Robin Lynne Inc.

4600 Waldo Industrial Dr. High Ridge MO 63049

Phone:314-280-0591 Fax: 636-677-8700

Today's Date: _____ Telephone Number (____)_____

Email Address: _____

Personal Information

Name_____

Last First Middle Maiden

Birth Date ____/____/____ Social Security Number _____

CurrentAddress_____

Street City State/Zip How Long?

In Case of Emergency Contact: _____

Previous Address(es): past 3 years

_____

Street City State/Zip How Long?

_____

Street City State/Zip How Long?

_____

Street City State/Zip How Long?

For checking prior records, provide other names under which you have worked: _____

Have you been convicted of a felony within the last five years? Yes_____ No_____

If yes, please explain:

_____

_____

Position Applying For

Position: _____ Start Date: _____ Desired Salary: _____

Can you, after employment, submit evidence of your lawful right to work in the US? Yes ☐ No ☐

(Proof of citizenship or immigration status may be required upon employment.)

Have you filed an application here before? Yes ☐ No ☐ If yes, give date _____

Have you ever been employed here before? Yes ☐ No ☐ If yes, give date _____

Experience and Qualifications - Driver

	State	License Number	Type	Endorsements	Expiration Date
Driver Licenses					

Equipment Experience

Type of Equipment	Check Type	Date From	Date To	Total Miles
Straight Truck				
Tractor/Trailer				
Tractor/2 Trailers				
Tandem Dump				
Tri-axle Dump				
Pup Trailer				

Other Experience

Task	Yes	No
Spreading Rock		
Hauling Asphalt		
Truck Washing		
Changing Oil		

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

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

Accident Records For Past Three Years

Occurrence	Date	Nature of Accident	Fatalities		Injuries	
			Yes	No	Yes	No
Last Accident						
Next Accident						
Next Accident						

PREVIOUS EMPLOYER:

COMPANY NAME: ______________________ TYPE OF BUSINESS: ______________

ADDRESS: ______________________ PHONE: ______________

JOB TITLE: ______________ EMPLOYED *(Month & Year)* FROM: ________ TO: ________

RATE OF PAY: START ______ LAST ______ REASON FOR LEAVING: ______________

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON ______________________

PREVIOUS EMPLOYER:

COMPANY NAME: ______________________ TYPE OF BUSINESS: ______________

ADDRESS: ______________________ PHONE: ______________

JOB TITLE: ______________ EMPLOYED *(Month & Year)* FROM: ________ TO: ________

RATE OF PAY: START ______ LAST ______ REASON FOR LEAVING: ______________

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON ______________________

PREVIOUS EMPLOYER:

COMPANY NAME: ______________________ TYPE OF BUSINESS: ______________

ADDRESS: ______________________ PHONE: ______________

JOB TITLE: ______________ EMPLOYED *(Month & Year)* FROM: ________ TO: ________

RATE OF PAY: START ______ LAST ______ REASON FOR LEAVING: ______________

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON ______________________

PREVIOUS EMPLOYER:

COMPANY NAME: ______________________ TYPE OF BUSINESS: ______________

ADDRESS: ______________________ PHONE: ______________

JOB TITLE: ______________ EMPLOYED *(Month & Year)* FROM: ________ TO: ________

RATE OF PAY: START ______ LAST ______ REASON FOR LEAVING: ______________

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON ______________________

Are you employed now? Yes ☐ No ☐ If yes, may we contact your current employer? Yes ☐ No ☐

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

Referred By? _____

Education

Schools	Name and Address	Major Subject	Diploma/GED or Degree?
High School			
College or University			
Business or Technical			
Other			

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

1. _____ 2. _____ 3. _____

Experience Record - Maintenance and Shop Mechanic Only

Number of year's experience:

Diesel _____ Type _____ Model _____
Gas _____ Type _____ Model _____

Familiar with what types of equipment, (i.e. Peterbilt, Freightliner, International, etc.)? _____
Specialized in any phase (i.e., Carburetors, Pumps, Front End, etc.)? _____

Additional Experience	Where	# of years
Axles & Frames		
Body & Fender		
Brakes		
Electrical		
Lubrication		
Painting		
Preventative Maint (truck & trailer)		
Tire Change and Repair		
Trailer Repair (Type)		
Transmission/Differential		
Welding (Arc/Gas)		

Certification of Violations

Driver's Name _____
Please Print

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 during the past 12 months

Date	Offense	Location	Type of Vehicle Operated

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

Date of Certification | Driver's Signature

[redacted] | **4600 Waldo Industrial Dr. High Ridge, MO. 63049**

Motor Carrier Name | Motor Carrier's Address

Office Manager

Reviewed by Signature | 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 Section391.27, has been reviewed for the past 12 months.

Action Taken

_____

_____

_____

_____

Motor Carrier Name | Motor Carrier's Address

Reviewed By: Signature | Date | Title

Robin Lynne Trucking, Inc.

Authorization & Request for Drug and Alcohol History

If driver, _____, Social Security # _____ was not subject to Department of Transportation testing 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?
   Yes _____ No _____
2. Has this person tested positive or adulterated or substituted a test specimen for controlled substances?
   Yes _____ No _____
3. Has this person refused to submit to a post-accident, random, reasonable suspicion or follow-up alcohol or controlled substance test?
   Yes _____ No _____
4. Has this person committed other violations of Subpart B of Part 382 or Part 40?
   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.
   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 result of 0.04 or greater, a verified positive drug test, or refuse to be tested?
   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 the date on this form.

Name: _____

Company: _____

Street: _____

City, State, Zip: _____

Completed by (Signature): _____ Date: _____

_____ _____

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, an assessment of my insurability under the company's insurance coverage's 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/employee

_____

Signature

I AUTHORIZE YOU TO MAKE SURE INVESTIGATIONS AND INQUIRIES TO MY PERSONAL, EMPLOYMENT, FINANCIAL OR 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 INGUIRIES 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, ALSO, 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 REGUIRED 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 RE-SEND THE CORRECTED INFORMATIONTO THE PROSPECTIVE EMPLOYER; AND
- HAVE A REBUTTAL STATEMENT ATTACHED TO THE ALLEGED ERRONEOUS INFORMATIONJ, 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'S SIGNATURE DATE

ACKNOWLEDGEMENT & AUTHORIZATION FORM

I, _____ acknowledge receipt of Robin Lynne
Employee (Print Name)

TRUCKING, INC. Department of Transportation Drug & Alcohol Policy and Procedures.

Employee Signature: _____ Date: _____

****

All employees will be provided with education and information concerning the effects of alcohol and controlled substances use on an individual's health, work and personal life. Additionally, information identifying signs and symptoms of an alcohol or a controlled substance problem (the driver's or co-worker's); and available methods of intervening when an alcohol or a controlled substance problem is suspected.

I, _____ acknowledge receipt of Alcohol and Drug
Employee (Print Name)

Awareness materials.

Employee Signature: _____ Date: _____

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I, _____ authorize ROBIN LYNNE TRUCKING
Employee (Print Name)

INC, to release any and all results of my controlled substances and/or alcohol tests to National Review Offices, Los Angeles, CA.

Employee Signature: _____ Date: _____