



284 Cardiff Valley Road • Rockwood, Tennessee • 37854 • (800) 404-5361 / (865) 354-6122

Application for Employment Commercial Drivers

This transportation company is an equal opportunity employer in compliance with all Federal and State equal employment opportunity laws. Consideration of qualified applicants for any position is made without regard to the applicant's sex, race, color, national origin, marital status, age religion or non-job related disability.

Date: _____

Position(s) Applied For: _____

Name: _____ Date of Birth: _____
Last First Mi

Address: _____
Street City State Zip

Phone: _____ Social Security Number: _____

Previous Address: _____ How Long: _____
Street City State Zip

Address: _____ How Long: _____
Street City State Zip

Can you legally be employed in the United States? _____ Do you have proof of age? _____

Have you ever been employed by this company before? _____ If so, When? _____

What was your rate of pay? _____ Position Held? _____

Reason for leaving? _____

Currently employed? _____ May we contact your present employer? _____

If not, How long since you were last employed? _____ What pay rate are you expecting? _____

How did you hear about this company? _____

After reviewing the job description, for what reasons might you be unable to perform the duties of the position for which you are applying? You may explain: _____

Employment History - Past 10 Years

Please give the following information regarding your current and previous employers. Start with the most recent. Use additional sheets if necessary and please explain any employment gaps.

Employer:	Contact:	Phone:
Date: From: ___/___/___ To: ___/___/___ Position: _____ Salary: _____	Address: _____ City: _____ State: _____ Zip: _____ Reason for Leaving: _____ _____	

Employer:	Contact:	Phone:
Date: From: ___/___/___ To: ___/___/___ Position: _____ Salary: _____	Address: _____ City: _____ State: _____ Zip: _____ Reason for Leaving: _____ _____	

Employer:	Contact:	Phone:
Date: From: ___/___/___ To: ___/___/___ Position: _____ Salary: _____	Address: _____ City: _____ State: _____ Zip: _____ Reason for Leaving: _____ _____	

Employer:	Contact:	Phone:
Date: From: ___/___/___ To: ___/___/___ Position: _____ Salary: _____	Address: _____ City: _____ State: _____ Zip: _____ Reason for Leaving: _____ _____	

Please use this space for comments, additional information, or to explain periods of time between employers: _____

Driving Qualifications and Experience

LICENSES HELD:

State: _____ License No.: _____ Type: _____ Expiration Date: _____

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EQUIPMENT EXPERIENCE:

Equipment Class (Please Check)	Equipment Type (Van, Flat, Tank, Reefer)	For How Long?	Total Miles (Approx.)
Tractor w/Semi Trailer			
Tractor w/Two Trailer			
Straight Truck			
Other			

In what states have you operated in the past three years? _____

Have you ever had your license revoked or suspended? _____ If so, when and where? _____

Why? (Please explain) _____

Have you ever been convicted of a felony? _____ If so, when and where? _____

Why? (Please explain) _____

Have you tested positive for a pre-employment or random Drug or Alcohol test in the past two years?

Yes _____ No _____

Accidents and Violations

ACCIDENTS IN THE PAST THREE YEARS

(List most recent first – attach additional sheets if necessary)

Date: _____ Injuries? _____ Fatalities? _____ Vehicle Type: _____ Describe: _____

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TRAFFIC CONVICTIONS IN THE PAST THREE YEARS

(Not parking violations)

Date: _____ Where? _____ Violation: _____ Penalty: _____

Date: _____ Where? _____ Violation: _____ Penalty: _____

Date: _____ Where? _____ Violation: _____ Penalty: _____

Education and Training

Please provide the following information about completed education, starting with the most recent.

School or University	Years Completed	Field of Study	Graduate? (yes or no)	When?

Have you ever served in the military? _____ If so, when and what branch _____

Please list any training you have received that you think will benefit you in the position for which you are applying: _____

Please provide three personal references. These references should not be people related to you or former supervisors.

Name	Years Known	Phone Number

Please use the following space to list any experience or knowledge you have, not mentioned previously, special accomplishments, or comments you would like us to consider.



Carefully Read The Following and Sign Below

By signing this statement, I certify that this employment application has been completed by me, and all of the entries provided are true, complete and accurate, to the best of my knowledge. By signing below I also authorize this company to make such inquiries into my employment, financial, personal or medical history as might be needed to make an employment decision. I understand that inquiries into my medical history are generally made after a job offer is accepted.

I hereby release my former employers, healthcare providers and schools from any and all liability in making response to these inquiries and from releasing the requested information.

Applicant's Signature

Date

(Do not write below this line – Office use only)

Interview Notes

Date: _____

Interviewer: _____

Comments:

Application Results

Hired or Rejected? _____ Hire Date: _____ Position: _____

If rejected, Why? _____

Date to Start: _____ Starting Pay: _____

Comments, Complaints, Etc: _____

Termination Date: _____ Quit or Dismissed? _____ Why? _____

Authorization for Driving Record Check

By signing below I authorize you to release the information requested for _____ as dictated by the Federal Motor Carrier Safety Regulations. I hereby release you from any liability which might be the result of providing this information.

Driver's Signature:

Date:

- I. By signing below, I certify that the information requested is to be used for a "permissible purpose", as defined by provisions of the Fair Credit Reporting Act, Sections 604 and 60
- II. I also certify that should the individual be named hereafter be denied employment as a result of information received through this request, the source of the information will be identified in compliance with Section 61 of the Act.

Signature:

Date:

Representative of: _____

This information is requested from the following reporting agencies: _____

To Whom It May Concern:

The person named below has sought employment from this company _____
In accordance with the Federal Department of Transportation Regulations, Part 391, please provide the applicant's driving record for the past three years.

Driver's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

License Number: _____ Social Security Number: _____ D.O.B. _____

Company Requesting Information

Name of Company

Name of Company Representative

Signature of Representative

Title

Request and Consent for Information from Previous Employer

By signing below, I authorize my former employer listed hereafter to release the information requested in regard to employment and controlled substance testing to Roane Transportation Services, LLC as dictated by the Federal Motor Carrier Safety Regulations. As my former employer, I release you from any liability which might be the result of providing this information.

Driver's Name (Please Print) Social Security Number Driver's Signature Date

Information Requested From

Previous Employer's Name: _____ Contact: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

To Whom It May Concern:

The person named below has, while seeking employment with this company _____ stated that he/she held a position with your company as _____ from _____ to _____. Your time in answering the questions in the form below is greatly appreciated. Be assured that you provide this information in confidence, to assist in this company's hiring process. Thank you for your assistance.

Signature and Title of Company Representative

Please answer the following questions

During what period of time was this individual employed with your company? From: ___ / ___ / ___

To: ___ / ___ / ___

Did the individual operate a motor vehicle? _____ If so, what type? Tractor-Trailer ___ Straight Truck ___
Other (please explain): _____

How would you describe his/her conduct? Good _____ Fair _____ Poor _____

Did this individual perform their duties safely? _____

At what wage/salary was he/she employed? _____

Under what circumstances did the individual leave your employment? _____

In the past two years, did this person test positive for any controlled substances? _____

If so, please list the name and address of the Professional Testing Organization that performed the test: _____

Request and Consent for Information from Previous Employer (Continued)

By signing the previous page I authorize the aforementioned company to release and forward any information regarding my Alcohol and Controlled Substances Testing/Training records to:

Prospective Employer

Has this person tested positive for a controlled substance in the last two years?

Yes _____ No _____

Has this person had an alcohol test with a Breath Alcohol Concentration of 0.04 or greater in the last two years?

Yes _____ No _____

Has this person refused a required test for drugs or alcohol in the last two years?

Yes _____ No _____

Has this person, to your knowledge, failed a drug or alcohol test for a previous employer?

Yes _____ No _____

If YES to any of the above questions, please give the SAP's (Substance Abuse Professional) name, address and phone number for further reference.

SAP (Name): _____ Phone Number: _____

Address: _____

Completed By: _____ Date: _____

Received By: _____ Date: _____

Received By: Phone _____ Fax _____ Personal Interview _____ Mail _____
