



## APPLICATION FOR EMPLOYMENT

Applicant Name \_\_\_\_\_ Date \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Position(s) Applied for \_\_\_\_\_

In compliance with equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, pregnancy, veteran/military status, genetic information, disability, or any other group status protected by federal, state, or local law.

### TO BE READ AND SIGNED BY APPLICANT

I authorize Rohrer's Incorporated, its agents, employees, or representatives to make such investigations and inquiries of my employment, education, financial, driving, and/or other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, health care providers, licensing authorities, and other persons, corporations, or organizations from all liability in responding to inquiries and releasing truthful information, in a lawful manner, in connection with my application.

I certify that all information I have provided in order to apply for and secure work with Rohrer's Incorporated is true, complete, and correct. I understand that any false, misleading, or omitted information in my application or interview(s) may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date. I understand, also, that I am required to abide by all rules and regulations of the Company.

I understand that if I am extended an offer of employment, it may be conditioned upon my successfully passing a pre-employment physical and/or drug and/or alcohol screen examination. I hereby consent to both pre-and/or post-employment physical and drug and/or alcohol screen exams as a condition of employment, if required. **Federal Motor Carrier Regulations Part 382 Controlled Substances and Alcohol Use Testing applies to CDL drivers of this company; tests will be administered in compliance with the Federal Motor Carrier Safety Regulations.**

**I UNDERSTAND THAT THIS APPLICATION OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE A CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. IF EMPLOYED, I UNDERSTAND THAT EMPLOYMENT IS ON AN AT-WILL BASIS, AND THIS MEANS THAT ROHRER'S INCORPORATED OR I CAN TERMINATE THE RELATIONSHIP, AT ANY TIME, WITH OR WITHOUT CAUSE AND/OR NOTICE.**

**For commercial drivers/mechanics:** I understand that information I provide regarding current and/or previous employers will 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 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 \_\_\_\_\_

## APPLICANT TO COMPLETE

(answer all questions - please print clearly, except where a signature is required)

If hired, can you furnish proof you are legally eligible to work in the U.S? \_\_\_\_\_

Are you age 18 or older? \_\_\_\_\_ Are you currently employed? \_\_\_\_\_

Have you worked for this company before? \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_

Position \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Referred By \_\_\_\_\_ Rate of pay expected \$ \_\_\_\_\_ per \_\_\_\_\_

Have you ever been **convicted** of a **felony**? \_\_\_\_\_ If so, when & where? \_\_\_\_\_

If yes, please explain in detail (conviction of a felony is not an automatic disqualification to employment - all circumstances will be considered.):

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<b>EDUCATION</b>		
List Name and Address of Schools	Number of Years/Credits Completed	Diploma/Degree/Certificate
High School or GED:		
College or University:		
Major/Minor:		
Vocational or Technical:		
Program:		
U.S. Military Service or Training:		
Rank:		

List any special training, skills, licenses and/or certificates related to the job for which you are applying:

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## EMPLOYMENT HISTORY – All Applicants Complete

If you're a driver/mechanic applicant applying to drive or repair/service vehicles which require a CDL to operate; then you must provide the following information on **all employers during the preceding 3 years**. You must give the same information for all employers for whom you have **driven commercial vehicles for seven years prior to the initial 3 years**. (NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary.)

EMPLOYER			DATE	
NAME			From Mo./ Yr.	TO Mo./Yr.
ADDRESS			/	/
CITY	STATE	ZIP	Position Held	
CONTACT PERSON	PHONE NO.		Salary/ Wage	
WERE YOU SUBJECT TO THE FMCSRs‡ WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO			Reason for Leaving	
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? <input type="checkbox"/> YES <input type="checkbox"/> NO				

EMPLOYER			DATE	
NAME			From Mo./ Yr.	TO Mo./Yr.
ADDRESS			/	/
CITY	STATE	ZIP	Position Held	
CONTACT PERSON	PHONE NO.		Salary/ Wage	
WERE YOU SUBJECT TO THE FMCSRs‡ WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO			Reason for Leaving	
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? <input type="checkbox"/> YES <input type="checkbox"/> NO				

EMPLOYER			DATE	
NAME			From Mo./ Yr.	TO Mo./Yr.
ADDRESS			/	/
CITY	STATE	ZIP	Position Held	
CONTACT PERSON	PHONE NO.		Salary/ Wage	
WERE YOU SUBJECT TO THE FMCSRs‡ WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO			Reason for Leaving	
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? <input type="checkbox"/> YES <input type="checkbox"/> NO				

EMPLOYER			DATE	
NAME			From Mo./ Yr.	TO Mo./Yr.
ADDRESS			/	/
CITY	STATE	ZIP	Position Held	
CONTACT PERSON	PHONE NO.		Salary/ Wage	
WERE YOU SUBJECT TO THE FMCSRs‡ WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO			Reason for Leaving	
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? <input type="checkbox"/> YES <input type="checkbox"/> NO				

EMPLOYER			DATE	
NAME			From Mo./ Yr.	TO Mo./Yr.
ADDRESS			/	/
CITY	STATE	ZIP	Position Held	
CONTACT PERSON	PHONE NO.		Salary/ Wage	
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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? <input type="checkbox"/> YES <input type="checkbox"/> NO				

**COMMERCIAL DRIVERS/MECHANIC ONLY PAGE - complete only if applying to drive or repair/service commercial vehicles**

**ACCIDENT RECORD FOR PAST 3 YEARS OR MORE** (ATTACH SHEET IF MORE SPACE IS NEEDED) IF NONE, WRITE **NONE**

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES	HAZARDOUS MATERIAL SPILL
Last Accident				
Next Previous				
Next Previous				

**TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS** (OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE **NONE**

LOCATION	DATE	CHARGE	PENALTY

**EXPERIENCE AND QUALIFICATIONS - DRIVER** List all driver licenses or permits held in the past 3 years

DRIVER LICENSES	STATE	LICENSE NO.	TYPE	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

**IF THE ANSWER TO EITHER A OR B IS YES, GIVE DETAILS** \_\_\_\_\_  
 \_\_\_\_\_

**DRIVING EXPERIENCE** CHECK YES OR NO

CLASS OF EQUIPMENT	CIRCLE TYPE OF EQUIPMENT	DATES		APPROX. NO. OF MILES (TOTAL)
		FROM (MM/YY)	TO (MM/YY)	
Straight Truck <input type="checkbox"/> YES <input type="checkbox"/> NO	VAN, TANK, FLAT, DUMP, REFER			
Tractor & Semi-Trailer <input type="checkbox"/> YES <input type="checkbox"/> NO	VAN, TANK, FLAT, DUMP, REFER			
Tractor - 2 Trailers <input type="checkbox"/> YES <input type="checkbox"/> NO	VAN, TANK, FLAT, DUMP, REFER			
Tractor - 3 Trailers <input type="checkbox"/> YES <input type="checkbox"/> NO	VAN, TANK, FLAT, DUMP, REFER			
Motor Coach/School Bus <input type="checkbox"/> YES <input type="checkbox"/> NO	-----			
Other				

List states operated in for the last five years: \_\_\_\_\_

Show special courses or training that will help you as a driver or mechanic: \_\_\_\_\_

Summarize any trucking, transportation, special equipment, technical, or other experience that may help in your work for this company: \_\_\_\_\_

Have you ever tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but didn't obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years?  YES  NO

If you answered yes, can you provide or obtain proof that you've successfully completed the DOT return-to-duty requirements?  
 YES  NO

**Part 382 Controlled Substances and Alcohol Use Testing applies to CDL drivers of this company; tests will be administered in compliance with the Federal Motor Carrier Safety Regulations.**

**§382.113 Requirement for notice - Before performing an alcohol or controlled substances test under this part, each employer shall notify a driver that the alcohol or controlled substances test is required by this part. No employer shall falsely represent that a test is administered under this part.**