



INTERMODAL SERVICES, INC.

12301 Old Gentilly Road
New Orleans, LA 70129

Phone: (504)243-1991
Fax: (504)243-1983

Contractor and Equipment Qualifications

- 1.) Must be a minimum of twenty-five (25) years of age.
- 2.) Must possess a valid Commercial Driver License.
- 3.) Must possess a current **TWIC** (Transportation Worker Identification Credential).
- 4.) Must pass a pre-employment drug screen.
- 5.) Must provide an accurate ten (10 year employment history).
- 6.) Must have an excellent driving record. No more than 1 speeding ticket and no accidents.
- 7.) Must have an excellent previous employment record.
- 8.) Must have a minimum of three (3) years of experience operating a tractor/ trailer (Pulling Containers/Dry Vans).
- 9.) Must not have a Criminal Conviction (Misdemeanor offenses will be reviewed).
- 10.) Must have an up to date Medical Long form and card.
- 11.) Must cooperate with all service requirements of the customers.
- 12.) Must adhere to all Department of Transportation Inspections.
- 13.) Must be available when called for duty (day/night).
- 14.) Tractor must pass an annual Department of Transportation Inspection.
- 15.) Tractor must be kept clean.
- 16.) Tractor must have all documentation required to perform the duties for the position applied for (apportioned license plate, cab card, registration, bob-tail/non trucking insurance).

Driver Documentation required: Class A CDL Drivers License

TWIC Card

Long form Medical Card and Medical Card

Social Security Card

Truck Documentation required:

Cab card/Registration

Annual DOT inspection

12301 Old Gentilly Road
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Fax: (504)243-6665

INTERMODAL SERVICES, INC.

In compliance with all Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to their race, religion, sex, national origin, age, marital status, or non-job related disability.

Date of Application: _____ **Phone #** _____

Email: _____

Position Applied for: Owner/Operator or Company Driver **(Circle one)**

Social Security Number: _____

Name: _____
(Last) (First) (Middle)

Addresses for the previous three (3) years:

(Street) (City) (State & Zip)

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(Street) (City) (State & Zip)

Are you a citizen or have the legal right to work within the United States? (Yes/No) _____

Date of Birth: Month _____ Day: _____ Year: _____

Have you been employed by Larsen Intermodal Services Incorporated in the past year? (Yes/No) _____

What were your reasons for leaving? _____

Are you currently employed? (Yes/No) _____

Who referred you to Larsen Intermodal Services Incorporated? _____

Is there any reason you might be unable to perform this job? (Yes/No) _____

If yes, Please explain: _____

DRIVER NAME: _____ **DATE:** _____

Employment History

Please provide employment history for the last three years. If you have operated a commercial vehicle for the past ten years, you will need to provide employment history for 10 years.

YOU MUST SUBMIT EMPLOYER'S NAME, PHONE NUMBER and ADDRESS.
DO NOT LEAVE ANY BLANKS. INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED

Name: _____ From: _____ To: _____

Address: _____ Position Held: _____

City: _____ State & Zip: _____ Salary: _____

Contact: _____ Phone # _____ Reason for Leaving: _____

Name: _____ From: _____ To: _____

Address: _____ Position Held: _____

City: _____ State & Zip: _____ Salary: _____

Contact: _____ Phone # _____ Reason for Leaving: _____

Name: _____ From: _____ To: _____

Address: _____ Position Held: _____

City: _____ State & Zip: _____ Salary: _____

Contact: _____ Phone # _____ Reason for Leaving: _____

Name: _____ From: _____ To: _____

Address: _____ Position Held: _____

City: _____ State & Zip: _____ Salary: _____

Contact: _____ Phone # _____ Reason for Leaving: _____

Name: _____ From: _____ To: _____

Address: _____ Position Held: _____

City: _____ State & Zip: _____ Salary: _____

Contact: _____ Phone # _____ Reason for Leaving: _____

Name: _____ From: _____ To: _____

Address: _____ Position Held: _____

City: _____ State & Zip: _____ Salary: _____

Contact: _____ Phone # _____ Reason for Leaving: _____

If you have additional past employers, please make a copy of this sheet.

Accidents and Traffic Violations

Have you been involved in an accident within the past three (3) years? (Yes/No) _____

If yes, please provide information (dates & locations) and a copy of the accident/crash report.

Have you ever been convicted of a traffic violation within the past three (3) years? (Yes/No) _____

If yes, please provide information (dates & location) _____

Education

Have you received a high school diploma or GED? (Yes/No) _____

If not, please give last grade obtained. _____

What is the name of the high school attended? _____

Did you attend College, if so please give name of college? _____

Driver Qualifications

Driver License State: _____ License #: _____

License Type: _____ Expiration: _____

Have you ever been denied a license, permit or privilege to operate a motor vehicle: (Yes/No) _____

Has your license, permit or privilege ever been suspended or revoked? (Yes/No) _____

Have you ever been convicted of reckless operation of a motor vehicle? (Yes/No) _____

Have you ever been convicted of driving while intoxicated? (Yes/No) _____

Have you ever tested positive, or refused to test, on any pre-employment drug or alcohol test administered by and employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules, Sec. 40.25(j) during the past two (2) years? (Yes/No) _____

If yes, can you provide/obtain proof that you've successfully completed the DOT return-to-duty requirements? (Yes/No)

Driver Experience

Class of Equipment: (Yes/No)

Do you have Intermodal (Container) Trucking Experience? (Yes/No) _____

Straight Truck _____ Tractor & Semi-Trailer _____

Tractor-Double Trailer _____ Motor Coach / School Bus _____

Have you had extended education (training/courses) that will help you as a driver? (Yes/No) _____

If yes, please list the training you have received. _____

_____.

In the performance of your duties have you received any safe driving awards? (Yes/No) _____

If yes, please list the company name. _____

Please list any trucking, transportation or other experience that may help in your work for Larsen Intermodal Services, Incorporated _____.

Please list any courses and/or training other than shown elsewhere on this application. _____

_____.

Have you ever been convicted of a crime? (Yes/No). _____

If yes, please give explanation _____

_____.

Certification

The signing of this document certifies that this application was completed by the undersigned. All entries and information provided are true and correct to the best of my knowledge.

The undersigned authorizes Larsen Intermodal Services Incorporated to investigate and inquire about personal, employment, financial or medical history and/or other related matters as may be necessary in arriving at a decision of employment. Inquires into medical history will be made only if and after a conditional offer of employment has been extended. The undersigned hereby releases Larsen Intermodal Services Incorporated, previous employers, schools, health care providers and other persons from any/all liability in responding to inquires and releasing information in connection with this application.

This is in compliance with Section 604 (b)(2)(A) of the Fair Credit Reporting Act, Public Law 91-508 which states verification on previous employment, previous drug test results and driving record may be obtained for the purpose of employment to where the applicant performs a safety sensitive related job.

Signature: _____ **Date:** _____

REQUEST FOR INFORMATION – From Previous Employer

TO: _____

DATE: _____

Please complete the following information and return as soon as possible to:

Larsen Intermodal Services, Inc.
12301 Old Gentilly Road
New Orleans, LA 70129

Phone: (504)243-1991
Fax: (504)243-6665
email: melinda@larsenintermodal.com

Name of applicant: _____ **Social Security No:** _____

Date of Birth: _____ has made application to our company for a position as a driver and states that he/she was employed by you as **A DRIVER** from _____ to _____.
from _____ to _____.

In accordance with DOT Regulation 49 CFR 391.23 and 382.413 we are obligated to request the information below from all previous employers of the applicant that employed him/her to operate a commercial motor vehicle within the 3 years. I hereby authorize you to release the requested information to the above company for the purpose of safety performance history investigation as required by Part 391.23 of the Federal Motor Carrier Safety Regulations.

Applicant's Signature _____

Date _____

TO BE COMPLETED BY PREVIOUS EMPLOYER

The applicant named above was employed by us. Yes _____ No _____

Employed as _____ from _____ to _____
from _____ to _____

If driver was involved in a safety-sensitive position subject to drug and alcohol testing under Part 40, Yes ___ No ___

Did he/she driver motor vehicle for you? Yes _____ No _____

If yes, what type? Straight Truck _____ Tractor-Semi trailer _____ Other (specify) _____

Was he/she a safe and efficient driver? Yes _____ No _____

Reason for leaving you employment: Discharged _____ Resignation _____ Lay Off _____ Military Duty _____

Reason for Discharge: _____

If there is no safety performance history to report, check here _____, sign below and return.

ACCIDENTS: Complete the following for any accidents included on your accident register (§390.15(b) that involved the applicant in the 3 years prior to the application date shown above, or check here _____ if there is no accident register data for this driver.

Date	P/NP	Location	No. of Injuries	No. of Fatalities	Hazmat Spill
1.) _____	_____	_____	_____	_____	_____
2.) _____	_____	_____	_____	_____	_____
3.) _____	_____	_____	_____	_____	_____

In Accordance with CFR 49-Part 391.23(a)(2) Alcohol & Drug Testing Results beyond 3 years not required.

Yes _____ NO _____

Has this person ever tested positive for controlled substance in the last three years? Yes _____ NO _____

Has this person ever had an alcohol test with a BAC of 0.04 or greater in the past three years? Yes _____ NO _____

Has this person ever refused a required test for drugs or alcohol in the past three years? Yes _____ NO _____

Has this person ever violated any other DOT drug or alcohol regulation? Yes _____ NO _____

If applicable, has this person ever successfully complete return to duty requirements following a violation of a DOT drug or alcohol regulation? Yes _____ NO _____

Any other remarks:

Signature: _____

Title: _____ Date: _____



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**Federal Motor Carrier Safety Administration (FMCSA)
Consent for Full Queries
Drug and Alcohol Clearinghouse**

I, _____, hereby provide consent to Larsen Intermodal Services, Inc to conduct a full query of the FMCSA Commercial Driver’s License Drug and Alcohol Clearinghouse to determine whether a drug or alcohol violation information about me exists in the Clearinghouse.

- 1.) This will be a single full query for employment to be conducted within 180 days of signed release.
- 2.) I understand I will need to Electronically authorize within the Clearinghouse, for each full query requested.

Driver registration instructions:

<https://clearinghouse.fmcsa.dot.gov/Resource/Index/Registration-Driver-Instructions>

Instructions for consent attached (2 pages)

- 3.) If hired, I Consent to include annual limited Queries to be conducted while employed / Under Contract with Larsen Intermodal Services, Inc.
- 4.) I understand that if the query conducted by Larsen Intermodal Services, Inc. indicates that drug or alcohol violation information about me exists in the Clearinghouse, FMCSA will not disclose that information to Larsen Intermodal Services, Inc. without first obtaining additional specific consent from me. I further understand that if I refuse to provide consent for Larsen Intermodal Services, Inc. to conduct a limited query of the Clearinghouse, Larsen Intermodal Services, Inc. must prohibit me from performing safety-sensitive functions, including driving a commercial motor vehicle, as required by FMCSA’s drug and alcohol program regulations.

Signature

Date

Print Name

THE BELOW DISCLOSURE AND AUTHORIZATION LANGUAGE IS FOR MANDATORY USE BY ALL ACCOUNT HOLDERS

IMPORTANT DISCLOSURE

REGARDING BACKGROUND REPORTS FROM THE PSP Online Service

In connection with your application for employment with LARSEN INTERMODAL SERVICES, INC. ("Prospective Employer"), Prospective Employer, its employees, agents or contractors may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

When the application for employment is submitted in person, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report.

When the application for employment is submitted by mail, telephone, computer, or other similar means, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer must provide you within three business days of taking adverse action oral, written or electronic notification: that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

Neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. You may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If you challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. Your request will be forwarded by the DataQs system to the appropriate State for adjudication.

Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with Federal Motor Carrier Safety Regulations (FMCSR) violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

The Prospective Employer cannot obtain background reports from FMCSA without your authorization.

AUTHORIZATION

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

I authorize LARSEN INTERMODAL SERVICES, INC. ("Prospective Employer") to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am authorizing the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.

I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

I understand that any crash or inspection in which I was involved will display on my PSP report. Since the PSP report does not report, or assign, or imply fault, I acknowledge it will include all CMV crashes where I was a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, I understand all inspections, with or without violations, will appear on my PSP report, and State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on my PSP report. I have read the above Disclosure Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this Disclosure and Authorization, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Date: _____

Signature: _____

Name (Please Print): _____

NOTICE: This form is made available to monthly account holders by NIC on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain an Applicant's written or electronic consent prior to accessing the Applicant's PSP report. Further, account holders are required by FMCSA to use the language contained in this Disclosure and Authorization form to obtain an Applicant's consent. The language must be used in whole, exactly as provided. Further, the language on this form must exist as one stand-alone document. The language may NOT be included with other consent forms or any other language.

LAST UPDATED 12/22/2015



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OWNER/OPERATOR INFORMATION

CAB CARD – Apportioned Plates only

INSURANCE YOU WILL NEED WHEN LEASED ON:

Non Trucking liability insurance in the amounts of \$100,000 per person/
\$300,000 per accident and \$50,000 for property damage.

Any policies showing “Continuous Until Cancelled”; your insurance agent will be required to submit a new certificate confirming the policy have been renewed each year.

C/I must show Certificate Holder as:

Larsen Intermodal Services, Inc. Email to: Melinda@larsenintermodal.com
12301 Old Gentilly Road
New Orleans, LA 70129

TRUCK INFORMATION NEEDED:

- 1.) Cab Card
- 2.) DOT annual Commercial Inspection
- 3.) Certificate of Insurance

Worker’s Comp/Occupational Insurance

All Owner/Operators are required to have WC/OCC insurance.

Larsen does have a group policy for Occupational Insurance if you do not have.

Owners will have to provide W/C on their Drivers.

You will need to provide C/I Showing Larsen as Certificate holder.

If you have any questions please call me.

Thank You,

Melinda Krieger

Larsen Intermodal Services, Inc.

Safety