



DRIVER'S APPLICATION FOR EMPLOYMENT

(answer all questions – please print)

Date: _____

We appreciate your interest in employment with Russell Reid / Mr. John. Please complete all sections of this application. We do not discriminate on the basis of sex, age, race, creed, religion, color, national origin, marital status, sexual orientation, citizenship status, pregnancy or disability. We are a drug free employer.

Name _____ Social Security No. _____

List your addresses of residency for the past 3 years:

Current Address _____ How Long? _____

Street _____

City, State & Zip _____

Phone _____ Date of Birth _____

Previous Addresses _____ How Long? _____

Street _____ City, State & Zip _____

Street _____ City, State & Zip _____

Street _____ City, State & Zip _____

Street _____ City, State & Zip _____

How were you referred to Russell Reid / Mr. John? _____

Have you ever applied for a job with this company before? Yes No

If so, when and where? _____

What position are you applying for? _____ Salary desired: _____

Other positions you would consider: _____

Are you interested in: ____ Full Time ____ Part Time ____ Temporary

Are you authorized to work in the US? Yes No

Can you work overtime when necessary? Yes No

Russell Reid / Mr. John conducts background checks on all candidates. Have you ever been convicted of a crime, excluding traffic violations, which has not been annulled or expunged or sealed by the court?

Yes No

If so, please give full details: _____

Are you currently employed? Yes No

If so, may we contact your present employer? Yes No

When are you available for work? _____

Is there anything that would prevent you from being able to perform the essential functions of the job for which you are applying? Yes No

If so, please specify. _____

EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the **preceding 3 years**. **List complete mailing address, street number, city, state, zip code, and phone number.** All gaps in employment and/or unemployment must be explained.

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.)

Employer	Dates
Name	From _____ To _____
Address	Position Held
City _____ State _____ Zip _____	Salary / Wage
Contact Person _____ Phone Number _____	Reason For Leaving
Were you subject to the FMCSRs* while employed?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Employer	Dates
Name	From _____ To _____
Address	Position Held
City _____ State _____ Zip _____	Salary / Wage
Contact Person _____ Phone Number _____	Reason For Leaving
Were you subject to the FMCSRs* while employed?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Employer	Dates
Name	From _____ To _____
Address	Position Held
City _____ State _____ Zip _____	Salary / Wage
Contact Person _____ Phone Number _____	Reason For Leaving
Were you subject to the FMCSRs* while employed?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Employer	Dates
Name	From _____ To _____
Address	Position Held
City _____ State _____ Zip _____	Salary / Wage
Contact Person _____ Phone Number _____	Reason For Leaving
Were you subject to the FMCSRs* while employed?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?	Yes <input type="checkbox"/> No <input type="checkbox"/>

*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 or used to transport nine or more passengers, OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

DRIVING RECORD

ACCIDENT RECORD for past 3 years. **If none, write none.**

Dates	Nature of Accident (Head On, Rear End, Upset, Etc.)	Fatalities	Injuries

(Attach sheet if more space is needed)

TRAFFIC CONVICTIONS and **FINES** for the past 3 years (other than parking violations). **If none, write none.**

Location	Date	Charge	Penalty

(Attach sheet if more space is needed)

EXPERIENCE & QUALIFICATIONS

Class of Equipment	Type of Equipment (Van, Tank, Flat, Etc.)	Dates		Approx. No. Of Miles (Total)
		From	To	
Straight Truck				
Tractor and Semi-Trailer				
Tractor – Two Trailers				
Motorcoach / School Bus				
Other:				

Driver License	State	License No.	Type	Expiration Date

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

B. Has any license, permit or privilege ever been suspended or revoked? Yes No

If the answer to either A or B is yes, attach statement giving details.

C. Have you tested positive, or refused to test, on any DOT regulated drug or alcohol test, during the past 3 years? Yes No

EDUCATION

Last School Attended: _____
Name City

EXPERIENCE & QUALIFICATIONS – OTHER

List courses and training not shown elsewhere in this application. _____

List special equipment or technical materials you can work with (other than those already shown). _____

List states operated in for last five years. _____

List any safe driving awards you hold and from whom? _____

TO BE READ AND SIGNED BY APPLICANT

I certify that the information provided in this application is correct to the best of my knowledge. I further understand that falsification of any information in this application is grounds for denial of, or dismissal from employment. If employed by Russell Reid / Mr. John (the "Company"), I agree to abide by the rules and regulations of the Company. **I further understand that if employed, my employment will be at-will, which means that my employment can be terminated at any time, with or without cause or notice, at the option of either the Company or me.**

I authorize you to make such investigations and inquires of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquires 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 information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

- Review information provided by current/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 can not agree on the accuracy of the information.

In accordance with the provisions of Section 604(b)(2)(A) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I, of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on you for employment purposes. These reports are required by Sections 382.413, 391.23, and 391.25 of the Federal Motor Carrier Safety Regulations.

I understand that the foregoing cannot be modified without a separate written agreement signed by the President of Russell Reid.

Date

Applicants Signature