



**RRS**  
**FOODSERVICE**  
Family-owned since 1939 - A division of J.L. Culpepper & Co.

# Driver's Application For Employment

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, marital status, veteran status, non-job related disability or any other protected group status.

Name: \_\_\_\_\_ Date of Application \_\_\_\_\_

**APPLICANT: PLEASE READ AND SIGN**

I authorize RRS Foodservice to make such investigations and inquiries of 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 inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information (as well as the omission of certain information) given in my application or interview(s) may result in discharge. I understand also, that I am required to abide by all rules and regulations of RRS Foodservice and The Department of Transportation.

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 previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information if the previous employer(s) and I cannot agree on the accuracy of the information.

Signature \_\_\_\_\_ Date \_\_\_\_\_

List your addresses of residency for the past 3 years:

Current Address: \_\_\_\_\_ How Long? \_\_\_\_\_  
Street City State & Zip Yrs. / Mo

Previous \_\_\_\_\_ How Long? \_\_\_\_\_  
Street City State & Zip Yrs. / Mo

Addresses

\_\_\_\_\_ How Long? \_\_\_\_\_  
Street City State & Zip Yrs. / Mo

\_\_\_\_\_ How Long? \_\_\_\_\_  
Street City State & Zip Yrs. / Mo

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Email address: \_\_\_\_\_  
(Required for Commercial Drivers)

Referral Source: (Please check the appropriate category and name the source.)

- Walk-In: \_\_\_\_\_
- Employee: \_\_\_\_\_
- Company Website: \_\_\_\_\_

- School: \_\_\_\_\_
- Advertisement: \_\_\_\_\_
- Other: \_\_\_\_\_

If necessary, best time to call you at home is \_\_\_\_\_

Have you ever been employed here before? ..... Yes No

If yes, give date(s) and position(s)  
\_\_\_\_\_

Are you legally eligible for employment in the United States? ..... Yes No

Date available for work .....

What is your desired salary range or rate of pay?  
\$ \_\_\_\_\_ Per \_\_\_\_\_

Type of employment desired: .....  Full-Time  Part-time

Are you related to any current employee(s) of RRS Foodservice? ..... Yes No

If yes, please list: \_\_\_\_\_

Will you relocate if required? ..... Yes No

If they have been explained to you, are you able to meet the attendance requirements of the position? .... Yes No

Will you work overtime if required? ..... Yes No  
If no, please explain  
\_\_\_\_\_

Are you able to perform the essential functions of the job for which you are applying (with or without reasonable accommodation)?

This question is not designed to elicit information about an applicant's disability. Please do not provide information about the existence of a disability, particular accommodation, or whether accommodation is necessary. These issues may be addressed at a later stage to the extent permitted by law.

- Yes  No  Need more information about the job's "essential functions" to respond

Have you ever been bonded? ..... Yes No

Answering "yes" to the following question does not constitute an automatic bar to employment. Factors such as dates of offense, seriousness, and nature of violation, rehabilitation and position applied for will be taken into account.

Have you ever pled "guilty" or "no contest" to, or been convicted of a Misdemeanor or Felony..... Yes No

If yes, please provide date(s) and details  
\_\_\_\_\_

## EMPLOYMENT HISTORY

Starting with your most recent employer, provide the following information.

<b>Employer</b>		Telephone #	Dates Employed: Month / Year		Month / Year
Street Address		City	State		
Starting job title/final job title		Compensation (Starting)			
		<input type="checkbox"/> Hourly	<input type="checkbox"/> Salary	\$	per
		Commission/Bonus/Other		\$	per
Immediate Supervisor and title (Most recent position)		Compensation (Ending)			
		<input type="checkbox"/> Hourly	<input type="checkbox"/> Salary	\$	per
		Commission/Bonus/Other		\$	per
Why did you leave?		Were you subject to FMCSRs* while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Was your job designated as a safety-sensitive function in any DOT regulated mode subject to the drug and alcohol testing requirements of 49CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No					
What did you like most about your position?					
What did you like least about your position?					
<b>Employer</b>		Telephone #	Dates Employed: Month / Year		Month / Year
Street Address		City	State		
Starting job title/final job title		Compensation (Starting)			
		<input type="checkbox"/> Hourly	<input type="checkbox"/> Salary	\$	per
		Commission/Bonus/Other		\$	per
Immediate Supervisor and title (Most recent position)		Compensation (Ending)			
		<input type="checkbox"/> Hourly	<input type="checkbox"/> Salary	\$	per
		Commission/Bonus/Other		\$	per
Why did you leave?		Were you subject to the FMCSRs* while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Was your job designated as a safety-sensitive function in any DOT regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No					
What did you like most about your position?					
What did you like least about your position?					
<b>Employer</b>		Telephone #	Dates Employed: Month / Year		Month / Year
Street Address		City	State		
Starting job title/final job title		Compensation (Starting)			
		<input type="checkbox"/> Hourly	<input type="checkbox"/> Salary	\$	per
		Commission/Bonus/Other		\$	per
Immediate Supervisor and title (Most recent position)		Compensation (Ending)			
		<input type="checkbox"/> Hourly	<input type="checkbox"/> Salary	\$	per
		Commission/Bonus/Other		\$	per
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Was your job designated as a safety sensitive function in any DOT regulated mode subject to the drug and alcohol testing requirements of 49CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No					
What did you like most about your position?					
What did you like least about your position?					

\* The Federal Motor Carrier Safety Regulations (FMCSR) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport more than 8 passengers (including the driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

**Accident Record for past 3 years or more (attach sheet if more space is needed) If none, write None**

Dates	Nature of Accident (Head-on; rear-end; upset, etc)	Fatalities	Injuries	Hazardous Material Spill
Last Accident:				
Next Previous:				
Next Previous:				

**Traffic Convictions and forfeitures for the past 3 years (other than parking violations) If none, write None**

Location	Date	Charge	Penalty

**DRIVER S LICENSES: List all licenses or permits held in the past 3 years**

State	License Number	Type	Expiration Date

Have you ever been denied a license, permit or privilege to operate a motor vehicle?  Yes  No

Has any license, permit or privilege ever been suspended or revoked?  Yes  No

**IF THE ANSWER TO EITHER QUESTION ABOVE IS YES, PLEASE PROVIDE DATES AND DETAILS**

**DRIVING EXPERIENCE**

Class of Equipment	Check Type of Equipment	Dates		Approx. # of Miles (Total)
		From (mm/yy)	To (mm/yy)	
Straight Truck <input type="checkbox"/> Yes <input type="checkbox"/> No	Van Tank Flat Dump Reefer			
Tractor and Semi Trailer <input type="checkbox"/> Yes <input type="checkbox"/> No	Van Tank Flat Dump Reefer			
Tractor - Two Trailers <input type="checkbox"/> Yes <input type="checkbox"/> No	Van Tank Flat Dump Reefer			
Tractor - Three Trailers <input type="checkbox"/> Yes <input type="checkbox"/> No	Van Tank Flat Dump Reefer			
Motorcoach – School Bus <input type="checkbox"/> Yes <input type="checkbox"/> No <small>More than 8 passengers</small>				
Motorcoach - School Bus <input type="checkbox"/> Yes <input type="checkbox"/> No <small>More than 15 passengers</small>				
Other:				

List States Operated in for the Last 5 Years: \_\_\_\_\_

**EDUCATION**

Enter Highest Grade Completed: \_\_\_\_\_ Middle School: \_\_\_\_\_ High School: \_\_\_\_\_ College: \_\_\_\_\_  
 Last School Attended (Name) \_\_\_\_\_ (City, State) \_\_\_\_\_

**ACKNOWLEDGEMENT**

I certify that the information I have provided in this application for employment is true and complete. I further understand that if any information provided by me is found to be false, incomplete or misrepresented in any respect, it will be sufficient cause to eliminate me from further consideration for employment or discharge me from employment immediately upon discovery.

I expressly authorize the employer, its representatives, employees or agents to contact and obtain information from the references I have furnished in this application for employment, job interview or resume. I understand that I may not make claims against the employer, its representatives, employees or agents for seeking, obtaining and utilizing truthful and non-defamatory information in a lawful manner in the employment process.

I understand that this employer does not discriminate on any basis prohibited by law and that no question on this application form will be utilized to limit or eliminate an applicant from consideration from employment on any basis prohibited by law.

I understand that this application or any possible resulting offer of employment is not to be considered a contract for employment. If hired, both the employer and I may terminate employment at any time with or without cause and with or without prior notice except as required by law. No supervisor or representative of the company is authorized to make any assurances to the contrary and no implied oral or written agreements contrary to this at-will policy are valid unless in writing and signed by the president of the company. All offers of employment are contingent on drug and background screenings.

**DO NOT SIGN UNTIL YOU HAVE READ THE ACKNOWLEDGEMENT ABOVE.**

I certify that I have read, fully understand and accept the terms of the acknowledgement above.

**Applicant Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_