



**ROBIN LYNNE INC.**

**4600 WALDO INDUSTRIAL DRIVE**

**HIGH RIDGE, MO. 63049**

**PH: 314-280-0591**



# Job Application

Date: \_\_\_/\_\_\_/\_\_\_

Telephone Number: (\_\_\_\_) - \_\_\_\_ - \_\_\_\_

Email: \_\_\_\_\_

## Personal Information

Name: \_\_\_\_\_

(Last)

(First)

(Middle)

(Maiden)

Birth Date: \_\_\_/\_\_\_/\_\_\_

Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Current Address: \_\_\_\_\_

(Street)

(City)

(State/ZIP Code)

(How Long?)

Emergency Contact: \_\_\_\_\_

Previous Address(es):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

For checking prior records, provide other names you have worked with: \_\_\_\_\_

Have you been convicted of a felony within the last 5 years? Yes \_\_\_ No \_\_\_

If yes, please explain.

\_\_\_\_\_

\_\_\_\_\_



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## Position Applying For

Position: \_\_\_\_\_ Start Date: \_\_\_\_\_ Desired Salary: \_\_\_\_\_

Can you submit evidence of your lawful right to work in the US? Yes \_\_\_ No \_\_\_

Have you filled out an application here before? Yes \_\_\_ No \_\_\_ If yes, give date: \_\_\_\_\_

Have you been employed here before? Yes \_\_\_ No \_\_\_ If yes, give date: \_\_\_\_\_

## Experiences and Qualifications – Driver

Driver Licenses	State	License #	Type	Endorsements	Expiration Date

## Equipment Experience

Equipment Type	Type	Date From	Date To	Total Mileage
Straight Truck				
Tractor/Trailer				
Tractor/2 Trailers				
Tandem Dump				
Tri-Axle Dump				
Pup Trailer				



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## Other Experience

Task	Yes	No
Spreading Rock		
Hauling Asphalt		
Truck Washing		
Changing Oil		

Task	Yes	No
Vehicle Inspections		
Adjusting Air Brakes		
Truck Lubrication		
Changing Tires		

Transmission Types Driven	8 Speed	9 Speed	10 Speed	13 Speed	Other

## Accident Record For Past Three Years

Occurrence	Date	Nature of Accident	Fatalities		Injuries	
			Yes	No	Yes	No

## Previous Employment

Any Gaps In Employment And/Or Unemployment, Please Explain (Include Month & Year and Reason):

Previous Employer: \_\_\_\_\_ Type of Business: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (\_\_\_\_) - \_\_\_\_ - \_\_\_\_\_

Job Title: \_\_\_\_\_ Employed (*Month & Year*) From: \_\_\_\_\_ To: \_\_\_\_\_

Rate of Pay. Start \_\_\_\_\_ Last \_\_\_\_\_ Reason For Leaving: \_\_\_\_\_

Gaps In Employment And/Or Unemployment. \_\_\_\_ Month \_\_\_\_ Year Reason \_\_\_\_\_



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## Previous Employment

Previous Employer: \_\_\_\_\_ Type of Business: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (\_\_\_\_) - \_\_\_\_ - \_\_\_\_\_

Job Title: \_\_\_\_\_ Employed (*Month & Year*) From: \_\_\_\_\_ To: \_\_\_\_\_

Rate of Pay: Start \_\_\_\_ Last \_\_\_\_ Reason For Leaving: \_\_\_\_\_

Gaps In Employment And/Or Unemployment. \_\_\_\_Month \_\_\_\_Year Reason \_\_\_\_\_

Previous Employer: \_\_\_\_\_ Type of Business: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (\_\_\_\_) - \_\_\_\_ - \_\_\_\_\_

Job Title: \_\_\_\_\_ Employed (*Month & Year*) From: \_\_\_\_\_ To: \_\_\_\_\_

Rate of Pay: Start \_\_\_\_ Last \_\_\_\_ Reason For Leaving: \_\_\_\_\_

Gaps In Employment And/Or Unemployment. \_\_\_\_Month \_\_\_\_Year Reason \_\_\_\_\_

Previous Employer: \_\_\_\_\_ Type of Business: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (\_\_\_\_) - \_\_\_\_ - \_\_\_\_\_

Job Title: \_\_\_\_\_ Employed (*Month & Year*) From: \_\_\_\_\_ To: \_\_\_\_\_

Rate of Pay: Start \_\_\_\_ Last \_\_\_\_ Reason For Leaving: \_\_\_\_\_

Gaps In Employment And/Or Unemployment. \_\_\_\_Month \_\_\_\_Year Reason \_\_\_\_\_

Are you employed now? Yes \_\_\_\_ No \_\_\_\_ If yes, may we contact your recent employer? Yes \_\_\_\_ No \_\_\_\_

Are you available to work: Full-time \_\_\_\_ Part-time \_\_\_\_ Days \_\_\_\_ Nights \_\_\_\_ Weekends \_\_\_\_

Referred by? \_\_\_\_\_



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## Education

Schools	Name & Address	Major (If Applicable)	GED/Degree?
High School			
College/University			
Business/Technical			
Other			

List any other experience/training that will help us determine your qualifications for the position applied for:

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## Experience Record – Maintenance & Shop Only

Number of year's experience:

Diesel: \_\_\_\_\_ Type: \_\_\_\_\_ Model: \_\_\_\_\_

Gas: \_\_\_\_\_ Type: \_\_\_\_\_ Model: \_\_\_\_\_

Familiar with what type of equipment? (Peterbilt, Freightliner, International, etc): \_\_\_\_\_

Specialized in any phase? (Carburetors, Pumps, Front End, etc): \_\_\_\_\_

Additional Experience	Where	# of Years
Axles & Frames		
Body & Fender		
Brakes		
Electrical		
Lubrication		
Painting		
Preventative Maint (truck/trailer)		
Tire Change & Repair		
Trailer Repair (Type)		



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Additional Experience	Where	# of Years
Transmission/Differential		
Welding (Arc/Gas)		

## Certification of Violations

Driver's Name: \_\_\_\_\_

I certify that the following is a true and complete list of traffic violations (other than parking violations) for which I have been convicted or forfeited bond or collateral damage the past 12 months.

Date	Offense	Location	Type of Vehicle

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violations required to be listed during the past 12 months.

\_\_\_\_\_  
**Date of Certification**

\_\_\_\_\_  
**Driver's Signature**

\_\_\_\_\_  
**Motor Carrier Name**

4600 Waldo Industrial Drive

**Motor Carrier Address**

\_\_\_\_\_  
**Reviewed by: Signature**

Office Manager

**Title**

### Review and Evaluation of Driver's Record

In accordance with Section 391.25, Motor Carrier Safety Regulations, all information pertinent to the above driver's safety of operations, including the list of violations furnished by him in accordance with Section 391.27, has been reviewed for the past 12 months.

Action Taken:

\_\_\_\_\_  
\_\_\_\_\_



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## Authorization & Request for Drug and Alcohol History

If driver, \_\_\_\_\_, Social Security # \_\_\_\_\_

was not subject to Department of Transportation requirements while employed by this employer, please check here \_\_\_\_\_, fill in the dates of employment from \_\_\_\_\_ to \_\_\_\_\_, sign and return.

Driver was subject to Department of Transportation testing requirements from \_\_\_\_\_ to \_\_\_\_\_.

1. Has this person had an alcohol test with the result of 0.04 or higher alcohol concentration?
  - a. Yes \_\_\_ No \_\_\_
2. Has this person tested positive or adulterated or substituted a test specimen for controlled substances?
  - a. Yes \_\_\_ No \_\_\_
3. Has this person refused to submit to a post-accident, random, reasonable suspicion or follow-up alcohol or controlled substance test?
  - a. Yes \_\_\_ No \_\_\_
4. Has this person committed other violations of Subpart B of Park 382 or Part 40?
  - a. Yes \_\_\_ No \_\_\_
5. If this person has violated a DOT drug and alcohol regulation, did this person complete a SAP-prescribed rehabilitation program in your employ, including return-to-duty and follow-up tests? If yes, please send documentation back with this form.
  - a. Yes \_\_\_ No \_\_\_
6. For a driver who successfully completed a SAP's rehabilitation referral and remained in your employ, did this driver subsequently have an alcohol test of 0.04 or greater, a verified positive drug test, or refused to be tested?
  - a. Yes \_\_\_ No \_\_\_

In answering these questions, include any required DOT drug or alcohol testing information obtained from previous employers in the previous 3 years prior to this date on this form:

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Street: \_\_\_\_\_ City, State, ZIP: \_\_\_\_\_

Completed by (Signature): \_\_\_\_\_ Date: \_\_\_\_\_



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Authorized Signature (Prospective Employee) \_\_\_\_\_ Date \_\_\_\_\_

*TO BE READ AND SIGNED BY THE APPLICANT*

Consumer Reports may be obtained as part of my evaluation of my job application/employment. The reports may be procured by Anderson Insurance Agency, Inc. and may include my driving record, as assessment of my insurability under the company's insurance coverages or other consumer reports. By signing this disclosure, I hereby authorize the Company to procure such reports and additional reports about me from time to time, as it deems appropriate, to evaluate my insurability or for other permissible purposes.

\_\_\_\_\_

Name and Social Security number of applicant (please print)

\_\_\_\_\_

Authorized Signature



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I AUTHORIZE YOU TO MAKE SURE INVESTIGATIONS AND INQUIRIES TO MY PERSONAL, EMPLOYMENT, FINANCIAL, AND MEDICAL HISTORY 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, HEALTH CARE PROVIDERS, AND OTHER PERSONS 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) MAY RESULT IN DISCHARGE. I UNDERSTAND THAT I AM REQUIRED TO ABIDE BY ALL THE RULES AND REGULATIONS OF THE COMPANY.

I UNDERSTAND THAT INFORMATION I PROVIDE REGARDING CURRENT AND/OR PREVIOUS EMPLOYERS MAY BE USED, AND THOSE EMPLOYER(S) WILL BE CONTACTED, FOR THE PURPOSE OF INVESTIGATING MY SAFETY PERFORMANCE HISTORY AS REQUIRED BY 49 CFR 391.23(d) AND (e), I UNDERSTAND THAT I HAVE THE RIGHT TO:

- REVIEW INFORMATION PROVIDED BY CURRENT/PREVIOUS EMPLOYERS
- HAVE ERRORS IN THE INFORMATION CORRECTED BY PREVIOUS EMPLOYERS AND FOR THOSE PREVIOUS EMPLOYERS TO RESEND THE CORRECTED INFORMATION TO THE PROSPECTIVE EMPLOYER
- HAVE A REBUTTAL STATEMENT ATTACHED TO THE ALLEGED ERRONEOUS INFORMATIONS, IF THE PREVIOUS EMPLOYER(S) AND I CANNOT AGREE ON THE ACCURACY OF THE INFORMATION

THIS CERTIFIES THAT I HAVE COMPLETED THIS APPLICATION AND THAT ALL ENTRIES ON IT AND THE INFORMATION IN IT ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date