

# ROTH TRUCKING, INC. - EMPLOYMENT APPLICATION

Mailing: Roth Trucking, Inc.  
P.O. Box 1580  
Rapid City, SD 57709

Physical: Roth Trucking, Inc.  
2135 Dakota Craft Dr.  
Rapid City, SD 57701

Phone: 605-341-0800  
Fax: 605-348-1965  
rothaccount@rothtrucking.com

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, sex, national origin, age, marital status, non-job related disability or any other protected group status.

Date of application: \_\_\_\_\_

Position applying for: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Phone: (Mobile) \_\_\_\_\_

(Home) \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Can you provide proof of age? \_\_\_\_\_

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

Current Driver's License Information:

State: \_\_\_\_\_

License Number: \_\_\_\_\_

Expiration: \_\_\_\_\_

Class/Endorsements: \_\_\_\_\_

Please list addresses of residency for the past three years.

Current Address: \_\_\_\_\_  
Street Name  
City, State Zip Code

Previous Addresses: \_\_\_\_\_  
Street Name City, State Zip Code  
Street Name City, State Zip Code

Have you worked for Roth Trucking before? \_\_\_\_\_

Dates Employed: \_\_\_\_\_  
Previous Hire Date Last Day Worked

Position: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Are you currently employed? \_\_\_\_\_ If not, how long since leaving last employment? \_\_\_\_\_

How were you referred to Roth Trucking? \_\_\_\_\_

Is there any reason you might be unable to perform the functions of the job for which you have applied? \_\_\_\_\_

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 three years of the application date. List complete mailing address, street number, city, state, and zip code.

Those applying to drive a commercial motor vehicle\* in intrastate or interstate commerce are required to provide additional employer information for the seven year period preceding the above-mentioned three year period.

\*Includes vehicles having a GVWR of 26,001lbs. or more, vehicles designed to transport 16 or more passengers (including the driver), or any vehicle used to transport hazardous materials requiring placarding.

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

EMPLOYER			DATE	
Name:			From:	To:
Address:			Position:	
City:	State:	Zip:	Salary/Wage:	
Contact Person:		Phone #:		
Reason for Leaving:				
Were you subject to the Federal Motor Carrier Safety Regulations (FMCSR) while employed?			<input type="checkbox"/>	YES <input type="checkbox"/>
Were you subject to alcohol and controlled substance abuse testing requirements as required by 49 CFR Part 40?			<input type="checkbox"/>	YES <input type="checkbox"/>

EMPLOYER			DATE	
Name:			From:	To:
Address:			Position:	
City:	State:	Zip:	Salary/Wage:	
Contact Person:		Phone #:		
Reason for Leaving:				
Were you subject to the Federal Motor Carrier Safety Regulations (FMCSR) while employed?			<input type="checkbox"/>	YES <input type="checkbox"/>
Were you subject to alcohol and controlled substance abuse testing requirements as required by 49 CFR Part 40?			<input type="checkbox"/>	YES <input type="checkbox"/>

EMPLOYER			DATE	
Name:			From:	To:
Address:			Position:	
City:	State:	Zip:	Salary/Wage:	
Contact Person:		Phone #:		
Reason for Leaving:				
Were you subject to the Federal Motor Carrier Safety Regulations (FMCSR) while employed?			<input type="checkbox"/>	YES <input type="checkbox"/>
Were you subject to alcohol and controlled substance abuse testing requirements as required by 49 CFR Part 40?			<input type="checkbox"/>	YES <input type="checkbox"/>

## ACCIDENT RECORD

List any accidents for the past three years or more. Attach another sheet if necessary. If none, write none.

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

## TRAFFIC CONVICTIONS

List any traffic convictions and forfeitures for the past three years (other than parking violations). Attach another sheet if necessary. If none, write none.

LOCATION	DATE	CHARGE	PENALTY

## DRIVER EXPERIENCE AND QUALIFICATIONS

List all driver's licenses and permits held within the last three years.

	STATE	LICENSES/PERMITS	CLASS/ENDORSEMENTS	EXPIRATION DATE
DRIVER'S				
LICENSES				

Have you ever been denied a license, permit, or privilege to operate a motor vehicle?      YES      NO

Has your license, permit, or privilege to operate ever been suspended or revoked?      YES      NO

If the answer to either of the above questions is YES, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**DRIVING EXPERIENCE**

If none, write none.

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT	DATE		APPROX. # OF MILES
		FROM (M/Y)	TO (M/Y)	
STRAIGHT TRUCK				
TRACTOR AND SEMI-TRAILER				
TRACTOR – TWO TRAILERS				
MOTOR COACH – SCHOOL BUS				
OTHER				

List states operated in for the last five years: \_\_\_\_\_  
\_\_\_\_\_

**OTHER EXPERIENCE AND QUALIFICATIONS**

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

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

List any additional courses or training not shown on this application:

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

List any special equipment or technical materials you can work with not shown on this application:

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

**EDUCATION**

Circle Highest Grade Completed: 1 2 3 4 5 6 7 8 High School: 9 10 11 12 College: 1 2 3 4

Last School Attended: \_\_\_\_\_  
Name City, State

**DRIVER DECLARATION**

Federal Motor Carrier Safety Regulations

49 CFR 40.25 (j)

\_\_\_\_\_  
Name of Driver

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Signature of Driver

\_\_\_\_\_  
Driver's 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 three years from an 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 three years from an employer who did not hire or use me.

If so, list Motor Carrier's Information:

Name of Motor Carrier: \_\_\_\_\_

Motor Carrier Address: \_\_\_\_\_  
Street Name

City, State

Zip Code

Phone #: \_\_\_\_\_

Fax #: \_\_\_\_\_

**TO BE READ AND SIGNED BY APPLICANT**

I authorize Roth Trucking, Inc. to make such investigations and inquiries of my personal, employment, financial, medical history, or other related matters that may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only 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.

In the event of my employment, I understand that false or misleading information given in my application or interviews may result in my discharge. I understand, also, that I am required to abide by all rules and regulations set forth by Roth Trucking, Inc.

I understand that the information I have provided regarding current and/or previous employers may be used, and current and/or previous employers will be contacted, for the purpose of investigating my safety performance history as required by Section 391.23(d) and (e) of the Federal Motor Carrier Safety Regulations (FMCSR). I understand that I have certain due process rights under the FMCSR regarding the information received as a result of these investigations, including:

1. The right to review information provided by previous employers.
2. The right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to Roth Trucking, Inc.
3. The right to have a rebuttal statement attached to the alleged erroneous information if the previous employer and the driver cannot agree upon the accuracy of the information.

By signing below, I certify that this application was completed by me and that all entries and information provided are true and complete to the best of my knowledge. I certify that I have read and fully understand all parts of this release and that I executed this release voluntarily, with the knowledge that any and all information released could affect my employment to Roth Trucking, Inc.

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Applicant's Name (Please Print)

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Applicant's Signature

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Date