

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:	
---------	--	-------	--

State:		Zip:		Phone: () -		How Long?	
--------	--	------	--	--------------	--	-----------	--

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)* YES NO

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:			

EMPLOYER

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

EMPLOYER

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

EMPLOYER

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

ACCIDENT/TRAFFIC CONVICTIONS DISCLOSURE

ACCIDENT RECORD FOR THE PAST THREE YEARS – IF NONE, WRITE NONE *(Attach sheet if more room is needed)*

	DATE	FATALITIES	NATURE OF ACCIDENT	INJURIES
Last Accident				
Next Previous				
Next Previous				
Next Previous				
Next Previous				
Next Previous				
Next Previous				
Next Previous				
Next Previous				
Next Previous				

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST THREE YEARS (OTHER THAN PARKING VIOLATIONS) – IF NONE, WRITE NONE *(Attach sheet if more room is needed)*

LOCATION	DATE	CHARGE	PENALTY

Use this space for additional information if needed:

EMERGENCY CONTACT INFORMATION

Name:	
Address:	
City, State, Zip:	
Phone Number:	

**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)

Carrier Name: _____ Contact Person: _____

Address: _____ City, State, Zip: _____

Phone #: _____ Confidential Fax #: _____

Driver to Complete This Section

As a Commercial Motor Vehicle (CMV) Driver, I understand that per, the Federal Motor Carrier Safety Regulations (FMCSRs) Part 391.21, the following information will be requested from all previous employers for which I operated a CMV, subject to the FMCSR Parts 390 and/or 40, 382 & 383, *within the past three years*, from date shown below. I also acknowledge that this information will be used in determining my eligibility to be hired, that I have the right to review this information and rebut any errors in these statements from my prior employers, as described in the FMCSR Part 391.23.

I _____, hereby authorize this company to release all records of employment, including assessments

Print Name

of my job performance, ability and fitness, including dates of any and all alcohol or drug tests. Those confirmed results and/or my refusal to submit to any alcohol or drug tests and any rehabilitation completion under direction of (SAP/MRO) to each and every company (or their authorized agents) which may request such information in connection with my application for employment with said company. I hereby release this company, and its employees, officers, directors, and agents from any and all liability of any type as a result of providing information to the above-mentioned person and/or company.

Previous Employer: _____ Contact Person: _____

Mailing Address: _____ City, State, Zip: _____

Telephone Number: _____ Fax Number: _____

I worked for this company from the dates of ____/____/____ to ____/____/____

Applicant's Signature

SSN or ID Number

D.O.B.

Today's Date

SECTION I - Past Employer to Complete >> DRUG & ALCOHOL INFORMATION

Please provide the following drug and alcohol information as required by FMCSR Part 391.23 & 40.25.

If no drug and alcohol information is available on above-named applicant check here.

- | | YES | NO |
|--|--------------------------|--------------------------|
| 1. Any alcohol test with a result of 0.04 or higher alcohol concentration? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Any verified positive drug test? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Any refusals to be tested (including verified adulterated or substituted drug test results)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Any other violations of DOT agency drug and alcohol testing regulations (Part 382 or Part 40)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. If this driver did successfully complete a SAP rehabilitation referral and remained in your employ, did he/she have any subsequent violations for: an alcohol test result of 0.04 or greater, a verified positive drug test or a refusal to test (including a verified adulterated/substituted drug test result)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. If yes to any of the above questions, please provide documentation of successful completion of a SAP evaluation, prescribed treatment and return-to-duty requirements (including follow-up tests) if they remained in your employ.* | | |

* If this information is not available from the previous employer, you as a prospective employer, must get this information from the driver/applicant.

Drug and alcohol information needs to be kept in a separate personnel and/or confidential file.

**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.

