

DRIVER'S EMPLOYMENT APPLICATION

MAP TEST _____
LOGS HOME _____
LOG TEST _____
ROAD TEST _____

Rapid Service Inc.
6 Northway Ct.
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	
SALARY/WAGE		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	
SALARY/WAGE		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	
SALARY/WAGE		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:

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

Which safe driving awards do you hold and from whom?

EXPERIENCE AND QUALIFICATIONS - OTHER

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

List courses and training other than shown elsewhere in this application

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

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.

DATE

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