

EMPLOYMENT APPLICATION

Roth Trucking, Inc.
3730 Elk Vale Rd.
Rapid City, SD 57703

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 applying for: _____

Name: _____ Social Security No.: _____
Last First Middle

Telephone Numbers: _____

Current Driver's License-State: _____ Number: _____ Expiration: _____ Class/Endorsements: _____

List your addresses of residency for the past 3 years.

Current address: _____
Street City
State How Long?

Previous addresses: _____
Street City, State, Zip Code How Long?
Street City, State, Zip Code How Long?

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

Date of Birth: _____ Can you provide proof of age? _____

Have you worked for this company before? _____ Dates From: _____ to: _____

Rate of Pay: _____ Position: _____ Reason for Leaving: _____

Are you employed now? _____ If no, how long since leaving last employment? _____

Who referred you? _____

Is there any reason you might be unable to perform the functions of the job for which you are applying? _____

If yes, explain if you wish: _____

EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years.

Applicants to drive a commercial motor vehicle in intrastate of interstate commerce shall also provide an additional 7 years' information on those employers for whom the applicant operated such vehicle. This includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

List employers in starting with the most recent. Add another sheet if necessary.

EMPLOYER			DATE
Name:			From: to:
Address:			Position:
City:	State:	Zip:	Salary/Wage:
Contact Person:		Reason for leaving:	

EMPLOYER			DATE
Name:			From: to:
Address:			Position:
City:	State:	Zip:	Salary/Wage:
Contact Person:		Reason for leaving:	

EMPLOYER			DATE
Name:			From: to:
Address:			Position:
City:	State:	Zip:	Salary/Wage:
Contact Person:		Reason for leaving:	

EMPLOYER			DATE
Name:			From: to:
Address:			Position:
City:	State:	Zip:	Salary/Wage:
Contact Person:		Reason for leaving:	

EMPLOYER			DATE
Name:			From: to:
Address:			Position:
City:	State:	Zip:	Salary/Wage:
Contact Person:		Reason for leaving:	

Accident Record for the Past 3 years or more (attach sheet if more space is needed). If none, write none.

DATES	NATURE OF ACCIDENT (head-on, rear-end, etc.)	FATALITIES	INJURIES
Last Accident			
Next Previous			
Next Previous			

Traffic convictions and forfeitures for the past 3 years (other than parking violations). If none, write none.

LOCATION	DATE	CHARGE	PENALTY

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

EXPERIENCE AND QUALIFICATIONS --DRIVER

DRIVER LICENSES	STATE	LICENSES	TYPE/Endorsements	EXPIRATION DATE

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 of the above questions is YES, then attach a statement giving details.

DRIVING EXPERIENCE--If none, write none.

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (van, tank, flat, etc.)	DATE		APPROX. NUMBER OF MILES
		FROM	TO	
Straight Truck				
Tractor + Semi-Trailer				
Tractor + Two Trailers				
Motorcoach – school bus				

List states operated in for last 5 years: _____

Show special courses or training that will help you as a driver: _____

EXPERIENCE AND QUALIFICATIONS--OTHER

Show any trucking, transportation, heavy equipment or other experience that may help in your work for this company.

List courses and training other than shown elsewhere in this application.

TO BE READ AND SIGNED BY APPLICANT

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

I authorize Roth Trucking, Inc. to make inquiries of my employment, personal, financial, medical history or other related matters that may be necessary in arriving at an employment decision. 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.

In the event of my employment, I understand that false or misleading information given in my application or interview may result in discharge. I understand that I am required to abide by all rules and regulations of the company.

Date

Applicant's Signature

DRIVER DECLARATION

Federal Motor Carrier Safety Regulations

49 CFR 40.25 (j)

Name of Driver

Social Security Number

Signature of Driver

Drivers License Number

Today's Date

_____ I certify that **I have not failed or refused** a DOT drug and/or alcohol pre-employment test within the last two years from and employer who did not hire or use me.

_____ I certify that **I have failed or refused** a DOT drug and/or alcohol pre-employment test within the last two years from and employer who did not hire or use me.

If so, list motor carrier:

Name of Motor Carrier

Address of Motor Carrier

City, State Zip code