

Rich Thompson Trucking, Inc.

PO Box 137 Jerome, ID 83338 (mailing)
955 West Main Street Jerome, ID 83338 (physical)
(208) 324-3511 * fax (208) 324-3910

DRIVER'S APPLICATION FOR EMPLOYMENT

(answer all questions - please print)

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

Date of Application _____ Position applied for _____

Name _____ Social Security No. _____

Date of Birth _____

Email Address: _____

List your addresses of residency for the past 3 years.

Current Address _____

Street

City

State

Zip Code

Phone _____

How long? _____

Previous

Addresses

Street

City

State & Zip Code

How long? _____

Street

City

State & Zip Code

How long? _____

Street

City

State & Zip Code

How long? _____

Are you a U.S. Citizen or otherwise lawfully authorized to work in this country? Yes _____ No _____

Have you ever been convicted of a felony? Yes _____ No _____ If Yes, when? _____

(A conviction record will not necessarily ban you from employment. Such factors as age and time of the offense, seriousness and nature of the violation will be taken into account.)

Have you worked for this company before? _____ Position held _____

Dates: From _____ To _____ Rate of Pay _____

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

Have you ever failed or refused a pre-employment drug/alcohol test given by a company where you never accepted employment? Yes _____ No _____

EMPLOYMENT HISTORY

All driver applicants must provide the following information on all employers for the previous 10 years.

The information provided concerning previous employers may be used to investigate the applicant's safety performance history.

(Note: List employers in reverse order starting with the most recent. Add another sheet as necessary.)

Dates of Employment: From _____ To _____	
Name _____	Contact Person _____
Address _____	Phone Number _____
_____	Position Held _____ Pay _____
Reason for leaving _____	
As an employee, were you subject to the Federal Motor Carrier Safety Regulations? _____	
Was the job in a safety-sensitive position that was subject to DOT drug and alcohol testing requirements? _____	

Dates of Employment: From _____ To _____	
Name _____	Contact Person _____
Address _____	Phone Number _____
_____	Position Held _____ Pay _____
Reason for leaving _____	
As an employee, were you subject to the Federal Motor Carrier Safety Regulations? _____	
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_____ Position Held _____ Pay _____
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Was the job in a safety-sensitive position that was subject to DOT drug and alcohol testing requirements? _____

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Name _____ Contact Person _____
Address _____ Phone Number _____
_____ Position Held _____ Pay _____
Reason for leaving _____
As an employee, were you subject to the Federal Motor Carrier Safety Regulations? _____
Was the job in a safety-sensitive position that was subject to DOT drug and alcohol testing requirements? _____

ACCIDENT RECORD FOR THE PAST 4 YEARS (ATTACH SHEET IF MORE SPACE IS NEEDED)

Date	Type of Accident	Location	Type of Vehicle	Fatalities	Injuries
Last Accident	_____				
Next Previous	_____				
Next Previous	_____				
Next Previous	_____				

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 4 YEARS

Date	Violation	Location	Type of Vehicle	Penalty/Fine
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

EXPERIENCE AND QUALIFICATIONS -- DRIVER

Driver Licenses	State/Licensing Authority	License No.	Type	Expiration Date
_____	_____	_____	_____	_____

Have you held a CDL in any state/licensing authority other than listed above in the last 3 years? Yes ___ No ___

If yes, State/Licensing Authority _____ License No. _____

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 _____

If the answer to either question above is Yes, please give details.

Is there any reason you might be unable to perform the functions of the job (truck driver) for which you have applied, i.e.: but not limited to, lifting, loading, unloading, minor maintenance, tarping and securement of loads, fueling, and driving? _____ If yes, explain: _____

DRIVING EXPERIENCE

Class of Equipment	Type of Equipment (Van, Tank, Flat, Etc)	Dates		Approx. No. of Miles
		From	To	
Straight Truck _____	_____	_____	_____	_____
Tractor & Trailer _____	_____	_____	_____	_____
Tractor & Two Trailers _____	_____	_____	_____	_____
Other _____	_____	_____	_____	_____

List any Truck Driving Schools you have attended, dates of completion, and other safety training:

EDUCATION

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

Check the following that apply: _____ High school diploma _____ GED _____ College Degree

In case of an emergency, whom should we contact?

Name Phone No. Relationship

Name Phone No. Relationship

How long are you willing to be away from home? _____

How much home time will you need when you return? _____

How many miles or hours are you expecting per week? _____

How much do you expect to make per week (gross)? _____

When are you available to start work for this Company? _____

TO BE READ AND SIGNED BY APPLICANT

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

I hereby authorize my current and previous employers, references, and any other individuals contacted by this company to release any past or present information requested, and I release all providers from all liability in responding to inquiries and releasing information in connection with my application.

I understand that any false, misleading, or incomplete answers or statements shall be considered sufficient cause for denial or termination of employment and/or authorization to drive.

Print Name

Applicant's Signature

Date

This application can be returned as follows: email to john@teamrtti.com or Fax to 208-324-3910.

On the form "SAFETY PERFORMANCE HISTORY RECORDS REQUEST", please just sign and date we will fill in past employer information.



**DISCLOSURE AND AUTHORIZATION REGARDING BACKGROUND INVESTIGATION FOR
EMPLOYMENT PURPOSES**

Disclosure

Rich Thompson Trucking, Inc. may request from a consumer reporting agency and for employment-related purposes, a “consumer reports” (commonly known as “background reports”) containing background information about you in connection with your employment, or application for employment, or engagement for services (including independent contractor or volunteer assignments, as applicable).

HireRight, LLC (“HireRight”) will prepare or assemble the background reports for the Company. HireRight is located and can be contacted at 100 Centerview Drive, Suite 300, Nashville, TN 37214, (800) 400-2761, www.hireright.com.

The background report(s) may contain information concerning your character, general reputation, personal characteristics, mode of living, or credit standing. The types of background information that may be obtained include, but are not limited to: criminal history; litigation history; motor vehicle record and accident history; social security number verification; address and alias history; credit history; verification of your education, employment, and earnings history; professional licensing, credential and certification checks; drug/alcohol testing results and history; military service; and other information.

Authorization

I hereby authorize Rich Thompson Trucking, Inc. to obtain the consumer reports described above about me.

Applicant Name _____

Applicant Signature: _____

Date: _____



INSTRUMENT OF WRITTEN CONSENT FOR CDLIS INQUIRY

I, the undersigned commercial driver, hereby authorize Rich Thompson Trucking, Inc. to request or access data pertaining to me within the CDLIS Central Site, to obtain all CDLIS Master Pointer Record data relating to me (CDLIS Data), and to request and obtain my driver record from the jurisdiction identified in the CDLIS Data in accordance with applicable state law and the Driver Privacy Protection Act. I hereby further authorize the disclosure of my CDLIS Data and driver records to Rich Thompson Trucking, Inc.

I hereby give this consent on this day: _____

Print Name

[Signature]



Employee Consent to Drug and/or Alcohol Testing and Authorization for Release of Medical Information

I have been requested by Rich Thompson Trucking, Inc. to provide a sample or samples of my urine, blood or breath to be tested for drugs and/or alcohol consistent with Rich Thompson Trucking, Inc. Drug and Alcohol Policy. I understand and agree that if I at any time refuse to submit to a drug or alcohol test under company policy, or if I otherwise fail to cooperate with the testing procedures, I will be subject to discipline up to and including termination.

I have been informed that ingestion of certain over-the-counter medications, supplements and prescription drugs may result in a positive drug test. I understand that I will have an opportunity to provide a list of any over-the-counter medications, supplements, and prescription drugs which I have taken within the last thirty (30) days on a separate form which I will retain, and any other relevant information to explain a positive drug test result, if necessary.

I further authorize and give full permission to have Rich Thompson Trucking, Inc. and/or its company physicians send the specimen or specimens so collected to any laboratory designated by Rich Thompson Trucking, Inc. for a screening test for the presence of any prohibited substances under the policy, and for the laboratory or other testing facility to release any and all documentation relating to such test to Rich Thompson Trucking, Inc. and/or to any governmental entity involved in a legal proceeding or investigation connected with the test.

I further agree to hold Rich Thompson Trucking, Inc. its agents, directors, officers, and employees, as well as any testing laboratory/facility designated by Rich Thompson Trucking, Inc. harmless from any and all liability in connection with this testing.

This policy and authorization have been explained to me in a language I understand, and I have been told that if I have any questions about the test or the policy, they will be answered.

Printed Name: _____

Signature: _____

Date: _____

I refuse to consent to drug and/or alcohol testing. I understand that refusal to submit to drug and/or alcohol testing may affect my eligibility for employment or continued employment and/or may result in disciplinary action being taken based on available facts.

Applicant/Employee Signature: _____

Date: _____



IMPORTANT DISCLOSURE

REGARDING BACKGROUND REPORTS FROM THE PSP Online Service

In connection with your application for employment with Rich Thompson Trucking, INC. ("Prospective Employer"), Prospective Employer, its employees, agents or contractors may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

When the application for employment is submitted in person, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer 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, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report.

When the application for employment is submitted by mail, telephone, computer, or other similar means, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer must provide you within three business days of taking adverse action oral, written or electronic notification: that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

Neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. You may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If you challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. Your request will be forwarded by the DataQs system to the appropriate State for adjudication. Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with Federal Motor Carrier Safety Regulations (FMCSR) violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

The Prospective Employer cannot obtain background reports from FMCSA without your authorization.

AUTHORIZATION

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

I authorize Rich Thompson Trucking, INC. (“Prospective Employer”) 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 authorizing 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 the Prospective Employer to make a determination regarding my suitability as an employee. I further understand that neither the Prospective Employer 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 challenge 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 understand that any crash or inspection in which I was involved will display on my PSP report. Since the PSP report does not report, or assign, or imply fault, I acknowledge it will include all CMV crashes where I was a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, I understand all inspections, with or without violations, will appear on my PSP report, and State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on my PSP report.

I have read the above Disclosure Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this Disclosure and Authorization, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Date: _____

Printed Name

Signature


NOTICE: The prospective employment concept referenced in this form contemplates the definition of “employee” contained at 49 C.F.R. 383.5.

LAST UPDATED 12/07/2024

SAFETY PERFORMANCE HISTORY RECORDS REQUEST

PART 1:	TO BE COMPLETED BY PROSPECTIVE EMPLOYEE
I, (Print Name) _____	
First	M.I.
Last	Social Security Number
Hereby authorize: _____	
Date of Birth _____	
Previous Employer: _____	Email: _____
Street: _____	Telephone: _____
City, State, Zip: _____	Fax No.: _____
To release and forward the information requested by section 3 of this document concerning my Alcohol and Controlled Substances Testing records within the previous 3 years from _____.	
(employment application date)	
To:	Prospective Employer: <u>Rich Thompson Trucking, Inc.</u>
Attention:	<u>John Longden</u> Telephone: <u>208-825-2352</u>
Street:	<u>955 West Main St</u>
City, State, Zip:	<u>Jerome, ID 83338</u>
In compliance with §40.25(g) and 391.23(h), release of this information must be made in a written form that ensures confidentiality, such as fax, email, or letter.	
Prospective employer's fax number: <u>208-324-3910</u>	
Prospective employer's email address: <u>John@teamrtti.com</u>	
_____ Applicant's Signature	_____ Date
This information is being requested in compliance with §40.25(g) and 391.23.	

PART 2:	TO BE COMPLETED BY PREVIOUS EMPLOYER
ACCIDENT HISTORY	
The applicant named above was employed by us. Yes <input type="checkbox"/> No <input type="checkbox"/>	
Employed as _____ from (m/y) _____ to (m/y) _____	
1. Did he/she drive motor vehicle for you? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what type? Straight Truck <input type="checkbox"/> Tractor-Semitrailer <input type="checkbox"/> Bus <input type="checkbox"/> Cargo Tank <input type="checkbox"/> Doubles/Triples <input type="checkbox"/> Other (Specify) _____	
2. Reason for leaving your employ: Discharged <input type="checkbox"/> Resignation <input type="checkbox"/> Lay Off <input type="checkbox"/> Military Duty <input type="checkbox"/>	
If there is no safety performance history to report, check here <input type="checkbox"/> , sign below and return.	
ACCIDENTS: Complete the following for any accidents included on your accident register (§390.15(b)) that involved the applicant in the 3 years prior to the application date shown above, or check <input type="checkbox"/> here if there is no accident register data for this driver.	
Date	Location
# Injuries	# Fatalities
Hazmat Spill	
1. _____	_____
2. _____	_____
3. _____	_____
Please provide information concerning any other accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies: _____	

1st request: _____	
2nd request: _____	
3rd request: _____	
 Signature: _____	
Title: _____	Date: _____