

RDS-Virginia Driver's Application for Employment Portsmouth, VA & Roanoke, VA

Name: _____
(First) (Middle) (Maiden) (Last)

Address: _____
(Street) (Unit) (City) (State) (Zip Code)

Date of Birth: ___/___/___ Social Security No.: ___-___-___ Phone: _____

Mobile Phone: _____ Email: _____

Have you previously worked for RDS-Virginia at any location? YES NO
 If yes, what time frame? _____

Previous Three Years of Residency

<small>(Street)</small>		<small>(Unit)</small>		<small>(City)</small>		<small>(State) (Zip Code)</small>
						Length: _____
<small>(Street)</small>		<small>(Unit)</small>		<small>(City)</small>		<small>(State) (Zip Code)</small>
						Length: _____
<small>(Street)</small>		<small>(Unit)</small>		<small>(City)</small>		<small>(State) (Zip Code)</small>

(Attach Sheet if More Space is Needed)

License Information

Section 383.21 FMCSR states "No person who operates a commercial motor vehicle shall at any time have more than one driver's license". I certify that I do not have more than one motor vehicle license, the information for which is listed below.

State	License Number	Type	Expiration Date

Driving Experience

Class of Equipment	Type of Equipment (Van, Truck, Flat, Etc.)	Dates:		Approx. Number of Miles (Total)
		From	To	
Straight Truck				
Tractor & Semi-Trailer				
Tractor – Two Trailers				
Other				

Accident Record for Past 3 Years or More (Attach Sheet if More Space is Needed)

Dates	Nature of Accident (Head-On, Read-Ended, Upset, Etc.)	Number of Fatalities	Number of Injuries	Chemical Spills	
				YES	NO

Traffic Convictions and Forfeitures for the Past 3 Years (Other Than Parking Violations)

Date Convicted (month/year)	Violation	State of Violation Location	Penalty (forfeited bond, collateral, and/or points)

(Attach Sheet if More Space is Needed)

- A. Have you ever been convicted of any crime other than a minor traffic violation? YES _____ NO _____
 If yes, explain _____
- B. Have you ever been denied a license, permit, or privilege to operate a motor vehicle? YES _____ NO _____
 If yes, explain _____
- C. Has any license, permit, or privilege ever been suspended or revoked? YES _____ NO _____
 If yes, explain _____

Employment Record
(Attach Sheet if More Space is Needed)

Applicants that desire to drive in the intrastate/interstate commerce must provide the following information on all employers during the previous three years. You must give the same information for all employers you have driven a commercial motor vehicle for the seven years prior to the initial three years (total of ten years employment record).

Must list the complete mailing address: street number, and name, city, state and zip code.

Last Employer: Name: _____

Address: _____ Phone: _____

Position Held: _____ From: _____ To: _____ Salary: _____

Reason(s) for Leaving: _____

Any Gaps in Employment and/or unemployment must be explained. Include Dates (Month/Year) and

Reason: _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? YES NO

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? YES NO

Second Last Employer: Name: _____

Address: _____ Phone: _____

Position Held: _____ From: _____ To: _____ Salary: _____

Reason(s) for Leaving: _____

Any Gaps in Employment and/or unemployment must be explained. Include Dates (Month/Year) and

Reason: _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? YES NO

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? YES NO

Third Last Employer: Name: _____

Address: _____ Phone: _____

Position Held: _____ From: _____ To: _____ Salary: _____

Reason(s) for Leaving: _____

Any Gaps in Employment and/or unemployment must be explained. Include Dates (Month/Year) and

Reason: _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? YES NO

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? YES NO

To Be Read and Signed by Applicant

I authorize you to make sure investigations and inquire 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 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, also, that I am required to abide by all 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 re-send the corrected information to RDS-Virginia, and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on that accuracy of the information*

Date Applicant's Signature

This certified that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge.