

Date: _____



CDL DRIVER APPLICATION

Last Name	First	Middle Initial
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Address – Number & Street	City	State	Zip
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If you have resided at the above address for less than 3 years, please list all states of residence for last 3 years:

Mobile Phone Number	Date of Birth	Social Security Number
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Are you 21 years of age or older?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Can you provide proof of age?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever worked for this company before?	<input type="checkbox"/> Yes, Dates Worked: _____ <input type="checkbox"/> No
Are you currently employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you are currently employed, may we contact your current employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you are not currently employed, what was the last day worked for last employer?	
Referral source or how you learned of opportunities with Rock Grading, LLC?	

Have you ever been denied a license, permit or privilege to operate a motor vehicle?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever had a license, permit or privilege revoked or suspended?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of a felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever received a citation for driving while under the influence of alcohol, drugs, or other controlled substances?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been required to attend an alcohol offender's school, traffic offender's school, or other remedial traffic school required by the courts?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever completed a driver's education course?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you answered "Yes" to any of the foregoing questions, please provide of specific details of the incident, including dates.

Employment History:

In compliance with federal and state equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, age, sex, national origin, marital status or non-job related disability.

Applicant: Please be advised that Rock Grading, LLC will contact all prior/present employers you list on this application for purposes of employment and drug/alcohol testing verification. You should review the prior employer Safety Performance History request form and Drug/alcohol testing verification forms before signing the release contained on each of the forms.

Please provide employment history for the previous ten (10) years. Failing to list complete information for each previous employer will delay the processing of this application. Please indicate whether your job was full-time or part-time on each employer.

IMPORTANT – PLEASE READ!

List most recent employer first, then work backwards listing all employers for the past 10 years.

List any period in which you were unemployed or there was a gap in your employment.

Present or last employer – or – unemployment period of time

Dates Employed From: _____ to _____	Company Name	Position	Wages	
Street Address	City	State	Zip	Phone Number
Reason for leaving:				
Were you subject to the Federal Motor Carrier Safety Regulations while employed here?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Was your job designated as a safety sensitive function in any DOT related mode, subject to the drug and alcohol testing requirements of Title 49, CFR, Part 40?			<input type="checkbox"/> Yes <input type="checkbox"/> No	

2nd most recent employer – or – unemployment period of time

Dates Employed From: _____ to _____	Company Name	Position	Wages	
Street Address	City	State	Zip	Phone Number
Reason for leaving:				
Were you subject to the Federal Motor Carrier Safety Regulations while employed here?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Was your job designated as a safety sensitive function in any DOT related mode, subject to the drug and alcohol testing requirements of Title 49, CFR, Part 40?			<input type="checkbox"/> Yes <input type="checkbox"/> No	

Employment History (cont.):

3rd most recent employer – or – unemployment period of time

Dates Employed From: _____ to _____	Company Name	Position	Wages	
Street Address	City	State	Zip	Phone Number
Reason for leaving:				
Were you subject to the Federal Motor Carrier Safety Regulations while employed here?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Was your job designated as a safety sensitive function in any DOT related mode, subject to the drug and alcohol testing requirements of Title 49, CFR, Part 40?			<input type="checkbox"/> Yes <input type="checkbox"/> No	

4th most recent employer -or- unemployment period of time

Dates Employed From: _____ to _____	Company Name	Position	Wages	
Street Address	City	State	Zip	Phone Number
Reason for leaving:				
Were you subject to the Federal Motor Carrier Safety Regulations while employed here?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Was your job designated as a safety sensitive function in any DOT related mode, subject to the drug and alcohol testing requirements of Title 49, CFR, Part 40?			<input type="checkbox"/> Yes <input type="checkbox"/> No	

5th most recent employer -or- unemployment period of time

Dates Employed From: _____ to _____	Company Name	Position	Wages	
Street Address	City	State	Zip	Phone Number
Reason for leaving:				
Were you subject to the Federal Motor Carrier Safety Regulations while employed here?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Was your job designated as a safety sensitive function in any DOT related mode, subject to the drug and alcohol testing requirements of Title 49, CFR, Part 40?			<input type="checkbox"/> Yes <input type="checkbox"/> No	

Employment History (cont.):

6th most recent employer –or- unemployment period of time

Dates Employed From: _____ to _____	Company Name	Position	Wages	
Street Address	City	State	Zip	Phone Number
Reason for leaving:				
Were you subject to the Federal Motor Carrier Safety Regulations while employed here?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Was your job designated as a safety sensitive function in any DOT related mode, subject to the drug and alcohol testing requirements of Title 49, CFR, Part 40?				<input type="checkbox"/> Yes <input type="checkbox"/> No

7th most recent employer –or- unemployment period of time

Dates Employed From: _____ to _____	Company Name	Position	Wages	
Street Address	City	State	Zip	Phone Number
Reason for leaving:				
Were you subject to the Federal Motor Carrier Safety Regulations while employed here?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Was your job designated as a safety sensitive function in any DOT related mode, subject to the drug and alcohol testing requirements of Title 49, CFR, Part 40?				<input type="checkbox"/> Yes <input type="checkbox"/> No

8th most recent employer –or- unemployment period of time

Dates Employed From: _____ to _____	Company Name	Position	Wages	
Street Address	City	State	Zip	Phone Number
Reason for leaving:				
Were you subject to the Federal Motor Carrier Safety Regulations while employed here?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Was your job designated as a safety sensitive function in any DOT related mode, subject to the drug and alcohol testing requirements of Title 49, CFR, Part 40?				<input type="checkbox"/> Yes <input type="checkbox"/> No

NOTE: IF ADDITIONAL SPACE IS NEEDED, USE REVERSE SIDE OF THIS PAGE TO LIST ADDITIONAL PAST EMPLOYERS, USING SAME FORMAT AS ABOVE OR ASK COMPANY REPRESENTATIVE FOR AN ADDITIONAL PAGE FOR LISTING PAST EMPLOYERS.

ACCIDENT RECORD:

List all accidents in which you were involved, regardless of fault, during the last three (3) years.

Date of Accident	What was the nature of the Accident	Were there Fatalities	Were there Injuries	Preventable	Chargeable

TRAFFIC CONVICTIONS and FORFEITURES

List all for past three (3) years

Date	Location	Charge	Penalty

EDUCATION:

Circle the highest grade you completed: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 C

EXPERIENCE – QUALIFICATIONS:

List all drivers' Licenses issued to you in the last five (5) years

State	License Number	Type of License	Expiration Date	Endorsements

List states you have operated in during the last five years: _____

I certify that I have read and understand all of this employment application. It is agreed and understood that the employer or his agents may investigate my background to ascertain any and all information of concern to my employment history, whether same is of record or not. I release all employers and other persons named herein, from all liability for damages by furnishing such information. I understand that as an applicant for a position with this company, I may be asked to demonstrate that I am capable of performing tasks, which are pertinent to the job. I also understand that if offered a job, it may be conditioned on the results of a physical examination and drug test. If hired, I agree to abide by all the rules and policies of the employer and those agencies which regulate this employer.

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

X _____
(Signature of Applicant) (Date)

FMCSA Pre-Employment Screening Program (PSP):

In connection with your application for employment with Rock Grading, LLC, we may obtain one or more reports regarding your driving and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA). If ROCK GRADING, LLC uses any information it obtains from FMCSA in a decision to not hire you or make any other adverse employment decision regarding you, ROCK GRADING, LLC 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 your driving history or safety report, ROCK GRADING, LLC will notify you that the action has been taken and that the action was based in part or in whole on this report. ROCK GRADING, LLC cannot obtain background reports from FMCSA unless you consent in writing. If you agree that ROCK GRADING, LLC may obtain such background reports please read the following and sign below:

I authorize ROCK GRADING, LLC to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. 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. I understand and acknowledge that this release of information may assist ROCK GRADING, LLC to make a determination regarding my suitability as an employee.

I further understand that neither ROCK GRADING, LLC nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I am challenging crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate state for adjudication.

I have read the above notice regarding background reports provided to me by ROCK GRADING, LLC and I understand that if I sign this consent form, ROCK GRADING, LLC may obtain a report of my crash and inspection history. I hereby authorize ROCK GRADING, LLC and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Print Name: _____

Signature: _____

Date: _____

Social Security No: _____

License Number: _____

License State: _____

PRE-EMPLOYMENT DRUG AND ALCOHOL STATEMENT:

Pre-employment history of applicant

CFR 49 Sec. 40.25(j) – As an employer, we must ask the 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 applicant applied for but did not obtain safety-sensitive transportation work covered by Department of Transportation drug and alcohol testing rules, during the past two years.

If the applicant admits that he/she had a positive test or refusal to test, we cannot use the applicant to perform safety-sensitive functions, until and unless the person documents successful completion of the return-to-duty process (see paragraphs (b)(5) and (e) of section 40.25).

The prospective employee is required by Section 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 Department of Transportation agency drug and alcohol testing rules during the past two years?

Check One: Yes No

2. If you answered yes to question one, can you provide/obtain proof that you have successfully completed the Department of Transportation, return-to-duty requirements?

Check One: Yes No

Print Name: _____

Signature: _____

Date: _____

Social Security No: _____

Pre-Employment Controlled Substance Testing Notification and Consent Agreement:

Rock Grading, LLC, in compliance with the U S DOT Federal Motor Carrier Safety Regulations, Part 382-Subpart C, is required to administer a prescribed controlled substances test as part of the mandatory pre-employment screening process. No offer of employment may be tendered to you, nor may employment commence until the controlled substances test has been taken, and Rock Grading, LLC has been advised of the results, which must be **"NEGATIVE"**.

I agree to submit to the controlled substances testing described above, via the prescribed testing methods, at the site selected by Rock Grading, LLC, on the scheduled date and appointment time. I understand that the results of this testing procedure are confidential, and are only for the use of Rock Grading, LLC, its Medical Review Officer and me. I also understand that a **"POSITIVE"** result will disqualify me from operation of a commercial motor vehicle for Rock Grading, LLC and therefore will exclude me from employment for the position applied for. I have read and understand the conditions imposed by the controlled substances testing requirements and by my signature below, consent to such testing.

DRIVER RECEIPT OF DRUG AND ALCOHOL EDUCATIONAL MATERIALS

INSTRUCTIONS: FMCSA Part 382.601 requires Rock Grading, LLC to provide all company drivers with educational material regarding drug and alcohol use and abuse, and the rules and regulations of the Department of Transportation which apply to the company's drivers. This form will document the receipt of the required materials.

TO THE DRIVER: The Federal Motor Carrier Safety regulations require that each driver must sign this form to certify receipt of these materials. The original of this form will be maintained for an indefinite period of time in a file with other company records maintained, pertaining to the mandated drug and alcohol-testing program. Drivers may request a copy of this certification.

DRIVER'S CERTIFICATION

The undersigned hereby certifies the receipt of the educational materials, which the company is required to provide in accordance with 49 CFR Part 382.601. I acknowledge and agree that I am responsible for reading, understanding and complying with all company policies and Department of Transportation regulations regarding drug and alcohol use, and the mandatory testing programs. I agree to full and unconditional compliance with the Department of Transportation regulations and the company's policies regarding drug and alcohol use and testing. I further understand and agree that I may be subject to disciplinary action and other liability for violating Department of Transportation and/or the company's policies.

Any questions or comments on drug and alcohol policies should be referred to the Drug and Alcohol Program contact person listed in the materials provided to you.

Prior to signing this receipt, I read it carefully and had an opportunity to ask questions regarding its content.

Print Name: _____

Signature: _____

Date: _____

PRE-EMPLOYMENT CONTROLLED SUBSTANCES TEST RESULTS

Applicant Name:	
Results Received from:	
Test Results:	Negative: ____ Positive: ____
Eligible for Hire?	Yes: ____ No: ____
Results received by:	

PAST EMPLOYMENT VERIFICATION

Rock Grading, LLC – PO Box 956, Youngsville, NC 27596– Ph# 919-570-0287 Fax: 919-570-0041

APPLICANT FILL OUT INSIDE THIS BOX ONLY

I authorize Rock Grading, LLC and its agents or representatives the right to investigate all references and to secure additional information about my employment background, and information related to my controlled substance and alcohol testing and/or results pursuant to Regulation 49 CFR 391.23d & e. I further authorize ROCK GRADING, LLC and its agents or representatives' permission to receive consumer reports regarding my employment history, criminal background, and worker compensation claims from third party agencies which may be requested by ROCK GRADING, LLC to provide such information. I hereby release from all liability for damages ROCK GRADING, LLC and its agents or representatives for seeking such information and all other persons, corporations or organizations for furnishing such information:

Applicant Print Name: _____ SS#: _____

Date of Birth: _____ Applicant's Signature: _____ Date: _____

Past Employer's Name: _____ Phone #: _____

Address: _____ Contact: _____

1. Dates of Employment: From: _____ To: _____ AND From: _____ To: _____

2. What type of position held? _____ If driver, see below

Type of Driving: Solo Team

Type of operation: Company Driver Owner Operator Drive for Owner Operator

Was It: Over the Road Regional Local

Type Equipment: Tractor-Trailer Straight Truck Tri-Axle Other

Type of Trailer: Pneumatic Van/Reefer Dump Tank
 Flatbed Other _____ Trailer dimensions/capacity: _____

Types of commodities hauled: Dry Bulk Iron, Steel, Etc. Coils Machine
 Gen. Freight Produce Liquid Scrap
 Other

3. Number of accidents/incidents while employed: _____

Date City/Town, State # of Injuries # of Fatalities Hazmat Release Y/N Vehicles Towed Y/N Comments

4. Was your equipment returned to an authorized location: YES NO

5. What was reason for leaving? Voluntarily Quit Layoff Discharged Why? _____

6. Is driver eligible for rehire? Yes No Why? _____

7. DRUG/ALCOHOL TEST (S):

Was this person employed in a safety-sensitive function that required alcohol and controlled substance testing specified by 49 CFR Part 40

Yes No

Has this person had an alcohol test with a result of .04 or higher alcohol concentration?

Yes No

Has this person tested positive or adulterated or substituted a test specimen for controlled substance?

Yes No

Has this person refused to submit to a Post Accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test? Yes No

Has this person committed other violations of Sub Part B of Part 382 or Part 40? Yes No

Has this person violated a DOT drug or alcohol regulation and completed a SAP prescribed rehabilitation program in your employ, including a return to duty and follow-up test. Yes No

- **If Yes above**, has this person, after successfully completing a SAP's Rehabilitation referral, remained in your employ, but subsequently had an alcohol test result of .04 or greater, or a verified positive drug test or refusal to be tested? Yes No

In providing this information, any drug or alcohol testing information obtained from previous employers under 40.25 or other applicable DOT regulations is included:

Name _____

Address _____

Phone: _____

#2

Employee Background Screening

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Revised 12/12/18

As part of your application for employment and/or your continued employment with Rock Grading, LLC (the "Company") you authorize investigation of all statements contained. This investigation may include obtaining information regarding your credit background, references, character, past employment, work habits, education, general reputation, personal characteristics, mode living, judgment, liens and criminal background. By signing below, you are authorizing the above investigation to be researched. You may refuse to sign but your job with the Company may be at jeopardy.

Name Printed

____ - ____ - ____
Social Security Number

Signature

Date

#3

Drug Test Authorization

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Revised 12/12/18

I acknowledge that I have been advised that I may be required to submit to a drug screen test as part of the Drug and Alcohol Policy of Rock Grading, LLC (the "Company") such drug test may be a requirement of the Company's pre-employment background check program, post-accident drug testing program, or part of the Company's random drug testing program. I further understand that the Drug and Alcohol Policy prohibits the presence of illicit substances in the systems of its employees while on the job. A confirmed positive test is a violation of this policy. Additionally, a refusal to test, or submitting an adulterated sample, constitutes a positive test.

I further understand that this analysis will be conducted by a certified laboratory with all data to be held in confidence except as otherwise necessary to carry out the terms and objectives of this policy.

I understand that it is my responsibility prior to the drug testing to inform the laboratory and/or the Company of any medication, prescribed or non-prescribed, that I may be taking and/or have taken within the last 60 days prior to the testing.

I consent to release of the results of any drug test to authorized representatives of the Company for appropriate review. I will release to its affiliates, officers, employees and any person affiliated with the testing from any claims, losses, damages, or other liabilities due to any acts omissions or negligence arising from or related to such testing.

I acknowledge that the Drug and Alcohol policy of the Company is to have a drug-free environment. I consent freely and voluntarily to a drug test under the circumstances described above along with all the terms and conditions of the drug and alcohol policy. I also understand that although I may not agree with the Drug and Alcohol Policy of the Company, failure to acknowledge policy with my signature below may prohibit my position with the Company. A copy of this authorization shall be deemed an original and shall be accepted as such.

Name

Signature

Date

#4

DMV Driving Record Authorization

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I understand that personal information contained in my Motor Vehicle Record is protected by the federal Driver Privacy Protection Act and N.C. General Statute 20-43.1. I hereby authorize Rock Grading, LLC to obtain a copy of my driving record from the North Carolina Division of Motor Vehicles.

It is also my understanding that the information contained with my driving record can be used as a condition of my employment or my continued employment with the Company.

Legal Name: _____

Birthdate: ____ / ____ / ____

Social Security # ____ - ____ - ____

Driver's License # _____

(circle one)
Current License Class: A B C

Signature

Date