



APPLICATION FOR EMPLOYMENT – DRIVER

COMPANY: ROSS EXPRESS, LLC

STREET ADDRESS: 195 N. MAIN STREET

CITY: BOSCAWEN

STATE: NH

ZIP: 03303

_____ FIRST NAME	_____ MIDDLE NAME	_____ LAST NAME
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_____ DATE OF BIRTH	_____ SOCIAL SECURITY NUMBER	_____ TELEPHONE NUMBER
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EMAIL ADDRESS

PREVIOUS 3 YEARS RESIDENCY

_____ STREET	_____ CITY	_____ STATE	_____ ZIP	_____ #YEARS
_____ STREET	_____ CITY	_____ STATE	_____ ZIP	_____ #YEARS
_____ STREET	_____ CITY	_____ STATE	_____ ZIP	_____ #YEARS
_____ STREET	_____ CITY	_____ STATE	_____ ZIP	_____ #YEARS
_____ STREET	_____ CITY	_____ STATE	_____ ZIP	_____ #YEARS

LICENSE INFORMATION

Section 383.21 FMCSR states “No person who operates a commercial motor vehicle shall at any time have more than one driver’s license.” I certify that I do not have more than one motor vehicle license, the information for which is listed below.

STATE	LICENSE NO.	TYPE	EXPIRATION DATE



DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC)	DATE FROM	DATE TO	APPROX NO. OF MILES (TOTAL)
STRAIGHT TRUCK				
TRACTOR AND SEMI-TRAILER				
TRACTOR – TWO TRAILERS				
OTHER				

ACCIDENT RECORD FOR THE PAST 3 YEARS

DATE	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC)	NUMBER OF FATALITIES	NUMBER OF INJURIES	CHEMICAL SPILL

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

DATE CONVICTED	VIOLATION	STATE OF VIOLATION LOCATION	PENALTY (FORFEITED BOND, COLLATERAL, AND/OR POINTS)



Have you ever been denied a license, permit or privilege to operate a motor vehicle? _____

If yes, please explain: _____

Has your license, permit or privilege ever been suspended or revoked? _____

If yes, please explain: _____

EMPLOYMENT RECORD

Applicants that desire to drive in intrastate/interstate commerce must provide the following information on all employers during the previous three years. You must give the same information for all employers you have driven a commercial motor vehicle for the seven years prior to the initial three years (total of ten years of employment records).

LAST EMPLOYER:

COMPANY		STREET ADDRESS		CITY	
STATE	ZIP	PHONE NUMBER		FAX	
EMAIL		POSITION HELD		FROM	TO

REASON FOR LEAVING

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by this employer? _____



Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40? _____

Any gaps in employment and/or unemployment must be explained – including dates and reason: _____

SECOND LAST EMPLOYER

COMPANY		STREET ADDRESS		CITY	
STATE	ZIP	PHONE NUMBER		FAX	
EMAIL		POSITION HELD		FROM	TO

REASON FOR LEAVING

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by this employer? _____

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40? _____

Any gaps in employment and/or unemployment must be explained – including dates and reason: _____



THIRD LAST EMPLOYER

COMPANY		STREET ADDRESS		CITY	
STATE	ZIP	PHONE NUMBER		FAX	
EMAIL		POSITION HELD		FROM	TO

REASON FOR LEAVING

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by this employer? _____

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40? _____

Any gaps in employment and/or unemployment must be explained – including dates and reason: _____

NOTE: YOU MUST PROVIDE A FULL TEN YEARS OF EMPLOYMENT HISTORY. USE THE SUPPLEMENTAL EMPLOYMENT HISTORY DOCUMENT IF NEEDED.

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make inquiries to my personal, employment, financial or medical history and other related matters as may be necessary at arriving at an employment decision (generally, inquiries regarding medical history will only be made if and after a conditional offer of employment has been extended). I hereby release employers, schools, healthcare 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 also understand 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 employer(s) 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 current/previous employers
- Have errors in the information corrected by previous employers, and for those previous employers to re-send the corrected information
- 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

DATE

APPLICANT'S SIGNATURE