

# RAIL DELIVERY SERVICES

Customer Service • 8600 Banana Ave., Fontana CA 92335

Phone: (909) 355-4165 Fax: (909) 822-3135

## DRIVER EMPLOYMENT APPLICATION

### Business Information:

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

### Miscellaneous Information:

Driver's License No: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ State: \_\_\_\_\_

Years of Driving Experience:  Hazardous Materials Endorsement: Yes:  No:

Have you ever been convicted of a crime: Yes:  No:

If so, Explain: \_\_\_\_\_

Was your license ever suspended or revoked: Yes:  No:

If Yes: When: \_\_\_\_\_ Where: \_\_\_\_\_

Number of moving violations in th last three years:

Any Accident in the last three years: Yes:  No:

If Yes: When: \_\_\_\_\_ Where: \_\_\_\_\_

Who was at fault: \_\_\_\_\_ Damage Amount: \_\_\_\_\_

Type of Equipment and number of Years operating each:

Intermodal:  Van:  Tanker:  Flatbed:

Other: \_\_\_\_\_ Years:

### Current Employment Information:

Current Employer: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact: \_\_\_\_\_

Position: \_\_\_\_\_ Employment Years:  Pay rate:

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

### Past Employment Information:

Past Employer: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact: \_\_\_\_\_

Position: \_\_\_\_\_ Employment Years:  Pay rate:

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

Past Employer: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact: \_\_\_\_\_

Position: \_\_\_\_\_ Employment Years:  Pay rate:

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

*I certify that I personally completed this application and that all information is true and correct. I authorize Rail Delivery to conduct a thorough background investigation in accordance with state and federal law and authorize my previous EMs to release any information requested by Rail Delivery and hold them harmless of all liability from the release of said information. Also, in accordance with the provisions of 49 CFR Part 382.405 and 382.413, I hereby authorize and require my previous and/or current EMs specifically listed by me on this application to release the results (including any refusal to test) of all drug and alcohol tests taken by me pursuant to the provision of 49 CFR while in their employment, to Rail Delivery by whatever means is most expedient.*

I accept the above certification terms: Yes:  No:

Signature: \_\_\_\_\_