

# Application for Employment

## Rush Logistics

Driver Solutions, Inc.

PO Box 2041

Manitowoc, WI 54221-2041

Phone: 920-686-7797 1-888-994-RUSH (7874) Fax: 920-686-7827

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 or non-job related disability.

Date of application: \_\_\_\_\_ Position applied for: \_\_\_\_\_

Name: First \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

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

Email \_\_\_\_\_ Referred by \_\_\_\_\_

Emergency phone number \_\_\_\_\_ Contact name \_\_\_\_\_

If you have been living at the above address less than three years, please provide addresses for the previous three years.

\_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

\_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

\_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Do you have the legal right to work in the United States? \_\_\_\_\_

Have you worked for this company before? \_\_\_\_\_ Dates \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Are you currently employed? \_\_\_\_\_ If not, how long since last employment? \_\_\_\_\_

### Education History

Please circle the highest grade completed: 1 2 3 4 5 6 7 8 High School 1 2 3 4 College 1 2 3 4

Last School Attended \_\_\_\_\_ City/State \_\_\_\_\_



<b>Employer</b>	<b>Date</b>
Name:	From: To:
Address:	Position Held:
City: State: Zip:	Salary/Wage:
Contact Person: Phone:	Reason for leaving:
Were you subject to Federal Motor Carrier Safety Regulations While Employed?	Yes 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?	Yes No

<b>Employer</b>	<b>Date</b>
Name:	From: To:
Address:	Position Held:
City: State: Zip:	Salary/Wage:
Contact Person: Phone:	Reason for leaving:
Were you subject to Federal Motor Carrier Safety Regulations While Employed?	Yes 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?	Yes No

<b>Employer</b>	<b>Date</b>
Name:	From: To:
Address:	Position Held:
City: State: Zip:	Salary/Wage:
Contact Person: Phone:	Reason for leaving:
Were you subject to Federal Motor Carrier Safety Regulations While Employed?	Yes 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?	Yes No



**Drivers License Information**

License Number	State	Endorsements	Expiration Date

**Accident Record:** Please list all accidents from the past 5 years.

Dates	State	Nature of Accident	Injuries/Deaths

**Traffic Convictions:** Please list all violations of motor vehicle laws.

Dates	State	Violation	Penalty

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

Have you ever been convicted of a felony, received a deferred prosecution or have any felony charges currently pending? Yes No

Have you ever been convicted of DUI, OWI, drunk driving, driving under the influence of a drug or any other related offense while driving? Yes No

Have you tested positive for drugs, a controlled substance or alcohol? Yes No

Have you ever tested positive for a pre-employment drug test or refuse a pre-employment drug test that resulted in **not** obtaining employment? Yes No

Have you ever been issued a citation for leaving the scene or an accident? Yes No

Do you have any pending criminal charges? Yes No

Please provide details for any of the above questions answered yes.

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Are you able to lift 50 pounds repeatedly? Yes No

Are there any reasons you may not be able to perform the functions of the job for which you are applying Yes No

Please describe the type of work you are willing to perform (Local or OTR). Include local shift preference.

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**Personal References**

List three references, other than family members, who have knowledge of your work history

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

List any safe driving awards and from whom.

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Please explain any additional courses, training, certifications, hobbies or other characteristics that may help you in your work for this employer.

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**Experience History**

Class of Equipment	From (Date)	To (Date)	Approximate Mileage
Straight Truck			
Tractor & Semi Trailer			
Refrigerated			
Flat Bed			
Other			

This certifies that this application was completed by me and all entries on it and information in it are true and complete to the best of my knowledge. Any false, misleading or incomplete statement of the information requested in this application and any other supplemental material submitted shall be sufficient grounds for disqualification of this application or termination from employment, if this application results in employment.

I understand that information I provide regarding current and 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. I understand that I have the right to: 1. Review information provided by previous employers. 2. Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer. 3. 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. I have read and understand the terms of this application.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_



### Release of Information

#### Please Read And Sign Below Before Submitting This Application

I hereby authorize all agents and representatives of Driver Solutions Inc to conduct a background investigation for the purpose of employment. I understand that the Carrier may procure my past employment records from DAC Services, criminal records from law enforcement and court of records for any felony or misdemeanor of which I have been convicted. This investigation may include any drug and/or alcohol testing programs under 49 CFR 382, any drug and/or alcohol rehabilitation, dates of employment, reasons for termination, work experience, driving record, job performance and accident history. This investigation may include the reporting by any third party agency. I have read and understand the terms of the above Agreement.

Print Name \_\_\_\_\_ SS# \_\_\_\_\_

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

#### Applicant: Do Not Write Below This Line

Requested By: Driver Solutions Inc

Previous

Employer: \_\_\_\_\_ Attn: \_\_\_\_\_

1. Has this person tested positive for a controlled substance in the past 3 years? Yes No
2. Has this person had an alcohol test with a concentration of 0.04 or greater in the past 3 years? Yes No
3. Has this person refused, adulterated, and/or substituted a required test for drugs and/or alcohol in the past 3 years? Yes No
4. To your knowledge, has this person ever violated FHWA-DOT regulations related to drug and/or alcohol use? Yes No
5. If this person has violated a DOT drug and alcohol regulation, do you have documentation of the employee's successful completion of DOT return-to-duty requirements, including follow-up tests? Please attach copies if applicable. Yes No

Employment Dates: From \_\_\_\_\_ To \_\_\_\_\_

Driver was a(n): **(Please Circle)** Company Driver Owner Operator Solo Driver Team Driver Student Driver Other \_\_\_\_\_

Driver operated: Tractor/Trailer Straight Truck Bus Other \_\_\_\_\_

Driver was: OTR Regional Local Other \_\_\_\_\_

Termination was: Voluntary Involuntary Other \_\_\_\_\_

Driver is: Eligible for rehire Not eligible for rehire Other \_\_\_\_\_

Accident History: # of preventable \_\_\_\_\_ # of non-preventable \_\_\_\_\_ Other \_\_\_\_\_

Comments \_\_\_\_\_

Name: \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_