



ROC RTL RES PW
 CVO

1515 S. River Road, West Sacramento, CA 95691

(800) 477-7266

4551 Goni Road, Carson City, NV 89706

(775) 887-7777

DRIVER'S APPLICATION FOR EMPLOYMENT

Position Applied For

Name	Date of Application
Current Address	City State Zip Code
Phone	E-Mail Address

List the addresses in which you resided in the past three (3) years

Address	City	State	Zip Code

Date of Birth _____ Social Security # _____

DRIVER LICENSES

Driver licenses or permits held in the past 3 years	State	License Number	Class	Endorsement(s)	Expiration Date

DRIVING EXPERIENCE (Check yes or no)

Class of Equipment	Yes	No	Circle Type of Equipment	Dates		Approximate Miles (Total)
				From (MM/YY)	To (MM/YY)	
Straight Truck			Van, Tank, Flat, Dump, Refer			
Tractor Trailer			Van, Tank, Flat, Dump, Refer			
Tractor-Two Trailers			Van, Tank, Flat, Dump, Refer			
Tractor-Three Trailers			Van, Tank, Flat, Dump, Refer			
Other			Van, Tank, Flat, Dump, Refer			



ACCIDENT RECORD FOR THE LAST 3 YEARS

	Dates	Nature of Accident	Fatalities and/or Injuries
Last Accident			
Previous Accident			
Previous Accident			

TRAFFIC VIOLATIONS, CONVICTIONS AND/OR FORFEITURES FOR THE PAST 3 YEARS (Other than parking violations)

Location	Date	Charge	Penalty

- 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
- C. If the answer is "Yes" to either A or B above, give details in the space below

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

List states operated in for the last five (5) years _____

List special courses/training completed (PTD/DDC, HAZMAT, etc.) _____

Do you have the legal right to work in the United States? Yes No

Can you perform, with or without reasonable accommodation, the essential functions of the job as described in the job description? Yes No

Have you worked for this company before? Yes No Where? _____

Dates: _____ Position: _____

Reason for Leaving: _____



EMPLOYMENT HISTORY – All driver applicants to drive a commercial motor vehicle in intrastate or interstate commerce shall provide 10 years' information on those employers for whom the applicant operated such vehicle. NO GAPS-if unemployed please state so. List the most recent employer first, attach another sheet if necessary.

EMPLOYER			DATE	
NAME			FROM	TO
ADDRESS			POSITION	
CITY	STATE	ZIP	REASON FOR LEAVING	
CONTACT PERSON		PHONE NUMBER		
MAY WE CONTACT THIS EMPLOYER FOR A REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO				
WERE YOU SUBJECT TO THE FMCSRS* WHILE EMPLOYED WITH THIS EMPLOYER <input type="checkbox"/> YES <input type="checkbox"/> NO				
WAS THE JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY D.O.T. REGULATED MODE SUBJECT TO ALCOHOL AND CONTROLLED SUNSTANCES TESTING AS REQUIRED. <input type="checkbox"/> YES <input type="checkbox"/> NO				

EMPLOYER			DATE	
NAME			FROM	TO
ADDRESS			POSITION	
CITY	STATE	ZIP	REASON FOR LEAVING	
CONTACT PERSON		PHONE NUMBER		
MAY WE CONTACT THIS EMPLOYER FOR A REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO				
WERE YOU SUBJECT TO THE FMCSRS* WHILE EMPLOYED WITH THIS EMPLOYER <input type="checkbox"/> YES <input type="checkbox"/> NO				
WAS THE JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY D.O.T. REGULATED MODE SUBJECT TO ALCOHOL AND CONTROLLED SUNSTANCES TESTING AS REQUIRED. <input type="checkbox"/> YES <input type="checkbox"/> NO				

EMPLOYER			DATE	
NAME			FROM	TO
ADDRESS			POSITION	
CITY	STATE	ZIP	REASON FOR LEAVING	
CONTACT PERSON		PHONE NUMBER		
MAY WE CONTACT THIS EMPLOYER FOR A REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO				
WERE YOU SUBJECT TO THE FMCSRS* WHILE EMPLOYED WITH THIS EMPLOYER <input type="checkbox"/> YES <input type="checkbox"/> NO				
WAS THE JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY D.O.T. REGULATED MODE SUBJECT TO ALCOHOL AND CONTROLLED SUNSTANCES TESTING AS REQUIRED. <input type="checkbox"/> YES <input type="checkbox"/> NO				



EMPLOYMENT HISTORY - CONTINUED

EMPLOYER			DATE	
NAME			FROM	TO
ADDRESS			POSITION	
CITY	STATE	ZIP	REASON FOR LEAVING	
CONTACT PERSON			PHONE NUMBER	
MAY WE CONTACT THIS EMPLOYER FOR A REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO				
WERE YOU SUBJECT TO THE FMCSRS* WHILE EMPLOYED WITH THIS EMPLOYER <input type="checkbox"/> YES <input type="checkbox"/> NO				
WAS THE JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY D.O.T. REGULATED MODE SUBJECT TO ALCOHOL AND CONTROLLED SUNSTANCES TESTING AS REQUIRED. <input type="checkbox"/> YES <input type="checkbox"/> NO				

EMPLOYER			DATE	
NAME			FROM	TO
ADDRESS			POSITION	
CITY	STATE	ZIP	REASON FOR LEAVING	
CONTACT PERSON			PHONE NUMBER	
MAY WE CONTACT THIS EMPLOYER FOR A REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO				
WERE YOU SUBJECT TO THE FMCSRS* WHILE EMPLOYED WITH THIS EMPLOYER <input type="checkbox"/> YES <input type="checkbox"/> NO				
WAS THE JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY D.O.T. REGULATED MODE SUBJECT TO ALCOHOL AND CONTROLLED SUNSTANCES TESTING AS REQUIRED. <input type="checkbox"/> YES <input type="checkbox"/> NO				

EMPLOYER			DATE	
NAME			FROM	TO
ADDRESS			POSITION	
CITY	STATE	ZIP	REASON FOR LEAVING	
CONTACT PERSON			PHONE NUMBER	
MAY WE CONTACT THIS EMPLOYER FOR A REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO				
WERE YOU SUBJECT TO THE FMCSRS* WHILE EMPLOYED WITH THIS EMPLOYER <input type="checkbox"/> YES <input type="checkbox"/> NO				
WAS THE JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY D.O.T. REGULATED MODE SUBJECT TO ALCOHOL AND CONTROLLED SUNSTANCES TESTING AS REQUIRED. <input type="checkbox"/> YES <input type="checkbox"/> NO				



EMPLOYMENT HISTORY - CONTINUED

EMPLOYER			DATE	
NAME			FROM	TO
ADDRESS			POSITION	
CITY	STATE	ZIP	REASON FOR LEAVING	
CONTACT PERSON		PHONE NUMBER		
MAY WE CONTACT THIS EMPLOYER FOR A REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO				
WERE YOU SUBJECT TO THE FMCSRS* WHILE EMPLOYED WITH THIS EMPLOYER <input type="checkbox"/> YES <input type="checkbox"/> NO				
WAS THE JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY D.O.T. REGULATED MODE SUBJECT TO ALCOHOL AND CONTROLLED SUNSTANCES TESTING AS REQUIRED. <input type="checkbox"/> YES <input type="checkbox"/> NO				

EMPLOYER			DATE	
NAME			FROM	TO
ADDRESS			POSITION	
CITY	STATE	ZIP	REASON FOR LEAVING	
CONTACT PERSON		PHONE NUMBER		
MAY WE CONTACT THIS EMPLOYER FOR A REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO				
WERE YOU SUBJECT TO THE FMCSRS* WHILE EMPLOYED WITH THIS EMPLOYER <input type="checkbox"/> YES <input type="checkbox"/> NO				
WAS THE JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY D.O.T. REGULATED MODE SUBJECT TO ALCOHOL AND CONTROLLED SUNSTANCES TESTING AS REQUIRED. <input type="checkbox"/> YES <input type="checkbox"/> NO				

- The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport more than 8 passengers (including the driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

DAYS AND HOURS AVAILABLE (If employed, I will notify my supervisor in writing should my availability change. Schedule will be determined by Company and may be changed with notice.)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM							
PM							



APPLICANT ACKNOWLEDGEMENT AND AUTHORIZATION

Please read carefully and initial each paragraph and sign below

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge.
_____ Initials I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

I hereby authorize _____ to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.
_____ Initials

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 I have the right to: (1) Review information provided by previous employers. (2) Have errors in the information corrected by previous employer. AND (3) 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.
_____ Initials

I understand that nothing contained in the application or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the Company's designated representative.
_____ Initials

Should a search of public records (including records documenting an arrest, indictment, conviction, civil judicial action, tax lien or outstanding judgment) be conducted by internal personnel employed by the Company, I am entitled to copies of any such public records obtained by the Company unless I mark the check box below. If I am not hired as a result of such information, I am entitled to a copy of any such records even though I have checked the box below.
_____ Initials

I waive receipt of a copy of any public record described in the paragraph above.

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

WE ARE PROUD TO BE AN EQUAL OPPORTUNITY EMPLOYER. ALL QUALIFIED APPLICANTS WILL RECEIVE CONSIDERATION WITHOUT REGARD TO RACE, COLOR, RELIGION, GENDER, NATIONAL ORIGIN, AGE, DISABILITY, VETERAN STATUS OR ANY OTHER STATUS PROTECTED BY THE LAW.