



IKON TRUCKING LLC
 1502 St. Marys St, Hempstead, TX 77445
 832-356-8081

SOURCE: _____
 REFERENCE: _____

APPLICATION FOR EMPLOYMENT TRANSPORTATION – DRIVERS

Ikon Trucking LLC provides equal opportunity for all persons without regard to race, color, religion, age, sex, national origin, protected veteran status, disability or other bases protected by applicable law. In compliance with federal and state equal opportunity laws and DOT Federal Motor Carrier Safety Administration Regulations.

POSITION(S) APPLIED FOR _____		DATE OF APPLICATION _____	
HOW DID YOU HEAR ABOUT THE JOB OPENING? _____			
NAME _____			
LAST NAME	FIRST NAME	MIDDLE NAME	
DATE OF BIRTH	SOCIAL SECURITY NO. _____		
EMAIL ADDRESS _____			
PRESENT ADDRESS			
STREET	PHONE		ZIP CODE
CITY	STATE	ZIP CODE	
ADDRESS FOR PAST THREE YEARS			
STREET	HOW LONG		ZIP CODE
CITY	STATE	ZIP CODE	
STREET	HOW LONG		ZIP CODE
CITY	STATE	ZIP CODE	
ARE YOU LEGALLY ELIGIBLE FOR NON-SPONSORED EMPLOYMENT IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO (If offered employment, you will be required to provide documentation to verify eligibility.)			
HAVE YOU EVER BEEN EMPLOYED BY THE COMPANY OR ANY OF ITS AFFILIATES? <input type="checkbox"/> YES <input type="checkbox"/> NO			
DO YOU HAVE A FAMILY MEMBER OR RELATIVE WHO WORKS FOR THE COMPANY OR AN AFFILIATE OF THE COMPANY? <input type="checkbox"/> YES <input type="checkbox"/> NO			
HAVE YOU EVER APPLIED FOR EMPLOYMENT WITH THE COMPANY OR AN AFFILIATE OF THE COMPANY? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, GIVE DETAILS			
ARE YOU WILLING TO SUBMIT TO PRE-EMPLOYMENT TESTING (DRUG SCREEN, BACKGROUND CHECK, ETC.) RELATIVE TO DOT TESTING? <input type="checkbox"/> YES <input type="checkbox"/> NO			
HAVE YOU EVER BEEN CONVICTED OF A FELONY OFFENSE OR PLED DEFERRED ADJUDICATION? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHEN AND WHERE? (EXPLAIN)			
A CONVICTION WILL NOT AUTOMATICALLY DISQUALIFY YOU FOR EMPLOYMENT, RATHER FACTORS SUCH AS DATE OF CONVICTION, SERIOUSNESS AND NATURE OF THE CRIME, AND REHABILITATION WILL BE CONSIDERED.			
ARE YOU NOW, OR HAVE YOU BEEN, DISQUALIFIED UNDER ANY PROVISION OF THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS (DOT)? IF SO, PLEASE EXPLAIN:			

EMPLOYMENT / MILITARY EXPERIENCE

LIST ALL OF YOUR EMPLOYMENT HISTORY BELOW, STARTING WITH THE MOST RECENT EMPLOYMENT FIRST. LIST ALL JOBS FOR THE PAST 3 YEARS; LIST ONLY DRIVING JOBS FOR THE PREVIOUS 7 YEARS. **NOTE: EMPLOYERS MAY BE CONTACTED TO VERIFY PREVIOUS EMPLOYMENT. BEING FIRED OR DISHONORABLY DISCHARGED DOES NOT AUTOMATICALLY DISQUALIFY YOU FROM CONSIDERATION, RATHER FACTS AND SITUATION MAY BE CONSIDERED IN THE COURSE OF THE APPLICATION PROCESS.**

ARE YOU NOW EMPLOYED? YES NO IF NO, HOW LONG SINCE LEAVING LAST EMPLOYMENT? _____

RATE OF PAY EXPECTED _____ MAY WE CONTACT YOUR CURRENT EMPLOYER? YES NO

CURRENT EMPLOYER NAME _____	PHONE _____
ADDRESS _____	SUPERVISOR _____
POSITION HELD _____	FROM _____ TO _____ SALARY _____

WERE YOU SUBJECT TO THE FMCSRS WHILE EMPLOYED: YES NO WAS YOUR JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION IN ANY DOT REGULATED MODE SUBJECT TO ALCOHOL AND CONTROLLED SUBSTANCES TESTING REQUIREMENTS AS REQUIRED BY 49 CFR PART 40? YES NO

REASONS FOR LEAVING _____

SECOND EMPLOYER NAME _____	PHONE _____
ADDRESS _____	SUPERVISOR _____
POSITION HELD _____	FROM _____ TO _____ SALARY _____

WERE YOU SUBJECT TO THE FMCSRS WHILE EMPLOYED: YES NO WAS YOUR JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION IN ANY DOT REGULATED MODE SUBJECT TO ALCOHOL AND CONTROLLED SUBSTANCES TESTING REQUIREMENTS AS REQUIRED BY 49 CFR PART 40? YES NO

REASONS FOR LEAVING _____

THIRD EMPLOYER NAME _____	PHONE _____
ADDRESS _____	SUPERVISOR _____
POSITION HELD _____	FROM _____ TO _____ SALARY _____

WERE YOU SUBJECT TO THE FMCSRS WHILE EMPLOYED: YES NO WAS YOUR JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION IN ANY DOT REGULATED MODE SUBJECT TO ALCOHOL AND CONTROLLED SUBSTANCES TESTING REQUIREMENTS AS REQUIRED BY 49 CFR PART 40? YES NO

REASONS FOR LEAVING _____

FOURTH EMPLOYER NAME _____	PHONE _____
ADDRESS _____	SUPERVISOR _____
POSITION HELD _____	FROM _____ TO _____ SALARY _____

WERE YOU SUBJECT TO THE FMCSRS WHILE EMPLOYED: YES NO WAS YOUR JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION IN ANY DOT REGULATED MODE SUBJECT TO ALCOHOL AND CONTROLLED SUBSTANCES TESTING REQUIREMENTS AS REQUIRED BY 49 CFR PART 40? YES NO

REASONS FOR LEAVING _____

FIFTH EMPLOYER NAME _____	PHONE _____
ADDRESS _____	SUPERVISOR _____
POSITION HELD _____	FROM _____ TO _____ SALARY _____

WERE YOU SUBJECT TO THE FMCSRS WHILE EMPLOYED: YES NO WAS YOUR JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION IN ANY DOT REGULATED MODE SUBJECT TO ALCOHOL AND CONTROLLED SUBSTANCES TESTING REQUIREMENTS AS REQUIRED BY 49 CFR PART 40? YES NO

REASONS FOR LEAVING _____

SIXTH EMPLOYER NAME _____	PHONE _____
ADDRESS _____	SUPERVISOR _____
POSITION HELD _____	FROM _____ TO _____ SALARY _____

WERE YOU SUBJECT TO THE FMCSRS WHILE EMPLOYED: YES NO WAS YOUR JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION IN ANY DOT REGULATED MODE SUBJECT TO ALCOHOL AND CONTROLLED SUBSTANCES TESTING REQUIREMENTS AS REQUIRED BY 49 CFR PART 40? YES NO

REASONS FOR LEAVING _____

SEVENTH EMPLOYER NAME _____	PHONE _____
ADDRESS _____	SUPERVISOR _____
POSITION HELD _____	FROM _____ TO _____ SALARY _____

WERE YOU SUBJECT TO THE FMCSRS WHILE EMPLOYED: YES NO WAS YOUR JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION IN ANY DOT REGULATED MODE SUBJECT TO ALCOHOL AND CONTROLLED SUBSTANCES TESTING REQUIREMENTS AS REQUIRED BY 49 CFR PART 40? YES NO

REASONS FOR LEAVING _____

EIGHTH EMPLOYER NAME _____	PHONE _____
ADDRESS _____	SUPERVISOR _____
POSITION HELD _____	FROM _____ TO _____ SALARY _____
WERE YOU SUBJECT TO THE FMCSRS WHILE EMPLOYED: <input type="checkbox"/> YES <input type="checkbox"/> NO WAS YOUR JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION IN ANY DOT REGULATED MODE SUBJECT TO ALCOHOL AND CONTROLLED SUBSTANCES TESTING REQUIREMENTS AS REQUIRED BY 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO	
REASONS FOR LEAVING _____	
NINTH EMPLOYER NAME _____	PHONE _____
ADDRESS _____	SUPERVISOR _____
POSITION HELD _____	FROM _____ TO _____ SALARY _____
WERE YOU SUBJECT TO THE FMCSRS WHILE EMPLOYED: <input type="checkbox"/> YES <input type="checkbox"/> NO WAS YOUR JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION IN ANY DOT REGULATED MODE SUBJECT TO ALCOHOL AND CONTROLLED SUBSTANCES TESTING REQUIREMENTS AS REQUIRED BY 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO	
REASONS FOR LEAVING _____	
TENTH EMPLOYER NAME _____	PHONE _____
ADDRESS _____	SUPERVISOR _____
POSITION HELD _____	FROM _____ TO _____ SALARY _____
WERE YOU SUBJECT TO THE FMCSRS WHILE EMPLOYED: <input type="checkbox"/> YES <input type="checkbox"/> NO WAS YOUR JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION IN ANY DOT REGULATED MODE SUBJECT TO ALCOHOL AND CONTROLLED SUBSTANCES TESTING REQUIREMENTS AS REQUIRED BY 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO	
REASONS FOR LEAVING _____	
HAVE YOU BEEN DISCHARGED OR ASKED TO RESIGN FROM A JOB? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, EXPLAIN: _____ _____ _____	

EDUCATION - LIST YOUR EDUCATIONAL BACKGROUND BELOW, STARTING WITH YOUR MOST RECENT EDUCATION.

HIGH SCHOOL	NUMBER OF YEARS COMPLETED _____	DIPLOMA <input type="checkbox"/> YES <input type="checkbox"/> NO	GED <input type="checkbox"/> YES <input type="checkbox"/> NO
SCHOOL NAME AND ADDRESS _____			
VOCATIONAL, TRADE, COLLEGE EDUCATION LEVEL			
EDUCATION LEVEL _____	EDUCATION LEVEL _____	EDUCATION LEVEL _____	EDUCATION LEVEL _____
SCHOOL/UNIVERSITY _____	SCHOOL/UNIVERSITY _____	SCHOOL/UNIVERSITY _____	SCHOOL/UNIVERSITY _____
CITY _____	CITY _____	CITY _____	CITY _____
MAJOR _____	MAJOR _____	MAJOR _____	MAJOR _____
GPA _____	GPA _____	GPA _____	GPA _____
GRADUATION DATE _____	GRADUATION DATE _____	GRADUATION DATE _____	GRADUATION DATE _____
EDUCATION LEVEL _____	EDUCATION LEVEL _____	EDUCATION LEVEL _____	EDUCATION LEVEL _____
SCHOOL/UNIVERSITY _____	SCHOOL/UNIVERSITY _____	SCHOOL/UNIVERSITY _____	SCHOOL/UNIVERSITY _____
CITY _____	CITY _____	CITY _____	CITY _____
MAJOR _____	MAJOR _____	MAJOR _____	MAJOR _____
GPA _____	GPA _____	GPA _____	GPA _____
GRADUATION DATE: _____	GRADUATION DATE _____	GRADUATION DATE _____	GRADUATION DATE _____
CERTIFICATIONS			
EDUCATION LEVEL _____	EDUCATION LEVEL _____	EDUCATION LEVEL _____	EDUCATION LEVEL _____
SCHOOL/UNIVERSITY _____	SCHOOL/UNIVERSITY _____	SCHOOL/UNIVERSITY _____	SCHOOL/UNIVERSITY _____
CITY _____	CITY _____	CITY _____	CITY _____
MAJOR _____	MAJOR _____	MAJOR _____	MAJOR _____
GPA _____	GPA _____	GPA _____	GPA _____
GRADUATION DATE _____	GRADUATION DATE _____	GRADUATION DATE _____	GRADUATION DATE _____

SUMMARIZE SPECIAL SKILLS AND TRAINING NOT LISTED ABOVE

DRIVING EXPERIENCE

DO YOU HAVE A VALID OPERATOR DRIVER'S LICENSE? YES NO

DO YOU HAVE A VALID COMMERCIAL DRIVER'S LICENSE (CDL)? YES NO

LICENSE NO.	STATE	LICENSE CLASS	ENDORSEMENTS	EXPIRES

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, GIVE DETAILS

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATE FROM	DATE TO	APPROX. NO. OF MILES (TOTAL)
STRAIGHT TRUCK				
TRACTOR AND SEMI-TRAILER				
TRACTOR - TWO TRAILERS				
OTHER				

LIST STATES OPERATED IN FOR LAST FIVE YEARS _____

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER _____

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM? _____

ACCIDENT RECORD FOR PAST 5 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED) _____

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

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 5 YEARS (OTHER THAN PARKING VIOLATIONS)

LOCATION	DATE	CHARGE	PENALTY

PLEASE READ CAREFULLY BEFORE SIGNING

I hereby certify that all of the information provided by me in this application (or any other accompanying or required documents) is correct, accurate and complete to the best of my knowledge. I understand that the falsification, misrepresentation or omission of any facts in said documents will be cause for denial of employment or immediate termination of employment regardless of the timing or circumstances of discovery.

I understand that submission of an application does not guarantee employment. I further understand that, should an offer of employment be extended by Ikon Trucking LLC and or affiliates (hereinafter referred to as "Ikon Trucking") that such employment with Ikon Trucking LLC is at will, for no specified duration and may be terminated by either Ikon Trucking LLC or myself at any time, with or without cause or notice. I understand that none of the documents, policies, procedures, actions, and statements of Ikon Trucking LLC or its representatives used during the employment process is deemed a contract of employment real or implied. I understand that no representative of Ikon Trucking LLC except the Chief Executive Officer (CEO) have the authority to enter into any agreement guaranteeing any conditions of employment or any agreement contrary to the foregoing statements and that any such agreements must be made in writing and signed by the CEO of Ikon Trucking LLC.

In consideration for employment with the company, if employed, I agree to comply with the rules, regulations, policies and procedures of Ikon Trucking LLC at all times and understand that such compliance is a condition of employment. I understand that due to the nature of Ikon Trucking LLC's business, attendance and punctuality are considered essential requirements of every job at Ikon Trucking LLC and that poor attendance or tardiness will result in disciplinary action.

I understand that if offered a position with the company, I may be required to submit to a pre-employment medical examination, drug screening and background check as a condition of employment. I understand unsatisfactory results from, refusal to cooperate with, or any attempt to affect the results of these pre-employment tests and checks will result in withdrawal of any employment offer or termination of employment if already employed.

If I am offered and accept a position which is deemed by the Company to require certain physical abilities in order to perform the essential functions of the position, I agree to have a physical examination, conducted by a physician selected by the Company. I release the Company from liability for non-employment or termination of employment if the results of the physical examination indicate I am physically unable to perform the essential functions of the offered position with any needed reasonable accommodation.

I hereby authorize any and all schools, former employers, references, courts and any others who have information about me to provide such information to Ikon Trucking LLC and/or any of its representatives, agents or vendors and I release all parties involved from any and all liability for any and all damage that may result from providing such information.

I understand that this application is considered CURRENT FOR THE SPECIFIC JOB AND REQUISITION NUMBER FOR WHICH I APPLIED. If I wish to be considered for OTHER employment I must fill out and submit a new application.

I understand that I will be required to provide proof of eligibility to work in the US if I am employed. Additionally, I understand and agree that:

- Nothing contained in this Employment Application or in the granting of an interview is intended to create an employment contract between the Company and myself for either employment or for the providing of any benefits.

By signing my name below, or by authorizing an individual to sign my name below, I certify that all statements contained in this application are true to the best of my knowledge. I understand and agree that any false answer, misrepresentation, or omission of facts made by me in this application or other required documents regardless of when, how, or in what context discovered to be false or omitted, shall be grounds for denial of employment or discharge.

SIGNING BELOW I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ABOVE STATEMENTS.

SIGNATURE

DATE

WAGE DEDUCTION AUTHORIZATION AGREEMENT

I understand and agree that my employer, Ikon Trucking LLC, may deduct money from my pay for reasons that fall into the following categories:

1. My share of the premiums for the Company's group medical/dental plan.
2. Any contributions I may make into retirement or pension plan sponsored, controlled, or managed by the Company, if any.
3. Installment payments on loans, store credit, or wage advances given to me by the Company, including the value of merchandise that I purchase or have purchased on my employee charge account, and if there is a balance remaining when I leave the Company, the balance of such loans, store credits, or advances.
4. If I receive an overpayment of wages for any reason, repayment to the Company of such overpayments.
5. The cost to the Company of personal long-distance calls I may make on Company phones or on Company accounts, of the personal faxes sent by me using Company equipment or Company accounts, or of non-work related access to the Internet or other computer networks by me using Company equipment or Company accounts.
6. The cost of repairing or replacing any Company supplies, materials, equipment, money, or the other property that I may damage (other than normal wear and tear), lose, fail to return, or take without appropriate authorization from the Company during my employment (specifically including, but not limited to, Company issued laptops, computers, gps, tablets, cell phones, other tools, and equipment).
7. The cost of Company uniforms and of cleaning the uniforms as long as it does not take me below the applicable minimum wage.
8. The reasonable cost or fair value, whichever is less, of means, lodging, and other facilities furnished to me by Company in connection with my employment.
9. Administrative fees in connection with court-ordered garnishments or legally required wage attachments of my pay, limited in extent to the amount or amounts allowed under applicable laws.
10. If I take paid vacation or sick leave in advance of the date I would normally be entitled to it and I separate from the Company before accruing time to cover such advance leave, the value of such leave taken in advance that is not so covered.
11. The value of any time off for absences to which paid leave is not applied (non-exempt salaried employees will have all such unpaid leave deducted from their salary, while exempted salaried employees will experience salary reductions only in units of a full day at a time).
12. If my employer pays any insurance premiums or retirement system contributions ("payments") on my behalf that I would normally make under the applicable Company benefit plan, the amount of such payments made by the Company, such payments being an advance of future wages payable to me; and I agree that Company may deduct money from my pay under the above circumstances, or if any of the above situations occur.

Date

Social security number

Employee Signature

Print Name

Employers Signature

Employers Printed Name