

ROCK STAFFING DRIVER APPLICATION FOR EMPLOYMENT

Date of application: ____/____/____

Name: _____
(First) (Middle) (Last)

Address: _____

(Street) (City) (State & Zip)

How long at this address: _____ Phone: _____ Cell: _____

Date of Birth: ____/____/____ Social Security Number: _____

Are you a U.S citizen: _____ If not, do you have a legal right to work in the United States: _____

THREE YEAR ADDRESS HISTORY

(Street) (City) (State & Zip) How long: _____

(Street) (City) (State & Zip) How long: _____

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DRIVERS LICENSES OF THE LAST 3 YEARS

(License No.) (State) (Expiration Date)

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Have you worked for this company before? _____ Where? _____

Dates: ____/____/____ to ____/____/____

Can you begin work immediately? _____ If not, when? ____/____/____

ACCIDENT RECORD FOR PAST 3 YEARS

Date	Location	Nature of Accident	Injuries/Fatalities

TRAFFIC CONVICTIONS FOR THE PAST 3 YEARS

Date	Location	Violation	Penalty

EQUIPMENT EXPERIENCE

<u>Tractor/Trailer</u>	<u>Length of Experience</u>	<u>Straight Truck</u>	<u>Length of Experience</u>
Dry Van	_____	Box	_____
Reefer	_____	Reefer	_____
Flat Bed	_____	Flatbed	_____
Low Boy	_____	Tanker	_____
Drop Deck	_____	Dump	_____
Tanker	_____	Cement	_____
Dbls/Trpls	_____	Sanitation	_____
Dump Trailer	_____	Bus	_____
Car Hauler	_____	Other	_____
Bus	_____		
Other	_____		

OTHER EXPERIENCE or CERTIFICATIONS (Circle all that apply)

Forklift Moffette Boom Truck Roll off Other _____

MILITARY STATUS

Have you served in the U.S. Armed Forces? _____ Branch: _____

From _____/_____/_____/_____ to _____/_____/_____/_____ Date of discharge _____/_____/_____

Reserve Status: _____

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

Last school attended: _____
(Name) (City)

PAST EMPLOYMENT RECORD Please list all full-time and part-time employment during the past 10 years. Start with the current or most recent employer and work backwards. The address must include street, city, state and zip code. If you drove as, or for, an owner-operator, list the company the vehicle was leased to as employer.

CURRENT / MOST RECENT EMPLOYER DATES: ____/____/____ to ____/____/____
Name: _____ Phone: _____
Address: _____ City: _____ State: _____
Zip: _____
Position Held: _____ Number of states driven: _____ Number of accidents: _____

Subject to FMCSR regulations: () Yes () No Subject to drug/alcohol testing requirements: () Yes () No

Equipment: () Straight truck () Semi Type of trailer: () Dry Van () Reefer () Flatbed () Tanker
() Dump () Cement () Other _____

Commodities hauled: _____

Reason for leaving: _____

List dates of unemployment: ____/____/____ to ____/____/____

PREVIOUS EMPLOYER DATES: ____/____/____ to ____/____/____
Name: _____ Phone: _____
Address: _____ City: _____ State: _____
Zip: _____
Position Held: _____ Number of states driven: _____ Number of accidents: _____

Subject to FMCSR regulations: () Yes () No Subject to drug/alcohol testing requirements: () Yes () No

Equipment: () Straight truck () Semi Type of trailer: () Dry Van () Reefer () Flatbed () Tanker
() Dump () Cement () Other _____

Commodities hauled: _____

Reason for leaving: _____

List dates of unemployment: ____/____/____ to ____/____/____

PREVIOUS EMPLOYER DATES: ____/____/____ to ____/____/____
Name: _____ Phone: _____
Address: _____ City: _____ State: _____
Zip: _____
Position Held: _____ Number of states driven: _____ Number of accidents: _____

Subject to FMCSR regulations: () Yes () No Subject to drug/alcohol testing requirements: () Yes () No

Equipment: () Straight truck () Semi Type of trailer: () Dry Van () Reefer () Flatbed () Tanker
() Dump () Cement () Other _____

Commodities hauled: _____

Reason for leaving: _____

List dates of unemployment: ____/____/____ to ____/____/____

PREVIOUS EMPLOYER DATES: _____/_____/_____ to _____/_____/_____
Name: _____ Phone: _____
Address: _____ City: _____ State: _____
Zip: _____
Position Held: _____ Number of states driven: _____ Number of accidents: _____

Subject to FMCSR regulations: () Yes () No Subject to drug/alcohol testing requirements: () Yes () No

Equipment: () Straight truck () Semi Type of trailer: () Dry Van () Reefer () Flatbed () Tanker
() Dump () Cement () Other _____

Commodities hauled: _____

Reason for leaving: _____

List dates of unemployment: _____/_____/_____ to _____/_____/_____

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Name: _____ Phone: _____
Address: _____ City: _____ State: _____
Zip: _____
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Equipment: () Straight truck () Semi Type of trailer: () Dry Van () Reefer () Flatbed () Tanker
() Dump () Cement () Other _____

Commodities hauled: _____

Reason for leaving: _____

List dates of unemployment: _____/_____/_____ to _____/_____/_____

MOTOR VEHICLE RECORD

1. Have you ever been convicted, or forfeited a bond or collateral, or are any charges pending, for driving while intoxicated (DWI) or under the influence (DUI) of alcohol, a narcotic drug, amphetamines or derivatives thereof? () Yes () No
2. Have you ever refused testing, or had a positive, adulterated, or substituted test result in any pre-employment, random, return-to-duty, post-accident, or follow-up drug or alcohol test. () Yes () No
3. Have you ever been convicted, or forfeited a bond or collateral, or are any charges pending, for possession, sale or use of a narcotic drug, amphetamine, a derivative thereof, or any other unlawful drug or drug paraphernalia, or are any such charges pending? () Yes () No
4. Have you ever been convicted, or forfeited a bond or collateral, for leaving the scene of an accident, or are any such charges pending? () Yes () No
5. Have you ever been convicted, or forfeited a bond or collateral, for a felony involving a motor vehicle, or are any such charges pending? () Yes () No

6. In any 10 year period have you been convicted, or forfeited a bond or collateral for violating out-of-service orders in separate incidents? Yes No
7. In any 10 year period have you been convicted, or forfeited a bond or collateral for an out-of-service order while transporting hazardous materials required to be placarded or while operating a vehicle designed to transport more than 15 passengers? Yes No
8. Have you ever been convicted, or forfeited a bond or collateral for driving while license suspended, revoked, invalid or expired, or are any such charges pending? Yes No
9. Have you ever been convicted, or forfeited a bond or collateral for manslaughter, homicide, or negligent homicide by motor vehicle, or are any such charges pending? Yes No
10. Have you ever been convicted, or forfeited a bond or collateral for using a motor vehicle to commit a felony involving manufacturing, distributing, or dispensing a controlled substance, or are any such charges pending? Yes No
11. Have you ever been convicted, or forfeited a bond or collateral for speeding 15 mph or more Over the posted limit, or are any such charges pending? Yes No
12. Have you ever been convicted, or forfeited a bond or collateral for careless or reckless driving, or are any such charges pending? Yes No
13. Have you ever been convicted, or forfeited a bond or collateral for making an improper or erratic traffic lane change, or for following the vehicle ahead too closely? Yes No
14. Have you ever been convicted, or forfeited a bond or collateral for motor vehicle traffic control violation that involved a fatal accident? Yes No
15. Have you ever operated a commercial motor vehicle without obtaining a CDL, or without a CDL in your possession, or without the proper CDL class of proper endorsements for the vehicle and cargo? Yes No
16. Have you ever been denied a license, permit, or privilege to operate a motor vehicle:
If yes give details: _____ Yes No
17. Has any license, permit or privilege ever been suspended or revoked:
If yes give details: _____ Yes No
18. Have you ever been convicted, or forfeited a bond or collateral for a railroad-highway crossing violation, or are any such charges pending? Yes No
19. Have you ever been granted a waiver under section 391-49 of the FMCSR pertaining to the loss of foot, leg, hand or arm? Yes No

RECORD OF CONVICTIONS

1. Have you ever pled guilty or been convicted of a felony? Yes No
2. Have you ever pled guilty or been convicted of a misdemeanor? Yes No
3. Do you currently have any criminal actions pending in which you are a defendant? Yes No
4. Are you currently on probation or parole? Yes No

CERTIFICATION

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

_____/_____/_____
DATE

APPLICANT'S SIGNATURE

APPLICANT AUTHORIZATION AND RIGHTS

Applicant Authorization:

I hereby request and authorize Rock Staffing, or any company that receives this application, to make, at any time, an investigation of my background for employment or contract for services purposes, which may include, but is not limited to, any information relating to my character, general reputation, personal characteristics, mode of living, prior employment, accident or incident history, alcohol or drug test results, or failure to submit to an alcohol or drug test, reason for termination of employment, record of criminal convictions, deferred prosecutions, charges pending, educational background, or any other information about me which may reflect upon my potential for employment or contract for services. Further, I hereby authorize, fully understand and acknowledge, that any prior employers, prior lessors, educational institutions, organizations, entities, references, or any other individuals, agents or contractors, to release any and all information they may have regarding this application, and I agree to release them from any and all liability for supplying said information. In connection with my application for employment or contract for services, I understand that reports that may contain public record information may be requested from consumer reporting agencies. Although the completion of this application does not assure me of a position with any company or obligate any company in any way, I understand that if I am hired, false or misleading information given in my application or interview(s) may result in termination of my employment. Also, as an employee, I understand that I am required to obey all the rules and regulations of my employer. I have completed this application of my own free will and hold Rock Staffing., harmless of all liability for providing it for my use, and hold any company that receives it harmless of all liability in regard to it. If hired by Rock Staffing., this authorization shall remain on file and shall serve as ongoing authorization for Rock Staffing, or for any company that receives this application to procure consumer reports at any time during my Rock Staffing., employment period.

Applicant Rights

I understand that I have the following rights: the right to review employment verification, accident records, alcohol and control substance testing results, and all other information provided by my previous DOT regulated employer(s); the right to have previous employer(s) correct errors in the information and to re-send the corrected information to a prospective employer, and the right to have a rebuttal statement attached to the alleged erroneous information, if any previous employer and I cannot agree on the accuracy of the information.

I have read and agree to the Applicant Authorization, and I have read and acknowledge receipt of the Applicant Rights notification.

____/____/____
DATE

APPLICANT'S SIGNATURE

**Motor Vehicles Driver's
CERTIFICATION 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 Federal Motor Carrier Safety Regulations 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) POSSESS ONLY ONE LICENSE: You, as a commercial vehicle driver, may not possess more than one motor vehicle operator's license. If you have more than one license, keep the license from your state of residence and return the additional licenses to the states that issued them. DESTROYING a license does not close the record in the state that issued it; you must notify the state. If a multiple license has been lost, stolen, or destroyed, close your record by notifying the state of issuance that you no longer want to be licensed by that state.

2) NOTIFICATION OF LICENSE SUSPENSION, REVOCATION OR CANCELLATION: Sections 391.15(b)(2) and 383.33 of the Federal Motor Carrier Safety Regulations 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 violate a state or local traffic law (other than parking), you must report it within 30 days to: 1) your employing motor carrier, and 2) the state that issued your license (If the violation occurs in a state other than the one which issued your license). The notification to both the employer and state must be in writing.

The following license is the only one I will possess:

Driver's License # _____ State _____ Exp. Date _____

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

Driver's Name (Printed): _____

Driver's Signature: _____

Date _____

Drivers Statement of On-Duty Hours For Newly Hired Drivers

Federal Motor Carrier Safety Regulations – § 395.8 (j) (2) – Motor Carriers, when using a driver for the first time or intermittently, shall obtain from the driver a signed statement giving the total time on duty during the immediately preceding 7 days and the time at which the driver was last relieved from duty prior to beginning work for the motor carriers. Note: Hours for any compensated work, including work for a non-motor carrier entity, must be recorded on this form.

Driver Name _____ Social Security No. _____

Driver's License: State _____ Number _____ Class _____

Endorsement(s) _____ Restriction(s) _____

Type of License _____ Issuing State _____

Day	1 <small>(yesterday)</small>	2	3	4	5	6	7	
Date								Total Hours
Hours Worked								

I hereby certify that the information given above is correct to the best of my knowledge and belief and that I was last relieved from work at _____ AM PM on _____.
(Time) (Date)

 Driver's Signature Date

Federal Motor Carrier Safety Regulations – § 395.2 (8) and (9) – On duty time means all time from the time a driver begins to work or is required to be in readiness to work until the time the driver is relieved from work and all responsibility for performing work. **On duty time** shall include:
 (8) Performing any other work in the capacity, employ or service of a motor carrier; and
 (9) Performing any compensated work for a person who is not a motor carrier.

Are you currently working for another employer? Yes _____ No _____

At this time do you intend to work for another employer while still employed by this company? Yes _____ No _____

I hereby certify that the information given above is true. I also understand that once I become employed with this company if I begin working for any additional employer(s) for compensation that I must immediately inform this company of such employment activity.

 Driver's Signature Date

REQUEST FOR PREVIOUS EMPLOYMENT INFORMATION

To the former Employer: FMCSR's parts 382.413 requires motor carriers to obtain certain previous employment information. Therefore, you are hereby authorized to release to this company, any and all information regarding my duties, character, conduct, positive drug and/or alcohol test, or any refusals to submit to any drug and/or alcohol test pursuant to CFR49 part 382.405 para. (F) & (H)

Applicant print name: _____ Sign NameX _____
Social Security # _____ Date: _____
Previous Employer: _____ Phone:(_____) _____
Address: _____ Fax:(_____) _____

Has made applied and states (s)he worked for your company From: _____ To: _____.
We appreciate your help in completing this information. **Please FAX the information to: 770-783-5841**

1. Are the above dates of employment correct? Yes No Correct Dates: _____

2. Was the employee a driver? Yes No Full Time Part Time Seasonal

3. Type of Trailers? Van Flat Reefer Doubles Tank Lengths _____

4. Hazardous Material? Yes No

5. Number of Accidents? _____ Preventable? _____ Job related injuries _____

6. Was this employee reliable/dependable? Yes No

6a. Eligible for rehire? Yes No

7. Why did this employee separate from your company? _____

8. In the last THREE years...

(a) did this employee ever refuse a Drug or Alcohol Test? Yes No

(b) did this employee ever test positive on a Drug Test? Yes No

(c) did this employee ever test positive on a Alcohol Test? Yes No

9. Has this individual violated other DOT Drug and/or Alcohol regulations? Yes No

12. Have you received information from a previous employer that this individual violated Drug and Alcohol regulations? Yes No

If you answered yes to questions 8, 9, 10, 11 or 12; please include the results of the test and the name, address, and phone number of the SAP the employee was referred to.

SAP: _____

Signature/Title of the person responding

Phone _____ Date _____

MEMO TO ALL NEW ROCK STAFFING CONTRACT EMPLOYEE DRIVERS

We want to extend our best wishes to you on your new employment venture. Several issues need to be addressed concerning your new employment including your understanding about your employment, your responsibilities and the payroll procedures.

Each employee is recruited and placed by Rock Staffing but is actually employed by Personnel Staffing Group, LLC aka "MVP" aka "PSG." Each employee placed as a driver shall operate their designated vehicles according to, and within the guidelines of the State and Federal Department of Transportation and the regulations under the Federal Motor Carriers Safety Regulations guidelines as directed by the US DOT. Each contract employee is REQUIRED to have and wear "steel toe" boots or shoes at all times when working starting their first day of work.

Understand that for the purpose of contract employment, any assignment(s) shall be considered as a "casual" assignment and a one-time occurrence, whether they are daily, "temp to perm" or long term assignment(s).

Rock Staffing does not dispatch. All dispatches and work assignments are given to you directly by the client. Each contract employee shall report to their assigned position at the client's location and at the designated time as directed by the client. Failure to report on time or FAILURE TO REPORT AT ALL without advance notice could result in REDUCTION OF PAY OR TERMINATION. We are paying top wages for your assignment and expect your fullest attention to professionalism.

You will be paid on a weekly basis. REMEMBER THAT YOU WILL BE PAID THE FRIDAY FOLLOWING THE PREVIOUS WORK WEEK.

If for any reason your assignment ends, please contact us immediately. In order to receive your final check, we must receive a clearance from the client that you have returned all issued equipment (cell phone, pager, lumper checks etc...).

Drivers are subject to periodic drug screenings, as well as initial and periodic MVR's and Criminal Background checks. If it is found that you have not reported an accident or citation or even a license suspension, you may be subject to immediate termination. DRIVE SAFELY AND KEEP THE MVR'S CLEAN!

The signature below shall acknowledge that for purposes of employment, I have received and understand these instructions, and that I will to the best of my ability follow and abide them.

Driver's Printed Name

Cell Phone#

Driver's Signature

Date