

Rock Transfer & Storage, Inc.

Application for Employment

Dear Applicant: Per FMCSR 391.21(d) Before an application is submitted, the motor carrier shall inform the applicant that the information he/she provides for the employment history may be used and the applicant's prior employers may be contacted for the purpose of investigating the applicant's safety performance history information. The prospective employer must also notify the driver in writing of his/her due process rights as specified in 391.23(i) regarding information received as a result of these investigations. You, the applicant, have the following rights: (i) the right to review information provided by previous employers; (ii) 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 the prospective employer; (iii) the right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and driver cannot agree on the accuracy of the information.

Driver Applicant
Printed Name

Driver Applicant
Signature

Date:

Rock Transfer & Storage, Inc. 1500 W. Zellman Ct. Milwaukee, WI 53221

Name: _____ Phone: _____

Current Address: _____
Street City State Zip

If the above residence is less than 3 years, list below all residences for the past 3 years. Attach a separate sheet if necessary.

Previous Address: _____
Street City State Zip

Previous Address: _____
Street City State Zip

Date of Birth: _____ Social Security No.: _____

In Case of Emergency Notify: _____

Desired Position: Local Driver OTR Driver Whse/Dock Office/Admin

Temporary Part-Time Full-Time Rate of Pay Expected? _____

Who referred you? _____

Have you ever worked for Rock Transfer? Yes No Dates: _____

Where? _____ Rate of Pay? _____

Position _____ Reason for Leaving? _____

Have you ever worked for Rock Transfer under another name? _____

List names of relatives/friends working for Rock Transfer: _____

Are you currently employed? Yes No If no, how long since leaving last employment? _____

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 Address

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

Employment Record

Complete all data for EACH last employer COMPLETELY. The U.S. Department of Transportation requires that the driver applicants show all employment for the past three years and they must also show commercial driver employment for the seven years preceding this three year period. Sec. 391.21 (b) (10) (11)

Company Name: _____ Phone: _____

Address _____
Street City State Zip

Position Held: _____ Dates: _____

Reason for Leaving: _____

Type of Equipment Driven: _____

Were you regulated by FMCSA during this job? Yes No Ending Pay: _____

Where did you drive? _____

Was this job an FMCSA safety sensitive function subject to DOT regulated controlled substance & alcohol testing? Yes No

Company Name: _____ Phone: _____

Address _____
Street City State Zip

Position Held: _____ Dates: _____

Reason for Leaving: _____

Type of Equipment Driven: _____

Were you regulated by FMCSA during this job? Yes No Ending Pay: _____

Where did you drive? _____

Was this job an FMCSA safety sensitive function subject to DOT regulated controlled substance & alcohol testing? Yes No

Company Name: _____ Phone: _____

Address _____
Street City State Zip

Position Held: _____ Dates: _____

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Company Name: _____ Phone: _____

Address _____
Street City State Zip

Position Held: _____ Dates: _____

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Type of Equipment Driven: _____

Were you regulated by FMCSA during this job? Yes No Ending Pay: _____

Where did you drive? _____

Was this job an FMCSA safety sensitive function subject to DOT regulated controlled substance & alcohol testing? Yes No

Employment Record, continued

Company Name: _____ Phone: _____

Address _____
Street City State Zip

Position Held: _____ Dates: _____

Reason for Leaving: _____

Type of Equipment Driven: _____

Were you regulated by FMCSA during this job? Yes No Ending Pay: _____

Where did you drive? _____

Was this job an FMCSA safety sensitive function subject to DOT regulated controlled substance & alcohol testing? Yes No

Company Name: _____ Phone: _____

Address _____
Street City State Zip

Position Held: _____ Dates: _____

Reason for Leaving: _____

Type of Equipment Driven: _____

Were you regulated by FMCSA during this job? Yes No Ending Pay: _____

Where did you drive? _____

Was this job an FMCSA safety sensitive function subject to DOT regulated controlled substance & alcohol testing? Yes No

Company Name: _____ Phone: _____

Address _____
Street City State Zip

Position Held: _____ Dates: _____

Reason for Leaving: _____

Type of Equipment Driven: _____

Were you regulated by FMCSA during this job? Yes No Ending Pay: _____

Where did you drive? _____

Was this job an FMCSA safety sensitive function subject to DOT regulated controlled substance & alcohol testing? Yes No

Company Name: _____ Phone: _____

Address _____
Street City State Zip

Position Held: _____ Dates: _____

Reason for Leaving: _____

Type of Equipment Driven: _____

Were you regulated by FMCSA during this job? Yes No Ending Pay: _____

Where did you drive? _____

Was this job an FMCSA safety sensitive function subject to DOT regulated controlled substance & alcohol testing? Yes No

Driver Experience & Qualifications

Licenses: List all licenses held in the last three years

State	License Number	Type/Endorsements	Expiration Date
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Do you currently hold more than one valid license? Yes No

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

Have you ever been disqualified for violations of the Federal Motor Carrier Safety Regs? Yes No

If you have answered YES to any of the above questions, please give details: _____

Experience:

Class of Equipment	Type (Van, Tank, etc.)	Dates (From-To)
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List states operated in during last five years: _____

List safe driving awards held and who sponsored/gave the award: _____

Accident Review for past three years:

Date	City, State	# of Fatalities	# of Injuries	Nature of Accident (head-on, rear-end, etc.)
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Motor Vehicle Laws and Ordinances Violations Other Than Parking Violations:

Location	Date	Charge	Penalty
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Applicant: Read and sign before submitting this application

It is agreed and understood that any misrepresentation given on this application shall be considered an act of dishonesty and reason for non-consideration or subsequent dismissal if hired or denial of authorization to drive. It is also agreed and understood that the motor carrier or his agents may investigate the applicant's background to ascertain any and all information of concern to applicant's record, whether same is of record or not, and applicant releases employers and persons named herein from all liability for any damages on account of his/her furnishing such information. I understand that nothing contained in the application or in the granting of any interview or a road test is intended to create an employment contract between this company and myself, for either employment, authorization to drive or for the providing of any benefits. No promises regarding employment or authorization to drive have been made to me and no such promises exist unless specifically made by this Company in writing.

It is agreed an understood that if qualified, hired or contract started, I may be on a probationary period during which time I may be disqualified without recourse.

I understand employment or authorization to drive with this carrier is on an "at-will" basis that allows me to quit, be fired, or lease agreement revoked at any time with or without just cause.

Signature of Applicant

Date

Disclosure Statement

Applicant: Read and sign before submitting this application

By this document, Rock Transfer and Storage, and its agent(s) discloses to you that a consumer report, including an investigative report containing information as to your character, general reputation, personal characteristic, driving record, and mode of living may be obtained for employment purposes as part of the pre-employment background investigation and at any time during your employment. Should an investigative consumer report be requested, you have the right to demand a complete and accurate disclosure of the nature and scope of the investigation requested and a written summary of your rights under the Fair Credit Reporting Act. Please sign below to signify receipt of the foregoing disclosure.

I agree to furnish such additional information that may be necessary and complete such examinations as may be required to complete my application file including but not limited to a pre-employment negative urine test and successful completion of a human performance evaluation including a Department of Transportation Physical Examination.

Applicant's Printed Name: _____

Applicant's Signature: _____

Date: _____

**IMPORTANT NOTICE REGARDING BACKGROUND REPORTS FROM THE
FMCSA Pre-Employment Screening Program ('PSP')**

I authorize **Rock Transfer and Storage, Inc** ("Prospective Employer") to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am consenting to the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.

I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I am challenging crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

I have read the above Notice Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this consent form, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Date: _____

Name (Print)

Signature

RTS Safety Performance History Investigation (Background Check)

Applicant Complete
One for each past employer

I, Printed Name * _____, Social Security * _____ - _____ - _____
 hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer, listed below, to the POTENTIAL MOTOR CARRIER. This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25. I understand that information to be released by my previous motor carrier, is limited to the following DOT-regulated testing items:

1. Alcohol tests with a result of 0.04 or higher;
2. Verified positive drug tests;
3. Refusals to be tested;
4. Other violations of DOT agency drug and alcohol testing regulations;
5. Information obtained from previous employers of a drug and alcohol rule violation;
6. Documentation, if any, of completion of the return-to-duty process following a rule violation.

I further authorize my former employer(s) to release my safety performance history information to my prospective employer for investigation purposes as required by FMCSR 391.23, 382.405 (f) & 382.413(b) for the 3 years preceding this release. You are released from any and all liability that may result from furnishing such information. A photocopy of this release shall be as valid as the original.

Past Employer : _____ Contact Name: _____

Phone: _____ Fax: _____

Address: _____ City, State, Zip: _____

Applicant Signature* _____ Date: _____

*Applicant: please fill out Printed Name, SS# and Signature only; do not complete other past employer information

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Dear Previous Employer:

The above driver has made application with our Company and states that s/he worked for you from ___/___/___ until ___/___/____. We appreciate your time completing, in confidence, the information requested below. Please update your company information above if any errors. Use another sheet if necessary. Thank you.

1. Employment dates: ___/___/___ to ___/___/___ 2. Job Title(s): _____

3. Did s/he drive a motor vehicle? Yes No If yes, what type: _____

4. 3-YR ACCIDENT HISTORY No accidents in last 3 yrs. Tractor & Trailer

Date	City/State	# Injuries	# Fatalities	Tow	Date	City/State	# Injuries	# Fatalities	Tow
				<input type="checkbox"/> Y <input type="checkbox"/> N					<input type="checkbox"/> Y <input type="checkbox"/> N
				<input type="checkbox"/> Y <input type="checkbox"/> N					<input type="checkbox"/> Y <input type="checkbox"/> N

5. Was s/he a company driver, contractor, or contractor's driver? 6. Reason for leaving your company?
 Discharged Resignation Lay-off Military Duty Other: _____

7. General areas traveled? _____ 8. Commodities transported? _____

9. Would you re-employ this person? Yes No Upon Review

In the 3 years prior to the employee's dated signature above, for DOT regulated testing did the employee have...

- | | |
|---|---|
| 10. Alcohol tests with a result of 0.04 or higher? <input type="checkbox"/> Yes <input type="checkbox"/> No | 11. Verified positive drug tests? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 12. Any refusals to be tested? <input type="checkbox"/> Yes <input type="checkbox"/> No | 13. Other violations of DOT agency drug & alcohol testing regulations? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 14. Did a previous employer report a drug and alcohol rule violation to you? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

15. If you answered "YES" to any of the above items, did the employee complete the return-to-duty process?

Yes No Uncertain

16. No safety performance history exists for this driver with our Company.

If YES to 14, you must provide the previous employer's report. If you answered "YES" to 15, you must also forward the appropriate return-to-duty documentation (e.g. SAP reports(s), follow-up testing record).

Completed by: _____ Title: _____ Date: _____

Comments: _____

Please return to: Rock Transfer and Storage, Inc Safety Dept. 414-570-2180 414-570-2189
 Company Name Attention Phone # Fax #

PROSPECTIVE MOTOR CARRIER USE: RESPONSE DOCUMENTATION (GOOD FAITH EFFORT) Prior Employer not subject to FMCSRs

Date Contacted: ___/___/____ • 2nd Attempt: ___/___/____ • 3rd Attempt: ___/___/____ • Received back: ___/___/____
 Mail Fax Mail Fax Mail Fax

Past Employer Complete