

# RIVER BOTTOM ENERGY SERVICES

## Driver's Application

Applicant Name \_\_\_\_\_ Date of Application \_\_\_/\_\_\_/\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone Number \_\_\_\_\_

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

### TO BE READ AND SIGNED BY APPLICANT

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 personal 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 information I provide regarding current and/or previous employers may be used and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

- Review information provided by previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

Signature \_\_\_\_\_

Date \_\_\_\_\_

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# RIVER BOTTOM ENERGY SERVICES

## FOR COMPANY USE

### PROCESS RECORD

Applicant Hire \_\_\_\_\_ Rejected \_\_\_\_\_

Start Date \_\_\_\_\_ Point Employed \_\_\_\_\_

Department \_\_\_\_\_ Classification \_\_\_\_\_

Signature of Interviewing Agent \_\_\_\_\_ Date \_\_\_\_\_

*(if rejected summary report of reasons should be placed in file)*

### TERMINATION

Date Terminated \_\_\_\_\_ Department Released From \_\_\_\_\_

Dismissed \_\_\_\_\_ Voluntarily Quit \_\_\_\_\_ Other \_\_\_\_\_

Termination Report Placed In File \_\_\_\_\_ Supervisor Signature \_\_\_\_\_

### APPLICANT TO COMPLETE

*(answer all questions - please print)*

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth \_\_\_ / \_\_\_ / \_\_\_ Phone Number \_\_\_\_\_ Position(s) Applied For \_\_\_\_\_

List your address history for the past 3 years, beginning with your current address:

#### Current Address

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_ Zip Code \_\_\_\_\_ Time at address \_\_\_ years \_\_\_ months

#### Previous Addresses

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_ Zip Code \_\_\_\_\_ Time at address \_\_\_ years \_\_\_ months

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_ Zip Code \_\_\_\_\_ Time at address \_\_\_ years \_\_\_ months

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_ Zip Code \_\_\_\_\_ Time at address \_\_\_ years \_\_\_ months

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_ Zip Code \_\_\_\_\_ Time at address \_\_\_ years \_\_\_ months

Do you have the legal right to work in the United States? Yes \_\_\_ No \_\_\_

Can you provide proof of age? Yes \_\_\_ No \_\_\_

Have you worked for this company before? Yes \_\_\_ No \_\_\_

Dates: From \_\_\_\_\_ To \_\_\_\_\_ Rate of Pay \_\_\_\_\_ per \_\_\_\_\_ Position \_\_\_\_\_

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

Are you currently employed? Yes \_\_\_ No \_\_\_

If not, how long has it been since you left last employment? \_\_\_\_\_

Who were you referred by? \_\_\_\_\_ Rate of Pay Expected \_\_\_\_\_

Have you ever been bonded? Yes \_\_\_ No \_\_\_ Name of bonding company \_\_\_\_\_

Have you ever been convicted of a felony? Yes \_\_\_ No \_\_\_

*If yes, please explain fully on a separate sheet of paper. Conviction of a crime is not an automatic bar to employment - all circumstances will be considered.*

Is there any reason you might be unable to perform the functions of the job for which you have applied? Yes \_\_\_ No \_\_\_

If yes, explain if you wish:

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## EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state and zip code.

Applicants to drive a commercial motor vehicle\* in intrastate or interstate commerce shall also provide an additional 7 years information on those employers for whom the applicant operated such vehicle. (NOTE: List employers starting with the most recent first. Additional sheets may be used as necessary.)

EMPLOYER DATE  
Name \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Address \_\_\_\_\_ Position Held \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Salary/Wage \_\_\_\_\_  
Contact Person \_\_\_\_\_ Phone Number \_\_\_\_\_ Reason for Leaving \_\_\_\_\_  
Were you subject to the FMCSRs^ while employed? Yes \_\_\_ No \_\_\_  
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes \_\_\_ No \_\_\_

EMPLOYER DATE  
Name \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Address \_\_\_\_\_ Position Held \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Salary/Wage \_\_\_\_\_  
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# RIVER BOTTOM ENERGY SERVICES

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Address \_\_\_\_\_ Position Held \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Salary/Wage \_\_\_\_\_

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Contact Person \_\_\_\_\_ Phone Number \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

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Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes \_\_\_ No \_\_\_

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

^The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport more than 8 passengers (including the driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

# RIVER BOTTOM ENERGY SERVICES

## EXPERIENCE AND QUALIFICATIONS – DRIVER

LIST ALL DRIVER LICENSES OR PERMITS HELD IN THE PAST 3 YEARS

State	Expiration Date	License/Permit Number	Type
_____	_____	_____	_____
_____	_____	_____	_____

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 is yes, please give details:*

## ACCIDENT RECORD

INCLUDE DETAILS OF ALL INCIDENTS WITHIN THE PAST 3 YEARS OR MORE STARTING WITH MOST RECENT (ATTACH ADDITIONAL SHEETS AS NECESSARY) IF NONE, WRITE NONE

Date	Nature of Accident (Head-on, Rear-end, Upset, etc.)	Fatalities	Injuries	Hazardous Material Spill
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

## TRAFFIC CONVICTIONS

AND FORFEITURES FOR THE PAST 3 YEARS STARTING WITH MOST RECENT (OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE NONE

Location	Date	Charge(s)	Penalty
_____	_____	_____	_____
_____	_____	_____	_____

## DRIVING EXPERIENCE

Class of Equipment	Yes		Equipment Type	Dates		Approximate Number of Miles Driven
	Yes	No		From	To	
Straight Truck	_____	_____	_____	_____	_____	_____
Tractor and Semi-Trailer	_____	_____	_____	_____	_____	_____
Tractor - Two Trailers	_____	_____	_____	_____	_____	_____
Motorcoach - School Bus	_____	_____	No more than 8 passengers	_____	_____	_____
Motorcoach - School Bus	_____	_____	No more than 15 passengers	_____	_____	_____
Other _____	_____	_____	_____	_____	_____	_____

Lists the state(s) you have operated in within the last 5 years: \_\_\_\_\_

Which safe driving awards do you hold and from whom? \_\_\_\_\_

## EXPERIENCE AND QUALIFICATIONS – OTHER

List any trucking, transportation or other experience that may help in your work for this company: \_\_\_\_\_

List courses and training other than shown elsewhere in this application: \_\_\_\_\_

List special equipment or technical materials you can work with (other than already shown): \_\_\_\_\_

## EDUCATION

Highest Grade Completed \_\_\_\_\_ School Name \_\_\_\_\_ City/State of School \_\_\_\_\_

## TO BE READ AND SIGNED BY APPLICANT

My below signature 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.

Signature \_\_\_\_\_ Date \_\_\_\_\_

