

Rich Thompson Trucking, Inc.

PO Box 137 Jerome, ID 83338 (mailing)
955 West Main Street Jerome, ID 83338 (physical)
(208) 324-3511 * fax (208) 324-3910

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.

Date of Application _____ Position applied for _____

Name _____ Social Security No. _____

Date of Birth _____

Email Address: _____

List your addresses of residency for the past 3 years.

Current Address _____

Street

City

State

Zip Code

Phone _____

How long? _____

Previous

Addresses

Street

City

State & Zip Code

How long? _____

Street

City

State & Zip Code

How long? _____

Street

City

State & Zip Code

How long? _____

Are you a U.S. Citizen or otherwise lawfully authorized to work in this country? Yes _____ No _____

Have you ever been convicted of a felony? Yes _____ No _____ If Yes, when? _____

(A conviction record will not necessarily ban you from employment. Such factors as age and time of the offense, seriousness and nature of the violation will be taken into account.)

Have you worked for this company before? _____ Position held _____

Dates: From _____ To _____ Rate of Pay _____

Are you now employed? _____ If not, how long since leaving last employment? _____

Have you ever failed or refused a pre-employment drug/alcohol test given by a company where you never accepted employment? Yes _____ No _____

EMPLOYMENT HISTORY

All driver applicants must provide the following information on all employers for the previous 10 years.

The information provided concerning previous employers may be used to investigate the applicant's safety performance history.

(Note: List employers in reverse order starting with the most recent. Add another sheet as necessary.)

Dates of Employment: From _____ To _____	
Name _____	Contact Person _____
Address _____	Phone Number _____
_____	Position Held _____ Pay _____
Reason for leaving _____	
As an employee, were you subject to the Federal Motor Carrier Safety Regulations? _____	
Was the job in a safety-sensitive position that was subject to DOT drug and alcohol testing requirements? _____	

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ACCIDENT RECORD FOR THE PAST 4 YEARS (ATTACH SHEET IF MORE SPACE IS NEEDED)

Date	Type of Accident	Location	Type of Vehicle	Fatalities	Injuries
Last Accident	_____				
Next Previous	_____				
Next Previous	_____				
Next Previous	_____				

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 4 YEARS

Date	Violation	Location	Type of Vehicle	Penalty/Fine
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

EXPERIENCE AND QUALIFICATIONS -- DRIVER

Driver Licenses	State/Licensing Authority	License No.	Type	Expiration Date
_____	_____	_____	_____	_____

Have you held a CDL in any state/licensing authority other than listed above in the last 3 years? Yes ___ No ___

If yes, State/Licensing Authority _____ License No. _____

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 _____

If the answer to either question above is Yes, please give details.

Is there any reason you might be unable to perform the functions of the job (truck driver) for which you have applied, i.e.: but not limited to, lifting, loading, unloading, minor maintenance, tarping and securement of loads, fueling, and driving? _____ If yes, explain: _____

DRIVING EXPERIENCE

Class of Equipment	Type of Equipment (Van, Tank, Flat, Etc)	Dates		Approx. No. of Miles
		From	To	
Straight Truck _____	_____	_____	_____	_____
Tractor & Trailer _____	_____	_____	_____	_____
Tractor & Two Trailers _____	_____	_____	_____	_____
Other _____	_____	_____	_____	_____

List any Truck Driving Schools you have attended, dates of completion, and other safety training:

EDUCATION

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

Check the following that apply: _____ High school diploma _____ GED _____ College Degree

In case of an emergency, whom should we contact?

Name Phone No. Relationship

Name Phone No. Relationship

How long are you willing to be away from home? _____

How much home time will you need when you return? _____

How many miles or hours are you expecting per week? _____

How much do you expect to make per week (gross)? _____

When are you available to start work for this Company? _____

TO BE READ AND SIGNED BY APPLICANT

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

I hereby authorize my current and previous employers, references, and any other individuals contacted by this company to release any past or present information requested, and I release all providers from all liability in responding to inquiries and releasing information in connection with my application.

I understand that any false, misleading, or incomplete answers or statements shall be considered sufficient cause for denial or termination of employment and/or authorization to drive.

Print Name

Applicant's Signature

Date

This application can be returned as follows: email to john@teamrtti.com or Fax to 208-324-3910.