

# Driver Application for Employment

**Industrial Chemicals Inc.**  
 PO Box 660688  
 Birmingham, AL 35266-0688  
**(205) 823-7330 / (800)-476-2042**  
**(205)-978-0420 (FAX)**  
 Email: [Employment@industrialchem.com](mailto:Employment@industrialchem.com)

- Location:  Birmingham, AL  
 Dothan, AL  
 Atlanta, GA  
 Mobile, AL  
 Dalton, GA  
 Nashville, TN  
 Jefferson, LA  
 Lafayette, LA  
 Houston, TX

## General Information

**Please print clearly and thoroughly in ink. Incomplete applications will not be processed.**

Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Former Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Current Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

How long at this address? \_\_\_\_\_ Past address if less than five years at present address:

Past Address: \_\_\_\_\_ How long at this address? \_\_\_\_\_

## Driver's License Information

State	License Number	Class	Endorsements	Expiration Date

**Please Note: A Hazardous Material Endorsement is a requirement of the Company**

Over-the-Road Experience in the last five years  1 or more years  less than one year

Regions driven in:  NW  SW  NE  SE  Midwest  Canada

Have you ever been convicted of/or have a pending felony?  Yes  No If yes, when? \_\_\_\_\_

Have you ever been convicted of/or have a pending DWI/DUI?  Yes  No If yes, when? \_\_\_\_\_

*(If yes, please give details in traffic violation information, page 3)*

Have you ever tested positive on alcohol/controlled substance test?  Yes  No If yes, when? \_\_\_\_\_

Are you authorized to work in the United States?  Yes  No

Are you able to pass a two year DOT physical?  Yes  No

Do you take any medications that could affect your driving?  Yes  No

Has a license in your possession ever been denied, revoked or suspended?  Yes  No

*(If yes, please explain in driver's license information)*

Have you served in the U.S. Armed Forces?  Yes  No

Did you serve during the Vietnam Era (1963 to 1974)?  Yes  No

Have you ever worked  or applied for work  at this company? If yes, when? \_\_\_\_\_

How did you hear of the company? \_\_\_\_\_ Driver:  Yes  No Name: \_\_\_\_\_

## Employment History

A complete record of employment for the past ten years is necessary for your application to be processed. Please list your present employer first. All periods of time must be accounted for during this ten-year period, including military service, self-employment, non-driving positions and periods of unemployment. Provide **complete address** and **phone numbers**, including area codes and zip codes.

**DATE AVAILABLE FOR WORK:** \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Company Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Street Address: \_\_\_\_\_

Position: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Reason For Leaving: \_\_\_\_\_ Ending Pay: \_\_\_\_\_

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From: \_\_\_\_\_ To: \_\_\_\_\_ Company Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Street Address: \_\_\_\_\_

Position: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Reason For Leaving: \_\_\_\_\_ Ending Pay: \_\_\_\_\_

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From: \_\_\_\_\_ To: \_\_\_\_\_ Company Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Street Address: \_\_\_\_\_

Position: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Reason For Leaving: \_\_\_\_\_ Ending Pay: \_\_\_\_\_

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From: \_\_\_\_\_ To: \_\_\_\_\_ Company Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Street Address: \_\_\_\_\_

Position: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Reason For Leaving: \_\_\_\_\_ Ending Pay: \_\_\_\_\_

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From: \_\_\_\_\_ To: \_\_\_\_\_ Company Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Street Address: \_\_\_\_\_

Position: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Reason For Leaving: \_\_\_\_\_ Ending Pay: \_\_\_\_\_

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From: \_\_\_\_\_ To: \_\_\_\_\_ Company Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Street Address: \_\_\_\_\_

Position: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Reason For Leaving: \_\_\_\_\_ Ending Pay: \_\_\_\_\_

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From: \_\_\_\_\_ To: \_\_\_\_\_ Company Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Street Address: \_\_\_\_\_

Position: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Reason For Leaving: \_\_\_\_\_ Ending Pay: \_\_\_\_\_

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# Employment History Continued

From: \_\_\_\_\_ To: \_\_\_\_\_ Company Name: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Street Address: \_\_\_\_\_  
 Position: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Reason For Leaving: \_\_\_\_\_ Ending Pay: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Company Name: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Street Address: \_\_\_\_\_  
 Position: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Reason For Leaving: \_\_\_\_\_ Ending Pay: \_\_\_\_\_

***Please provide us with traffic violations and accident information for the last five years. Any deletions or omissions will be sufficient reason for denial of your application.***

Traffic Violations			
Date	State	Type of Violation	Points or Penalty

Accident Information						
Date	Personal or Commercial Vehicle	Cause	Preventable	Injuries	Fatalities	Cost

## Education

Driving School: \_\_\_\_\_ Phone #: \_\_\_\_\_ Start Date: \_\_\_\_\_  
End Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Check highest grade completed:       10       11       12

Years beyond high school:       1     2     3     4     5     6     7     8

Technical/Trade Schools attended: \_\_\_\_\_ When: \_\_\_\_\_

Courses, seminars or other pertinent training: \_\_\_\_\_ When: \_\_\_\_\_

Personal References (Do not use relatives or former employers):

- |    |      |            |       |
|----|------|------------|-------|
| 1. | Name | Occupation | Phone |
| 2. | Name | Occupation | Phone |
| 3. | Name | Occupation | Phone |

**In case of emergency:**

Name & Relationship	City & State	Phone
Name & Relationship	City & State	Phone

Industrial Chemicals Inc. is an equal opportunity employer.

This certifies that I, personally, accurately and truthfully completed this application. I understand that any omission or misrepresentation is "falsification" and may result in refusal of or separation from employment. I hereby authorize Industrial Chemicals Inc. to make a complete investigation of my background including but not limited to: contacting personal references, current and past employers, and DAC services to confirm information I provided but not limited to information required by 391.23 of the Motor Carrier Safety Regulations and investigate previous employer Alcohol & Controlled Substance Testing in accordance with Section 382.405 (F&H) and Section 382.413 (A thru G) of the Code of Federal Regulations and hold previous employers harmless of all liability from release of such information. It is agreed and understood that this application for employment in no way obligates the employer to employ the applicant.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

***THIS FORM MUST BE RETURNED WITH YOUR APPLICATION IN ORDER FOR IT TO BE PROCESSED!!***

## **Disclosure and Release**

In connection with my application for employment (including contract for services) with Industrial Chemicals Inc., I understand that consumer reports which may contain public record information may be requested from DAC Services, Tulsa, Oklahoma. These reports may include the following types of information: names and dates of previous employers, reason for termination of employment, work experience, accidents, etc. I further understand that such reports may contain public record information concerning my driving record, workers' compensation claims, credit, bankruptcy proceedings, criminal records, etc. from federal, state and other agencies which maintain such records; as well as information from DAC concerning previous driving record requests made by others from such state agencies, and state provided driving records.

**I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY DAC TO FURNISH THE ABOVE-MENTIONED INFORMATION.**

I have the right to make a request to DAC, upon proper identification, regarding the nature and substance of all information in its files on me at the time of my request, including the sources of information; and the recipients of any reports on me which DAC has previously furnished within the two year period preceding my request. I hereby consent to your obtaining the above information from DAC, and I agree that such information which DAC has or obtains, and my employment history with you if I am hired, will be supplied by DAC to other companies which subscribe to DAC services.

I hereby authorize procurement of consumer report(s). If hired (or contracted), this authorization shall remain on file and shall serve as ongoing authorization for you to procure consumer reports at any time during my employment (or contract) period.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Social Security #

\_\_\_\_\_  
Signature of Driver

\_\_\_\_\_  
Date



DAC Trucking

TRUCKING INDUSTRY:  
DOT D/A Disclosure and Authorization

Send to Fax #: (800) 257-8069

HireRight Customer:

Company Name: Industrial Chemicals Inc.

Company Contact Name: Mary Green

Fax #: 205-978-0449

HireRight Account Code: AWIIN

**PART I – DISCLOSURE AND AUTHORIZATION FOR RELEASE OF INFORMATION FOR EMPLOYMENT PURPOSES – 49 CFR PART 391.23 DOT DRUG AND ALCOHOL TESTING**

In accordance with DOT Regulation 49 CFR Part 391.23, I hereby authorize release of my DOT-regulated drug and alcohol testing records by the DOT-regulated employer(s) listed below to HireRight for the purpose of HireRight transmitting such records to the HireRight customer listed above. I understand that information/documents released pursuant to this Part I is limited to the following DOT-regulated testing items, including pre-employment testing results, occurring during the previous three (3) years: (i) alcohol tests with a result of 0.04 or higher; (ii) verified positive drug tests; (iii) refusals to be tested (including adulterated and/or substituted tests); (iv) other violations of DOT drug and alcohol testing regulations (i.e., violations of 49 CFR 382 Subpart B); (v) information obtained from previous employers of a drug and alcohol rule violation; and (vi) any documentation of completion of the return-to-duty process following a rule violation.

If any company listed below furnishes HireRight with information concerning items (i) through (vi) above, I also authorize such company to furnish the following information to HireRight, if applicable: (i) dates of my negative drug and/or alcohol tests and/or tests with results below 0.04 during the previous three (3) years; and (ii) the name and phone number of any substance abuse professional who evaluated me during the previous three (3) years.

List all DOT-regulated employers you have applied with and/or worked for in a safety-sensitive function during the previous three (3) years. If necessary, attach additional pages, including the date, your name, social security number and signature.

Previous DOT Regulated Employer	City	State	Phone Number
_____	_____	_____	(____)____-_____
_____	_____	_____	(____)____-_____
_____	_____	_____	(____)____-_____
_____	_____	_____	(____)____-_____
_____	_____	_____	(____)____-_____
_____	_____	_____	(____)____-_____

By signing below, I certify that: (i) all information provided herein is complete and accurate; (ii) I have read and fully understand this Part I disclosure and authorization for release as well as the attached FMCSA Notification of Driver Rights and any applicable state law notices; (iii) prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction; (iv) I execute this authorization voluntarily and with the knowledge that the information obtained pursuant to this authorization could affect my eligibility for employment, promotion, retention or other lawful purpose; (v) I understand I may review this document with legal counsel prior to signing; and (vi) facsimile or photographic copies of this authorization are as valid as an original.

Print Applicant Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

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



## Georgia Criminal Records

To obtain a criminal record from the state of Georgia, please follow the steps listed below in order.

1. A Release Form must be *signed and dated*. If a change or correction is necessary, a new consent form must be completed. Changes, strikethroughs, or whiteout are not permissible.
2. Key in requests for criminal record searches on the computer.
3. *Fax* completed release form to Criminal Records Department at 800-887-8994.
4. Receive criminal reports on the computer at the specified turnaround time (see Turnaround Schedule).
5. The signature date must not be more than 90 days before submission date.

