



**WORK EXPERIENCE List most recent job first**

|                                     |                            |                    |
|-------------------------------------|----------------------------|--------------------|
| <i>Company</i>                      | Position                   | Dates Employed     |
| Address (Include City, State & Zip) | Supervisor's Name & Phone# | Reason for Leaving |
| Describe duties performed           |                            |                    |
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| Describe duties performed           |                            |                    |

**APPLICANT'S STATEMENTS**

*Read the following statements carefully before signing this application. Only applications that are complete, signed, and dated, are considered valid.*

1. The information I am presenting in this application is complete, true and correct to the best of my knowledge. I understand that any falsification, misrepresentation, or omissions could result in the denial of my application, withdrawal of any offer of employment, or immediate discharge whenever discovered.
2. I understand that Rudd Group may contact my former employers, educational institutions, references, and other relevant third parties to obtain additional information related to the information given by me in this application. I also understand that Rudd Group may provide such information to its affiliated companies and to other third parties. I hereby request, release, and consent to the release and disclosure of such information. I further release and hold harmless Rudd Group, its affiliates, their officers, employees and agents, and any other parties inquiring about, investigating, furnishing, communicating, reviewing, or evaluating such information from any and all potential claims, demands, damages, liability, and/or actions of any kind arising from such activities, whether known or unknown to me presently, that I may have now or in the future.
3. I understand that Rudd Group is committed to a drug-free work environment. If employed, I understand that I may be asked to submit to a drug screen as a condition of employment, or as a condition of continued employment. I hereby consent to such drug testing.
4. If employed, I agree to conform to the rules and regulations of Rudd Group. I understand that I will be an at-will employee, and that my employment may be terminated at any time by me or by Rudd Group, with or without notice, for any reason. I understand that only the President/CEO of Rudd Group has the authority to enter into any agreement to the contrary, and such agreement must be in writing and signed by the President/CEO to be effective.

Applicant's Signature

Date

**EQUAL OPPORTUNITY EMPLOYER**

Rudd Group does not discriminate on the basis of race, sex, color, religion, national origin, sexual orientation, age, disability, veteran status, or any other factors made unlawful under applicable federal and state laws. All personnel decisions are made without prejudice or discrimination, in accordance with the principles of equal opportunity.

# TO BE COMPLETED BY APPLICANTS FOR DRIVER POSITIONS ONLY

## Driver Experience & Qualification - Required by Dept. of Transportation

Date of Birth \_\_\_\_\_ The U.S. Department of Transportation requires that driver applicants state their date of birth (§391.21(b)(2))  
(month/day/year)

Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

### Licenses

| Drivers          | State | License No. | Class | Endorsement (s) | Expiration Date |
|------------------|-------|-------------|-------|-----------------|-----------------|
| Licenses held in |       |             |       |                 |                 |
| past 3 years     |       |             |       |                 |                 |
| must be shown    |       |             |       |                 |                 |

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 \_\_\_\_\_

C. Have you ever been disqualified for violations of the Federal Motor Carrier Safety Regulations? Yes \_\_\_\_\_ No \_\_\_\_\_

If you answered "Yes to A, B, or C attach a statement giving details.

### Driving Experience

| Class of Equipment       | Type of Equipment<br>(Van, Tank, Flat, etc.) | Date |    | Approximate<br>Total Miles |
|--------------------------|----------------------------------------------|------|----|----------------------------|
|                          |                                              | From | To |                            |
| Straight Truck           |                                              |      |    |                            |
| Tractor and Semi-Trailer |                                              |      |    |                            |
| Twin Trailers - LVC's    |                                              |      |    |                            |
| Other                    |                                              |      |    |                            |

List states operated in during last five years \_\_\_\_\_

List special courses or training that will help you as a driver \_\_\_\_\_

List driving awards held and who awards were presented by \_\_\_\_\_

### Accident Review for past 3 years (Attach separate sheet of paper if more space is needed)

| Dates         | Nature of accident<br>(Head-On, Rear-End, Overturn, etc.) | Fatalities | Injuries |
|---------------|-----------------------------------------------------------|------------|----------|
| Last Accident |                                                           |            |          |
| Next Previous |                                                           |            |          |
| Next Previous |                                                           |            |          |

### Traffic Convictions and Forfeitures for the past 3 years other than parking violations

| Location | Date | Charge | Penalty |
|----------|------|--------|---------|
|          |      |        |         |
|          |      |        |         |
|          |      |        |         |