

APPLICATION FOR QUALIFICATION

Company Rockdale Transport Services, Inc.
Address P.O. Box 480
City Cairo State GA Zip Code 39828

The purpose of this application is to determine whether or not the applicant is qualified to operate motor carrier equipment according to the requirements of the Federal Motor Carrier Safety Regulations and the Company named above.

Instructions to Applicant

Please answer all questions. If the answer to any question is "No" or "None", do not leave the item blank, but write "No" or "None".

Date _____ Position applying for; Check One: Contractor Driver Contractor's Driver

Name _____
(First) (Middle) (Last)

Phone Number (____) _____ Emergency Phone Number (____) _____

*Age _____ Date of Birth _____ Social Security Number _____ - _____ - _____

**The Age Discrimination of Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age.*

Physical Exam Expiration Date: _____

Current & Three Years Previous Addresses:

_____	From _____	To _____
_____	From _____	To _____
_____	From _____	To _____
_____	From _____	To _____

Have you worked for this company before? Yes No

If yes, give dates: From _____ To _____

Reason for leaving? _____

Education History

Please circle the highest grade completed:

Grade School: 1 2 3 4 5 6 7 8 9 10 11 12

College: 1 2 3 4 Post-Graduate: 1 2 3 4

Employment History

Give a Complete Record of all employment for the past three years, including any unemployment or self employment, and all commercial driving experience for the past ten years.

Mo/Yr _____ Mo/Yr _____ Present or Last Employer:
 From _____ To _____ Name _____
 Position Held _____ Address _____
 Reason For Leaving _____ Phone # (_____) _____
 (Street) (City) (State/Zip)
 Were you subject to the FMCSRs* while employed here? 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

Mo/Yr _____ Mo/Yr _____ Present or Last Employer:
 From _____ To _____ Name _____
 Position Held _____ Address _____
 Reason For Leaving _____ Phone # (_____) _____
 (Street) (City) (State/Zip)
 Were you subject to the FMCSRs* while employed here? 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

Mo/Yr _____ Mo/Yr _____ Present or Last Employer:
 From _____ To _____ Name _____
 Position Held _____ Address _____
 Reason For Leaving _____ Phone # (_____) _____
 (Street) (City) (State/Zip)
 Were you subject to the FMCSRs* while employed here? 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

Mo/Yr _____ Mo/Yr _____ Present or Last Employer:
 From _____ To _____ Name _____
 Position Held _____ Address _____
 Reason For Leaving _____ Phone # (_____) _____
 (Street) (City) (State/Zip)
 Were you subject to the FMCSRs* while employed here? 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

Mo/Yr _____ Mo/Yr _____ Present or Last Employer:
 From _____ To _____ Name _____
 Position Held _____ Address _____
 Reason For Leaving _____ Phone # (_____) _____
 (Street) (City) (State/Zip)
 Were you subject to the FMCSRs* while employed here? 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

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

Driving Experience

Class of Equipment	Dates		Approximate Number of Miles (Total)
	From	To	
Straight Truck			
Tractor and Semi-trailer			
Tractor-two trailers			
Tractor-three trailers (triples)			
Other			

List states operated in, for the last five years: _____

List special courses/training completed (PTD/DDC, Haz Mat, etc.): _____

List any Safe Driving Awards you hold and from whom: _____

Accident Record for past three years (*attach sheet if more space is needed*)

Date of Accident	Nature of Accidents (Head on, rear end, upset, etc.)	Location of Accident	# of Fatalities	# of People Injured

Traffic Convictions and Forfeitures for the last three years (other than parking violations)

Date	Location	Charge	Penalty

Driver's License (*list each driver's license held in the past three years*)

State	License #	Type	Endorsements	Expiration Date

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle?YES NO
 - B. Has any license, permit or privilege ever been suspended or revoked? YES NO
 - C. Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the job description)? YES NO
 - D. Have you ever been convicted of a felony? YES NO
- If the answers to A, B, C or D is "YES", give details _____

Personal References

List three persons for references, other than family members, who have knowledge of your safety habits.

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

To Be Read and Signed by Applicant

It is agreed and understood that any misrepresentation given on this application shall be considered an act of dishonesty.

It is 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 furnishing such information.

It is also agreed and understood that under the Fair Credit Reporting Act, Public Law 91-508, I have been told that this investigation may include an investigating Consumer Report, including information regarding my character, general reputation, personal characteristics, and mode of living.

I agree to furnish such additional information and complete such examinations as may be required to complete my application file.

It is agreed and understood that this application for Qualification in no way obligates the motor carrier to employ or hire the applicant.

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

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.

Applicant Signature

Date

Remarks (For office use only)

**IMPORTANT NOTICE
REGARDING BACKGROUND REPORTS
FROM THE *PSP Online Service***

In connection with your application for employment with Rockdale Transport ("Prospective Employer"), it may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA). If the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report. The Prospective Employer cannot obtain background reports from FMCSA unless you consent in writing. If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

I authorize Rockdale ("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: _____

Signature

Name (Please Print)

Confidential

Faxed or Mailed Inquiry to Past Employer

(A) TO: _____
(Former Employer, Name, City, State) (Date, Time)

I hereby authorize this company to release all records of employment, including assessments of my job performance, ability, and fitness (including dates of any and all alcohol or drug tests, those confirmed results, and/or my refusal to submit to any alcohol or drug tests and any rehabilitation completion under direction of SAP/MRO) to each and every company (or their authorized agents) which may request such information in connection with my application for employment with said company. I hereby release this company, and its employees, officers, directors and agents from any and all liability of any type as a result of providing the following information to the below mentioned person and/or company.

(B) ~~_____~~ _____
(Applicant's Signature, Date) (Witness Signature, Date)

Dear Personnel Manager,

The person named herein has applied to this company for employment in a safety-sensitive position. Your firm is listed by the applicant as a past employer. Will you kindly reply to this inquiry respecting this applicant? As you will note from the waiver stated above, the applicant has released all of you and your company. PLEASE BE FACTUAL. You may reply by facsimile to the fax number listed below, or by mail to the address listed below.

(C) From: _____ Title: _____
 Company: **ROCKDALE TRANSPORT SERVICES** Phone Number: **229-377-1691**
 P.O. Box 480 Fax Number: **229-377-1698**
 Cairo, GA 39828-0480

(D) Name of Applicant: _____ Social Security Number: _____

Job Applying For: _____

Did the applicant work for you as a _____ from ____ / ____ / ____ to ____ / ____ / ____ ?
 YES or NO If no, please explain: _____

If employed as a driver, please answer the following:

Company Driver? _____ Owner/Operator _____ Other? _____

Type of Tractor Operated: _____ Type of Trailer Pulled: _____

Other Equipment Operated: _____ Commodities Transported: _____

General area of Operation: _____

Accidents? YES or NO If yes, please give the date and a brief description of each accident: _____

Traffic Violations? YES or NO If yes, please list all including the date and type of violation: _____

License(s) suspended? YES or NO If yes, please list the date(s) of suspension: _____

Type of drivers license: _____ State: _____ Number: _____

Any problems with bonding? YES or NO If yes, please explain: _____

Why did the employee leave your company? _____

Would you re-employ this person? YES or NO If no, please explain: _____

Has this driver ever tested positive or refused a drug or BAC test? YES or NO
 IF YES, GIVE DATES OF POSITIVE DRUG OR ALCOHOL TESTS (PREVIOUS TWO YEARS):

	Date of (+) Drug	Date of (+) Alcohol (.4 or >)
1. Resulting in a confirmed positive drug test or BAC Test:	_____	_____
2. Applicant driver refused to submit to testing:	_____	_____
3. Any rehab completion under direction of SAP/MRO:	_____	_____

ADDITIONAL COMMENTS: (Any problems with customer relations, supervision or abuse of equipment?) _____

NAME/TITLE: _____ / _____ DATE: ____ / ____ / ____

COMPANY: _____