

**DRIVER'S EMPLOYMENT APPLICATION**

**MAP TEST** \_\_\_\_\_  
**LOGS HOME** \_\_\_\_\_  
**LOG TEST** \_\_\_\_\_  
**ROAD TEST** \_\_\_\_\_

**Rapid Service Inc.**  
**308 Pennsylvania Ave.**  
**Greer, SC 29650**

In compliance with Federal and State equal employment opportunities laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status.

**Answer all questions - Please print** Date of application \_\_\_\_\_

Positions applied for \_\_\_\_\_

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_  
Last First Middle

**List your addresses of residency for the past 3 years.**

Current Address \_\_\_\_\_  
Street City  
State Zip Code Phone \_\_\_\_\_ How long? \_\_\_\_\_  
year/month

Previous Addresses \_\_\_\_\_ How long? \_\_\_\_\_  
Street City State & Zip Code year/month

\_\_\_\_\_ How long? \_\_\_\_\_  
Street City State & Zip Code year/month

\_\_\_\_\_ How long? \_\_\_\_\_  
Street City State & Zip Code year/month

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

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Can you provide proof of age? \_\_\_\_\_  
(Required for Commercial Drivers)

Have you worked for this company before? \_\_\_\_\_ Where? \_\_\_\_\_

Dates: From \_\_\_\_\_ To \_\_\_\_\_ Rate of Pay \_\_\_\_\_ Position \_\_\_\_\_

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

Are you now employed? \_\_\_\_\_ If not, how long since leaving last employment? \_\_\_\_\_

Who referred you? \_\_\_\_\_ Rate of pay expected \_\_\_\_\_

Have you ever been bonded? \_\_\_\_\_ Name of bonding company \_\_\_\_\_  
(Answer only if a job requirement)

Have you ever been convicted of a felony? \_\_\_\_\_

*If yes, please explain fully on a separate sheet of paper. Conviction of a crime is not an automatic bar to employment - all circumstances will be considered.*

Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the attached job description)?

If yes, explain if you wish.

### EMPLOYMENT HISTORY

All driver applicants to drive 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 or interstate 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 another sheet as necessary.)

EMPLOYER			DATE	
NAME			FROM MO. YR.	TO MO. YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	
DID YOU DRIVE A VEHICLE REQUIRING A CDL? YES _____ NO _____				

EMPLOYER			DATE	
NAME			FROM MO. YR.	TO MO. YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	
DID YOU DRIVE A VEHICLE REQUIRING A CDL? YES _____ NO _____				

EMPLOYER			DATE	
NAME			FROM MO. YR.	TO MO. YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	
DID YOU DRIVE A VEHICLE REQUIRING A CDL? YES _____ NO _____				

EMPLOYER		DATE	
NAME		FROM MO. YR.	TO MO. YR.
ADDRESS		POSITION HELD	
CITY	STATE	ZIP	
CONTACT PERSON		PHONE NUMBER	
REASON FOR LEAVING			
DID YOU DRIVE A VEHICLE REQUIRING A CDL? YES _____ NO _____			

EMPLOYER		DATE	
NAME		FROM MO. YR.	TO MO. YR.
ADDRESS		POSITION HELD	
CITY	STATE	ZIP	
CONTACT PERSON		PHONE NUMBER	
REASON FOR LEAVING			
DID YOU DRIVE A VEHICLE REQUIRING A CDL? YES _____ NO _____			

EMPLOYER		DATE	
NAME		FROM MO. YR.	TO MO. YR.
ADDRESS		POSITION HELD	
CITY	STATE	ZIP	
CONTACT PERSON		PHONE NUMBER	
REASON FOR LEAVING			
DID YOU DRIVE A VEHICLE REQUIRING A CDL? YES _____ NO _____			

\*Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

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
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

(Attach sheet if more space is needed)

### EDUCATION

Circle highest grade completed: 1 2 3 4 5 6 7 8 High School: 1 2 3 4 College: 1 2 3 4

Last school attended \_\_\_\_\_  
 (Name) (City)

### Experience and Qualifications - Driver

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 If none, write NONE.

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (Van, Tank, Flat, ETC.)	DATES		APPROX. NO. OF MILES (TOTAL)
		TO	FROM	
Straight Truck				
Tractor and Semi-Trailer				
Tractor-Two Trailers				
Motorcoach - School Bus				
Other				

List states operated in for last five years:

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

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Which safe driving awards do you hold and from whom?

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### **EXPERIENCE AND QUALIFICATIONS - OTHER**

Show any trucking, transportation or other experience that may help in your work for this company

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List courses and training other than shown elsewhere in this application

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List special equipment or technical materials you can work with (other than those already shown)

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### **TO BE READ AND SIGNED BY APPLICANT**

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.

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical 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 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 understand, also, that I am required to abide by all rules and regulations of the Company.

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DATE

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APPLICANT'S SIGNATURE

## PROCESS RECORD

APPLICANT HIRED \_\_\_\_\_ REJECTED \_\_\_\_\_

DATE EMPLOYED \_\_\_\_\_ POINT EMPLOYED \_\_\_\_\_

DEPARTMENT \_\_\_\_\_ CLASSIFICATION \_\_\_\_\_

(If rejected, summary report of reasons should be placed in file)

### This section to be filled in by responsible Officer or company representative

	SUPERIOR	GOOD	FAIR	BELOW AVERAGE	POOR	WRITTEN RECORD ON FILE
1. Application						
2. Interview						
3. Past Employment						
4. Written Exam						
5. Road Test						
6. Criminal & Traffic						

Signature of Interviewing Officer \_\_\_\_\_

## TRANSFERS

FROM	TO
DATE	
REASON FOR TRANSFER	

FROM	TO
DATE	
REASON FOR TRANSFER	

FROM	TO
DATE	
REASON FOR TRANSFER	

FROM	TO
DATE	
REASON FOR TRANSFER	

**TERMINATION OF EMPLOYMENT**

Date Terminated \_\_\_\_\_ Department Released From \_\_\_\_\_

Dismissed \_\_\_\_\_ Voluntarily Quit \_\_\_\_\_ Other \_\_\_\_\_

Termination Report Placed in File \_\_\_\_\_ Supervisor \_\_\_\_\_

**DISCLOSURE AND RELEASE**

In connection with my application for employment (including contract for services) with Rapid Service Inc., I understand that consumer reports which may contain public record information may be requested by Rapid Service Inc. insurance carriers and Rapid Service Inc. Human Resource Dept. These reports may include the following types of information: names and dates of previous employers, reason for termination of employment, drug test results, work experience, accidents, etc. I further understand that such reports may contain public record information concerning my driving record, workers' compensation claims and criminal records.

I AUTHORIZE WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY RAPID SERVICE INC. AND/OR ITS INSURANCE CARRIERS TO FURNISH THE ABOVE-MENTIONED INFORMATION.

I have the right to make a request to Rapid Service Inc., upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including the sources of information and the recipients of any reports.

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
SOCIAL SECURITY NUMBER

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DATE OF BIRTH

\_\_\_\_\_  
DRIVERS LICENSE NUMBER

\_\_\_\_\_  
STATE OF ISSUE