

DRIVER'S APPLICATION FOR EMPLOYMENT

NAME OF MOTOR CARRIER:	ROGERS DEDICATED SERVICES		
Address	5101 FULTON INDUSTRIAL 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.

PERSONAL INFORMATION:				
Position Applied For:		<input type="checkbox"/> Company Driver <input type="checkbox"/> Independent Contractor		Date of Application
First Name		Middle Name		Last Name
Street Address			City	State Zip
Telephone Number ()		Social Security Number		How Long at This Address?
Address(es) for Past Three Years:				
Street Address		City	State	Zip How Long?
Street Address		City	State	Zip How Long?
Date of Birth (required for truck drivers) / /		Can you provide proof of age?		Do you have the legal right to work in the United States?
		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you worked for this company before?		<input type="checkbox"/> Yes <input type="checkbox"/> No		Where?
Dates: From To		Rate of Pay		Position
Reason for leaving:				
Are you now employed?		If NO, how long since leaving last employment?		
<input type="checkbox"/> Yes <input type="checkbox"/> No				
Who referred you?			Rate of pay expected	
Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the attached job description)?				<input type="checkbox"/> Yes <input type="checkbox"/> No
If YES, please explain:				

DRUG & ALCOHOL HISTORY:	
Have you ever tested positive on any pre-employment drug test?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever refused to take a pre-employment drug test?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If YES to either question, please explain:	

ACCIDENT RECORD FOR PAST THREE (3) YEARS OR MORE:			
(Attach extra sheet if additional space is needed.)			
<u>Dates:</u>	<u>Nature of Accident (Head-On, Rear-End, Upset, Etc.):</u>	<u>Fatalities:</u>	<u>Injuries:</u>

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)?

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 you 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 also 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 prospective 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.

DATE

APPLICANT'S SIGNATURE

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 info 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:	Yr	TO:	Yr
Address	Mo		Mo	
City	State	Zip	Position Held	
Contact Person	Telephone Number ()		Salary/Wage	
Reason for Leaving				
Position held was subject to the FMCSR's? <input type="checkbox"/> YES <input type="checkbox"/> NO				
Job was designated as a safety sensitive function, subject to alcohol and controlled substance testing as required by 49CFR part 40? <input type="checkbox"/> YES <input type="checkbox"/> NO				

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