

Applicant's Name _____

PREVIOUS ADDRESSES FOR THE PAST 3 YEARS (attach a separate sheet if more space is needed)

(Street) (City) (State) (Zip)

(Street) (City) (State) (Zip)

CURRENT DRIVERS LICENSE

(State) (License No.) (Class) (Expiration Date)

Current Drivers License Endorsements: _____

DRIVER LICENSES FOR THE PAST 3 YEARS (attach a separate sheet if more space is needed)

(State) (License No.) (Class) (Expiration Date)

(State) (License No.) (Class) (Expiration Date)

Have you ever had your license, permit or driving privileges suspended or revoked? Yes No

If yes, please explain _____

DRIVING EXPERIENCE (attach a separate sheet if more space is needed)

Class A (Semi-Tractors): _____
(# of Years & Months Operated)

Class B (Straight Trucks/Dump Trucks, Etc.): _____
(# of Years & Months Operated)

Class B (Buses/Passenger Vehicles): _____
(# of Years & Months Operated)

Types of Trailers Transported/Operated

Dry Van: <input type="checkbox"/>	Reefer: <input type="checkbox"/>	Flatbed: <input type="checkbox"/>	Double/Triples: <input type="checkbox"/>	Tanker: <input type="checkbox"/>
Pneumatic: <input type="checkbox"/>	Dump Trailer: <input type="checkbox"/>	Hopper: <input type="checkbox"/>	Intermodal: <input type="checkbox"/>	Auto Hauler: <input type="checkbox"/>
Specialized: <input type="checkbox"/>	Hot Shot: <input type="checkbox"/>	Other (please list): _____		

MOTOR VEHICLE ACCIDENTS FOR THE PAST 3 YEARS (attach a separate sheet if more space is needed)

Date	Description of the Accident	Towed Yes/No	# of Fatalities	# of Injuries

VIOLATIONS OF MOTOR VEHICLE LAWS or ORDINANCES FOR THE PAST 3 YEARS

(please do not list parking violations - attach a separate sheet if more space is needed)

(Violation) (Date of Violation)

(Violation) (Date of Violation)

(Violation) (Date of Violation)

(Violation) (Date of Violation)

Applicant's Name _____

Current Employer/Leased Company _____

Address _____ City _____ State _____

Phone Number _____ Fax Number _____

Position Held _____ From _____ To _____

Reason for Leaving _____

Was your job subject to DOT alcohol and drug testing as required by 49 CFR Part 40? Yes _____ No _____

Were you subject to the FMCSR's while employed/leased by this company? Yes _____ No _____

Past Employment or Lease Record

(List ALL past employment and leasing for the last 3 years and ALL DOT regulated past employment and leasing for the past 10 years)

Past Employer/Leased Company _____

Address _____ City _____ State _____

Phone Number _____ Fax Number _____

Position Held _____ From _____ To _____

Reason for Leaving _____

Was your job subject to DOT alcohol and drug testing as required by 49 CFR Part 40? Yes _____ No _____

Were you subject to the FMCSR's while employed/leased by this company? Yes _____ No _____

Past Employer/Leased Company _____

Address _____ City _____ State _____

Phone Number _____ Fax Number _____

Position Held _____ From _____ To _____

Reason for Leaving _____

Was your job subject to DOT alcohol and drug testing as required by 49 CFR Part 40? Yes _____ No _____

Were you subject to the FMCSR's while employed/leased by this company? Yes _____ No _____

Past Employer/Leased Company _____

Address _____ City _____ State _____

Phone Number _____ Fax Number _____

Position Held _____ From _____ To _____

Reason for Leaving _____

Was your job subject to DOT alcohol and drug testing as required by 49 CFR Part 40? Yes _____ No _____

Were you subject to the FMCSR's while employed/leased by this company? Yes _____ No _____

Past Employer/Leased Company _____

Address _____ City _____ State _____

Phone Number _____ Fax Number _____

Position Held _____ From _____ To _____

Reason for Leaving _____

Was your job subject to DOT alcohol and drug testing as required by 49 CFR Part 40? Yes _____ No _____

Were you subject to the FMCSR's while employed by this employer? Yes _____ No _____

Past Employer/Leased Company _____

Address _____ City _____ State _____

Phone Number _____ Fax Number _____

Position Held _____ From _____ To _____

Reason for Leaving _____

Was your job subject to DOT alcohol and drug testing as required by 49 CFR Part 40? Yes _____ No _____

Were you subject to the FMCSR's while employed by this employer? Yes _____ No _____

Applicant's Name _____

Past Employer/Leased Company _____
Address _____ City _____ State _____
Phone Number _____ Fax Number _____
Position Held _____ From _____ To _____
Reason for Leaving _____
Was your job subject to DOT alcohol and drug testing as required by 49 CFR Part 40? Yes _____ No _____
Were you subject to the FMCSR's while employed/leased by this company? Yes _____ No _____

Past Employer/Leased Company _____
Address _____ City _____ State _____
Phone Number _____ Fax Number _____
Position Held _____ From _____ To _____
Reason for Leaving _____
Was your job subject to DOT alcohol and drug testing as required by 49 CFR Part 40? Yes _____ No _____
Were you subject to the FMCSR's while employed by this employer? Yes _____ No _____

Past Employer/Leased Company _____
Address _____ City _____ State _____
Phone Number _____ Fax Number _____
Position Held _____ From _____ To _____
Reason for Leaving _____
Was your job subject to DOT alcohol and drug testing as required by 49 CFR Part 40? Yes _____ No _____
Were you subject to the FMCSR's while employed/leased by this company? Yes _____ No _____

Past Employer/Leased Company _____
Address _____ City _____ State _____
Phone Number _____ Fax Number _____
Position Held _____ From _____ To _____
Reason for Leaving _____
Was your job subject to DOT alcohol and drug testing as required by 49 CFR Part 40? Yes _____ No _____
Were you subject to the FMCSR's while employed/leased by this company? Yes _____ No _____

Past Employer/Leased Company _____
Address _____ City _____ State _____
Phone Number _____ Fax Number _____
Position Held _____ From _____ To _____
Reason for Leaving _____
Was your job subject to DOT alcohol and drug testing as required by 49 CFR Part 40? Yes _____ No _____
Were you subject to the FMCSR's while employed/leased by this company? Yes _____ No _____

Past Employer/Leased Company _____
Address _____ City _____ State _____
Phone Number _____ Fax Number _____
Position Held _____ From _____ To _____
Reason for Leaving _____
Was your job subject to DOT alcohol and drug testing as required by 49 CFR Part 40? Yes _____ No _____
Were you subject to the FMCSR's while employed/leased by this company? Yes _____ No _____

****If needed, please add additional past employers on a separate sheet**

Applicant's Name _____

If hired, would you have a reliable means of transportation to and from? **Yes No**

We may refuse to hire relatives of present employees if doing so could result in actual or potential problems in supervision, security, safety, or morale, or if doing so could create conflicts of interest.

In Case of Emergency Please Contact:

Name	Relationship	Telephone No.
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Authorization

I authorize investigation of all statements contained in this application for employment. I authorize a background investigation; and education institutions, law enforcement authorities, and any other organizations and individuals to release such information and documents as deemed appropriate or necessary by Roy Miller Freight Lines, LLC. I understand that falsifications, omissions, or misstatements of information may result in refusal to hire, or if hired, dismissal from employment. I certify that I, the undersigned applicant, have personally completed this application. I agree that Roy Miller Freight Lines, LLC, my previous employers, and all parties providing information shall not be held liable in any respect if any employment offer is not tendered, is withdrawn, or my employment is terminated due to falsifying the statements and answers in the application. **Further, that I will be required as a condition of employment to agree to Roy Miller Freight Lines, LLC's dispute resolution procedure, including binding arbitration, to resolve any and all claims related to my employment, except as provided in a labor agreement or by law.**

I understand that as a condition of employment, I will be required, prior to employment, to take and pass a controlled substances test. I understand that Company benefits and rules and regulations may be changed, modified, deleted, or added to by the Company at any time, at the Company's sole option and without any prior notice. Roy Miller Freight Lines, LLC is an at-will employer, and I understand that my employment may be terminated at any time with or without cause and with or without notice either at my option or the option of the Company. No employee, agent or representative of Roy Miller Freight Lines, LLC has authority to enter into a verbal agreement for employment for any specified period of time or to make any verbal representations contrary to the foregoing. I understand that if the position offered to me by the Company requires me to operate a vehicle; I must provide a valid driver's license at the time of my employment. I also authorize the Company to check Department of Motor Vehicle records to ensure that I am in compliance with Company policy. I understand that if I do not meet Company requirements, I may be subject to termination of employment.

I understand Roy Miller Freight Lines, LLC may obtain, without using the services of a third party investigative consumer reporting agency, public records pertaining to my character, general reputation, personal characteristic, etc. during its evaluation of my application for employment and, if employed, during my employment.

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.

Applicant's Signature

Date of Application