



Railroad Resource Services, LLC

This application is valid for the position(s) listed on the application. Void after 60 days.

APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, creed, gender, religion, creed, gender, national origin, marital, veteran, or any other legally protected status.

PLEASE PRINT

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

Referral Source: Advertisement Friend Website
 Government Employment Private Employment Employee Other
 Agency

NAME OF SOURCE (if Applicable) :

Last Name:	First Name:	Middle:
Street Address:	Do you have a valid Driver's License: <input type="checkbox"/> Yes <input type="checkbox"/> No	
City:	County:	Driver's License Number:
State:	ZIP Code:	Do you have a CDL? <input type="checkbox"/> Yes <input type="checkbox"/> No
Telephone Number:	Social Security Number:	Endorsements? Please List:

Are you 18 years of age or older? Yes No

Have you ever filed an application with us before?
 i. (If Yes, Give Date) Yes No
 ii. (If Yes, Give Date) Yes No

Have you ever been employed with us before?? Yes No

Are you currently employed? Yes No

Are you presently authorized to work in the U.S. on a full-time basis? (Proof of eligibility required) Yes No

Pay expected: _____

On what date would you be eligible for work? _____

Could you work overtime or on weekends or holidays? Yes No

Are you currently on layoff status and subject to recall? Yes No

Can you travel if the job requires it? Yes No

Have you been convicted of a felony within the past 7 years?
 (Conviction will not necessarily disqualify an applicant from employment.)
 If yes, explain: _____

EDUCATION: (Circle highest level completed.):

GRADES: 1 2 3 4 5 6 7 8 9 10 11 12 COLLEGE: 1 2 3 4

High School: _____ City, State: _____ Do you have a GED? _____

Did you receive a diploma? _____ Dates Attended? _____

College/University: _____ City, State: _____

Dates Attended: _____ Degree or diploma: _____

Trade or Technical Training: _____ City, State: _____

Dates Attended: _____ Degree or diploma: _____

EMPLOYMENT HISTORY: List your current and ALL prior employers. Start with your present or most recent job, moving backward 5 years. Include any military service, part-time or volunteer activities. Use a separate sheet if necessary to complete all of this information for each employer. A resume will not be considered.

Current or Most Recent Employer:	Telephone Number:	Full-Time <input type="checkbox"/>	Part-Time <input type="checkbox"/>	Other:
Address:	Employment Dates:	From: _____ To: _____		
City:	Duties:	_____		
Job Title:	_____			
Supervisor:	Starting Pay: \$ _____ Final Pay: \$ _____			
Reason For Leaving:				
Have you been or were you ever disciplined, counseled, warned, asked to resign, or discharged by this employer: Yes <input type="checkbox"/> No <input type="checkbox"/>				
If yes, explain:				

Employer #2:	Telephone Number:	Full-Time <input type="checkbox"/>	Part-Time <input type="checkbox"/>	Other:
Address:	Employment Dates:	From: _____ To: _____		
City:	Duties:	_____		
Job Title:	_____			
Supervisor:	Starting Pay: \$ _____ Final Pay: \$ _____			
Reason For Leaving:				
Have you been or were you ever disciplined, counseled, warned, asked to resign, or discharged by this employer: Yes <input type="checkbox"/> No <input type="checkbox"/>				
If yes, explain:				

Employer #3:	Telephone Number:	Full-Time <input type="checkbox"/>	Part-Time <input type="checkbox"/>	Other:
Address:	Employment Dates:	From: _____ To: _____		
City:	Duties:	_____		
Job Title:	_____			
Supervisor:	Starting Pay: \$ _____ Final Pay: \$ _____			
Reason For Leaving:				
Have you been or were you ever disciplined, counseled, warned, asked to resign, or discharged by this employer: Yes <input type="checkbox"/> No <input type="checkbox"/>				
If yes, explain:				



ADDITIONAL INFORMATION

SKILLS AND QUALIFICATIONS:

Summarize special skills and qualifications acquired from employment or other experiences that may qualify you to work with our company.

State any additional information you feel may be helpful to us in considering your application:

NOTE TO APPLICANTS: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing the essential functions of the position(s) for which you have applied, with or without reasonable accommodation? : Yes No

PERSONAL REFERENCES (Not Relatives or Former Employers)

Name:	Telephone:
Address:	
Name:	Telephone:
Address:	
Name:	Telephone:
Address:	
Name:	Telephone:
Address:	



VOLUNTARY AFFIRMATIVE ACTION INFORMATION

(Completion of Information Below is Voluntary)

DATE: _____

Position(s) applied for: _____

Referral Source:

- Advertisement Employee Relative Walk-in
 Employment Agency School Other

NAME OF SOURCE (if applicable) _____

Applicant Name: _____ Telephone Number: _____

Street Address: _____

City: _____ State: _____ Zip: _____

As required, we comply with government regulations including Affirmative Action obligations where they apply.

In an effort to comply with government record keeping, reporting and other legal obligation, we ask that you complete this applicant data survey. Your cooperation is appreciated.

Please be advised that your survey is not a part of the official application for employment. It is considered confidential information that will not be used in any hiring decision.

CHECK ONE: Male Female

RACE/ETHNICITY

Are you Hispanic or Latino? YES NO

If you answered "NO" above, please identify your ethnicity below:

- White Native Hawaiian or Other Pacific Islander
 Black or African American American Indian or Alaska Native
 Asian Two or More Races
 I do not wish to disclose this information.

SPECIAL NOTICE TO VIETNAM ERA VETERANS, DISABLED VETERANS AND INDIVIDUALS WITH PHYSICAL OR MENTAL HANDICAPS OR DISABILITIES:

Government contractors subject to the Vietnam Era Veterans Readjustment act of 1974 and the Rehabilitation Act of 1973 are required to take affirmative action to employ and advance qualified disabled veterans and veterans of the Vietnam Era, and qualified handicapped individuals.

You are invited to volunteer this information, if you qualify, to assist in proper placement and determining reasonable accommodation. This information will be considered confidential, and refusal to provide this information will not adversely affect your consideration for employment.

IF YOU SO WISH TO BE IDENTIFIED, PLEASE CHECK IF ANY OF THE FOLLOWING ARE APPLICABLE:

- VIETNAM ERA VETERAN DISABLED VETERAN HANDICAPPED INDIVIDUAL

To be completed by applicant – NOT for interview purposes – To be filled out separately from application. This information issued to satisfy the affirmative action requirements of Section 503 of the Rehabilitation Act or necessitated by another federal law or regulation.

PLEASE READ CAREFULLY

I certify that the information in this application is true and complete to the best of my knowledge and that I have withheld no information requested. I understand that any misleading or incorrect statement or response may render this application void and, if employed, may result in my immediate termination regardless of the point in time at which the misleading or incorrect statement or response is discovered.

I agree to submit myself, whenever requested by the Company, to a physical examination by medical personnel designated by the Company and to testing for the presence of alcohol and other drugs or substances by medical personnel designated by the company. I understand and agree that any positive test result or the refusal to submit to such testing, may result in disciplinary action up to and including immediate termination of employment.

I acknowledge that the Company reserves the right to inspect all property (including computer equipment, vehicles, purses, lockers, desks, lunch boxes, packages, and other containers) on the Company's premises and jobsites and, if employed, I agree to allow and to cooperate with such inspections as a condition of continued employment. I understand that, if employed, the Company and its employees may, from time to time, monitor my performance and activities during working time or while I am on Company property or jobsites, by electronic, video and/or voice transmittal and receiving equipment and telephonic monitoring devices. The Company has my permission to engage in such monitoring and I fully release and hold harmless the Company, its officers, employees and agents of any claim or complaint and damages whatsoever that I may have against them relating, directly or indirectly, to this monitoring activity.

I further acknowledge and understand that, if I am employed, I do not have a contract of employment with the Company. The Company may make changes in employment policies, benefits, practices, and procedures with or without notice and with a retroactive effect. I further understand and agree my employment is at-will, that it is not for any specific term or period of time, and that the Company may take any action concerning my employment, including termination, with or without cause, with or without notice, and without further obligation to me. I understand that no representative of the Company, other than the Chief Executive Officer, has any authority to make any promises concerning my employment or to make any agreement contrary to the foregoing, and then only by a written individual employment agreement, signed by the Chief Executive Officer.

I understand the Company's receipt of this application does not entitle me to employment. This application for employment will be considered only for the position(s) specifically applied for, and will become void and n longer will be considered after 60 calendar days from the date of this application. At the conclusion of that time, if I have not been notified that I have been hired, I understand that I must submit a new application in order to be considered for employment.

Applicant Signature: _____

Date: _____

..... **DO NOT WRITE BELOW THIS LINE**

Application Accepted By _____

Date _____

_____	_____	_____
Date Employed	Job Assigned	Occupational Category
_____	_____	_____
Rate	Insurance Code	Hired By



Railroad Resource Services, LLC



FCRA FORM DISCLOSURE TO APPLICANT/EMPLOYEE and CONSENT TO CONSUMER BACKGROUND INVESTIGATION

In connection with your Application for Employment/continued employment, we may conduct an investigation into your consumer credit history, character, general reputation, personal characteristics, driving record(s), and/or mode of living, including criminal records, by obtaining a consumer report from one or more consumer reporting agencies, including credit reporting agencies. The purpose of this notice is to make you aware of this investigation and to explain your rights regarding this investigation, in accordance with the Fair Credit Reporting Act, as amended by the Consumer Credit Reporting Reform Act of 1996, 15 U.S.C. {1681-1681u (the "Act")}.

1. The consumer information obtained will be used only for the permissible purpose of verifying your suitability for employment or for continued employment at Dunn Roadbuilders, LLC or one of its subsidiaries ("the Company"), and not for any other purpose. It will not be used in violation of any federal, state or local equal employment opportunity law or regulation.
2. You are entitled to learn the nature and substance of the information in your consumer report which the Company receives, by sending a written request to the Human Resources Coordinator, in the Human Resources Department. The information will be provided within 10 business days of receipt of your request.
3. If you are denied employment or continued employment because of your consumer report, the Company will provide to you: (a) a copy of your report, and (b) a written description of your rights under the Act, including your right, within 60 days of the Company's decision, to obtain a free copy of your consumer report from the consumer reporting agency.
4. Please read the following consent form carefully. If you consent to this investigation, sign where indicated. Upon request, you will be given a copy of this consent for your records.

CONSENT TO CONSUMER BACKGROUND INVESTIGATION

I consent to an investigation by and authorize the Company or any person or consumer reporting agency it may employ for this purpose, to obtain my consumer report, including my credit history, character, general reputation, personal characteristics, driving record and/or mode of living, including any criminal records. I release the Company its employees, and any and all such persons and consumer reporting agencies contacted from any and all liability for any damage flowing from the disclosure of this information and the Company's actions taken thereon.

Signature

Printed Name

Date

MANDATORY USE FOR ALL ACCOUNT HOLDERS
IMPORTANT NOTICE
REGARDING BACKGROUND REPORTS FROM THE PSP Online Service

1. In connection with your application for employment with Railroad Resource Services, LLC ("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.

The Prospective Employer cannot obtain background reports from FMCSA unless you consent in writing.

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

2. I authorize Railroad Resource Services, LLC ("**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 consenting to 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.**

3. 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 am challenging 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.

4. Please note: 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 FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

I have read the above Notice Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this consent form, 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 NICT 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 provided in paragraphs 1-4 of this document to obtain an Applicant's consent. The language must be used in whole, exactly as provided. **The language may be included with other consent forms or language at the discretion of the account holder, provided the four paragraphs remain intact and the language is unchanged.**
LAST UPDATED 10/29/2012

INVESTIGATION AUTHORIZATION & ORDER FORM

Under the applicable provisions of the federal Fair Credit Reporting Act (FCRA), notice is hereby given that a consumer report or investigative consumer report may be made which may include information pertaining to your employment history, educational accomplishments, criminal record, driving record, credit history, character, general reputation, and personal characteristics. This report may also include information pertaining to a commercial driver's license and commercial driving work history which, under provisions of the United States Department of Transportation, can include inquiries into drug and alcohol testing and as referenced in FMCSRs Parts 382.413 and 391.23. An investigation into your workers' compensation and/or industrial accident background may also be conducted according to the provisions of the Americans with Disabilities Act (ADA). This entire report will be used for employment purposes only, and will be processed by LABORCHEX Companies, an employment screening service, 2506 Lakeland Drive #200, Jackson, MS 39232, 800-880-0366. LABORCHEX conducts business according to all applicable federal and state laws. LABORCHEX agrees to use its best and most precise efforts to furnish its clients (a "client" is defined as a business, company, or organization which contracts with LABORCHEX to provide employment screening services to them) with accurate, current, complete, and reliable information based on such information as it is reasonably available and obtained via applicable public records sources and/or information services utilized by LABORCHEX. Sources also include contact by phone, FAX, U.S. Mail, and electronic mail of an applicant's previous employers, education officials, and other individuals who can provide accurate verification and confirmation of the applicant's background. However, LABORCHEX cannot guarantee the accuracy of the information provided by these sources, which include courts, public record databases, commonly accepted information sources, and individuals, including previous employers.

PRIVACY NOTE: LABORCHEX does not distribute details of employment applications or results to anyone other than the client that requested the background investigation. Information provided by applicants is held by LABORCHEX in strict confidence according to all federal laws.

You are further advised that LABORCHEX does not counsel its clients regarding their hiring policies and procedures. LABORCHEX will not have any knowledge as to why you have been offered a position or the reasons why you were denied employment, and will not be responsible or liable for actions taken by its client. Under the provisions of the FCRA, you have the right to dispute information provided in a report and, after providing proper identification, you can request a copy of such report(s), including details about the sources of information. Such information will be provided to you at no cost within 30 days after receiving your request. The company, business, or organization at which you applied will provide this information for employment. Upon your request, LABORCHEX will provide additional details regarding your employment screening report, particularly the names of specific resources used to gather information, such as courts, public record databases, commonly accepted data sources, and individuals.

I, the undersigned, have read and fully understand the above notice. I hereby authorize LABORCHEX to investigate my employment history, educational accomplishments, criminal record, driving record, credit history, character, general reputation, personal characteristics, and information pertaining to a commercial driver's license and commercial driving work history, including inquiries into drug and alcohol testing and use. I authorize LABORCHEX to verify the facts stated by me on the attached application and/or resume. I agree not to hold LABORCHEX responsible in any manner for errors in information provided to LABORCHEX by any of the sources LABORCHEX uses to obtain such information about my employment history, educational accomplishments, criminal record, driving record, credit history, character, general reputation, and personal characteristics. I also agree not to hold LABORCHEX responsible for reports deemed by me to be incorrect, when LABORCHEX has, in good faith and according to its established lawful practices, based its information on sources it normally utilizes, such as those listed above.

Date: _____ Print Name: _____ Soc. Sec.#: _____
Applicant Signature _____
Address: _____
Date of Birth (for criminal and driving record checks) _____ DL#: _____ State _____

BELOW IS FOR COMPANY USE ONLY

Company Name: _____ Date: _____
Applicant Name: _____ Soc. Sec. #: _____

CHECK SCREENINGS REQUIRED FOR THIS APPLICANT

_____ Previous Employment Verification*	_____ Driving Record Check
_____ D.O.T. _____ (Special Screening for Commercial Drivers)*	_____ Workers' Compensation
_____ Education Verification*	_____ Employment Credit Report
_____ Professional/Personal References*	
_____ Professional License & Credential Check*	
_____ Official Education Transcripts	
_____ CRIMINAL RECORD CHECKS (below)	
_____ CrimeChex Multi-State Criminal Index Check	
_____ CrimeChex PLUS Multi-State Criminal Index Check	

List Other Jurisdictions To Be Checked Here: _____ National Address Search & Social Security # Validation

_____ Nationwide Federal Violations Criminal Record Check

***If you are not using the website to place orders for these levels of screening, please include the completed job application in your FAX to LABORCHEX.**

Signature of Official Authorizing Investigation _____

REQUEST FOR DRIVER BACKGROUND INFORMATION VERIFICATION

TO THE PERSON COMPLETING THIS REQUEST: In compliance with Federal regulations our company is seeking information concerning a commercial driver that was previously employed by your company and has applied for employment with our company. The applicant below has signed this release granting us permission to request this information and giving you permission to provide it to us. Please complete this form and return it to the address shown below fax to the number listed or E-mail to the address below. If you need additional information concerning this request please contact our company.

COMMERCIAL DRIVER GRANTING RELEASE OF EMPLOYMENT INFORMATION

PRINT NAME	SOCIAL SECURITY #	SIGNATURE

PREVIOUS EMPLOYER INFORMATION

COMPANY NAME	ADDRESS	CITY-ST-ZIP	PHONE #

INFORMATION REQUESTED

HIRE DATE	DATE TERMINATED	REASON FOR TERMINATION (Optional)	YES	NO
ANSWER YES OR NO TO THE FOLLOWING				
1. Would you rehire this driver?				
2. Was this driver involved in a vehicular accident while employed by your company?				
3. Did this driver ever have his/her CDL suspended while employed by your company?				
4. Did this person ever receive an out of service DOT violation while employed by your company?				
5. Was this driver ever disqualified from driving duties while employed by your company?				
6. Was this driver a qualified commercial driver when last employed at your company?				
7. Did this driver ever fail a DOT physical examination while employed by your company?				
8. Did this driver ever test positive for drugs or alcohol while employed by your company?				
9. Was this driver in your random drug and alcohol program when last employed at your company?				
10. Did this driver ever refuse a drug or alcohol test while employed by your company?				

PLEASE RETURN THIS FORM BY MAIL, FAX OR E-MAIL AS SOON AS POSSIBLE

COMPANY REQUESTING INFORMATION		ATTENTION	
Railroad Resource Services, LLC		JerrlWilliams	
ADDRESS	CITY	STATE	ZIP
202 Stevens Parkway	Bay Minette	ALABAMA	36507
OFFICE PHONE NUMBER	FAX PHONE NUMBER	E-MAIL ADDRESS	
251-937-9786	251-937-9787	jerrl@rrrlc.net	

Internal Use Only	Sent by	Signature of Sender
Date Sent	FAX <input type="checkbox"/> MAIL <input type="checkbox"/> E-MAIL <input type="checkbox"/>	

APPLICATION FOR EMPLOYMENT

COMPANY Railroad Resource Services, LLC STREET ADDRESS 202 Stevens Parkway
 CITY, STATE AND ZIP CODE Bay Minette, AL 36507

NAME _____ (FIRST) _____ (MIDDLE) _____ (Maiden Name, if any) _____ (LAST) _____
 ADDRESS _____ (STREET) _____ (CITY) _____ (STATE & ZIP CODE) _____ HOW LONG? _____
 DATE OF BIRTH _____ SOCIAL SECURITY NO. _____ HIRE DATE _____
 TELEPHONE NUMBER _____ E-MAIL ADDRESS _____

PREVIOUS THREE YEARS RESIDENCY

 (STREET) _____ (CITY) _____ (STATE & ZIP CODE) _____ # YEARS _____

 (STREET) _____ (CITY) _____ (STATE & ZIP CODE) _____ # YEARS _____

 (STREET) _____ (CITY) _____ (STATE & ZIP CODE) _____ # YEARS _____

(ATTACH SHEET IF MORE SPACE IS NEEDED)

LICENSE INFORMATION

Section 383.21 FMCSR states "No person who operates a commercial motor vehicle shall at any time have more than one driver's license". I certify that I do not have more than one motor vehicle license, the information for which is listed below.

STATE	LICENSE NO.	TYPE	EXPIRATION DATE

DRIVING EXPERIENCE

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

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	NUMBER FATALITIES	NUMBER INJURIES	CHEMICAL SPILLS
				YES NO
				YES NO
				YES NO

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

DATE CONVICTED (month/year)	VIOLATION	STATE OF VIOLATION LOCATION	PENALTY (forfeited bond, collateral and/or points)

(ATTACH SHEET IF MORE SPACE IS NEEDED)

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES _____ NO _____
 if yes, explain _____
- B. Has any license, permit or privilege ever been suspended or revoked? YES _____ NO _____
 if yes, explain _____

**EMPLOYMENT RECORD
(ATTACH SHEET IF MORE SPACE IS NEEDED)**

Applicants that desire to drive in intrastate/interstate commerce must provide the following information on all employers during the previous three years. You must give the same information for all employers you have driven a commercial motor vehicle for the seven years prior to the initial three years (total of ten years employment record).

Must list the complete mailing address: street number and name, city, state and zip code.

LAST EMPLOYER: NAME _____

ADDRESS _____ PHONE _____

POSITION HELD _____ FROM _____ TO _____ SALARY _____

REASONS FOR LEAVING _____

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON: _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes No
Was the previous job position 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

SECOND LAST EMPLOYER: NAME _____

ADDRESS _____ PHONE _____

POSITION HELD _____ FROM _____ TO _____ SALARY _____

REASONS FOR LEAVING _____

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON: _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes No
Was the previous job position 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

THIRD LAST EMPLOYER: NAME _____

ADDRESS _____ PHONE _____

POSITION HELD _____ FROM _____ TO _____ SALARY _____

REASONS FOR LEAVING _____

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON: _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes No
Was the previous job position 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

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make sure investigations and inquiries to 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 inquiries 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 current/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."

DATE _____ APPLICANT'S SIGNATURE _____

This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge.

DATE _____ APPLICANT'S SIGNATURE _____

Note: A motor carrier may require an applicant to provide information in addition to the information required by the Federal Motor Carrier Safety Regulations.