



Employment Application

Answer all questions and 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, material status or non-related disability.

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: () _____ E-mail Address: _____

Date Available: _____ Social Security No.: _____ Desired Salary: \$ _____

Position Applied for: _____ Temporary Part Time Full Time

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If so, when? _____

If yes, reason for leaving? _____

Have you ever been convicted of a felony? YES NO

If yes, explain: _____
 (Please note that Randolph Trucking, LLC's policy is to run a criminal background check on all applicants)

Address of Residency for the Past Three (3) Years (List Additional on back)

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Personal Information

Height: _____ Weight: _____ Date of Birth _____

Document providing proof of age? _____
Required for Commercial Drivers

Are you currently employed? YES NO If no, how long since last employment? _____

Who referred you? _____ Name any relatives employed by RTLLC: _____

Date of last DOT Physical Examination (if applicable)? _____

Accident Record for Three (3) Years or More (List Additional on back)

Dates	Location	Nature of Accident (Head-On, Rear End, Upset, etc)	Fatalities	Injuries

Traffic Convictions and Forfeitures for Three (3) Years (Other than Parking Violations)

Dates	Location	Charge	Penalty

Education

Circle Highest Grade Completed

Grade School: 1 2 3 4 5 6 7 8

High School: 1 2 3 4

College: 1 2 3 4

Name of Last School Attended:

Name

City

Qualifications

Drivers Licenses

State	License No.	Type	Expiration Date

- Have you ever tested positive on a drug or alcohol test? YES NO
- Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES NO
- Have you ever been disqualified for violations of the FMCSR? YES NO
- Has any license, permit or privilege ever been suspended or revoked YES NO

If either of the above questions were answered with a "Yes", please give details on the back of this page.

List States operated in for the last five years: _____

List Driver courses and training and certificates received: _____

List special equipment or technical materials you can work with: _____

Previous Employment (Last 10 Years Required)

Employer:	Dates Employed		Job Title/Work Performed:	
	From (MM/YY)	To (MM/YY)		
Address: (Street, City, State, Zip)	Starting Salary	Ending Salary	Type of Truck Driven:	
Phone:		Supervisor Name:		
Reason for Leaving:				
Was your job designated as a safety-sensitive function in any DOT regulated mode subject to drug and alcohol testing requirements of 49 CFR part 40?			YES <input type="checkbox"/>	NO <input type="checkbox"/>
Is there a reason we should not contact this employer?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, why?	

Employer:	Dates Employed		Job Title/Work Performed:	
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Phone:		Supervisor Name:		
Reason for Leaving:				
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Is there a reason we should not contact this employer?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, why?	

Disclaimer and Signature

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.

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history, criminal and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, healthcare providers, criminal institutions and other persons/institutions from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) will result in immediate discharge. I understand, also, that I am required to abide by all rules and regulations of Randolph Trucking, LLC.

Signature: _____

Date: _____

Please return this application, along with copies of any information that you think may better qualify you for a Randolph Trucking, LLC position, to the following address or fax number:

**Natalie Daniels
Randolph Trucking, LLC
P.O. Box 2127
Gaffney, SC 29342**

Or

Fax: 864-489-2948

If you have any questions please call 864-480-7953