations, computers, offices, desks, lockers, voice mail, and filing cabinets. Additionally, I agree and consent that any personal items I bring onto Company premises are subject to inspection at any time and for any reason, without prior notice</p>
	<p>As allowed by law, my signature authorizes the Company or its authorized agents to conduct a thorough investigation of all statements, written and oral, made by me during the application and qualification process, including without limitation, information concerning my previous positions, law enforcement record, driving record, and educational background. I hereby authorize all persons, companies or other entities connected with any such informational request, including without limitation, current or prior employers or companies and law enforcement agencies to provide any and all information they may have regarding me. I release and agree to indemnify the Company, its authorized agents, and its employees, and all other persons, companies, and other entities from any and all liability arising out of such investigation, including without limitation, any liability for furnishing information or for taking any action based on the information provided. I authorize references I have listed to disclose to the Company any and all documents or other information related to my work record, without giving me prior notice of such disclosure. In addition, I hereby release the company, my former employers/companies and all other persons, corporations, partnerships and associates from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.</p>
	<p><b>FOR COMPANY DRIVER APPLICANTS:</b> I understand that after a conditional offer of employment but before beginning employment, I may be required to: furnish proof of my identity and U.S citizenship or proof of my legal right to work in the United States, as required by federal law and that failure to do so and/or lack of proper documentation (within three (3) days of hire) will result in termination pursuant to the Immigration Reform and Control Act of 1986.</p>
	<p>I understand that if hired/qualified, I agree to abide by any and all company policies relating to the confidentiality of the Company's information.</p>
	<p>I certify that the information provided on this application is true and correct. I understand that any misrepresentation, false information or omission of facts made in this application or any attachment may disqualify me from further consideration for employment/contracting relationship and if hired or qualified, shall be grounds for termination of that employment or contractual relationship as provided therein. I agree that a photocopy or imaged copy of this signed acknowledgement will be as valid and enforceable as the original.</p>
	<p>I have carefully read this application and acknowledgement and fully understand and agree to its contents. I am signing this application voluntarily.</p>

**TO BE READ AND SIGNED BY ALL APPLICANTS**

By signing below, I affirm that I have completed the entire application to the best of my ability, have carefully read the foregoing statements, agree to their terms and understand that the Company is relying on any and all of the foregoing representations, promises and releases in considering my application. Any misrepresentations, falsifications or material omissions in any of this information or data may result in the Company's refusal to consider me for an employment or contract relationship or, if I have been hired/contracted, the termination of that relationship.

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.

Applicant's Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Submitted Date: \_\_\_\_\_

**END OF APPLICATION**