

Application for Employment (DRIVER – TECHNICIAN)



Rapid Response, Inc.
155 Enterprise Drive
Wentzville, MO 63385

Telephone: (636) 875-5000 / FAX: (636) 278-5051 / Toll Free: (888) 868-2911

www.rapidresponsestl.com

Company Driver (OTR) Company Driver (Local) Contractor Driver for Contractor In-Home

In compliance with Federal and State Equal Employment 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 disability.

Complete all questions completely – Please Print

Date of Application: _____

Name: _____ Date of Birth: _____
Last First

Social Security #: _____ Drivers License #: _____ State: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Current Address: _____
Street Address

City State Zip Code

How Long at Current Address? _____ (If less than 5 years, please list previous address)

Previous Address: _____
Street Address

City State Zip Code

Are you currently employed? _____ If not, how long since leaving employment? _____
Why? _____

Who referred you? _____ Rate of pay expected? _____

Do you have the legal right to work in the United States? _____

Have you ever worked for this company before? _____

Dates: From: _____ To: _____ Position: _____

If so, reason for leaving: _____

Is there any reason you might be unable to perform the functions of the job for which you have applied? _____ If yes, please explain: _____

Employment History

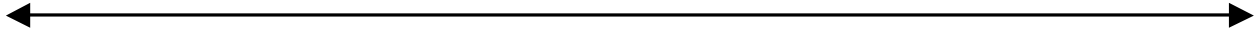
All applicants to a drive Commercial Motor Vehicle in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state and zip code. Applicants to drive a Commercial Motor Vehicle in intrastate commerce shall also provide an additional 7 years information on those employers for whom the applicant operated such vehicle.

(NOTE: List employers in reverse order starting with the most recent. Add additional sheets as necessary.)

Employer:		From:	To:
Address:			
City:		State:	Zip Code:
Phone #:	Fax #:	Contact Person:	
Position Held:		Salary / Wage:	
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:		From:	To:
Address:			
City:		State:	Zip Code:
Phone #:	Fax #:	Contact Person:	
Position Held:		Salary / Wage:	
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:		From:	To:
Address:			
City:		State:	Zip Code:
Phone #:	Fax #:	Contact Person:	
Position Held:		Salary / Wage:	
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 ___	

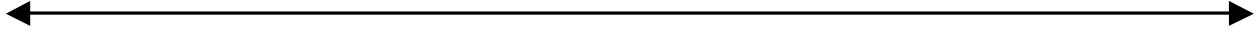


Additional Employment History

Employer:		From:	To:
Address:			
City:		State:	Zip Code:
Phone #:	Fax #:	Contact Person:	
Position Held:		Salary / Wage:	
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:		From:	To:
Address:			
City:		State:	Zip Code:
Phone #:	Fax #:	Contact Person:	
Position Held:		Salary / Wage:	
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:		From:	To:
Address:			
City:		State:	Zip Code:
Phone #:	Fax #:	Contact Person:	
Position Held:		Salary / Wage:	
Reason for Leaving:			
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Employer:	From:	To:
Address:		
City:	State:	Zip Code:
Phone #:	Fax #:	Contact Person:
Position Held:	Salary / Wage:	
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Address:		
City:	State:	Zip Code:
Phone #:	Fax #:	Contact Person:
Position Held:	Salary / Wage:	
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Employer:	From:	To:
Address:		
City:	State:	Zip Code:
Phone #:	Fax #:	Contact Person:
Position Held:	Salary / Wage:	
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 ___

†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.



Education

Circle Highest Grade Completed: 1 2 3 4 5 6 7 8 9 High School: 1 2 3 4 College: 1 2 3 4

Other: (Please include all driving schools): _____

Last School Attended: _____
(Name) (City) (Graduation Date)



Experience and Qualifications – Drivers

Please List all Drivers Licenses held within the last 3 years:

State	License No.	Type	Expiration

Please List all Accidents for the last 3 years:

Date	Nature of Accident (Head-On, Rear-End, Upset, etc.)	Injuries or Fatalities?	Est. Cost over \$1,000

Please List all Traffic Convictions and/ or Forfeitures for the past 3 years (other than parking). If NONE, write NONE:

Date	Location	Charge	Penalty

Experience and Qualifications – Drivers (cont.)			
1.	Have you ever been denied a license, permit or privilege to operate a motor vehicle?	Yes	No
	If yes, please explain	Date:	
2	Has any license, permit or privilege ever been suspended or revoked in the last 5 years?	Yes	No
	If yes, please explain	Date:	
3	Have you ever or are you currently under investigation or arraignment of felony or misdemeanor charge(s)?	Yes	No
	If yes, please explain	Date:	
	If yes, was Commercial Motor Vehicle involved?	Yes	No
4	Have you ever failed or refused to submit to DOT regulated Drug or Alcohol screening?	Yes	No
	If yes, please explain	Date:	
	If yes, was a Substance Abuse Program (SAP) completed	Yes	No

Driving Experience (If NONE, write NONE)

Type	Type of Equipment (Van, tanker, reefer, flat, etc.)	Dates (From / To)	Appx. Number Of Miles
Straight Truck			
Tractor & Semi-Trailer			
Tractor & Doubles			
Motor Coach– School Bus			
Other			

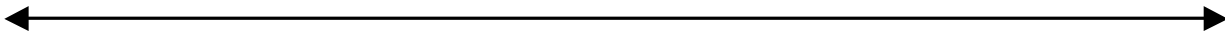
List all states operated in for the last 5 years: _____

Did you attend truck driving school and/ or receive initial training by a carrier? _____

If yes, please list carrier: _____

Did you receive any Safe Driving awards? _____

If yes, please list: _____



Disclosures

(Please initial the right column on the line next to each disclosure)

Multiple Employers

Initial here

I understand that once I become employed with this company, if I begin working for any additional employer(s) for compensation that I must inform this company immediately of such employment activity.

Check of Driving Record

The Applicant is hereby informed that the MVR will be obtained for the purpose of investigation as required by Sections 391.23 and 391.25 of the FMCSRs. The furnisher is released from any and all liability, which may result from furnishing such information.

Fair Credit Reporting Act Disclosure Statement

In accordance with the provisions of Section 604 (B)(2)(A) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I, of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on you for employment purposes. These reports are required by Sections 382.413, 391.23 and 391.25 of the FMCSRs.

TO BE READ AND SIGNED BY THE APPLICANT

This certifies that I have completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge.

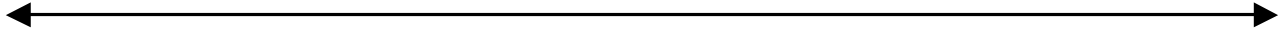
I authorize you to make such investigation and inquire of my personal, employment, medical history, and/ or motor vehicle reports containing driving history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries, regarding medical history will be made 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 inquire 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.

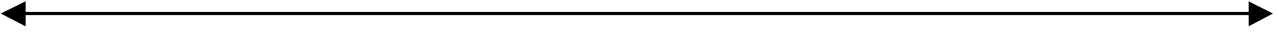
Signature of Applicant

Date

Qualification Receipts



These receipts are to be read and signed by both the applicant and Carrier Representative. This form must be sent to Driver Qualifications and placed in the appropriate Safety file.



I hereby acknowledge receipt of the following:

Drug Abuse & Alcohol Misuse Driver Information Policy

I have read the Drug Abuse & Alcohol Misuse Driver Information Policy of Rapid Response Inc. and understand the negative effects and serious consequences of drug and alcohol abuse on my personal health and safety. I understand the safety regulations and procedures regarding the testing of drugs and alcohol and agree to abide by these procedures.

Safety Policies & Guidelines

I have read the Safety Policies including: the Accident Reporting Policy, Safety Tips, S.I.P.D.E., Jackknife Avoidance Policy, Roadside Inspections, and Safety Practices. As a company and / or Independent Contractor, I understand my responsibilities for compliance with the Rapid Response, Inc. Safety Policies and Guidelines and agree to abide to these policies.

Log Compliance Information

I have read and understand the Hours of Service and Log Compliance procedures set forth by the Department of Transportation and Rapid Response, Inc. I agree to abide by them as long as I am a qualified Company and / or Independent Contractor with Rapid Response, Inc. I further understand that if I do not comply with these rules, I will be assessed training points and may be required to attend retraining or my qualification with Rapid Response, Inc. could be terminated.



Driver Name (Please Print)

Social Security Number

Driver Signature

Date

Carrier Representative Name

Carrier Representative Signature

DOT D/A Disclosure and Authorization

To: HireRight

Use Fax # 800-267-4093 (Manual Service)

Use Fax # 800-257-8069 (If Database Retrieval)

USIS Customer:	
Company Name: _____	
Company Contact Name: _____	
Fax #: _____	
USIS Customer #: _____	Sub-account: _____

PART I – DISCLOSURE AND AUTHORIZATION FOR RELEASE OF INFORMATION FOR EMPLOYMENT PURPOSES – 49 CFR PART 391.23, DOT DRUG AND ALCOHOL TESTING

In accordance with DOT Regulation 49 CFR Part 391.23, I hereby authorize release of my DOT-regulated drug and alcohol testing records by the DOT-regulated employer(s) listed below to HireRight for the purpose of HireRight transmitting such records to the HireRight customer listed above. I understand that information/documents released pursuant to this Part I is limited to the following DOT-regulated testing items, including pre-employment testing results, occurring during the previous **three (3) years**: (i) alcohol tests with a result of 0.04 or higher; (ii) verified positive drug tests; (iii) refusals to be tested (including adulterated and/or substituted tests); (iv) other violations of DOT drug and alcohol testing regulations (i.e., violations of 49 CFR 382 Subpart B); (v) information obtained from previous employers of a drug and alcohol rule violations; and (vi) any documentation of completion of the return-to-duty process following a rule violation.

If any company listed below furnishes HireRight with information concerning items (i) through (vi) above, I also authorize such company to furnish the following information to HireRight, if applicable: (i) dates of my negative drug and/or alcohol tests and/or tests with results below 0.04 during the previous **three (3) years**; and (ii) the name and phone number of any substance abuse professional who evaluated me during the previous **three (3) years**.

List all DOT-regulated employers you have applied with and/or worked for in a safety-sensitive function during the previous **three (3) years**. If necessary, attach additional pages, including the date, your name, social security number, and signature.

Previous DOT-Regulated Employer	City	State	Phone Number
_____	_____	_____	(____)_____-_____
_____	_____	_____	(____)_____-_____
_____	_____	_____	(____)_____-_____
_____	_____	_____	(____)_____-_____
_____	_____	_____	(____)_____-_____

By signing below, I certify that: (i) all information provided herein is complete and accurate; (ii) I have read and fully understand this Part I disclosure and authorization for release; (iii) prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction; (iv) I execute this authorization voluntarily and with the knowledge that the information obtained pursuant to this authorization could affect my eligibility for employment, promotion, retention or other lawful purpose; (v) I understand I may review this document with legal counsel prior to signing; and (vi) facsimile or photographic copies of this authorization are as valid as an original.

Print Applicant Name: _____

Social Security #: _____

Applicant Signature: _____

Date: _____

PART II - CONSUMER REPORT AND INVESTIGATIVE CONSUMER REPORT DISCLOSURE

In connection with your application for employment and/or contractor services with TransAm Trucking, Inc. and in accordance with applicable laws, HireRight Commercial Services ("HireRight") may obtain or assemble consumer reports and/or investigative consumer reports (collectively, "Reports") which may include information about you related to: previous employment (including employers, dates of employment, salary information, reasons of termination, etc.), accident history, academic history, verification of references and other information supplied by me, professional credentials, drug/alcohol use in violation of law and/or company policy, driving record, workers' compensation claims, credit history, creditworthiness, credit capacity, bankruptcy filings, criminal history records, information about your character, general reputation, personal characteristics and mode of living (collectively, "Information"). Information may be obtained from governmental agencies, educational institutions, HireRight clients, personal references, personal interviews and other Information suppliers (collectively, "Suppliers").

Upon providing proper identification and complying with any applicable legal requirements, you have the right to request the nature and substance of all information in HireRight's files pertaining to you at the time of your request, including but not limited to: (i) whether any Reports have been provided by HireRight to other parties; (ii) identification of any Suppliers utilized by HireRight in compiling such Reports; and (iii) identification of any recipients of Reports furnished by HireRight within the **two (2) year** period preceding your request. HireRight may be contacted by mail at PO Box 33181, Tulsa, OK 74153 or by phone at (800) 381-0645.

- Check this box if you are applying for employment in **California** and/or you are a California resident and, in either case, you wish to receive a copy of your **credit report or investigative consumer report** if one is obtained or assembled by HireRight. Pursuant to the California Civil Code, you may view the file maintained on you by HireRight during normal business hours. You may also obtain a copy of this file by submitting proper identification and paying applicable costs for such file, if required by law, by contacting HireRight in person or by mail. HireRight is required to have personnel available to explain your file to you and must explain to you any coded information appearing in your file. If you appear in person, a person of your choice may accompany you, provided that this person furnishes proper identification.
- Check this box if you are applying for employment in **Oklahoma** and/or you are an Oklahoma resident and, in either case, you wish to receive a copy of your **consumer report** if one is obtained or assembled by HireRight.
- Check this box if you are applying for employment in **Minnesota** and/or you are a Minnesota resident and, in either case, you wish to receive a copy of your **consumer report** if one is obtained or assembled by HireRight.

PART II – AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize HireRight to receive Information and disclose such Information to its customers for the purpose of making a determination as to my eligibility for employment, contractor services, promotion, retention or other lawful purpose. If hired or contracted, I authorize HireRight and the HireRight customer named above ("Customer") to retain this document on file to act as ongoing authorization for the procurement and possession of Reports at any time during my employment or contract period. I fully release HireRight and Suppliers from all claims of damages related to the investigation of my background and provision of Information as set forth in this disclosure and authorization. I agree that Information in HireRight possession and my employment history with Customer if I am hired, may be supplied by HireRight to other HireRight customers for legally permissible purposes; provided, such Information will not include the Drug and Alcohol information set forth in Part I above, unless I have given a separate specific consent for HireRight to share such Information.

By signing below I certify that: (i) all information provided herein is complete and accurate; (ii) I have read and fully understand this Part II disclosure and authorization for release; (iii) prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction; (iv) I executed this authorization and release voluntarily and with the knowledge that the Information obtained pursuant to this authorization could affect my eligibility for employment, promotion, retention or other lawful purpose; (v) I understand I may review this document with legal counsel prior to signing; (vi) I authorize HireRight and any person or entity contacted by HireRight to furnish the abovementioned information; and (vii) facsimile or photographic copies of this authorization are as valid as an original.

NOTE – THIS AUTHORIZATION DOES NOT APPLY TO DRUG & ALCOHOL INFORMATION ADDRESSED IN PART I

Print Applicant Name: _____

Social Security #: _____

Applicant Signature: _____

Date: _____

IMPORTANT NOTICE
REGARDING BACKGROUND REPORTS
FROM THE PSP Online Service

In connection with your application for employment with Rapid Response Inc. ("Prospective Employer"), it may obtain one or more reports regarding your credit, driving, and/or criminal background history from a consumer reporting agency and/or other sources. If the Prospective Employer uses any information it obtains from a background report 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 a background report, the Prospective Employer will notify you that the action has been taken and that the background report was the reason for the action. The Prospective Employer cannot obtain background reports from consumer reporting agencies or other sources regarding you 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 Rapid Response ("Prospective Employer") to contact any organization or individual that I have listed on my employment application or resume or mentioned in job interviews and obtain from them any relevant information about my job qualifications, including my experience, skills, and abilities. 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, as well as any reference-related information about me held or known by my former employers, supervisors, and co-workers. In addition, I consent to the release of any information about my education, experience, abilities, or work-related characteristics or traits held or known by other organizations or individuals, including schools and educational institutions, professional or business associates, and friends and acquaintances that Prospective Employer might contact in the course of conducting a reference check or background investigation of my suitability for employment.

I understand and acknowledge that this release of information can involve my qualifications, performance, credentials, or other characteristics or factors affecting my suitability for employment with Prospective Employer. Specifically, I am authorizing the release of any information about my performance, experience, capability, attitude, specific events, or other work-related characteristics that currently are in the possession of the requested organizations or their managers or representatives.

In exchange for Prospective Employer's consideration of my employment application, I agree not to file or pursue any complaints, claims, or legal actions of any kind against any organization or individual that provides work-related information about me to Prospective Employer or its agents in accordance with the terms and intent of this release. I also agree not to file or pursue any complaints, claims, or legal actions against Prospective Employer or any of its employees, representatives, or agents arising out of their efforts to obtain work-related information about me.

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 and/or any entity it retains to obtain such background reports may obtain reports of my credit, driving, and/or criminal background history in addition to information regarding my background, references, education, specific events, and past employment.

I hereby authorize Prospective Employer and its employees, agents, and affiliates to obtain the information authorized above.

Date: _____

Signature

Name (Please Print)

NOTICE: The information contained herein is made available to monthly account holders by NICT solely for use as an example of template content. NICT assumes no legal liability or responsibility for the accuracy, completeness or currency of the information disclosed in this example. The intent of the template example is to illustrate for a monthly account holder an example of a driver consent form, but all monthly account holders and third party information providers should consult their own legal counsel with respect to the proper format and content of this notice.