

# Driver Application for Hire or Contract

**Red River International, LLC**  
 2285 Benton Rd. Suite 201A  
 Bossier City, LA 71111  
 1-800-256-8131  
 1-318-683-0195(Fax)

**Applying for:**

- Owner/Operator  
 Model/Year: \_\_\_\_\_
- Company Driver

## General Information

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

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

Former Name: \_\_\_\_\_ Social Security E: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell 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
				/ /

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

Have you ever been convicted of/or have a pending DWI/DUI?  Yes  No  
*(If yes, please give details in traffic violation information, page 3)*

Have you ever tested positive on alcohol/controlled substance tests?  Yes  No

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 your license ever been denied, revoked or suspended?  Yes  No  
*(If yes, please explain in driver's license information)*

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

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

Have you ever worked or applied for work at Red River International ?  Yes  No  
*(If yes, when? \_\_\_\_\_)*

How did you hear about Red River? \_\_\_\_\_

( By Driver?  Yes  No) If Yes, Driver Name \_\_\_\_\_

## Employment History

A complete record of employment for the past ten years is necessary for your application to be processed. Please list your last 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 and zip codes.

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

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: \_\_\_\_\_

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: \_\_\_\_\_

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: \_\_\_\_\_

**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 for denial of your application.

Traffic Violations			
Date	State	Type of Violation (ie: speeding - 10 miles over)	Points or Penalty
/ /			
/ /			
/ /			
/ /			

Accident Information						
Date	Personal or Commercial Vehicle	Nature of Accident	Preventable or Non-Preventable	Injuries	Fatalities	Amount
/ /						
Details:						
/ /						
Details:						
/ /						
Details:						
/ /						
Details:						



# RED RIVER INTERNATIONAL, LLC

2285 BENTON RD SUITE A-201  
BOSSIER CITY, LA 71111

(318) 686-2020  
FAX: (318) 683-0195

## SAFETY PERFORMANCE HISTORY RECORDS REQUEST

### Section 1

### TO BE COMPLETED BY APPLICANT

\_\_\_\_\_  
Print Name (First, MI, Last)

\_\_\_\_\_  
(Social Security Number)

I, the above mentioned, hereby authorize you to release and forward the information requested below to Red River International, LLC and you are released from any and all liability which may result from furnishing such information.

\_\_\_\_\_  
(Applicant's Signature)

\_\_\_\_\_  
(Date)

### Section 2

### TO BE COMPLETED BY PREVIOUS EMPLOYER

Previous Employer: \_\_\_\_\_  
Street: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

Email: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_

\_\_\_\_\_ has made application to this company for a position as \_\_\_\_\_  
(Applicant Name) (Social Security No)

and states that he/she was employed by you as \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_.  
Will you please reply to the inquiry below in respect to this applicant. Your reply will be held in strict confidence and will in no way involve you in any responsibility. For your convenience in replying by return mail, we have enclosed a stamped self-addressed envelope.

1. Is the employment position with your company correct as stated above? \_\_\_\_\_
2. What kind(s) of work did the applicant do? \_\_\_\_\_
3. Did the applicant drive motor vehicles for you? Passenger car \_\_\_\_\_ Straight Truck \_\_\_\_\_ Bus \_\_\_\_\_
4. Was the applicant a safe and efficient driver? \_\_\_\_\_
5. Give the dates of vehicle accidents in which he/she was involved \_\_\_\_\_
6. Reason for leaving your employ: Discharged \_\_\_\_\_ Laid off \_\_\_\_\_ Resigned \_\_\_\_\_
7. Was the applicant's general conduct satisfactory? \_\_\_\_\_
8. Is the applicant competent for the position sought? \_\_\_\_\_
9. Did the applicant drink any alcoholic beverages while on duty? \_\_\_\_\_

	Excellent	Good	Fair	Poor	Very Poor
Quality of work	_____	_____	_____	_____	_____
Cooperation with others	_____	_____	_____	_____	_____
Safety Habits	_____	_____	_____	_____	_____
Personal Habits	_____	_____	_____	_____	_____
Driving Skill	_____	_____	_____	_____	_____
Attitude	_____	_____	_____	_____	_____

Remarks: \_\_\_\_\_

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

## PREVIOUS EMPLOYER ALCOHOL & DRUG TEST INFORMATION

### SECTION 1: TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

I, (Print Name) \_\_\_\_\_  
First, M.I., Last \_\_\_\_\_ Social Security Number \_\_\_\_\_  
hereby authorize that:

Previous Employer: \_\_\_\_\_

Street: \_\_\_\_\_

Telephone: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Fax No.: \_\_\_\_\_

may release and forward information requested by Section 2 (below) of this document concerning my Alcohol and Controlled Substances Testing records to:

Prospective Employer: Red River International, LLC  
Attention: Safety Department Email: crenshaw@rrii.com  
Street: 2285 Benton Road, Suite A201 Telephone: 318-686-2020  
City, State, Zip: Bossier City, LA 71111 Fax No.: 318-683-0195

In compliance with § 40.25(g) release of this information must be made in a written form that ensures confidentiality, such as fax, email or letter.

### SECTION 2: TO BE COMPLETED BY PREVIOUS EMPLOYER

If driver was not subject to Department of Transportation testing requirements while employed, please check here , sign below and return.

Under Department of Transportation testing requirements

YES NO

- |  |                          |                          |
|--|--------------------------|--------------------------|
| 1. Has this person had an alcohol test with a result of 0.04 or higher alcohol concentration?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Has this person had a verified positive drug test?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Has this person refused to be tested (including verified adulterated or substituted drug test results)?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Has this person committed other violations of DOT agency drug and alcohol testing regulations?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. If this person has violated a DOT drug and alcohol regulation, do you have documentation of the employee's successful completion of DOT return-to-duty requirements, including follow-up tests?<br>(Please send this documentation back with this form if applicable) | <input type="checkbox"/> | <input type="checkbox"/> |

In answering these questions, include any drug or alcohol testing information obtained from previous employers under § 40.25 or other applicable DOT agency regulations.

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

Company: \_\_\_\_\_

Street: \_\_\_\_\_ Telephone: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Date: \_\_\_\_\_

### SECTION 3: TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

This form was (check one)  Faxed to previous employer.  Mailed. Date: \_\_\_\_\_  
Complete below when information is obtained.

Information received from: \_\_\_\_\_ Method:  Fax  Mail  E-mail

Recorded by: \_\_\_\_\_  Personal Interview

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