



P. R. Parker Company, Inc.

P. O. Box 5130; Shreveport, LA 71135

(318) 525-0704 / Fax (318) 798-1641

www.prparker.com

Dear Valued Applicant,

Our team has dedicated many years to ensure the continued success of P. R. Parker Company, Inc. All of us have a strong sense of ownership and satisfaction in the accomplishments and growth of this Company. Much like anything you work hard for, you expect others who become involved to do the same and more. We have high expectations for anyone wanting to become a part of this Company. If you are interested in joining one of the safest and most productive teams in the industry, then we would like to learn more about you.

Accompanying this letter you will find our Employment Application. All applicants are required to complete this regardless of desired position. Please feel free to include your resume, cover letter, and copies of any certifications, awards, and/or licenses. In order to avoid any unnecessary delays, we ask you to complete all sections and avoid leaving any field blank. If a particular field does not apply, please indicate this with a N/A. Most importantly, please do not forget to sign and date the last page.

All employees of P. R. Parker Company, Inc. are subject to travel. A driver's license as well as a satisfactory driving record is required. Employment with P. R. Parker Company, Inc. is voluntary and is subject to termination by you or P. R. Parker Company, Inc. at will, with or without cause, and with or without notice, at any time. P. R. Parker Company, Inc. is an equal opportunity employer.

We appreciate your interest in joining our team. Once the application is completed, you may mail it to the address above, email it to jobs@prparker.com, or fax it to 318/ 798-1641.

Sincerely,

Bryn M. Ollendike
Human Resources

P. R. PARKER COMPANY, INC.
P. O. BOX 5130
SHREVEPORT, LA 71135
(318) 525-0704 / Fax (318) 798-1641
www.prparker.com

APPLICATION FOR EMPLOYMENT

DATE _____ POSITION APPLYING FOR _____

FULL NAME _____
First Middle Last

CURRENT ADDRESS _____
Street City State Zip Code

PHONE NUMBERS _____ E-MAIL _____
Home Mobile

DATE OF BIRTH _____ SOCIAL SECURITY NO. _____

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make such investigations and inquire of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (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 inquires 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 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.

Signature _____ Date _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

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

GENERAL INFORMATION

Previous addresses for the past 3 years (if different than current)	Street	City	State	Zip Code	How Long?

Do you have a legal right to work in the United States? _____

Have you ever been convicted of a felony? _____
 If yes, please explain fully on a separate sheet of paper. Conviction of a crime is not automatic bar to employment – all circumstances will be considered.

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 HIGH SCHOOL: 1 2 3 4 COLLEGE: 1 2 3 4
 LAST SCHOOL ATTENDED _____

DRIVING EXPERIENCE

Driver License (list all driver licenses or permits held in the past 3 years)

State	License Number	Class	Expiration	Endorsements

Class of Equipment	Y or N	Types of Equipment (circle) (VAN, TANK, FLAT, DUMP, REFER)	Dates		Approx. Miles
			From	To	
Straight Truck	Y or N	(VAN, TANK, FLAT, DUMP, REFER)	/		
Tractor and Semi-Trailer	Y or N	(VAN, TANK, FLAT, DUMP, REFER)	/		
Tractor and Two Trailers	Y or N	(VAN, TANK, FLAT, DUMP, REFER)	/		
Other _____	Y or N	(VAN, TANK, FLAT, DUMP, REFER)	/		

ACCIDENT RECORD

For past 3 years or more, if none write **NONE**

Dates (start with latest accident)	Nature of Accident (Head-on, Rear-end, etc.)	Fatalities/Injuries	HazMat Spill

TRAFFIC CONVICTIONS/FORFEITURES

For **past 3 years**, if none write **NONE**

Date	Location	Charge	Penalty

Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes _____ No _____

Has any license, permit, or privilege ever been suspended or revoked? Yes _____ No _____

IF THE ANSWER TO EITHER IS YES, PROVIDE MORE DETAILS (you may attach a statement)

EQUIPMENT OPERATING EXPERIENCE

Equipment Type	Brand of Equipment	Years of Experience	Any Accidents? (yes or no)
Chip Spreader			
Power Broom			
Pneumatic Roller			
Wheel Loader			

IF YOU ANSWERED YES TO "Any Accidents?" PROVIDE MORE DETAILS (you may attach a statement)

EMPLOYMENT HISTORY

*Please provide a record of your **past 10 years employment**. List most recent employer first.*

EMPLOYER		DATE	
NAME		FROM MO YR	TO MO YR
ADDRESS		POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE
CONTACT PERSON		PHONE #	REASON FOR LEAVING

WERE YOU SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS WHILE EMPLOYED? YES NO

WAS YOUR JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? YES NO

EMPLOYER			DATE			
NAME			FROM MO	YR	TO MO	YR
ADDRESS			POSITION HELD			
CITY	STATE	ZIP	SALARY/WAGE			
CONTACT PERSON			PHONE #		REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS 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 THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO						
EMPLOYER			DATE			
NAME			FROM MO	YR	TO MO	YR
ADDRESS			POSITION HELD			
CITY	STATE	ZIP	SALARY/WAGE			
CONTACT PERSON			PHONE #		REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS 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 THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO						

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.

Signature: _____ Date: _____

FOR COMPANY USE			
APPLICANT HIRED _____	CLASSIFICATION _____	INTERVIEWER _____	
DATE TERMINATED _____	SUPERVISOR _____		
DISMISSED _____	VOLUNTARILY QUIT _____	OTHER _____	REPORT FILED _____