



Rising Sun Express LLC

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www.risingsunexpress.com

Application of Employment

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, gender, national origin, age, marital status, or non-job-related disability.

Complete all questions completely – please print

Date of application: _____

Please consider me for the following position(s): (check all that apply)

Dispatcher

Mechanic

Office Clerical

Other: _____

Name: _____
Last First Middle

Date of Birth: _____

Social Security #: _____

Phone #: () _____

Current Address: _____

Street City

State Zip Code How Long?

PREVIOUS THREE YEARS RESIDENCY

Street City State Zip Code Number of Years

Street City State Zip Code Number of Years

Street City State Zip Code Number of Years

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

Have you ever worked for this company before? _____

Dates: From _____ To _____ Position _____

If so, reason for leaving: _____

Are you currently employed? _____ If not, how long since leaving last employment? _____

Why? _____

Who referred you? _____ Rate of pay expected? _____

Is there any reason you might be unable to perform the functions of the job for which you have applied?

If yes, explain : _____

EDUCATION

Circle Highest Grade Completed: 1 2 3 4 5 6 7 8 High School: 1 2 3 4 College: 1 2 3 4

Other: (include driving school) _____

Last School Attended: _____

(Name & City)

(Graduation Date)

EMPLOYMENT HISTORY

All applicants to drive in interstate commerce must provide the following information on all employers during the preceding *three* years. List complete mailing address, street number, city, state and zip code.

Applicants to drive a commercial motor vehicle in intrastate or interstate commerce shall also provide an additional *seven* years' information on those employers for whom the applicant operated such vehicle.

(NOTE: List employers in reverse order starting with the most recent. **Add another sheet if necessary**)

<i>Employer</i>		<i>Date</i>	
Name _____	From _____	To _____	
Address _____	_____	_____	
City _____	State _____	Zip _____	Salary/Wage _____
Contact Person _____	Phone #: _____	_____	
Position Held _____	Reason for Leaving _____	_____	
Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? ___YES ___NO			
Was your 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			

<i>Employer</i>		<i>Date</i>	
Name _____	From _____	To _____	
Address _____	_____	_____	
City _____	State _____	Zip _____	Salary/Wage _____
Contact Person _____	Phone #: _____	_____	
Position Held _____	Reason for Leaving _____	_____	
Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? ___YES ___NO			
Was your 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			

<i>Employer</i>		<i>Date</i>	
Name _____	From _____	To _____	
Address _____	_____	_____	
City _____	State _____	Zip _____	Salary/Wage _____
Contact Person _____	Phone #: _____	_____	
Position Held _____	Reason for Leaving _____	_____	
Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? ___YES ___NO			
Was your 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			

<i>Employer</i>		<i>Date</i>	
Name _____	From _____	To _____	
Address _____	_____	_____	
City _____	State _____	Zip _____	Salary/Wage _____
Contact Person _____	Phone #: _____	_____	
Position Held _____	Reason for Leaving _____	_____	
Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? ___YES ___NO			
Was your 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			

EXPERIENCE AND QUALIFICATIONS – DRIVER

Please list driver licenses held in past three years

Drivers Licenses	State	License No.	Type	Expiration Date

Accident record for past three years or more (attach sheet if more space is need) if none, write none

Dates	Nature of Accident (Head-on, Rear-End, Upset, etc.)	Injuries or Fatalities?	Est. Cost Over \$1,000?
Last Accident			
Next Previous			
Next Previous			

Traffic convictions and forfeitures for the past three years (other than parking) if none, write none

Location	Date	Charge	Penalty

Driving Experience (if none, write none)

Class of Equipment	Type of Equipment (van, tank, flat, etc.)	Dates		Approx. No. of Miles (Total)
		From	To	
Straight Truck				
Tractor and Semi-Trailer				
Tractor – Two Trailers				
Motorcoach – School Bus				
Other				

List states operated in for last five years _____

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

Which safe driving awards do you hold and from whom? _____

EXPERIENCE AND QUALIFICATIONS – OTHERS

Describe any trucking, transportation or other experience that may help in your work for this company:

List any courses and training you have completed that is not already stated on this application:

List special equipment or technical materials you can work with (other than those already shown):

- | | | |
|--|---------------|------------|
| | <u>Circle</u> | <u>One</u> |
| A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? | Yes | No |
| B. Has any license, permit or privilege ever been suspended or revoked in the last 5yrs? | Yes | No |
| C. If yes, when? Please describe _____ | | |
| Have you ever been convicted of a felony? | Yes | No |
| If yes, when? and please describe _____ | | |
| If yes, was a commercial vehicle involved? _____ | | |
| D. Are you currently under investigation or arraignment for felony charge(s)? | Yes | No |
| If yes, when? Please describe _____ | | |
| If yes, was a commercial vehicle involved? _____ | | |

DISCLOSURES

(Please initial the right column on the line next to each disclosure)

Multiple Employers

I understand that once I become employed with this company, if I begin working for any additional employer(s) for compensation that I must inform this company immediately of such employment activity.

Initial here

Check of Driving Record

The applicant is hereby informed that a Motor Vehicle Report (MVR) will be obtained for the purpose of investigation as required by Sections 391.23 and 391.25 of the Federal Motor Carrier Safety Regulations. The furnisher is released from any and all liability, which may result from furnishing such information.

Initial here

Fair Credit Reporting Act Disclosure Statement

In accordance with the provisions of Section 604(B)(2)(A) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I, of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on you for employment purposes. These reports are required by Sections 382.413, 391.23 and 391.25 of the Federal Motor Carrier Safety Regulations.

Initial here

TO BE READ AND SIGNED BY APPLICANT

This certifies 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.

I authorize you to make such investigation and inquire of my personal, employment, medical history, or motor vehicle reports containing driving 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 inquire 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.

(Date)

(Signature of Applicant)