

DRIVER APPLICATION FOR EMPLOYMENT

*To be considered for employment, this application must be filled out in its ENTIRETY.
Resumes may be submitted to supplement a completed application for employment.*

DATE OF APPLICATION: _____

GENERAL INFORMATION

Position(s) applying for:	Desired Salary: \$
---------------------------	-----------------------

Last Name	First Name	Middle Name
-----------	------------	-------------

Have you been employed under a different name? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what name?
---	--------------------

Current Address	Apt No.
-----------------	---------

City	State	Zip Code
------	-------	----------

Phone Number:	Mobile Phone:	Email:
---------------	---------------	--------

If you have been at your current residence for less than three (3) years, list below, all residences for last three (3) years.

Previous Address	Apt No.
------------------	---------

City	State	Zip Code
------	-------	----------

Previous Address	Apt No.
------------------	---------

City	State	Zip Code
------	-------	----------

Are you at least 21 years of age? Yes No

Are you authorized to work in the United States? Yes No

Upon review of the job description, can you perform the essential functions of the position for which you are applying, with or without reasonable accommodation? Yes No

Upon offer of employment, are you willing to participate in the Company's pre-employment screening process, which may include drug screening, background investigation and/or physical examination? Yes No

How did you learn about this job opportunity?

<input type="checkbox"/> Roberts Hawaii Career Website <input type="checkbox"/> Online/Print Ad (Craigslist, Indeed, Newspaper, etc.) → Source Name: _____ <input type="checkbox"/> Job Fair → Specify fair name, date, location: _____ <input type="checkbox"/> Employee Referral → First & Last Name: _____ <input type="checkbox"/> Other (please explain) _____

APPLICANT NAME: _____

EDUCATION INFORMATION

High School/GED				
Did you receive a high school diploma or GED? <input type="checkbox"/> Yes <input type="checkbox"/> No			City:	State:
College				
Degree:	Major:	Institution Name:	City:	State:
Trade/Vocational/Other				
Course studied:		Institution Name:	City:	State:

EMPLOYMENT INFORMATION

Have you been previously employed by Roberts Hawaii, Inc. or its affiliates? Yes No

If yes, position held:	Start date:	End date:
Previous Location/Division/Department:		

*Please provide information for all employment history for at least the last seven (7) years **beginning with most recent, current employer**. Commercial drivers (CDL) **MUST** provide the following information for all companies in which they have been employed with in the last ten (10) years. §391.21(B)(10),(11). Including breaks in employment, self-employment, military service, summer, temporary, and part time jobs. Attach separate sheet(s) if necessary.*

Company Name:		Company Address:	
Job Title/Position:		Dates of Employment Start:	End:
Job Duties:			
Supervisor Name & Title:		Phone No.:	
Email Address:		Reason for leaving:	
Was this job designated as a safety-sensitive function in any DOT regulated mode subject to drug and alcohol testing requirements of 49 CFR Part 40?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Were you subject to the FMCSRs† (Federal Motor Carrier Safety Regulations) while employed with this company?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Any accidents with this company?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, describe:	

†The Federal Motor Carrier Safety Regulations (FMCSRs) 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.

APPLICANT NAME: _____

Company Name:		Company Address:	
Job Title/Position:		Dates of Employment Start: _____ End: _____	
Job Duties:			
Supervisor Name & Title:		Phone No.:	
Email Address:		Reason for leaving:	
Was this job designated as a safety-sensitive function in any DOT regulated mode subject to drug and alcohol testing requirements of 49 CFR Part 40?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Were you subject to the FMCSRs† (Federal Motor Carrier Safety Regulations) while employed with this company?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Any accidents with this company?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, describe:	
<small>†The Federal Motor Carrier Safety Regulations (FMCSRs) 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.</small>			

Company Name:		Company Address:	
Job Title/Position:		Dates of Employment Start: _____ End: _____	
Job Duties:			
Supervisor Name & Title:		Phone No.:	
Email Address:		Reason for leaving:	
Was this job designated as a safety-sensitive function in any DOT regulated mode subject to drug and alcohol testing requirements of 49 CFR Part 40?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Were you subject to the FMCSRs† (Federal Motor Carrier Safety Regulations) while employed with this company?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Any accidents with this company?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, describe:	
<small>†The Federal Motor Carrier Safety Regulations (FMCSRs) 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.</small>			

DRIVER EXPERIENCE & QUALIFICATION

LICENSES:	State Issued	License Number	Class/Type	Endorsement(s)	Expiration Date
List all unexpired CMV and driver’s licenses held in the past 3 years. §391.21(B)(5)					

APPLICANT NAME: _____

CLASS OF EQUIPMENT	Type of Equipment (Van, Tank, Flat, etc.)	Dates (MM/DD/YY)		Approximate Total Miles	Any Interstate driving?
		From	To		
Straight Truck					<input type="checkbox"/> Yes <input type="checkbox"/> No
Tractor and Semi-Trailer					<input type="checkbox"/> Yes <input type="checkbox"/> No
Twin Trailers – LVC’s					<input type="checkbox"/> Yes <input type="checkbox"/> No
Passenger Bus					<input type="checkbox"/> Yes <input type="checkbox"/> No
Other	Passenger van/car				<input type="checkbox"/> Yes <input type="checkbox"/> No

§391.21(B)(6)

List states operated in during the last five (5) years:

List special courses or training that will help you as a driver:

List safe driving awards held and by whom awards were presented:

TRAFFIC CONVICTIONS & FORFEITURES: List any and all traffic convictions & forfeitures in the last 3 years, other than parking. Attach separate sheet if necessary. **CHECK BOX IF NONE**

Date (MM/DD/YYYY)	Location	Violation	Convicted?	Forfeited Bond or Collateral?
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

§391.21(B)(8)

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes No
- B. Has a license, permit, or privilege ever been suspended or revoked? Yes No
- C. Have you ever been disqualified subject to 391.15 of the Federal Motor Carrier Safety Regulations? Yes No

If you answered “Yes” to A, B, or C, attach a statement providing details.

If you answered “No”, acknowledge the following statement by initialing below[†].

_____[†] No such denial, revocation, or suspension of any license, permits or privilege to operate a motor vehicle has occurred.

ACCIDENT REVIEW: List any and all accidents in the last 3 years. Attach separate sheet if necessary. **CHECK BOX IF NONE**

Date (MM/DD/YY)	Nature of Accident (Head-on, rear-end, overturn, etc.)	No. of Fatalities	No. of Injuries	Chemical Spill
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

§391.21(B)(7)

APPLICANT NAME: _____

REFERENCES

Please provide information for three (3) professional references:

Name/Relationship:	Email:	Phone No.:
Name/Relationship:	Email:	Phone No.:
Name/Relationship:	Email:	Phone No.:

CERTIFICATION

Notification on due process rights and procedure (per section 391.23(i) for applicants for employment as drivers)
 You have the following rights regarding the investigative information that will be provided to the prospective employer:

1. The right to review information provided by the previous employers;
 - a. Drivers who have previous Department of Transportation regulated employment history in the preceding three years, and wish to review previous employer provided investigative information must submit a written request to the prospective employer, which may be done at any time, including when applying, or within 30 days after being employed or upon being notified of denial of employment.
2. The right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to the prospective employer;
 - a. Drivers wishing to request correction of erroneous information in records received pursuant to paragraph (i) of this section must send the request for the correction to the previous employer that provided the records to the prospective employer
3. The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.
 - a. Drivers wishing to rebut information in records received pursuant to paragraph (i) of this section must send the rebuttal to the previous employer with instruction to include the rebuttal in that driver's safety performance history.

Further, I understand this application is not a contract of employment and cannot create a contract of employment for any specific period. I understand that if I become employed, my employment is "at will" and can be terminated at any time, either by myself or the Company, with or without cause or reason and with or without notice. Roberts Hawaii, Inc. and its affiliates is an Equal Opportunity Employer with policies that prohibit illegal discrimination in employment on the basis of race, color, creed, religion, sex, sexual orientation, national origin, age, marital status, physical or mental disability, medical condition, veteran status, or any other class protected by law. I further understand, if hired, I will be required to present documentation proving my eligibility to work in the United States pursuant to the Immigration Reform and Control Act of 1986.

I authorize Roberts Hawaii Inc. and its agents to request any information and records concerning me, including but not limited to consumer credit, criminal history, driving, employment, military, civil and educational data and reports, from any present or previous employers (unless expressly stated), consumer reporting agencies, licensing and law enforcement agencies, courts and other entities. Further, if I become employed by Roberts Hawaii, Inc. and any of its affiliates, I agree to submit to employment-related medical examinations, when reasonable and necessary, at the request and expense of the company. In exchange for the Company's consideration of my application for employment, I hereby release Roberts Hawaii, Inc. and its affiliates of information (including, but not limited to, any of my former employers, educational institutions attended, and personal references) from all liability relating to or arising out of any inquiry by the Company regarding my work history, education, character, reputation, and background.

By signing below, I certify that all information made on this application are true and complete to the best of my knowledge. I understand that my application will not be considered for employment, or if hired, am subject to discharge if I misrepresent, falsify, or omit information requested on this application, in my interview(s) or during the pre-employment evaluation. **This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.** §391.21(B)(12)

Applicant Signature _____ **Application Date**

**Applicant's Social Security Number and Date of Birth is to be provided ONLY after conditional offer of employment is extended.*

Social Security Number: - - Date of Birth: / /