

**IVESCO LLC**  
**124 Country Club Rd., P.O. Box 638, Iowa Falls, IA 50126**  
**DRIVER'S APPLICATION FOR EMPLOYMENT**  
**An Equal Opportunity Employer**

We do not discriminate on the basis of race, color, religion, sex, age or disability. It is our intention that all qualified applicants be given equal opportunity and that selection decisions be based on job-related factors. Answer each question fully and accurately. No action can be taken on this application until you have answered all questions. Use blank paper if you do not have enough room on this application. PLEASE PRINT, except for signature on back of application. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non job-related information.

Position (s) Applied for \_\_\_\_\_ Today's Date \_\_\_\_\_

Are you seeking: Full-time  Part-time  Temporary  employment? When can you start work? \_\_\_\_\_

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Last Name	First Name	Middle Name	Telephone Number
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Present Street Address	City	State	Zip Code
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**ADDRESS FOR THE PAST THREE YEARS**

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Street Address	City	State	Zip Code
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Street Address	City	State	Zip Code
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Street Address	City	State	Zip Code
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Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Are you 18 years of age or older? (If you are hired, you may be required to submit proof of age.) Yes  No

If hired, can you furnish proof you are eligible to work in the U.S.? Yes  No

Have you ever applied here before? Yes  No  If yes, when? \_\_\_\_\_

Were you ever employed here? Yes  No  If yes, where? \_\_\_\_\_

Have you ever been convicted of any law violation (except a minor traffic violation)? Yes  No

If yes, give details \_\_\_\_\_  
 (A "Yes" answer does not automatically disqualify you from employment, since the nature of the offense, date, and the job for which you are applying is also considered.)

Are you now or do you expect to be engaged in any other business or employment? Yes  No

If yes, please explain \_\_\_\_\_

How many days of work have you missed during the past year? (Exclude absences due to disability or those covered by FMLA.) \_\_\_\_\_

List professional, trade, business or civic activities and offices held. (Exclude labor organizations and memberships which reveal race, color, religion, national origin, sex, age, disability or other protected status.)

\_\_\_\_\_

\_\_\_\_\_

**CONTINUE ON NEXT PAGE**

**EMPLOYMENT HISTORY**

List names of employers in consecutive order with present or last employer first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references. Note: A job offer may be contingent upon acceptable reference from current and former employers.

**NOTE: All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding three (3) years. List complete mailing address, street number, city, state and zip code. Applicants to drive a commercial motor vehicle in intrastate or interstate commerce shall also provide an additional 7 years' information on those employers for whom the applicant operated such vehicle. (If additional space is needed attach additional sheets)**

NAME OF EMPLOYER	JOB TITLE & DUTIES
ADDRESS	DATES OF EMPLOYMENT (Mo/Yr) FROM TO
CITY, STATE, ZIP CODE	PAY: START \$ FINAL \$
SUPERVISOR TELEPHONE	REASON FOR LEAVING

WERE YOU SUBJECT TO THE FMCSRs WHILE EMPLOYED? Yes  No

WAS YOUR JOB DESIGNED 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

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ADDRESS	DATES OF EMPLOYMENT (Mo/Yr) FROM TO
CITY, STATE, ZIP CODE	PAY: START \$ FINAL \$
SUPERVISOR TELEPHONE	REASON FOR LEAVING

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**CONTINUE ON NEXT PAGE**

**EMPLOYMENT HISTORY (continued)**

NAME OF EMPLOYER	JOB TITLE & DUTIES
ADDRESS	DATES OF EMPLOYMENT (Mo/Yr) FROM TO
CITY, STATE, ZIP CODE	PAY: START \$ FINAL \$
SUPERVISOR TELEPHONE	REASON FOR LEAVING
WERE YOU SUBJECT TO THE FMCSRs WHILE EMPLOYED? Yes <input type="checkbox"/> No <input type="checkbox"/>	
WAS YOUR JOB DESIGNED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? Yes <input type="checkbox"/> No <input type="checkbox"/>	

  

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ADDRESS	DATES OF EMPLOYMENT (Mo/Yr) FROM TO
CITY, STATE, ZIP CODE	PAY: START \$ FINAL \$
SUPERVISOR TELEPHONE	REASON FOR LEAVING
WERE YOU SUBJECT TO THE FMCSRs WHILE EMPLOYED? Yes <input type="checkbox"/> No <input type="checkbox"/>	
WAS YOUR JOB DESIGNED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? Yes <input type="checkbox"/> No <input type="checkbox"/>	

**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.**

**The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs, or has, a GVWR of 10,001 pounds or more, (2) is designed or used to transport 9 or more passengers, OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.**

LIST NAME AND ADDRESS OF SCHOOLS	# Years Completed	Diploma/Degree	Subjects Studied
High School or GED: _____			
College or University: _____			
Vocational or Technical: _____			
Have you worked or attended school under any other name? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes, give names: _____			
What skills or additional training do you have that relate to the job for which you are applying? _____			
What Machines or equipment can you operate that relate to the job for which you are applying? _____			
List any trucking, transportation or other experience that may be applicable in your work for this company. _____			
List any courses, training, safe driving awards other than shown elsewhere in this application. _____			

**DRIVER QUALIFICATIONS**

List all driver licenses or permits held in the past three years

DRIVER LICENSES	STATE	LICENSE NO.	TYPE	EXPIRATION DATE

- A. Have you ever been denied a license, permit, or privilege to operate a motor vehicle? YES \_\_\_\_\_ NO \_\_\_\_\_
- B. Has any license, permit, or privilege ever been suspended or revoked? YES \_\_\_\_\_ NO \_\_\_\_\_

IF THE ANSWER TO EITHER A OR B IS YES, ATTACH STATEMENT GIVING DETAILS

**DRIVING EXPERIENCE**

CLASS OF EQUIPMENT	CHECK TYPE OF EQUIPMENT	DATES		APPROX. NO. OF MILES TOTAL
		FROM	TO	
STRAIGHT TRUCK Yes <input type="checkbox"/> No <input type="checkbox"/>	(Van ,Tank ,Flat ,Dump ,Refer )			
TRACTOR AND SEMI-TRAILER Yes <input type="checkbox"/> No <input type="checkbox"/>	(Van ,Tank ,Flat ,Dump ,Refer )			
TRACTOR-TWO TRAILERS Yes <input type="checkbox"/> No <input type="checkbox"/>	(Van ,Tank ,Flat ,Dump ,Refer )			
TRACTOR-THREE TRAILERS Yes <input type="checkbox"/> No <input type="checkbox"/>	(Van ,Tank ,Flat ,Dump ,Refer )			
OTHER				

**ACCIDENT RECORD FOR THE PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)**

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES YES/NO	INJURIES
LAST ACCIDENT		Yes No	
NEXT PREVIOUS		Yes No	
NEXT PREVIOUS		Yes No	

**TRAFFIC CONVICTIONS AND FORFEITURES FOR PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE NONE**

LOCATION	DATE	CHARGE	PENALTY

**(ATTACH SHEET IF MORE SPACE IS NEEDED)**

LIST STATES OPERATED IN FOR LAST FIVE YEARS; \_\_\_\_\_

Are you presently employed? Yes  No   
 If yes, whom do you suggest we contact? \_\_\_\_\_

Have you ever been fired from a job or asked to resign? Yes  No   
 If yes please explain: \_\_\_\_\_

Give three references, not relatives or former employers.

Name _____	Address _____	Phone _____
Name _____	Address _____	Phone _____
Name _____	Address _____	Phone _____

**PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING**

I certify that all information provided in this employment application, any attached resume and supporting documents is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date. I understand that IVESCO LLC. may request an investigative consumer report from a consumer reporting agency. This report may include information as to my character, reputation, personal characteristics and mode of living obtained from interviews with neighbors, friends, former employers, schools and others. I understand I have a right to make a written request within a reasonable time for the disclosure of the name and address of the consumer reporting agency so that I may obtain a complete disclosure of the nature and scope of the investigation.

I authorize the investigation of any or all statements contained in this application. I also authorize whether listed or not, any person, school, current employer, past employers and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such person and organizations from any legal liability in making such statements.

I understand that if I am extended an offer of employment it may be contingent upon my successfully passing a complete post-offer pre-placement physical examination including drug screen. I consent to the release of all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

I UNDERSTAND THAT THIS APPLICATION OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE A CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF IVESCO LLC. MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT CAUSE OR NOTICE.

I have read, understand, and by my signature or by typing my name below consent to the statements above.

Signature \_\_\_\_\_ Date \_\_\_\_\_

This application for employment will remain active for a period of one year.

1/1/06