



RED Technologies - CDL Driver Application for Employment

NOTE: The Company will not, except in the case of a bona fide occupational qualification or need or except as otherwise permitted or required by law, discriminate on the basis of race, color, religious creed, age, sex, marital status, sexual orientation, national origin, ancestry, present or past history or mental disorder, mental retardation, learning disability or physical disability with respect to hiring, compensation, promotion, discharge from employment or other terms and conditions of employment.

PLEASE PRINT AND COMPLETE IN FULL OR IT WILL NOT BE CONSIDERED.

FIRST NAME	MIDDLE NAME	LAST NAME
HOME PHONE	CELL PHONE	WORK PHONE
EMAIL	PREFERRED CONTACT METHOD	
DATE OF BIRTH	SOCIAL SECURITY NUMBER	

PLEASE LIST ANY OTHER NAMES BY WHICH YOU HAVE BEEN KNOWN OF WHICH WE SHOULD BE AWARE TO ADEQUATELY VERIFY YOUR IDENTITY, EMPLOYMENT HISTORY OR EDUCATIONAL HISTORY:

PREVIOUS THREE YEARS RESIDENCE (Attach additional sheet if more space is needed)					
	STREET	CITY	STATE	ZIP CODE	# OF YEARS
CURRENT					
MAILING					
PREVIOUS					
PREVIOUS					
PREVIOUS					

REFERRAL SOURCE						
<input type="checkbox"/> ADVERTISEMENT	<input type="checkbox"/> RELATIVE	<input type="checkbox"/> WALK-IN	<input type="checkbox"/> EMPLOYEE	<input type="checkbox"/> EMPLOYMENT AGENCY	<input type="checkbox"/> GOVERNMENT AGENCY	<input type="checkbox"/> OTHER
NAME OF REFERRAL SOURCE						

POSITION(S) APPLIED FOR	DATE AVAILABLE TO WORK
ARE YOU CURRENTLY WORKING FOR ANOTHER EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF HIRED, DO YOU ALSO INTEND ON WORKING FOR ANOTHER EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO
ARE YOU LEGALLY PERMITTED TO WORK IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO (Proof of eligibility will be required upon employment)	DO YOU HAVE ANY OBLIGATIONS UNDER A NON-COMPETE AGREEMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WITH WHOM?
HAVE YOU EVER APPLIED HERE BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHEN?	HAVE YOU EVER BEEN EMPLOYED HERE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHEN?
WILL YOU RELOCATE IF THE JOB REQUIRES? <input type="checkbox"/> YES <input type="checkbox"/> NO	WILL YOU TRAVEL IF THE JOB REQUIRES? <input type="checkbox"/> YES <input type="checkbox"/> NO
REGULAR, CONSISTENT ATTENDANCE IS AN ESSENTIAL PART OF THE JOB. ARE YOU ABLE TO MEET THIS REQUIREMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	WILL YOU WORK OVERTIME IF REQUIRED? <input type="checkbox"/> YES <input type="checkbox"/> NO

LICENSE INFORMATION

NO PERSON WHO OPERATES A COMMERCIAL MOTOR VEHICLE SHALL AT ANY TIME HAVE MORE THAN ONE DRIVER'S LICENSE (49 CFR 383.21). I CERTIFY THAT I DO NOT HAVE MORE THAN ONE MOTOR VEHICLE LICENSE, THE INFORMATION FOR WHICH IS LISTED BELOW. INCLUDE ALL LICENSES HELD FOR THE PAST THREE YEARS; ATTACH ADDITIONAL SHEETS IF NEEDED.

STATE	LICENSE #	TYPE/CLASS	ENDORSEMENTS	EXPIRATION DATE
PREVIOUSLY HELD LICENSES				

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST THREE (3) YEARS (OTHER THAN PARKING VIOLATIONS)

Attach additional sheet if more space is needed. Check this box if none

DATE CONVICTED (Month/Year)	VIOLATION	STATE OF VIOLATION	PENALTY (Forfeited bond, collateral and/or points)

HAVE YOU EVER BEEN DENIED A LICENSE, PERMIT, OR PRIVILEGE TO OPERATE A MOTOR VEHICLE? IF YES, EXPLAIN:	<input type="checkbox"/> YES <input type="checkbox"/> NO
HAS ANY LICENSE, PERMIT, OR PRIVILEGE EVER BEEN SUSPENDED OR REVOKED? IF YES, EXPLAIN:	<input type="checkbox"/> YES <input type="checkbox"/> NO

ACCIDENT RECORD FOR THE PAST 3 YEARS

Attach additional sheet if more space is needed. Check this box if none

DATES (List most recent first)	NATURE OF ACCIDENT (Head-on, rear-end, upset, etc.)	CHEMICAL SPILLS (Y/N)	# OF FATALITIES	# OF INJURIES

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATE FROM	DATE TO	APPROX # OF TOTAL MILES
STRAIGHT TRUCK				
TRACTOR & SEMI-TRAILER				
TRACTOR & 2 TRAILERS				
TRACTOR & TANKER				
OTHER				

EDUCATIONAL BACKGROUND

EDUCATION TYPE OF SCHOOL	NAME AND ADDRESS OF SCHOOL	MAJOR SUBJECT	CHECK LAST YEAR ATTENDED	GRADUATED	DEGREE
HIGH SCHOOL			9 10 11 12	<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE			1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE			1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	
GRADUATE SCHOOL			1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	
BUSINESS, TRADE, OR OTHER			1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	

ACCOMPLISHMENTS / OTHER QUALIFICATIONS

USE THE SPACE BELOW TO DESCRIBE THE SKILLS AND APTITUDES THAT YOU FEEL QUALIFY YOU FOR A POSITION AT RED TECHNOLOGIES, LLC.

REFERENCES

LIST NAMES AND TELEPHONE NUMBERS OF THREE BUSINESS/WORK REFERENCES THAT ARE NOT RELATED TO YOU AND ARE NOT PREVIOUS SUPERVISORS. IF APPLICABLE, LIST THREE SCHOOL OR PERSONAL REFERENCES THAT ARE NOT RELATED TO YOU.

NAME	TELEPHONE	YEARS KNOWN	RELATIONSHIP

EMPLOYMENT HISTORY: The Federal Motor Carrier Safety Regulations (49 CFR 391.21) require that all applicants wishing to drive a commercial motor vehicle (CMV) list all employment for the last three (3) years. ***In addition, if you have driven a CMV previously, you must provide employment history for an additional seven (7) years (for a total of ten (10) years). Any gaps in employment in excess of one (1) month must be explained.*** Start with the last or current position, including any military experience, and work backwards (attach separate sheets if necessary). You are required to list the complete mailing address, including street number, city, state, zip; and complete all other information.

FIRST (MOST RECENT) EMPLOYER					
NAME		PHONE			
ADDRESS					
POSITION HELD		FROM MO/YR		TO MO/YR	
REASON FOR LEAVING				SALARY	
EXPLAIN ANY GAPS IN EMPLOYMENT (Include month/year & reason)					
WHILE EMPLOYED HERE, WERE YOU SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO					
WAS YOUR POSITION DESIGNATED AS DOT "SAFETY-SENSITIVE", SUBJECT TO DRUG AND ALCOHOL TESTING AS REQUIRED BY 49 CFR, PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO					

SECOND (MOST RECENT) EMPLOYER					
NAME		PHONE			
ADDRESS					
POSITION HELD		FROM MO/YR		TO MO/YR	
REASON FOR LEAVING				SALARY	
EXPLAIN ANY GAPS IN EMPLOYMENT (Include month/year & reason)					
WHILE EMPLOYED HERE, WERE YOU SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO					
WAS YOUR POSITION DESIGNATED AS DOT "SAFETY-SENSITIVE", SUBJECT TO DRUG AND ALCOHOL TESTING AS REQUIRED BY 49 CFR, PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO					

THIRD (MOST RECENT) EMPLOYER					
NAME		PHONE			
ADDRESS					
POSITION HELD		FROM MO/YR		TO MO/YR	
REASON FOR LEAVING				SALARY	
EXPLAIN ANY GAPS IN EMPLOYMENT (Include month/year & reason)					
WHILE EMPLOYED HERE, WERE YOU SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO					
WAS YOUR POSITION DESIGNATED AS DOT "SAFETY-SENSITIVE", SUBJECT TO DRUG AND ALCOHOL TESTING AS REQUIRED BY 49 CFR, PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO					

FOURTH (MOST RECENT) EMPLOYER					
NAME		PHONE			
ADDRESS					
POSITION HELD		FROM MO/YR		TO MO/YR	
REASON FOR LEAVING				SALARY	
EXPLAIN ANY GAPS IN EMPLOYMENT (Include month/year & reason)					
WHILE EMPLOYED HERE, WERE YOU SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO					
WAS YOUR POSITION DESIGNATED AS DOT "SAFETY-SENSITIVE", SUBJECT TO DRUG AND ALCOHOL TESTING AS REQUIRED BY 49 CFR, PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO					

FIFTH (MOST RECENT) EMPLOYER					
NAME		PHONE			
ADDRESS					
POSITION HELD		FROM MO/YR		TO MO/YR	
REASON FOR LEAVING				SALARY	
EXPLAIN ANY GAPS IN EMPLOYMENT (Include month/year & reason)					
WHILE EMPLOYED HERE, WERE YOU SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO					
WAS YOUR POSITION DESIGNATED AS DOT "SAFETY-SENSITIVE", SUBJECT TO DRUG AND ALCOHOL TESTING AS REQUIRED BY 49 CFR, PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO					

SIXTH (MOST RECENT) EMPLOYER					
NAME		PHONE			
ADDRESS					
POSITION HELD		FROM MO/YR		TO MO/YR	
REASON FOR LEAVING				SALARY	
EXPLAIN ANY GAPS IN EMPLOYMENT (Include month/year & reason)					
WHILE EMPLOYED HERE, WERE YOU SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO					
WAS YOUR POSITION DESIGNATED AS DOT "SAFETY-SENSITIVE", SUBJECT TO DRUG AND ALCOHOL TESTING AS REQUIRED BY 49 CFR, PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO					

SEVENTH (MOST RECENT) EMPLOYER					
NAME		PHONE			
ADDRESS					
POSITION HELD		FROM MO/YR		TO MO/YR	
REASON FOR LEAVING				SALARY	
EXPLAIN ANY GAPS IN EMPLOYMENT (Include month/year & reason)					
WHILE EMPLOYED HERE, WERE YOU SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO					
WAS YOUR POSITION DESIGNATED AS DOT "SAFETY-SENSITIVE", SUBJECT TO DRUG AND ALCOHOL TESTING AS REQUIRED BY 49 CFR, PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO					

EIGHTH (MOST RECENT) EMPLOYER					
NAME		PHONE			
ADDRESS					
POSITION HELD		FROM MO/YR		TO MO/YR	
REASON FOR LEAVING				SALARY	
EXPLAIN ANY GAPS IN EMPLOYMENT (Include month/year & reason)					
WHILE EMPLOYED HERE, WERE YOU SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO					
WAS YOUR POSITION DESIGNATED AS DOT "SAFETY-SENSITIVE", SUBJECT TO DRUG AND ALCOHOL TESTING AS REQUIRED BY 49 CFR, PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO					

NINTH (MOST RECENT) EMPLOYER					
NAME		PHONE			
ADDRESS					
POSITION HELD		FROM MO/YR		TO MO/YR	
REASON FOR LEAVING				SALARY	
EXPLAIN ANY GAPS IN EMPLOYMENT (Include month/year & reason)					
WHILE EMPLOYED HERE, WERE YOU SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO					
WAS YOUR POSITION DESIGNATED AS DOT "SAFETY-SENSITIVE", SUBJECT TO DRUG AND ALCOHOL TESTING AS REQUIRED BY 49 CFR, PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO					

TENTH (MOST RECENT) EMPLOYER					
NAME		PHONE			
ADDRESS					
POSITION HELD		FROM MO/YR		TO MO/YR	
REASON FOR LEAVING				SALARY	
EXPLAIN ANY GAPS IN EMPLOYMENT (Include month/year & reason)					
WHILE EMPLOYED HERE, WERE YOU SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO					
WAS YOUR POSITION DESIGNATED AS DOT "SAFETY-SENSITIVE", SUBJECT TO DRUG AND ALCOHOL TESTING AS REQUIRED BY 49 CFR, PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO					

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make investigations (including contacting current and prior employers) into my personal, employment, financial, medical history, and other related matters as may be necessary in arriving at an employment decision. 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 also understand that I am required to abide by all rules and regulations of the Company.

I understand that the information I provide regarding my current and/or prior 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:

- Review information provided by current/prior employers;
- Have errors in the information corrected by previous employers, and for those previous employers to resend the corrected information to the prospective employer; and
- 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.

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. Note: A motor carrier may require an applicant to provide more information than that required by the Federal Motor Carrier Safety Regulations.

Applicant Signature		Application Date	
Applicant Name (printed)			