



DRIVER APPLICATION FOR EMPLOYMENT

Roadtex Transportation

600 N. Union Avenue, Hillside, NJ 07205

1-800-349-7389

NAME OF APPLICANT: _____
FIRST MIDDLE (MAIDEN) LAST

ADDRESS: _____ HOW LONG _____
STREET CITY STATE

ADDRESS: _____ HOW LONG _____
(ATTACH SHEET IF MORE SPACE IS NEEDED)

FOR PAST 3 YEARS _____ HOW LONG _____

DATE OF BIRTH: _____ SOCIAL SECURITY NUMBER _____

HOME PHONE: _____ CELL PHONE: _____

EXPERIENCE AND QUALIFICATIONS

DRIVER LICENSES	STATE	LICENSE NUMBER	TYPE	EXPIRATION DATE

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES		APPROXIMATE NUMBER OF TOTAL SALES
		FROM	TO	
STRAIGHT TRUCK				
TRACTOR & SEMI TRAILER				
TRACTOR w/ 2 TRAILERS				
OTHER				

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

DATES	NATURE IF ACCIDENT (HEAD-ON, REAR-END, UPSE, ETC.)	FATALITIES	INJURIES
LAST ACCIDENT			
NEXT PREVIOUS			
NEXT PREVIOUS			

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

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

A. Have you ever denied a licence, permit or privilege to operate a motor vehicle? YES: _____ NO: _____

B. Has any licence, permit or privilege ever been suspended or revoked? YES: _____ NO: _____

IF THE ANSWER TO EITHER A OR B ABOVE IS YES, GIVE DETAILS HERE:

C. Have you ever tested positive or refused to be tested on any pre-employment drug or alcohol test at the time of applying for Safety Transportation work covered by DOT agency drug or alcohol testing rules, but were never hired? YES: _____ NO: _____

IF YES, YOU MUST SUPPLY COMPLETION OF RETURN TO DUTY PROCESS.

EMPLOYMENT RECORD

NOTE: DOT REQUIRES ALL EMPLOYERS FOR THE PREVIOUS 3 YEARS AND ALL CDL EMPLOYMENT FOR AN ADDITIONAL 7 YEARS (possible 10 years total previous employment to be shown)

1. LAST/CURRENT EMPLOYER

NAME OF COMPANY: _____ TELEPHONE NUMBER: _____

ADDRESS: _____

POSITION HELD: _____ FROM _____ TO _____ SALARY _____

REASON FOR LEAVING _____ SUPERVISOR _____

WERE YOU SUBJECT TO THE FMCSR'S (DOT REGULATIONS)? YES NO

WAS YOUR JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION YES NO

SUBJECT TO 49 CFR PART 40 DRUG AND ALCOHOL TESTING? YES NO

2. SECOND LAST EMPLOYER

NAME OF COMPANY: _____ TELEPHONE NUMBER: _____

ADDRESS: _____

POSITION HELD: _____ FROM _____ TO _____ SALARY _____

REASON FOR LEAVING _____ SUPERVISOR _____

WERE YOU SUBJECT TO THE FMCSR'S (DOT REGULATIONS)? YES NO

WAS YOUR JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION YES NO

SUBJECT TO 49 CFR PART 40 DRUG AND ALCOHOL TESTING? YES NO

3. SECOND LAST EMPLOYER

NAME OF COMPANY: _____ TELEPHONE NUMBER: _____

ADDRESS: _____

POSITION HELD: _____ FROM _____ TO _____ SALARY _____

REASON FOR LEAVING _____ SUPERVISOR _____

WERE YOU SUBJECT TO THE FMCSR'S (DOT REGULATIONS)? YES NO

WAS YOUR JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION YES NO

SUBJECT TO 49 CFR PART 40 DRUG AND ALCOHOL TESTING? YES NO

4. SECOND LAST EMPLOYER

NAME OF COMPANY: _____ TELEPHONE NUMBER: _____

ADDRESS: _____

POSITION HELD: _____ FROM _____ TO _____ SALARY _____

REASON FOR LEAVING _____ SUPERVISOR _____

WERE YOU SUBJECT TO THE FMCSR'S (DOT REGULATIONS)? YES NO

WAS YOUR JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION YES NO

SUBJECT TO 49 CFR PART 40 DRUG AND ALCOHOL TESTING? YES NO

5. SECOND LAST EMPLOYER

NAME OF COMPANY: _____ TELEPHONE NUMBER: _____

ADDRESS: _____

POSITION HELD: _____ FROM _____ TO _____ SALARY _____

REASON FOR LEAVING _____ SUPERVISOR _____

WERE YOU SUBJECT TO THE FMCSR'S (DOT REGULATIONS)? YES NO

WAS YOUR JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION YES NO

SUBJECT TO 49 CFR PART 40 DRUG AND ALCOHOL TESTING? YES NO

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, accurate and complete to the best of my knowledge.

Date _____

Applicant's Signature _____

BACKGROUND INVESTIGATION DISCLOSURE TO BE READ AND SIGNED BY APPLICANT

I am aware that all previous employers for whom I have worked will be contacted for the purpose of investigating my safety performance history including: Accident history; identification and employment verification; Violations of alcohol and controlled substance prohibitions and all information relating to any rehabilitation program prescribed by a Substance Abuse Professional (SAP).

Date _____

Applicant's Signature _____

PROSPECTIVE DRIVER DUE PROCESS RIGHTS

You (as a prospective employee) have the following due process rights regarding the investigative information that will be provided to this employer:

- 1) the right to review information provided by previous employers;
- 2) The right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to the prospective employer;
- 3) The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and you cannot agree on the accuracy of the information.

Note to prospective employee: If you wish to review previous employer-provided investigative information, you must make a request, in writing, to this employer any time, including when applying, or as late as 30 days after being employed or being notified of denial of employment, if you choose to make this request, this prospective employer must provide this information within 5 business days of receiving the written request or within 5 business days of receiving the information from the previous employer. If you do not arrange to pick up or receive the requested records within 30 days of the employer making the information available, you are considered to have waived your request to review the records.

If you wish to request correction of erroneous information of records received from a previous employer, you must send the request for the correction to the previous employer that provided the records to this prospective employer.

Date _____

Applicant's Signature _____

Note: A motor carrier may require an applicant to provide additional information to that which is required by the Federal Motor Carrier Safety Regulations