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Description automatically generated

Regional Carriers Logistics Inc.

P.O. Box 381473

Duncanville, Texas 75138-1473

800-579-0697

Email: transport@rclinc.net

Website: https://rclinc.net

MBE/SBE

Subcontractor Driver Application

Last Name: First Name: MI: Date

Social Security Number DOB

List your addresses of residency for the past three (3) years current address first.

Street Address How Long

City State Zip

Street Address How Long

City State Zip

Cell Home phone E-mail

DOT Physical Expiration Date How many of Class A CDL driving experience.

Are you a citizen of the United States? Yes No

Are you legally eligible to work in the U. S Yes No

Have you ever worked for this company? Yes

No

If so, when?

Have you ever been convicted of a felony? Yes, paper and attach.

No If yes, explain fully on a separate

EDUCATION

Last Highest Grade Completed

High School: Address

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| From: | | To: | | Did You Graduate | | Yes | | No | | Degree | |
| College: | | | | | | | | | | | |
|  | From: | | To: | | Did You Graduate | | Yes | | No | | Degree |
| Other/Training School: | | | | | | | | | | | |
| From: | | To: | | Did You Graduate | | Yes | | No | | Degree/Certificate(s) | |

**REFERENCES**

Please list three references. Two (2) business references, One (1) Personal reference:

Full Name Relationship Company Phone

Address City State Zip

Full Name Relationship Company Phone

Address City State Zip

Full Name Relationship Company Phone

Address City State Zip

All applicants to drive interstate commerce must provide the following information on all employers during the preceding three (3) years. List the complete mailing address, street number, city, state, and zip code.

Applicants to drive a commercial motor vehicle in intrastate or interstate shall also provide an additional 3–5-year information on those employers for whom applicant operated such vehicle.

NOTE: List employers in reverse order starting with the most recent employer. Attach additional sheets as needed.

EMPLOYMENT HISTORY **Write or Type in This Section**

|  |  |
| --- | --- |
| Company: |  |
| Start Date: |  |
| End Date: |  |
| Address |  |
| City, State, Province, Zip/Postal |  |
| Country |  |
| Phone |  |
| Position Held |  |
| Pay Range |  |
| Reason for leaving |  |
| May we contact this employer at this time? |  |
| Contact Person/Telephone Number |  |

EMPLOYMENT HISTORY

|  |  |
| --- | --- |
| Company: |  |
| Start Date: |  |
| End Date: |  |
| Address |  |
| City, State, Province, Zip/Postal |  |
| Country |  |
| Phone |  |
| Position Held |  |
| Pay Range |  |
| Reason for leaving |  |
| May we contact this employer at this time? |  |
| Contact Person/Telephone Number |  |

**EMPLOYMENT HISTORY**

**Write or Type in This Section**

|  |  |
| --- | --- |
| Company: |  |
| Start Date: |  |
| End Date: |  |
| Address |  |
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EMPLOYMENT HISTORY

|  |  |
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| End Date: |  |
| Address |  |
| City, State, Province, Zip/Postal |  |
| Country |  |
| Phone |  |
| Position Held |  |
| Pay Range |  |
| Reason for leaving |  |
| May we contact this employer at this time? |  |
| Contact Person/Telephone Number |  |

**WERE YOU SUBJECT TO THE FMCSRS RULES 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 PARTS 40? YES NO**

I acknowledge that the Company is subject to the Department of Transportation (DOT) regulations regarding drug and alcohol testing and agree to submit to any required testing and/or physical examinations mandated by the regulations or the applicable federal or state law.

Signature Date

ACCIDENT RECORD FOR PAST 5 YEARS OR MORE (ATTACH ADDITIONAL SHEET IF MORE SPACE IS NEEDED) IF NONE, WRITE NONE.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **DATES** | **NATURE OF ACCIDENT** | **TRAFFIC**  **VIOLATIONS** | **CONVICTION**  **CHARGE** | **WHERE: CITY &**  **STATE** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

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

|  |  |  |  |
| --- | --- | --- | --- |
| **LOCATION** | **DATE** | **CHARGE** | **PENALTY** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

(Attach Sheet If More Space Is Needed)

EXPERIENCE AND QUALIFICATIONS - DRIVER

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **LICENSE NO.** | **STATE** | **CLASS** | **EXPIRATION DATE** | **ENDORSEMENT(S)** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

1. **Have you been denied a license, permit or privilege to operate a motor vehicle?**

Yes No

1. **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; attach an additional sheet if needed

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **DRIVING EXPERIENCE: CHECK YES or NO** | | | | | | |
| **CLASS OF EQUIPMENT** | **YES** | **NO** | **CIRCLE TYPE OF EQUIPMENT** | **FROM** | **TO** | **NO. OF MILES** |
| STRAIGHT TRUCK |  |  | VAN, TANKER, FLATBED, DUMP TRUCK, END DUMP, BELLY DUMP,  REEFER |  |  |  |
| TRACTOR AND SEMI-TRAILER |  |  | VAN, TANKER, FLATBED, DUMP TRUCK, END DUMP, BELLY DUMP,  REEFER |  |  |  |
| TRACTOR – TWO TRAILERS |  |  | VAN, TANKER, FLATBED, DUMP TRUCK, END DUMP, BELLY DUMP,  REEFER |  |  |  |
| **OTHER** |  |  |  |  |  |  |

List States Operated in For the Last Five (5) Years

EXPERIENCE AND QUALIFICATIONS – OTHER

Show any trucking, transportation, or other experience: List special equipment you can work (other those shown: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MILITARY SERVICE

|  |  |
| --- | --- |
| **Branch:** |  |
| **Rank at Discharge:** |  |
| **From:** |  |
| **To:** |  |
| **If other than honorable, explain** |  |

“I hereby authorize law enforcement, probation and parole agencies, and any other government agencies to release all information pertaining to any traffic or criminal record, and violations. I understand by filling out this application I am expressing a desire to become a Sub Contractor Driver and would be considered self- employed. I would not be an employee of Regional Carriers Logistics Inc, and not be eligible for benefits associated with employment.

NOTE: “I have read and understand this section, and by evidence of my signature below, I understand that furnishing false or incomplete information on this application is grounds for denial of Subcontract Driver opportunities. I also understand that a valid CDL license must be maintained with Regional Carriers Logistics Inc. and that suspension, revocation or denial for renewal would void the Subcontract Driver opportunities.”

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment for Sub-Contractor Driver, I understand that false or misleading information in my application or interview may result in release.

Signature Date