



Driver Class "A" Employment Application
Must provide: Current MVR, copy of CDL and Medical Certificate

Notice to the applicant: We appreciate your interest in Rodan Transport (U.S.A) Ltd. A clear understanding of your background and work history will assist us with your possible placement or future advancement in our organization. Rodan Transport is an equal opportunity employer, you will be considered for employment without regard to race, color, religion, sex, national origin, age, marital status or non-job disabilities.

Please complete this application and answer all questions. If the answer to any question is "No" or "N/A" do not leave blank, please write either "No" or "N/A"

Position applied for: _____ Date of Application: _____

Name:		
Date of Birth:		
Phone:	Alternate Phone:	
Current Address:		
Previous Address:	From:	To:
Previous Address:	From:	To:
Previous Address:	From:	To:
<p>Some positions at Rodan Transport are safety sensitive: employment in one of these positions is conditional on the results of mandatory drug and alcohol testing as described in the company drug and alcohol policy. Are you willing to be tested for drug and/or alcohol abuse when employed in a safety sensitive position and be subject to random testing?</p> <p>_____ Yes _____ No</p>		
<p>Do you have reliable transportation to and from work? _____ Yes _____ No</p>		
<p>Are you legally eligible to be employed in the USA? _____ Yes _____ No</p>		
<p>Do you have any condition(s) that could affect your performance in this position?</p> <p>_____ Yes _____ No</p>		
<p>If Yes, please explain:</p>		

Company:	Position:	
Address:		
Salary:	Start Date:	End Date:
Describe your duties:		
Reason for leaving:		
Contact Person:	Phone:	Fax:
Were you subject to the FMCSR's while employed here? _____ Yes _____ No		
Was your job designated a safety-sensitive function in and DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? _____ Yes _____ No		

Company:	Position:	
Address:		
Salary:	Start Date:	End Date:
Describe your duties:		
Reason for leaving:		
Contact Person:	Phone:	Fax:
Were you subject to the FMCSR's while employed here? _____ Yes _____ No		
Was your job designated a safety-sensitive function in and DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? _____ Yes _____ No		

* The Federal Motor Cemer Safety Regulations (FMCSR's) 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 weights 10,001 pounds or more, (2) is designated or used to transport nine or more passengers, or (3) is of any size, used to transport hazardous materials I, a quantity requiring placarding.

Notice: Rodan Transport reserves the right to contact previous employers to gather employment related information only. Present employees may also be contacted unless a notation of DO NOT CONTACT is made in the end date section of the present employer. Information collected will be used for screening, selection and employment purposes only.

Name and Location of High School:		
Did you Graduate? _____ Yes _____ No	GED? _____ Yes _____ No	
Technical School:		
Area of Study:	Certificate Received	
College or University:		
Area of Study:	Certificate Received	
Check all that apply:		
<input type="checkbox"/> WHMIS	<input type="checkbox"/> TDG	<input type="checkbox"/> H2S
<input type="checkbox"/> FIRST AID	<input type="checkbox"/> GODI	<input type="checkbox"/> PDIC
<input type="checkbox"/> OHC	<input type="checkbox"/> OTHER	<input type="checkbox"/> OTHER

Drivers License#:	State/Class:	Exp. Date:
Previous License and State:	From:	To:
Previous License and State:	From:	To:
Previous License and State:	From:	To:

Employment History List past employers beginning with the most recent (including any unemployment) for the past 10 years. Use separate sheet if necessary.

Company:		Position:	
Address:			
Salary:	Start Date:	End Date:	
Describe your duties:			
Reason for leaving:			
Contact Person:		Phone:	Fax:
Were you subject to the FMCSR's while employed here? _____ Yes _____ No			
Was your job designated a safety-sensitive function in and DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? _____ Yes _____ No			

Company:		Position:	
Address:			
Salary:	Start Date:	End Date:	
Describe your duties:			
Reason for leaving:			
Contact Person:		Phone:	Fax:
Were you subject to the FMCSR's while employed here? _____ Yes _____ No			
Was your job designated a safety-sensitive function in and DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? _____ Yes _____ No			

Company:		Position:	
Address:			
Salary:	Start Date:	End Date:	
Describe your duties:			
Reason for leaving:			
Contact Person:		Phone:	Fax:
Were you subject to the FMCSR's while employed here? _____ Yes _____ No			
Was your job designated a safety-sensitive function in and DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? _____ Yes _____ No			

Company:		Position:	
Address:			
Salary:	Start Date:	End Date:	
Describe your duties:			
Reason for leaving:			
Contact Person:		Phone:	Fax:
Were you subject to the FMCSR's while employed here? _____ Yes _____ No			
Was your job designated a safety-sensitive function in and DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? _____ Yes _____ No			

Employment History List past employers beginning with the most recent (including any unemployment) for the past 10 years. Use separate sheet if necessary.

Company:		Position:	
Address:			
Salary:		Start Date:	End Date:
Describe your duties:			
Reason for leaving:			
Contact Person:		Phone:	Fax:
Were you subject to the FMCSR's while employed here? _____ Yes _____ No			
Was your job designated a safety-sensitive function in and DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? _____ Yes _____ No			

Company:		Position:	
Address:			
Salary:		Start Date:	End Date:
Describe your duties:			
Reason for leaving:			
Contact Person:		Phone:	Fax:
Were you subject to the FMCSR's while employed here? _____ Yes _____ No			
Was your job designated a safety-sensitive function in and DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? _____ Yes _____ No			

Company:		Position:	
Address:			
Salary:		Start Date:	End Date:
Describe your duties:			
Reason for leaving:			
Contact Person:		Phone:	Fax:
Were you subject to the FMCSR's while employed here? _____ Yes _____ No			
Was your job designated a safety-sensitive function in and DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? _____ Yes _____ No			

Company:		Position:	
Address:			
Salary:		Start Date:	End Date:
Describe your duties:			
Reason for leaving:			
Contact Person:		Phone:	Fax:
Were you subject to the FMCSR's while employed here? _____ Yes _____ No			
Was your job designated a safety-sensitive function in and DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? _____ Yes _____ No			

Request for Drivers Safety Performance History

Section II: Past employers to complete accident information

Please provide the following as required by 391.23 (d) (1) (2) on any accidents, as defined by 390.5 and/or from your Accident Register (FMCSR 391.15) which the above named driver/applicant was involve within the past three years while under your employment. Previous employers may include additional detailed information on minor accidents/incidents at their discretion.

If there is no accident information for this driver, please check here _____

Date	Location (City/State)	Any vehicles towed?	HazMat Spills?	# of Fatalities?	# of Injuries

Section III: Past employers to complete work history information

Please provide the following information on the above named driver applicant:

He/She was employed fro you as a: _____ From _____ / _____ / _____ to _____ / _____ / _____

• If employed as a driver, what type of equipment did he/she operate?

Straight trucks _____ Tractor/Trailer _____ Doubles _____ Triples _____ Other _____

Explain: _____

Type of trailer (s) pulled: _____

Was he/she a: Company Driver? _____ yes _____ no Contractor? _____ yes _____ no

Contractors Driver? _____ yes _____ no Other? _____ yes _____ no

General area traveled: _____

While under your employment was he/she:

1. Bonded: _____ yes _____ no

2. Convicted of any traffic violation: _____ yes _____ no

If yes, please list all, including date and type: _____

3. License (s) suspended, revoked or denied: _____ yes _____ no

If yes, please explain: _____

Reason for leaving: _____

Would you re-hire: _____

Previous employer representative supply information:

Printed Name

Title

Signature

Date

Controlled Substance and Alcohol Testing Information Acknowledge/Consent Form

As a condition of employment with Rodan Transport (U.S.A.) Ltd., Commercial Motor Vehicle Driver Applicants must submit to a pre-employment controlled substance test as required by the Federal Motor Carrier Safety Regulations (FMCSR) Section 382.301. A motor carrier must receive verified negative results for the applicant to be eligible for employment.

If you are hired, you will be subject to laws requiring additional controlled substances and alcohol testing on you under numerous situations including, but not limited to the following:

Post Accident-Section 382.303	Random-Section 382.305	Reasonable Suspicion-Section 382.307
Return to Duty-Section 382.309		

A driver who tests positive for a controlled substance(s) and/or alcohol test, will be immediately removed from a safety sensitive position as required by Part 382 of the FMCSR. Federal law prohibits a driver from returning to safety sensitive position for any motor carrier until and unless the driver completes the Substance Abuse Professionals (SAP) evaluation, referral and education/treatment process, as described in FMCSR Part 40, Subpart O.

For referral to the nearest Abuse Professional nearest you contact:

National Substance Abuse Professionals: 800-879-6428 1615 Orange Tree Lane, Ste. 101 Redlands, CA 92374

All controlled substances and alcohol testing will be conducted in accordance with Parts 40 and 382 of the FMCSR.

I _____ have read the above controlled substances and Alcohol testing requirements and understand them. I acknowledge receipt of the referral contact information for Substance Abuse Professionals.

Applicants Signature

Date

Employer Representative

Date

Drivers Application Drug and Alcohol Pre-employment Statement

CFR Part 40.25 (j) requires the employer to ask any applicant whether he/she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employer applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol rules during the past two years. If the potential employee admits that he/she had a positive test or refusal to test, we must not use the employee to perform safety-sensitive functions, until and unless the potential employee provides documentation of successful of the return to duty process.

Applicant Name: _____ SSN: _____

Please Print

As an applicant, applying to perform safety sensitive functions for our company, you are required by CFR Part 40.25 (j) to respond to the following questions.

1. Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two year? _____ yes _____ no
2. If you answered yes, to the above question, can you provide proof that you have successfully completed the DOT return to duty requirements? _____ yes _____ no

My signature below certifies that the information provided is true and correct

Applicants Signature

Date

**Request for Driver's Safety Performance History
Information from DOT Regulated Previous Employer(s)**

Carrier Name: Rodan Transport (U.S.A) Ltd. Contact Name: _____
Address: _____ City, State, Zip: _____
Phone #: _____ Fax# _____

Driver to complete this section

As a Commercial Motor Vehicle (CMV) Driver, I understand that per, the Federal Motor Carrier Safety Regulation (FMCSR's) part 391.21, the following information will be requested from all previous employers for which I operated a CMV, subject to the FMCSR part 390 and/or 40, 382 and 383, within the past three years, from the date shown below, I also acknowledge that this information will be used in determining my eligibility to be hired, that I have the right to review this information and rebut any errors in these statements from my previous employers, as described in the FMCSR Part 391.23.

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 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 information to the above mentioned person and/or company.

Previous Employer: _____ Contact Person: _____
Phone #: _____ Fax #: _____
I worked for this company from: _____ To# _____

Signature SSN D.O.B. Date

Section 1: Past employer to complete/drug and alcohol information.

Please provide the following drug and alcohol information as required by FMCSR Part 391.23 and 40.25. If no drug and alcohol information is available on above name applicant check here _____

1. Any alcohol test with a result of 0.04 or higher alcohol concentration? _____ yes _____ no
2. Any verified positive drug test? _____ yes _____ no
3. Any refusal to be tested (including verified adulterated or substituted drug)? _____ yes _____ no
4. Any other violations of DOT agency drug and alcohol testing regulations (Part 382 or Part 40)
_____ yes _____ no
5. If this driver did successfully complete a SAP rehabilitation referral and remained in your employ, did he/she have any subsequent violations for; an alcohol test result of 0.04 or greater, a verified positive drug test or a refusal to test (including a verified adulterated/substituted drug test results).
_____ yes _____ no
6. If yes to any of the above, please provide documentation of successful completion of a SAP evaluation, prescribed treatment and return to duty requirements (including follow up test) if they remained in your employ.*

* If this information is not available from the previous employer, you as a prospective employer must get this information from the driver/applicant.

Drug and alcohol information needs to be kept in a separate personnel and/or confidential file.

Notice: For all positions: a recent copy of your MVR (Motor vehicle record) must accompany this application. Employment is conditional upon having and maintaining an acceptable driving record and license.

I hereby certify that to the best of my knowledge and belief that all of the answers given by me to the foregoing questions and that all statements made by me in this application are true and correct. I understand that any false statement on this application shall be considered sufficient cause for my dismissal. I further certify that I have read and that I do understand all of the Notice to the Applicants contained in this application. I hereby authorize Rodan Transport to make an Investigation of me as deemed necessary so far as such investigation are conducted within the legal limits established by the law. If employed, I agree to comply with the policies, rules and Regulations of Rodan Transport (U.S.A.) Ltd.

Print Name

Signature

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
 Is there any reason you might be unable to perform the functions of the job for you have applied? _____ yes _____ no
 Have you ever been convicted of a felony? _____ yes _____ no

If you answered "yes" to any of the above, please explain _____

Related Experience

EQUIPMENT TYPE	SIZE AND DESCRIPTION	LENGTH OF TIME
Bed Truck		
Picker Truck		
Winch Tractor		
Winch-less Truck and Trailer		
Pilot Vehicle		
Other		

List States operated in, for the last five years _____

Accident History List all vehicle accidents you have had for the last three years, use separate sheet if necessary.

Date of accident	Nature of accident	Location	# of fatalities	# of people injured

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

Date of accident	Nature of accident	Location	# of fatalities	# of people injured

References

Name:	How are you acquainted:	Phone:
Name:	How are you acquainted:	Phone:
Name:	How are you acquainted:	Phone:

CONFIDENTIAL FAXED INQUIRY RECORD

Company Name: _____

Date Faxed: _____ **2nd Notice Date:** _____

Contact unwilling to provide information

Contact Name: _____ **Date:** _____

Company Name: _____

Date Faxed: _____ **2nd Notice Date:** _____

Contact unwilling to provide information

Contact Name: _____ **Date:** _____

Company Name: _____

Date Faxed: _____ **2nd Notice Date:** _____

Contact unwilling to provide information

Contact Name: _____ **Date:** _____



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, and 391.25 of the Federal Motor Carrier Safety Regulations.

Applicants Printed Name

Social Security #

Applicants Signature

Date



DRIVERS RIGHT PERTAINING TO RELEASE OF DRIVER INFORMATION UNDER REGULATION 391.23

Motor carriers have the responsibility to make the following investigations and inquires with respect to each driver employed, other than a person who has been regularly employed driver of the motor carrier for a continuous period which began before January 1, 1971.

- (a) (1) An inquiry onto the driver's driving record during the preceding three years to the appropriate agency of every State in which the driver held a motor vehicle operator's license or permit during those three years; and
- (a) (2) An investigation of the drivers employment record during the preceding three years.
- (b) A copy of the driver record(s) obtained in response to the inquiry or inquires to each State driver record agency as required must be placed in the Driver Qualifications File within 30 days of the date the driver's employment begins and be retained in compliance with 391.51.
- (c) Replies to the investigation of the driver's safety performance history must be placed in the Drivers Investigation History File within 30 days of the date the driver's employment begins. This goes into effect after October 29, 2004.
- (d) Prospective motor carrier must investigate the information from all previous employers of the applicant that employed the driver to operate a CMV within the previous three years. This information must cover general driver identification and employment verification information, data elements as specified in 309.15 for accident involving the driver that occurred in the three year period preceding that date of the employment application and any accidents the previous employer may wish to provide.
- (e) Prospective motor carrier must investigate the information from all previous DOT regulated employers that employed the driver within the previous three years from the date of the employment application in a safety sensitive function that required alcohol and controlled substance testing specified by 49 CFR Part 40.

Driver have the following rights:

1. The right to review information provided by previous employers.
2. The right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to the prospective employer.
3. The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

Drivers who wish to review previous employer provided investigation information must submit a written requires to the prospective employer when applying or as late as 30 days after employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five business days of receiving the written request. If the driver has not arranged to pick up or received the requested records within 30 days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived his/her request to review the records.

Drivers wishing to request correction of erroneous information in records must send the request for the correction to the previous employer that provide the records. After October 29, 2004, the previous employer must either correct and forward the information to the prospection motor carrier employer or notify the driver within 15 days of receiving the driver's request to correct the data that it does not agree to correct the data. Drivers wishing to rebut information in records must send the rebuttal to the previous employers with instructions to include the rebuttal in the driver's Safety Performance History.

I acknowledge that I have read and understand the contents of this documents:

Drivers Signature: _____ Date: _____

Drivers Name (Printed): _____