

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_



## APPLICATION FOR EMPLOYMENT COMMERCIAL MOTOR VEHICLE DRIVER

Thank you for your interest in working for Rowe Transfer, Inc. It is our mission is to provide safe, dependable, on-time pickups and deliveries to our customer at a competitive cost. Our drivers serve our customer best when they demonstrate a safe driving record, a professional attitude, and a willingness to work as a team player! If this sounds appealing, then Rowe Transfer may be the right opportunity for you. Various Federal, State and local laws prohibit discrimination on the basis of race, color, sex, religion, national origin, ancestry, age, disability, marital status, or other legally protected categories. Rowe Transfer is an equal opportunity employer, and your response to any question will not be used as a basis for discrimination.

**Please answer every question completely. Please type or use ink. Incomplete applications and applications submitted in pencil will not be considered. If a section or question does not apply, then enter N/A for non-applicable.**

**To speed up the application process, please include copies of the following documents:**

1. Photocopy of your Commercial Drivers License and your Physical Card.
2. Recent Department of Motor Vehicle (DMV) Original Printout (within 7 to 10 days of the application date)
3. Accident Report, if accident occurred within the last three years.
4. School Certificate/Transcripts if school was attended within the last 3 years.

**Read the following and address any question to a Company Representative before signing:**

- I affirm that the information provided on this application or in connection with the processing of this application (and any resume or any other accompanying documents) is true and complete to the best of my knowledge. I understand that if employed, false statements, significant omissions, or misleading information regardless of when discovered, made on or in connection with my application and accompanying documents, may result in dismissal.
- I authorize investigation of all statements contained in this application (and any resume or any other accompanying documents) as may be necessary in arriving at an employment decision.
- I understand that the applicant's prior employers may be contacted for the purpose of investigating the applicant's background as required by 49CFR 391.23.
- I authorize all personnel, schools, companies, corporations, credit bureaus, and law enforcement agencies to supply any and all pertinent information and release the same from any liability resulting from providing such information.
- I understand that from time to time the company may be asked to submit/release certain information, including but not limited to, my employment or application for employment. I release the company and it's agents from any liability resulting from submitting/releasing such information.
- I acknowledge that the company may request, as a condition of any offer of employment that is made or for continued employment, that I undergo a medical exam or drug testing, and I consent and agree to any such exam, if required now or in the future. I understand that when drug testing is required, a satisfactory result may be a condition of employment.
- I understand that Rowe Transfer, Inc. is an Equal Opportunity Employer.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date



**Rowe Transfer, Inc.**  
5320 South National Drive  
Knoxville, TN 37914

### COMMERCIAL MOTOR VEHICLE DRIVER'S APPLICATION FOR EMPLOYMENT

ANSWER ALL QUESTIONS – PLEASE PRINT

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 or non-job related disability.

List your addresses of residency for the past 3 years.

First Name:		Middle Initial:		Last Name:	
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SSN#	
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**Current Address**

Street:		City:	
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State:		Zip:		Phone: ( ) -	How Long?	
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**Previous Address**

Street:		City:	
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State:		Zip:		Phone: ( ) -	How Long?	
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**Previous Address**

Street:		City:	
---------	--	-------	--

State:		Zip:		Phone: ( ) -	How Long?	
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Do you have the legal right to work in the United States?  YES  NO

Date of Birth:		Can you produce proof of age? (Required for commercial motor vehicle drivers) <input type="checkbox"/> YES <input type="checkbox"/> NO
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Have you worked for Rowe Transfer, Inc. before?  YES  NO

*If you answered yes to this question please provide the dates of employment, the position held, your rate of pay, and your reason for leaving the company:*

Are you currently employed?  YES  NO If not, how long since leaving your last employment?

Were you referred to us?  YES  NO If yes, by whom?

Rate of pay expected: \$

Is there any reason you might be unable to perform the functions of the job for which you have applied?  YES  NO

If yes, please explain:

**EXPERIENCE AND QUALIFICATIONS — OTHER**

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

**EDUCATION**

Circle highest grade completed: 1 2 3 4 5 6 7 8 High School 1 2 3 4 College 1 2 3 4

Name of the last school you attended:

Address:

List any special courses, classes or programs that will help you as a driver:

**EXPERIENCE AND QUALIFICATIONS — DRIVER**

Driver Licenses	State	License Number	Type	Expiration Date

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle?  YES  NO

B. Have you ever been disqualified for violations of the Federal Motor Carrier Safety Regulations?  YES  NO

C. Has any license, permit or privilege ever been suspended or revoked?  YES  NO

IF THE ANSWER TO A, B, OR C ABOVE IS YES, ATTACH A STATEMENT GIVING DETAILS

CLASS OF EQUIPMENT	Type of Equipment (Van, Tank, Flat, Etc.)	From (date)	To (date)	Approximate Number of Miles (total)
Straight Truck				
Tractor and Semi				
Tractor 2 Trailers				
Other				

List all states in which you have operated in for the last five years:

Which safe driving awards do you hold and from whom?

## EMPLOYMENT HISTORY

TO DRIVE IN INTERSTATE COMMERCE ALL DRIVER APPLICANTS 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 MOTOR VEHICLE\* IN INTRASTATE OR INTERSTATE COMMERCE SHALL ALSO PROVIDE AN ADDITIONAL 7 YEARS INFORMATION ON THOSE EMPLOYERS FOR WHOM THE APPLICANT OPERATED

*(NOTE: LIST EMPLOYERS IN REVERSE ORDER STARTING WITH THE MOST RECENT. ADD ANOTHER SHEET IF NECESSARY.)*

*\* A COMMERCIAL MOTOR VEHICLE INCLUDING VEHICLES HAVING A GVW RATING OF 26,000 POUNDS OR OVER; VEHICLES DESIGNED TO TRANSPORT 15 OR MORE PASSENGERS, INCLUDING THE DRIVER OF ANY SIZE VEHICLE USED TO TRANSPORT HAZARDOUS MATERIALS IN SUCH QUANTITY REQUIRING PLACARDS.*

### EMPLOYER

Name:		Dates of Employment:	
Address:		Position Held:	
City, State, Zip:		Salary:	
Contact:		Reason for leaving:	
Phone Number:			

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Name:		Dates of Employment:	
Address:		Position Held:	
City, State, Zip:		Salary:	
Contact:		Reason for leaving:	
Phone Number:			

## TO BE READ AND SIGNED BY APPLICANT

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.

I authorize you to make such investigations and inquiries 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 and are 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.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date



**CONSUMER REPORT DISCLOSURE & RELEASE  
(EMPLOYMENT)**

**DISCLOSURE**

In connection with your employment or application for employment (including contract for services), consumer reports may be requested from USIS Commercial Services ("USIS"). These reports may include the following types of information: names and dates of previous employers, reason for termination of employment, work experience, accidents, academic history, professional credentials, and drugs/alcohol use. Such reports may contain public record information concerning your driving record, workers' compensation claims, credit, bankruptcy proceedings, criminal records, etc., from federal, state and other agencies which maintain such records; as well as information from USIS concerning previous driving record requests made by others from such- state agencies and state provided driving records.

You have the right to make a request to USIS, upon proper identification, to request the nature and substance of all information in its files on you at the time of your request, including the sources of information and the recipients of any reports on you that USIS has previously furnished within the two-year period preceding your request. USIS may be contacted by mail at P. O. Box 33181, Tulsa, Oklahoma, 74153, or by phone at (800) 381-0645.

- Oklahoma Applicants Only: I request a copy of any *credit* report requested on me.
- Minnesota Applicants Only: I request a copy of any consumer report requested on me.

**RELEASE**

I AUTHORIZE, WITHOUT RESERVATION, USIS, AND ANY PARTY OR AGENCY CONTACTED BY USIS, TO FURNISH THE ABOVE-MENTIONED INFORMATION.

USIS is authorized to disclose all information obtained to the requesting entity for the purpose of making a determination as to my eligibility for employment, promotion or any other lawful purpose. I agree that such information which USIS has or obtains, and my employment history if I am hired, may be supplied by USIS to other companies that subscribe to USIS. If hired or contracted, this authorization shall remain on file and shall serve as ongoing authorization for the procurement of consumer reports at any time during my employment or contract period.

By signing below, I certify that I have read and fully understand this release, that prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction, and that I executed this release voluntarily and with the knowledge that the information being released could affect my being hired, my employment, or my eligibility for promotion.

\_\_\_\_\_

Print Applicant Name

\_\_\_\_\_

Applicant Signature

\_\_\_\_\_

Social Security Number

\_\_\_\_\_

Date

Notice to California Applicants

Under California law, the consumer reports we order on you for employment purposes within the State of California are defined as investigative consumer reports. These reports may contain information on your character, general reputation, personal characteristics and mode of living.

Under section 1786.22 of the California Civil Code, you may view the file maintained on you by USIS during normal business hours. You may also obtain a copy of this file upon submitting proper identification and paying the costs of duplication services, by appearing at USIS in person, by mail, or by telephone. The agency is required to have personnel available to explain your file to you and the agency must explain to you any coded information appearing in your file. If you appear in person, a person of your choice may accompany you, provided that this person furnishes proper identification.

I request to receive a free copy of any investigative consumer report ordered on me by checking this box.

- (California applicants only)



**Request for Driver's Safety Performance History  
Information from DOT Regulated Previous Employer(s)**

**SECTION II – Past Employer to Complete >> ACCIDENT INFORMATION**

Please provide the following information as required by 391.23(d) (1) (2) on any accidents, as defined by 390.5 and/or from your Accident Register (FMCSR 391.15) which the above-named driver/applicant was involved within the past three years while under your employment. Previous employers may include additional detailed information on minor accidents/incidents at their discretion.

If there is no accident information for this driver, please check here.

Date	Location (please give city/town, or most near and state)	Any Vehicles Towed?	HazMat Spill?	# of Fatalities?	# of Injuries?

**SECTION III– Past Employer to Complete >> WORK HISTORY INFORMATION**

Please provide the following information on the above-name driver/applicant:

He/She was employed for you as a: \_\_\_\_\_ from \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

> If employed as a driver, what type of equipment did he/she operate?

Straight Trucks  Tractor/Trailer  Doubles  Triples  Other

Explain: \_\_\_\_\_

Type of trailer(s) pulled: \_\_\_\_\_

Was he /she a: Company Driver? Yes  No  Contractor? Yes  No

Contractor's Driver? Yes  No  Other? Yes  No

General area traveled: \_\_\_\_\_ Commodities transport: \_\_\_\_\_

> While under your employment was he/she:

a. Bonded: Yes  No

b. Convicted of any traffic violations: Yes  No

If yes, please list all, including date and type: \_\_\_\_\_

c. License(s) suspended, revoked or denied: Yes  No

If yes, please explain: \_\_\_\_\_

> Reason for leaving: \_\_\_\_\_

> Would you re-employ this person: Yes  No  Upon Review

Please explain: \_\_\_\_\_

Additional Comments: \_\_\_\_\_

**Previous Employer Representative Supplying Information:**

_____	_____
Print Name	Title
_____	_____
Signature	Date

*Please remember to retain a copy for your records; your timely response is appreciated.*



