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Application for Employment – Driver

In compliance with Federal and State equal opportunity laws, qualified applications 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.

Please be sure to print clearly and answer all questions:

Position(s) Applied For: _____ Date of Application: _____

Name: _____
Last First Middle

Home Phone Number: _____ Cell Phone Number: _____

E-Mail Address: _____

Current Address: _____
Street City State Zip

Do you have the legal right to work in the United States? ☐ yes ☐ no Can you provide proof? ☐ yes ☐ no

Are you over the age of 18? ☐ yes ☐ no If not, can you provide proof of age? ☐ yes ☐ no

Have you worked for Jeff's or R&M before? ☐ yes ☐ no

If yes, _____
Where Dates From/To Position Reason for leaving

Are you currently employed? ☐ yes ☐ no If not, how long since leaving last employment? _____

How did you hear about R&M and/or Jeff's? _____

Name of R&M and/or Jeff's employee who referred you: _____

Rate of pay expected*: _____ Are you seeking ☐ Full-time or ☐ Part-time

What day(s) of the week and hours are you available to work? _____

Drivers License: _____
State License Number Expiration Date

Current class of Drivers License? ☐ A ☐ B ☐ C ☐ D Do you have a HAZMAT Endorsement? ☐ yes ☐ no

As a CDL driver, are you registered with the Drug and Alcohol Clearinghouse**?

☐ Yes, I am registered with the Drug and Alcohol Clearinghouse and am an eligible candidate for a CDL position.

☐ No, I am not registered with the Drug and Alcohol Clearinghouse.

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

**In compliance with the Equal Pay Act we do not request or require wage history or salary.*

***Effective January 6, 2020, the FMCSA Commercial Driver's License Drug and Alcohol Clearinghouse requires any prospective employees applying for a DOT regulated, CDL position to be registered on the Drug and Alcohol Clearinghouse.*

Employment History

****List employers in reverse order starting with the most recent****

- All driver applicants to driver in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state and zip code.
- Applicants to drive a commercial vehicle¹ in intrastate or interstate commerce shall also provide an additional 7 years' information on those employers for who the applicant operated such vehicle.

Employer #1: _____ Phone: _____				
Address: _____				
Street	City	State	Zip	
Position Held: _____ Dates of Employment: from _____ to _____				
Reason for Leaving: _____ May we contact this employer for a reference ☐ yes				
☐ no				
Were you subject to the FMCSRs ² 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 #2: _____ Phone: _____				
Address: _____				
Street	City	State	Zip	
Position Held: _____ Dates of Employment: from _____ to _____				
Reason for Leaving: _____ May we contact this employer for a reference: ☐ yes				
☐ no				
Were you subject to the FMCSRs ² 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 #3: _____ Phone: _____				
Address: _____				
Street	City	State	Zip	
Position Held: _____ Dates of Employment: from _____ to _____				
Reason for Leaving: _____ May we contact this employer for a reference: ☐ yes				
☐ no				
Were you subject to the FMCSRs ² 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				

¹ Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

² 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 lbs or more, (2) is designed or used to transport 9 or more passengers, OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

Employment History *(continued)*

Employer #4: _____				Phone: _____			
Address: _____		Street		City		State Zip	
Position Held: _____				Dates of Employment: <i>from</i> _____ <i>to</i> _____			
Reason for Leaving: _____				May we contact this employer for a reference: ☐ yes ☐ no			
Were you subject to the FMCSRs ² 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 #5: _____				Phone: _____			
Address: _____		Street		City		State Zip	
Position Held: _____				Dates of Employment: <i>from</i> _____ <i>to</i> _____			
Reason for Leaving: _____				May we contact this employer for a reference: ☐ yes ☐ no			
Were you subject to the FMCSRs ² 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 #6: _____				Phone: _____			
Address: _____		Street		City		State Zip	
Position Held: _____				Dates of Employment: <i>from</i> _____ <i>to</i> _____			
Reason for Leaving: _____				May we contact this employer for a reference: ☐ yes ☐ no			
Were you subject to the FMCSRs ² 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							

(Please use the reverse side if more space is needed)

Education

Last school attended: _____

NameCityState

Highest Schooling Completed: ☐ High School Graduate/GED Equivalent ☐ Some College/University ☐ College/University Graduate

Driving Experience and Qualifications

Class of Equipment	Type of Equipment (Van, Tank, Flat, Etc.)	Dates (from – to)	Approximate number of total miles
Straight Truck		-	
Tractor and Semi-trailer		-	
Tractor – two trailers		-	
Other		-	

List states operated in for the last five years: _____

Show special courses or training that will help you as a driver: _____

Which safe driving awards to you have and from whom? _____

Accident Records for Past 5 Years

List accidents in reverse order starting with the most recent

Date	Nature of Accident	Fatalities	Injuries
		☐ yes ☐ no	
		☐ yes ☐ no	

(Please use the reverse side if more space is needed)

Traffic Convictions and Forfeitures for Past 5 Years

List convictions and forfeitures in reverse order starting with the most recent – do not include parking violations

Date	Location	Charge	Penalty

(Please use the reverse side if more space is needed)

Other Experience and Qualifications

Please use reverse side if more space is needed

Show any trucking, transportation, or other experience that may help in your work for this company:

List courses and training other than shown elsewhere on this application that may help in your work for this company:

List special equipment or technical materials you can work with other than those already shown:

Declaration of Employment Status

I understand that I must provide my complete employment history for the past three (3) years, and all CDL required employment for the seven (7) years preceding that. Any gaps in employment longer than one (1) month are explained as follows:

From: _____ To: _____

During this time, I was engaged in the following activity:

To Be Read and Signed By Applicant

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.

In the event of employment, I understand that false or misleading information given in my applications 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 employers 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 the 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.

Applicant's Signature

Date

Completed applications may be emailed to recruiting@rmtrucking.com