

# DRIVER'S APPLICATION FOR EMPLOYMENT

## Roeder Cartage Company, Inc. & Affiliated Companies

◆  
1979 North Dixie Highway  
Lima, Ohio 45801

Date of Application: \_\_\_\_\_ Position(s) Applied for: \_\_\_\_\_

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Last First MI

Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Street

\_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
City State ZIP (required for Commercial Drivers) MM DD YYYY

In compliance with Federal and State equal opportunity employment 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.

Address for previous \_\_\_\_\_  
Three years (if different \_\_\_\_\_  
Than above \_\_\_\_\_  
Street City State ZIP Number of years  
Street City State ZIP Number of years

### Application Certification

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

I authorize you to make such investigations and inquire 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 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.

I understand that I have the right to review the information provided by 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. 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

\_\_\_\_\_  
Date

**APPLICANT TO COMPLETE**

(answer all questions – please print)

Have you ever worked here before? Yes No If so, from \_\_\_\_\_ to \_\_\_\_\_  
MM/YYYY MM/YYYY

Position held: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Who referred you? \_\_\_\_\_ Pay expected: \_\_\_\_\_

**State reasons that you might be unable to perform the functions of the job for which you have applied.**

\_\_\_\_\_  
\_\_\_\_\_

**Experience/Qualifications**

State any trucking, transportation, or other experience that may help in your work for this company.  
(Be sure to report any schools, special equipment, and awards that you have received.)

\_\_\_\_\_

**Accident Record for Past 3 Years**

Date	Nature of Accident (Head-on, Rear-end, Upset, Etc.)	Fatalities	Injuries	Hazardous Mat'l Spill
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Traffic convictions & Forfeitures for the Past 3 years  
(Do not include parking violations)**

Date	Location	Charge	Penalty
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Education**

Circle the highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 College 1 2 3 4 5 6

The last school attended: \_\_\_\_\_  
(Name) (City) (State)

Do you have the legal right to work in the United States? \_\_\_\_\_

Are you now employed? \_\_\_\_\_ If not how long since leaving last employment? \_\_\_\_\_  
If so, why do you want to change employers? \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_\_

If yes, please explain fully on a separate sheet of paper. Conviction of a crime is not an automatic bar to employment - all circumstances will be considered.

## EMPLOYMENT HISTORY

**\*\*All driver applicants to drive interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street numbers, 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 such vehicle.**

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

<b>Employer</b> _____	<b>Inclusive Dates</b> _____ <b>to</b> _____
<b>Address</b> _____	<b>Position Held</b> _____
<b>City</b> _____ <b>State</b> _____ <b>Zip</b> _____	<b>Salary/wage</b> _____
<b>Contact Person</b> _____	<b>Reason for Leaving</b> _____
<b>Telephone Number</b> _____	<b>Fax Number</b> _____
<small>WERE YOU SUBJECT TO THE FMCSRS+ WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO WAS YOUR JOB DESIGNATED AS SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO</small>	

  

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## EMPLOYMENT HISTORY (continued)

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<b>City</b> _____ <b>State</b> _____ <b>Zip</b> _____	<b>Salary/wage</b> _____
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+The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed to be used to transport 9 or more passengers, or (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

## Experience and Qualifications – Driver Driver License

State: \_\_\_\_\_ License Number: \_\_\_\_\_ Type: \_\_\_\_\_ Endorsements: \_\_\_\_\_  
Expires: \_\_\_\_\_

Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes \_\_\_ No \_\_\_

Have you ever had a license suspended or revoked? Yes \_\_\_\_\_ No \_\_\_\_\_

If the answer to either of the above questions is yes, please provide a detailed explanation to include dates. Please attach additional sheets if necessary.

### Driving Experience

Class of Equipment	Type of Equipment	Period Driven	Estimated Number of Miles
Straight Truck	_____	_____ to _____	_____
Tractor Trailer	_____	_____ to _____	_____
Other	_____	_____ to _____	_____

States driven in past five years: \_\_\_\_\_

Special driving courses that you have taken that will help you as a driver for this company:

\_\_\_\_\_  
\_\_\_\_\_

### Safety Awards

Award	Date	Company/Organization
_____	_____	_____
_____	_____	_____
_____	_____	_____

### Other Experience and Qualifications

\_\_\_\_\_  
\_\_\_\_\_

### COMPANY USE

APPLICANT HIRED _____	REJECTED _____
DATE EMPLOYED _____	TERMINAL LOCATION _____
CLASSIFICATION _____	
SIGNATURE OF INTERVIEWING OFFICER _____	
DATE TERMINATED _____	DISMISSED ___ QUIT ___ OTHER ___

# REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER

\_\_\_\_\_  
(Previous Employer)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City) (St) (Zip)

I hereby authorize you to release the following information to Roeder Cartage Company, Inc. for the purpose of investigation as required by Parts 391.23, 382.413, and 40.25 of the Federal Motor Carrier Safety Regulations. I hereby voluntarily release you from any and all liability, which may result from furnishing such information.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Applicant's Signature)

Dear Sir/Ma'am:

The individual listed below has made application to this company for a position as a semi-tractor driver and states that he/she was employed by you as a \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_. We appreciate your time in completing, in confidence, the information requested below. Please return this reply in the envelope provided or via FAX at 419 221-2264. Thank you for your courtesy.

NAME OF APPLICANT: \_\_\_\_\_ SSN: \_\_\_\_\_

1. Employed from \_\_\_\_\_ to \_\_\_\_\_.
2. Did this individual drive a motorized vehicle for you? Yes No If so was it a tractor/semi -trailer? Yes No
3. Was this individual subject to the FMCSA? Yes No
4. Was this individual a safe and efficient driver? Yes No
5. While employed by your company, how many moving violations did the individual have? \_\_\_\_\_
6. While employed by your company, how many chargeable accidents did this individual have? \_\_\_\_\_
7. While employed by your company did this individual perform safety sensitive function(s) that required alcohol and controlled substance testing as specified by 49 CFR par 40? Yes No
8. While employed by your company, did this individual have any positive results from controlled substance test? Yes No
9. While employed by your company, did this individual have any breath alcohol test with results of .04 or above? Yes No
10. While employed by your company, did this individual ever refuse to take a drug or alcohol screening or have a verified adulterated or substituted drug test result? Yes No
11. Do you have any knowledge including that which came from previous employers that this person committed other violations of DOT agency drug and alcohol testing regulations? Yes No
12. Would you rehire this individual? Yes No
13. Remarks

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ TITLE \_\_\_\_\_

**Motor Vehicle Driver's  
Certificate of Compliance  
With Driver License Requirements**

**MOTOR CARRIER INSTRUCTIONS:** The requirements in Part 383 apply to every driver who operates in intrastate, interstate, or foreign commerce and operates a vehicle weighing 26,001 pounds or more; can transport more than 15 people; or transports hazardous materials that require placarding.

The requirements in Part 391 apply to every driver who operates in interstate commerce and operates a vehicle weighing 10,001 pounds or more; can transport more than 15 people; or transports hazardous materials that require placarding.

**DRIVER REQUIREMENTS:** Parts 383 and 391 of the FMCSRs contain some requirements that you as a driver must comply with. These requirements are in effect as of July 1, 1987. They are as follows:

- (1) You, as a commercial vehicle driver may not possess more than one license.
- (2) Section 383.33 of the FMCSR require that you notify your employer the NEXT BUSINESS DAY of any revocation or suspension of your driver's license. In addition, Section 383.31 requires that any time you are convicted of violating any state or local traffic law (other than parking) you report it to your employing motor carrier and the state that issued your license within 30 days.

**DRIVER CERTIFICATION:** I certify that I have read and understood the above requirements.

The following License is the only one I currently possess and that I will possess while employed by or contracted to Roeder Cartage Company, Inc.

CDL Number \_\_\_\_\_ State \_\_\_\_\_ Expiration Date \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**PRE-EMPLOYMENT URINALYSIS  
and  
BREATH ALCOHOL TESTING  
NOTIFICATION**

The Federal Motor Carrier Safety Regulations, Section 382.301 -- pre-employment testing requirements, apply to driver applicants of this company.

382.301 Pre-employment testing requirements.

(a) A motor carrier shall require a driver applicant who the motor carrier intends to hire or use to be tested for the use of controlled substances as a pre-qualification condition.

(b) A driver applicant shall submit to controlled substance testing as a pre-qualification condition.

(c) A driver applicant shall submit to breath alcohol testing as a pre-qualification condition.

(d) Prior to collection of a urine sample, under 382.301 of this subpart, a driver applicant shall be notified that the urine sample will be tested for the presence of controlled substance.

(e) Prior to the breath alcohol test, under 382.301 of this subpart, a driver-applicant shall be advised that the test will report presence of alcohol.

In addition to driver applicants, Roeder Cartage Company, Inc., and affiliated companies, requires that all tractor and trailer maintenance personnel undergo urinalysis testing for controlled substances and breath alcohol screening as a pre-qualification condition.

- As a condition of my employment, I agree to the urine sample collection and controlled substance testing.
- I understand that a positive test for controlled substances, based on the Urinalysis Test will medically disqualify me from the operation of a commercial motor vehicle for this company.
- I understand that a Breath Alcohol level of .04 or above will medically disqualify me from the operation of a commercial motor vehicle for this company.
- My written authorization is required for the Urinalysis Test and Breath Alcohol Test, and will be given to other parties.

I have read and understand the above conditions for the Pre-employment Urinalysis and Breath Alcohol Notification.

\_\_\_\_\_  
APPLICANT'S NAME (Please Print)

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
MONTH                  DAY                  YEAR

\_\_\_\_\_  
COMPANY REPRESENTATIVE'S SIGNATURE

\_\_\_\_\_  
MONTH                  DAY                  YEAR



# Motor Vehicle Driver's Certificate of Violations

I certify that the following is a true and complete list of traffic violations, required to be listed, for which I have been convicted or forfeited bond or collateral during the past 12 months.

Date	Offense	Location	Type of Vehicle
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If there are no violations listed, above, I certify that I have not been convicted or forfeited bond or collateral on any account of any violations (other than those I have provided under Part 383 of the Federal Motor Carriers Safety Regulations) required to be listed during the past 12 months.

Driver's Name \_\_\_\_\_ SSN \_\_\_\_\_

Driver's Signature \_\_\_\_\_ Date \_\_\_\_\_

Driver's CDL Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

**Roeder Cartage Company, Inc. & Affiliated Companies,**

**1979 North Dixie Highway, Lima, Ohio 45801**

Reviewed by \_\_\_\_\_ Date \_\_\_\_\_

Liquid & Dry Transporters Since 1974



**ROEDER CARTAGE COMPANY, INC.**

1979 North Dixie Highway  
Lima, Ohio 45801  
(419) 221-1600 • 800-421-8202

10 Legion Drive  
Paris, Kentucky 40361  
(859) 987-2754 • 800-446-3091

**Disclosure and Release**

In connection with my application for employment (including contract for services) with you, I understand that consumer reports, which may contain public record information, may be requested from HireRight Services . These reports may include the following types of information: names and dates of previous employers; reason for termination of employment; work experience; accidents; etc. I also understand that such reports may contain public record information concerning my 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 DAC concerning previous driving record requests made by others from such state agencies, and state provided driving records.

I also understand that a claims history report may be requested from Great West Casualty Company. This report may include the following: information with regard to my driving history, accident dates, state of accident location, and a brief description of the accident.

**I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY DAC OR GREAT WEST CASUALTY COMPANY TO FURNISH THE ABOVE MENTIONED INFORMATION.**

I have the right to make a request to Hire Right Service, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including the sources of information, and the recipients of any reports on me, which Hire Right Service has previously furnished within the two-year period preceding my request. I hereby consent to your obtaining the above information from Hire Right Service, and I agree that such information, which Hire Right Service has or obtains, and my employment history with you if I am hired, will be supplied by Hire Right Service to other companies, which subscribe to Hire Right Services.

I also have the right to make a request to Great West Casualty Company, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request.

I hereby authorize procurement of consumer report(s). If hired (or contracted), this authorization shall remain on file and shall serve as an ongoing authorization for you to procure consumer reports at any time during my employment (or contract) period.

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
SOCIAL SECURITY NUMBER

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

