

Romex Transport, Inc.

1.877.ROMEX.20

1.800.925.1553 Fax

www.GoRomex.com

info@romextransport.com

APPLICATION FOR CLASS A CDL DRIVER

Date of application: / /

Last Name: _____ First Name: _____ MI: _____

Address: _____ How Long? _____

City: _____ State: _____ Zip code: _____

Cell Phone: _____ Home Phone: _____

Social Security #: _____ Date of Birth: _____

Email: _____

Previous addresses for the last 3 years:

Street _____ City _____ State _____ Zip _____

Street _____ City _____ State _____ Zip _____

Driver's Licenses Held:

State: _____ License #: _____ Type: _____ Exp Date: _____

State: _____ License #: _____ Type: _____ Exp Date: _____

Driving Experience

Class of Equipment	Type of Equipment (van, tank, flat, etc.)	Date (s) From	Date (s) To	Approximate Number of miles (total)
Straight Truck				
Tractor & Semitrailer				
Other				

Accident Record for Past 3 years

Date of accident(s), (most current first)	Nature of accident (Head-on, Rear- end, Upset, Etc.)	Fatalities	Injuries

Application for Class A CDL Driver continued

Have you ever been convicted of a felony DUI or DWI? Yes No .

If yes, please explain:

Traffic Convictions and Forfeitures for the past 3 years (not including parking violations)

Location	Date	Charge	Penalty

Have you had any license, permit or privilege suspended or revoked? Yes No .

If yes please explain:

Have you ever tested positive for Drugs and/or alcohol? Yes No .

If yes, please explain

I certify that this application and any attachment sheets have been completed by me, and that all entries and information are true and accurate to the best of my knowledge.

Print Name _____ Date _____

Signature _____

Documents needed upon acceptance of position:

Owner Operators

W9 with corresponding Documentation
Proof of Insurance
Vehicle Registration
Inspection reports

Drivers

I9 and W9 with corresponding Documentation
Valid CDL Driver's License
Valid Medical Card
Social Security Card or Valid US Passport

****Scan and email completed application to: jobs@romextransport.com**

**** Please review our website to learn more about Romex Transport, Inc. www.GoRomex.com**

Past Employment Record:

(List all employers for the last three years and all DOT regulated employers for the past 10 years)

Last Employer

Employer	Address	City	State Zip
Phone Number	Fax Number	Hire date	Term date
Position held	Reason for leaving	Company DOT regulated?	Were you DOT Drug and alcohol tested?
		yes no	yes no

Second to Last Employer

Employer	Address	City	State Zip
Phone Number	Fax Number	Hire date	Term date
Position held	Reason for leaving	Company DOT regulated?	Were you DOT Drug and alcohol tested?
		yes no	yes no

Third to last Employer

Employer	Address	City	State Zip
Phone Number	Fax Number	Hire date	Term date
Position held	Reason for leaving	Company DOT regulated?	Were you DOT Drug and alcohol tested?
		yes no	yes no

Fourth to last Employer

Employer	Address	City	State Zip
Phone Number	Fax Number	Hire date	Term date
Position held	Reason for leaving	Company DOT regulated?	Were you DOT Drug and alcohol tested?
		yes no	yes no

I certify that this application and any attachment sheets have been completed by me, and that all entries and information are true and accurate to the best of my knowledge.

Print Name _____ **Date** _____

Signature _____

Fifth to last Employer

Employer	Address	City	State Zip
Phone Number	Fax Number	Hire date	Term date
Position held	Reason for leaving	Company DOT regulated?	Were you DOT Drug and alcohol tested?
		yes no	yes no

Sixth to last Employer

Employer	Address	City	State Zip
Phone Number	Fax Number	Hire date	Term date
Position held	Reason for leaving	Company DOT regulated?	Were you DOT Drug and alcohol tested?
		yes no	yes no

Seventh to last Employer

Employer	Address	City	State Zip
Phone Number	Fax Number	Hire date	Term date
Position held	Reason for leaving	Company DOT regulated?	Were you DOT Drug and alcohol tested?
		yes no	yes no

Eighth to last Employer

Employer	Address	City	State Zip
Phone Number	Fax Number	Hire date	Term date
Position held	Reason for leaving	Company DOT regulated?	Were you DOT Drug and alcohol tested?
		yes no	yes no

I certify that this application and any attachment sheets have been completed by me, and that all entries and information are true and accurate to the best of my knowledge.

Print Name _____ **Date** _____

Signature _____

PAST EMPLOYMENT SAFETY REQUEST

Fax Back To: 1-800-925-1553

Attention: Roman Olievskiy

Phone: 1-916-928-3757

The person named herein has applied for employment in a safety-sensitive position. The listed applicant below hereby authorizes the following company to release all records of employment, including assessments of my job performance, ability, fitness and drug testing results to Romex Transport, Inc.

I hereby release this company, and its employees, officers, directors and agents from any and all liability of any type as a result of providing the following information to the above mentioned company. The applicant's signature on this form releases all liability of you and your company. The information is being requested in accordance with 49 CFR Parts 40, 382 and 391.

Applicants Signature

Date of Request

Employer	Address	City	State Zip
Applicant's Name	Applicant's SS#	Phone Number	Fax Number
Part-Time or Full-Time	Local/Regional/OTR	Hire date	Term date
Equipment operated			
___ Dry Van	___ Flatbed	___ Reefer	___ other
Reason for leaving	___ Voluntary	___ Lay-off	___ Retired
Terminated, Why?			
Eligible for rehire?	___ yes	___ no	

Motor Vehicle Accident/Equipment Damage/Incident Inquiry. If no accidents, please check the box. None.

Accident Date	City, State	What did the Accident involve?	Brief Description
		Tow__ Injury__ Fatality__ HM release__	
		Tow__ Injury__ Fatality__ HM release__	
		Tow__ Injury__ Fatality__ HM release__	

PAST EMPLOYMENT SAFETY REQUEST CONTINUED

Alcohol & Controlled Substance Testing Inquiry

Has this driver had a breath alcohol test within the past 3 years with a result of 0.04 or higher alcohol concentration?
___ yes ___ no

Has the driver had a positive drug test in the past 3 years? ___ yes ___ no

Has this driver refused a controlled substance test and or alcohol test within the past 3 years? ___yes ___no

Has this driver violated any other DOT drug/alcohol regulation? ___ yes ___ no

If yes, please explain the violation: _____

Have you ever received information from a previous employer that this driver violated and DOT drug/alcohol regulation? ___ yes ___no

*If yes to any of the above questions, please provide the following information:

Reason for test(s) _____ and the Result of test(s) _____

If the applicant tested positive, to your knowledge, have they satisfactorily completed all return to duty and follow-up testing requirements in accordance with 49 CFR 382.503? ___ yes ___no

Any other remarks: _____

Verification Completed by: _____ Title: _____

Phone Number: _____ Verification Date: _____

1st request Date: ___/___/___
Fax ___ Mail ___ Phone ___
Initials ___

2nd Request Date: ___/___/___
Fax ___ Mail ___ Phone ___
Initials ___

3rd Request Date: ___/___/___
Fax ___ Mail ___ Phone ___
Initials ___

Pre-Employment Agreements and Requirements

Printed Driver's Name: _____

Please read the following agreements and statements. Your signature in each section acknowledges your understanding of these agreements and statements. This is not a contract of employment. Employment at Romex Transport, Inc. is **“at will.”** _____

Pre-employment Agreements

I understand that employment at Romex Transport, Inc. is **“at will”**, and may be terminated by the employee or Romex Transport, Inc. at any time for any reason. I further understand that the first 90 days of employment are probationary. During this period I may be disqualified or terminated without further recourse. Romex Transport, Inc. may extend my probation period if necessary.

I must meet the following requirements before and or during my employment:

- Pass U.S. DOT Controlled Substance and Alcohol Testing
- Pass all FMCSA physical requirements
- Maintain a valid CDL in the state of primary residence
- Free of any Alcohol and Drug related violations in the past 5 years
- No felony convictions in past 5 years (all others are reviewable)
- No accidents resulting from
 - DUI
 - Hit and run along with failure to report an accident
 - All others will be reviewed by the safety department
- No serious traffic violations in past 3 years including:
 - Excessive speed equal to or greater than 20 mph above posted limit
 - Reckless or erratic driving
 - All others will be reviewed by the Safety Department
 - Any violations which occur while employed with Romex Transport, Inc., will be reviewed at the time of said violation
- Must be able to drive/operate in lower 48 states
- Adhere to all Romex Transport, Inc. company policies and procedures

I understand the above requirements and agree to familiarize myself with the Driver Handbook, Drug and Alcohol Policy and all other documentation given to me at orientation. I understand that I am responsible for following the policies and procedures in these manuals.

Applicants Signature

Date

Fair Credit Reporting Act Disclosure Statement

In accordance with the provision of Section 604(b)(2)(A) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I, of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on you for employment purposes. These reports are required by Sections 382.413, 391.23 and 391.25 of the Federal Motor Carriers Safety Regulations.

Applicants Signature

Date

Driver Notification

This notice serves to fulfill the requirements of 49 CFR Part 391.23(i). Each motor carrier must notify each driver, who is regulated by the Department of Transportation, of their rights regarding investigative information that will be provided to a prospective employer.

Drivers have:

- The right to review information provided by previous employers
- The right to have errors in the information corrected by the previous employer and for that previous employer to resend the corrected information to the prospective employer
- The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information given

Applicants Signature

Date

Consent Form Pre-Employment Urinalysis

I understand that as required by Federal Motor Carrier Safety Regulations, Title 49 United States Code of Federal Regulations, Section 391.103 and Romex Transport, Inc., policy, all prospective drivers must submit to a controlled substance test. The results will not be released to any additional parties without my written authorization. I hereby agree to the conditions above and to submit to a drug screen urinalysis.

Applicants Signature

Date

Past Pre-employment Drug & Alcohol Testing

In accordance with 49 CFR Part 40.25 (j) the employer is required to ask the potential employee the following:

In the past 3 years, have you ever tested positive or refused to test, on any pre-employment drug or alcohol test administered by an employer (whom is covered by DOT regulations) to which you applied for, but did not obtain, the safety sensitive transportation position?

Yes

No

Applicants Signature

Date

Consent to contact the FMCSA to obtain your safety history

1. In connection with your application for employment with *Romex Transport, Inc.*, it may obtain one or more reports regarding your driving, and safety inspections 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 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 upon 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 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, the, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide you with a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

The Prospective Employer cannot obtain background reports from FMCSA unless you consent in writing.

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

2. I authorize *Romex Transport, Inc.* 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 the Prospective Employer to make a determination regarding my suitability as an employee.

3. 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 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 DataQs system to the appropriate State for adjudication.

4. Please note: 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 crashed were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with FMSCR violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

I have read the above notice regarding background reports to be obtained by Romex Transport, Inc., I understand that if I sign this consent form Romex Transport, Inc. may obtain reports from the FMCSA regarding my crash and inspection history as stated above.

I hereby authorize Romex Transport, Inc. and its employees, authorized agents, and or affiliates to obtain the information requested above.

Printed Name: _____ Date: _____

Signature: _____