DRIVER'S APPLICATION FOR EMPLOYMENT

NAME OF MOTOR CARRIER:	ROGERS DEDICATED S	ERVICES		
Address 5101 FULTON INDUS	STRIAL BLVD, SW	City ATLANTA	State GA	Zip 30336

Please print. Answer all questions – your application will not be considered if this form is not complete.

IN COMPLIANCE WITH FEDERAL AND STATE EQUAL 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 DISABILITIES.

DEDSONAL INFORMATION	•									
PERSONAL INFORMATION	•"									
Position Applied For: Con	mpany Driver	☐ Independent Contractor			Da	Date of Application				
First Name		Middle I	Name			La	st Name			
Street Address				City				State		Zip
Telephone Number	Social Se	ecurity Nur	nber			Н	ow Long at Th	nis Address	?	
()										
Address(es) for Past										
Three Years:	1	G!:		1	G		T 7:	1 **	T 0	
Street Address		City			State		Zip		Long?	
Street Address		City	City St			State Zip		How Long?		
Date of Birth	/ /		Can you			Yes		ve the legal		Yes
(required for truck drivers)	/ /	□ 1 7	proof of			No	work in the	United Sta	ites?	☐ No
Have you worked for this company l	before?	☐ Yes ☐ No		Where	??					
Dates: From	To		·		Rate of 1	Pay		Positio	on	
Reason for leaving:										
Are you now employed? Ye		IO, how los	ng since lea	aving la	st employ	ment?				
Who referred you?	<u> </u>					Rate of	f pay expected	l		
Is there any reason you might be una		the function	ons of the j	ob for v	vhich you	have a	applied (as		Yes	
described in the attached job descrip	otion)?								No	
If YES, please explain:										
DRUG & ALCOHOL HISTOI	<u>RY</u> :									
Have you ever tested positive on any	pre-employm	ent drug tes	st?		[] YE	S 🗌 NO			
Have you ever refused to take a pre-	employment dr	rug test?			[] YE	S 🗌 NO			
If YES to either question, please exp	olain:									
ACCIDENT RECORD FOR P	AST THREE	E (3) YEA	RS OR I	MORE	:					
(Attach extra sheet if additional space										
<u>Dates:</u>	Nature of A	ccident (Hed) d, Upset, E			Fat	alities:	<u>!</u>		<u>Injur</u>	ies:
	rear Em	а, срве, п								

TRAFFIC CONVICTION (Attach extra sheet if additional ad			URE	ES FOR THE	PAST THR	EE (3)	YEAR	(other tha	n parking violations):
Location:	mar space		Date:			Charge:			Penalty:
									·
EDUCATION:	J							•	
Check highest grade comple	ted:	1 2	3	<u>4</u> <u>5</u> <u>5</u>	6 🗌 7 🔲	8	High	school:	
College: 1	2 🔲	3 🔲 4	Nan	ne of last schoo	l attended:			City/State:	
EXPERIENCE & QUA	LIFIC	ATIONS:						<u> </u>	
		<u>State</u>		License	<u>Number</u>		Typ	<u>oe</u>	Expiration Date
DRIVER									
LICENSE									
List endorsements on your C	CDL:			<u>l</u>					
Have you ever been denied a	a license	e, permit, or priv	ilege	to operate a mo	otor vehicle?	☐ Ye			
Has any license, permit, or p	rivilege	ever been suspe	nded	or revoked?		Yes	S		
Have you ever been disquali for the following?	fied und	der the Federal M	1otor	Carrier Safety	Regulations			iolations	Operating under the
Have you ever been convicted Canadian Province?	ed of a f	elony that would	l prec	lude your enter	ing any	☐ Ye			influence of alcohol of drugs
If YES, please explain:									
Do you have mountain-drivi	ng expe	rience?		Yes If No	YES, in what	areas of	the cou	ntry?	
Do you have Haz/Mat exper	ience?		_	Yes If No	YES, what cla	assified n	naterial	s have you t	ransported?
Have you had any Defensive	e Drivin	g Course(s)?	=	Yes If No	YES, what co	urse(s) a	nd whe	n?	
DRIVING EXPERIENC	<u>CE</u> :								
Class of Equipment		Type of (Van, Tar			То	Dates	Enon		pproximate Number of Miles (Total)
STRAIGHT TRUCK		(v an, 1 a	.r., 1 ['] 1	, <u>L.W. J</u>	<u>To</u>		Fron	ш	(Total)
TRACTOR & SEMI-TRAIL	<u>ER</u>								
TRACTOR – TWO TRAILE	ERS								
<u>OTHER</u>									
						ı			

EXPERIENCE & QUALIFICATIONS – OTHER:
What Safe Driving Awards do you hold and from whom?
List special equipment or technical materials you can work with (other than those already shown)?
List special equipment of technical materials you can work with (other than those aready shown):
TO DE DEAD AND GROVED BY A DRY ACTIVE
TO BE READ AND SIGNED BY APPLICANT
This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge. I authorize to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and 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 employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand that I am required to abide by all rules and regulations of the Company.
I understand that I have the following rights regarding the investigative information provided to the prospective employer: a) The right to review information provided by previous employers; b) The right to have errors in the information corrected by my previous employer and for that employer to re-send the corrected information to my prospec
employer. c) The right to have a rebuttal statement attached to the alleged erroneous information, if my previous employer and I cannot agree on the accuracy of the
information.

APPLICANT'S SIGNATURE

DATE

EMPLOYMENT HISTORY:

- All drivers to drive in interstate commerce must provide the following information for all employers during the preceding 3 years.
- All drivers to drive a commercial motor vehicle (includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passenger
 vehicle used to transport hazardous materials in a quantity requiring placarding) in intrastate or interstate commerce shall also provide an additional 7 years inf
 those employers for whom the applicant operated such vehicle.

NOTE: LIST EMPLOYERS STARTING WITH THE MOST RECENT FIRST. ADD ADDITIONAL SHEETS AS NECESSARY.

EMPLOYER:		_	DATE		
Name			FROM: Mo Yr	TO: Mo	Yr
Address			Position Held		
City	State	Zip	Salary/Wage		
Contact Person	Telephone Number ()	Reason for Leaving	<u> </u>	
Position held was subject to the FMCSR's?	☐ YES ☐ NO				
Job was designated as a safety sensitive function 49CFR part 40?	n, subject to alcohol and	controlled substance testi	ing as required by	☐ YES	□NO
EMPLOYER:			DATE		
Name			FROM: Mo Yr	TO: Mo	Yr
Address			Position Held		
City	State	Zip	Salary/Wage		
Contact Person	Telephone Number ()	Reason for Leaving		
Position held was subject to the FMCSR's?	☐ YES ☐ NO				
Job was designated as a safety sensitive function	n, subject to alcohol and	controlled substance testi	ing as required by	☐ YES	□NO
49CFR part 40?					
EMPLOYER:			DATE		
			DATE FROM: Mo Yr	TO: Mo	Yr
EMPLOYER:			FROM:		Yr
EMPLOYER: Name	State	Zip	FROM: Mo Yr		Yr
EMPLOYER: Name Address	State Telephone Number (Zip	FROM: Mo Yr Position Held		Yr
EMPLOYER: Name Address City Contact Person Position held was subject to the FMCSR's?	Telephone Number ()	FROM: Mo Yr Position Held Salary/Wage Reason for Leaving		Yr
EMPLOYER: Name Address City Contact Person	Telephone Number ()	FROM: Mo Yr Position Held Salary/Wage Reason for Leaving		Yr NO
EMPLOYER: Name Address City Contact Person Position held was subject to the FMCSR's? Job was designated as a safety sensitive function	Telephone Number ()	FROM: Mo Yr Position Held Salary/Wage Reason for Leaving	Mo	
EMPLOYER: Name Address City Contact Person Position held was subject to the FMCSR's? Job was designated as a safety sensitive function 49CFR part 40?	Telephone Number ()	FROM: Mo Yr Position Held Salary/Wage Reason for Leaving ing as required by	Mo	
EMPLOYER: Name Address City Contact Person Position held was subject to the FMCSR's? Job was designated as a safety sensitive function 49CFR part 40? EMPLOYER:	Telephone Number ()	FROM: Mo Yr Position Held Salary/Wage Reason for Leaving ing as required by DATE FROM:	Mo YES	□NO
EMPLOYER: Name Address City Contact Person Position held was subject to the FMCSR's? Job was designated as a safety sensitive function 49CFR part 40? EMPLOYER: Name	Telephone Number ()	FROM: Mo Yr Position Held Salary/Wage Reason for Leaving ing as required by DATE FROM: Mo Yr	Mo YES	□NO
EMPLOYER: Name Address City Contact Person Position held was subject to the FMCSR's? Job was designated as a safety sensitive function 49CFR part 40? EMPLOYER: Name Address	Telephone Number (YES NO n, subject to alcohol and) controlled substance testi	FROM: Mo Yr Position Held Salary/Wage Reason for Leaving ing as required by DATE FROM: Mo Yr Position Held	Mo YES	□NO
EMPLOYER: Name Address City Contact Person Position held was subject to the FMCSR's? Job was designated as a safety sensitive function 49CFR part 40? EMPLOYER: Name Address City	Telephone Number (YES NO n, subject to alcohol and State) controlled substance testi	FROM: Mo Yr Position Held Salary/Wage Reason for Leaving ing as required by DATE FROM: Mo Yr Position Held Salary/Wage	Mo YES	□NO

DRIV_EMPLOYMENT_APP Revised Date Sept 2005