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| Rene’s Industries, Inc.  South Louisiana Fill Materials, LLC  P.O. Drawer B ∙ Paincourtville, LA 70391  (225) 474-3500 ∙ (225) 265-2309 | cid:image003.jpg@01D4A416.50752FC0 |

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| Applicant Information | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Last Name | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | First | | | | |  | | | | | | | | | | | | | | | | | | | | M.I. | | | | | | | | | Date | | | |  | | | | | |
| Current Street Address | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Apartment/Unit # | | | | | | | | | | | | |  | | | | | |
| Mailing Address, if different | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | State | | | | |  | | | | | | | | | | | | | | | | | | | | ZIP | | | |  | | | | | | | | | | | | | | |
| Home #: | | | |  | | | | | | | | | | | | | | | | | | Cell #: | | |  | | | | | | | | | | | | | | | | | | E-mail Address | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| Position Applied for | | | | | | | | | | | | | |  | | | | | | | | | | | | Desired Salary | | | | | | | | |  | | | | | | | | | | | | | | | Date Available for Work? | | | | | | | | | | | | | | |  | | | | | | | |
| Social Security # | | | | | | | | | | | | |  | | | | | | | | | | Date of Birth: | | | | | | | | | |  | | | | | | | | | Date CDL was first issued, if applicable | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |
| Driver’s License # | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | Class | | | |  | | | | | | Issuing State | | | | | | | | | | |  | | | Expiration | | | | | | | | | | | | | |  | | |
| **LAST THREE (3) YEARS OF RESIDENCY** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Street Address | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | # Years: | | | | | | | | |  | | | |
| City |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | State | | | | |  | | | | | | | | | | | | | | | | | | | | | | ZIP | | | | |  | |
| Street Address | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | # Years: | | | | | | | | |  | | | |
| City |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | State | | | | |  | | | | | | | | | | | | | | | | | | | | | | ZIP | | | | |  | |
| Street Address | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | # Years: | | | | | | | | |  | | | |
| City |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | State | | | | |  | | | | | | | | | | | | | | | | | | | | | | ZIP | | | | |  | |
| Are you a citizen of the United States? | | | | | | | | | | | | | | | | | | | | | | | | YES | | | | | | | NO | | | | | | If no, are you authorized to work in the U.S.? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | YES | | | | NO |
| Have you ever been denied a license, permit or privilege to operate a motor vehicle? | | | | | | | | | | | | | | | | | | | | | | | | YES | | | | | | | NO | | | | | | If Yes, Explain: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Has any license, permit or privilege ever been suspended or revoked? | | | | | | | | | | | | | | | | | | | | | | | | YES | | | | | | | NO | | | | | | If Yes, Explain: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Have you ever worked for this company? | | | | | | | | | | | | | | | | | | | | | | | | YES | | | | | | | NO | | | | | | If so, when? | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| Have you ever been convicted of a felony? | | | | | | | | | | | | | | | | | | | | | | | | YES | | | | | | | NO | | | | | | If yes, explain | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| Do you have a TWIC Card? | | | | | | | | | | | | | | | | | | | | | | | | YES | | | | | | | NO | | | | | | If yes, What is Expiration Date? | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |
| Do you have a Security Passport? | | | | | | | | | | | | | | | | | | | | | | | | YES | | | | | | | NO | | | | | | If yes, What is Expiration Date? | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |
| Do you have an OSHA Card? | | | | | | | | | | | | | | | | | | | | | | | | YES | | | | | | | NO | | | | | | If yes, What is Expiration Date? | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |
| Do you have any Site Specifics (Chemical Plants) | | | | | | | | | | | | | | | | | | | | | | | | YES | | | | | | | NO | | | | | | If yes, What sites? | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |
| CDL Medical Physical: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | What is Expiration Date? | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |
| Education | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| High School | | | | | | |  | | | | | | | | | | | | | | | | | | | | Address | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| From | | |  | | | | | | | | To | | | | |  | | | Did you graduate? | | | | | | | | YES | | | | | | | NO | | | | | | | Degree | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| College | | |  | | | | | | | | | | | | | | | | | | | | | | | | Address | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| From | | |  | | | | | | | | To | | | | |  | | | Did you graduate? | | | | | | | | YES | | | | | | | NO | | | | | | | Degree | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| Other | | |  | | | | | | | | | | | | | | | | | | | | | | | | Address | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| From | | |  | | | | | | | | To | | | | |  | | | Did you graduate? | | | | | | | | YES | | | | | | | NO | | | | | | | Degree | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| EXPerience In the operation of Motor Vehicles | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please list the nature and extent of your operation of motor vehicles, including the type of equipment (such as buses, trucks, truck tractors, semitrailers, full trailers, and pole trailers) which you have operator; along with approximate number of miles driven with each type of equipment: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Motor vehicle accidents | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please list all motor vehicle accidents in which you have been involved in during the past three (3) years, specifying the date and nature of each accident and any fatalities or personal injuries it caused, chemical spill Y/N | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Motor vehicle violations | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please list all violations of motor vehicle laws or ordinances (other than violations involving only parking) of which you were convicted or forfeited bond or collateral during the last three (3) years. Please include date of conviction along with the violation and location. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Previous Employment (List Last Three (3) Years) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Company | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Phone | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Supervisor | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Job Title | | | | |  | | | | | | | | | | | | | | | | | | | | | | | Starting Salary | | | | | | | | | | $ | | | | | | | | | | | | | Ending Salary | | | | | | | | | | | $ | | | | | | | | | | |
| Responsibilities | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| From | |  | | | | | | | | | | To | | | | |  | | | | Reason for Leaving | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May we contact your previous supervisor for a reference? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | YES | | | | | | | | NO | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Company | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Phone | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Supervisor | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Job Title | | | | |  | | | | | | | | | | | | | | | | | | | | | | | Starting Salary | | | | | | | | | | $ | | | | | | | | | | | | | Ending Salary | | | | | | | | | | | $ | | | | | | | | | | |
| Responsibilities | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| From | |  | | | | | | | | | | To | | | | |  | | | | Reason for Leaving | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May we contact your previous supervisor for a reference? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | YES | | | | | | | | NO | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Company | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Phone | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Supervisor | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Job Title | | | | |  | | | | | | | | | | | | | | | | | | | | | | | Starting Salary | | | | | | | | | | $ | | | | | | | | | | | | | Ending Salary | | | | | | | | | | | $ | | | | | | | | | | |
| Responsibilities | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| From | |  | | | | | | | | | | To | | | | |  | | | | Reason for Leaving | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May we contact your previous supervisor for a reference? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | YES | | | | | | | | NO | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Military Service | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Branch | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | From | | | | |  | | | | | To | | | |  | | | | | | | | | | | |
| Rank at Discharge | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Type of Discharge | | | | | | | | | | | | | | |  | | | | | | | | | | |
| If other than honorable, explain | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| REferences | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Please list three (3) professional references.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Full Name | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Relationship | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| Company | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Phone | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Full Name | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Relationship | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| Company | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Phone | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Full Name | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Relationship | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| Company | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Phone | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| DRIVER SELECTION CRITERIA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Minimum of 23 years of age. 2. Minimum of two (2) years driving experience. 3. Able to meet Rene’s Industries, Inc. acceptable Motor Vehicle Report (MVR) guidelines. 4. Must possess current TWIC card. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| disclaimer and signature | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I authorize you to make sure investigations and inquiries to my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. Including but not limited to Motor Vehicle Reports (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.)  I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge.  I understand, also, that I am required to abide by all rules and regulations of the Company. “I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to: Review information provided by current/previous employers; Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.  I understand that any pre-employment credentials and/or drug testing paid for by Rene’s Industries, Inc. or South Louisiana Fill Materials, LLC will be reimbursed in full if employee does not remain employed for a minimum of 3 months, whether it be voluntary or not. Also, if any credentials are renewed and if employee resigns within 30 days of renewal, employee must reimburse Rene’s Industries, Inc. or South Louisiana Fill Materials, LLC.  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.  If this application leads to employment, I understand that false or misleading information in my application or interview  may result in my release.  All employment is pending a clear driving record, negative drug and alcohol test, and agreement to random drug testing. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Date | | | | |  | | | | | | | | | | | | | | | |