

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 _____

Have you ever been convicted of driving while intoxicated or under the influence of drugs or alcohol?

Yes No If yes, please explain _____

Have you failed any DOT required alcohol and/or drug testing, including pre-employment? Yes No

If yes, please explain _____

Are currently working for any other employers, full time or part time? Yes No

If yes, please explain _____

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 _____

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**

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? **Yes No**

If no, describe the functions that cannot be performed.

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.)

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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Please Read Carefully, Initial Each Paragraph and Sign Below

Initials _____ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

Initials _____ I hereby authorize Roy Miller Freight Lines, LLC. to thoroughly investigate my references, work record, education and other matters related to my suitability for employment unless otherwise specified above. I further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the Company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

Initials _____ I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the Company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the Company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the Company's designated representative.

Initials _____ In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire.

Applicant's Signature

Date of Application

