

PLEASE PRINT NEATLY

DO NOT LEAVE ANY BLANKS, (INSTEAD, WRITE "NONE" OR "NA" AS APPROPRIATE)

**ROYAL TRUCKING COMPANY  
P.O. BOX 387  
WEST POINT, MS 39773  
662-494-1637**

1. Name \_\_\_\_\_ Date \_\_\_\_\_  
 2. Address \_\_\_\_\_ City, State \_\_\_\_\_  
 3. Date of Birth \_\_\_\_\_ 4. Phone \_\_\_\_\_  
 5. Social Security No. \_\_\_\_\_ 6. Federal ID No. \_\_\_\_\_

How did you hear of our company? If someone referred you, who? \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_\_

If yes, please explain fully on a separate sheet of paper. Conviction of a crime is not an automatic bar to employment-all circumstances will be considered.

List all personal residences for last three years - other than above.

Number and Street	City	State	Zip	How Long

**Driving Experience**

Class of Equipment	Type of Equipment (Van. Tank. Flat. Etc.)	Number of Yrs. Experience	Approx. No. of Miles (Total)

**List All Driver's and Chauffer's Licenses Held Presently or Within the Last 3 Years**

State	License No.	Type or Class	Expiration Date	Endorsements

- |   |     |    |
|---|-----|----|
| A. Have you ever been denied a license, permit, or privilege to operate a motor vehicle?            | Yes | No |
| B. Has any license or privilege ever been suspended or revoked?                                     | Yes | No |
| C. Have you ever been disqualified subject to Sec. 391 of Federal Motor Carrier Safety Regulations? | Yes | No |
| D. Have you ever received a DUI/DWI?  | Yes | No |

If answer to A, B, C or D is yes, attach statement giving details.

**Accident Record for Past 3 Years**

Date	City & State	Describe Accident	Fatalities or Injuries	Type Vehicle

### **Motor Vehicle Violations For Past 3 Years (Other Than Parking)**

List all violations of motor vehicle laws or ordinances (other than parking) of which you have convicted or forfeited bond or collateral during the past 3 years. If you have not had any, write "none" in the space provided. *NOTE: MVR is checked*

Date	Place	Violation	Fine or Other Result	Type Vehicle

### **Driving And Work Record For Past 10 Years**

Federal regulations require that you list all your commercial driving experience for the past 10 years (Sec. 383.35-FMCSR). All months must be accounted for. In all cases including unemployment or self-employment, indicate individuals we may contact. Since we carefully check each application, we need phone numbers and the name of someone we can contact to verify information, even in cases where a former employer is out of business. If you don't want us to contact your current employer, write us a note to that effect. Incomplete applications prevent processing.

Current or most recent Employer

Name \_\_\_\_\_ Telephone No. ( ) \_\_\_\_\_  
 Address \_\_\_\_\_ Person to Contact \_\_\_\_\_  
 Position Held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Pay Rate \_\_\_\_\_  
 Reasons for Leaving \_\_\_\_\_

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Second Last Employer Name \_\_\_\_\_ Telephone No. ( ) \_\_\_\_\_  
 Address \_\_\_\_\_ Person to Contact \_\_\_\_\_  
 Position Held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Pay Rate \_\_\_\_\_  
 Reasons for Leaving \_\_\_\_\_

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Third Last Employer Name \_\_\_\_\_ Telephone No. ( ) \_\_\_\_\_  
 Address \_\_\_\_\_ Person to Contact \_\_\_\_\_  
 Position Held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Pay Rate \_\_\_\_\_  
 Reasons for Leaving \_\_\_\_\_

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Fourth Last Employer Name \_\_\_\_\_ Telephone No. ( ) \_\_\_\_\_  
 Address \_\_\_\_\_ Person to Contact \_\_\_\_\_  
 Position Held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Pay Rate \_\_\_\_\_  
 Reasons for Leaving \_\_\_\_\_

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Fifth Last Employer Name \_\_\_\_\_ Telephone No. ( ) \_\_\_\_\_  
 Address \_\_\_\_\_ Person to Contact \_\_\_\_\_  
 Position Held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Pay Rate \_\_\_\_\_  
 Reasons for Leaving \_\_\_\_\_

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Employer Name \_\_\_\_\_ Telephone No. (\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_ Person to Contact \_\_\_\_\_  
Position Held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Pay Rate \_\_\_\_\_  
Reasons for Leaving \_\_\_\_\_

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Employer Name \_\_\_\_\_ Telephone No. (\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_ Person to Contact \_\_\_\_\_  
Position Held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Pay Rate \_\_\_\_\_  
Reasons for Leaving \_\_\_\_\_

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Employer Name \_\_\_\_\_ Telephone No. (\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_ Person to Contact \_\_\_\_\_  
Position Held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Pay Rate \_\_\_\_\_  
Reasons for Leaving \_\_\_\_\_

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**CERTIFICATION (as required by FMCSR 391210)**

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.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature)

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Education

School: \_\_\_\_\_

Address: \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Date Graduated: \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_

**ATTENTION: APPLICANTS**  
**IF SWIFT OR MS CARRIERS IS ONE OF YOUR REFERENCES, WE ARE UNABLE TO**  
**OBTAIN A REFERENCE FROM THESE COMPANIES. PLEASE BE PREPARED TO BRING**  
**OR OBTAIN A REFERENCE. THANK YOU**

**DECLARATION OF EMPLOYMENT STATUS**

Under the Federal Motor Carrier Safety Regulations (sections 391.23 and 40.25), we are required to verify the employment background of all prospective employees for the preceding three years on work history and three years on controlled substance/alcohol testing. You have advised that you were unemployed or self-employed during the time periods shown below. This form is designed to enable you to account for that period of your employment history, or period when you were not employed, which cannot be verified by any other means. In the section below, please fill in the dates and describe your activities during that time.

DATES: From \_\_\_\_\_ To \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_

During the period specified I was engaged as follows:

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I also confirm that during that period, the statements I have checked below are true:

- \_\_\_\_\_ 1. I was not employed in any capacity on a full-time or regular part-time basis.
- \_\_\_\_\_ 2. I was self-employed.
- \_\_\_\_\_ 3. I did not collect unemployment during this period.
- \_\_\_\_\_ 4. I was not convicted of a crime or felony involving a motor carrier or any aspect of the motor carrier industry.
- \_\_\_\_\_ 5. I was not involved in a motor vehicle accident of any type.

The two persons listed below, neither of whom is related to me in any manner, can verify the above information. I hereby authorize you to contact them and request that information and authorize them to release that information to you.

**NAMES, ADDRESSES AND TELEPHONE NUMBERS**

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DATE: \_\_\_\_\_

SIGNATURE \_\_\_\_\_

## REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER

To: \_\_\_\_\_  
 \_\_\_\_\_  
 Phone #: \_\_\_\_\_  
 Fax #: \_\_\_\_\_

From: Royal Trucking Company  
 Shannon Strickland, Personnel  
 P.O. Box 387  
 West Point, MS 39773  
 Phone 662/494-1637 x202  
 Fax 662/495-1066

I hereby authorize you to release the following information to Royal Trucking Company for the purpose of investigation as required by section 391.23 and 40.25 of the Federal Motor Carrier Safety Regulations Handbook. Also for employment purposes this authorizes us to obtain a motor vehicle report, law enforcement agencies, city, state, county, federal courts and military services to release all information to Royal Trucking Company.

Date \_\_\_\_\_ Applicant/Employee Signature \_\_\_\_\_

**DO NOT WRITE BELOW LINE**

Applicant/Employee \_\_\_\_\_ Social Security # \_\_\_\_\_

Employment Dates \_\_\_\_\_ to \_\_\_\_\_ to \_\_\_\_\_

Additional/Correct Dates \_\_\_\_\_

Experience Type: OTR \_\_\_\_\_ Local \_\_\_\_\_ Regional \_\_\_\_\_  
 States: \_\_\_\_\_ 48 \_\_\_\_\_ NE \_\_\_\_\_ NW \_\_\_\_\_ SE \_\_\_\_\_ SW  
 Company Driver \_\_\_\_\_ Owner Operator \_\_\_\_\_ Student/Trainee \_\_\_\_\_

Equipment: Tractor/Trailer \_\_\_\_\_ Straight Truck \_\_\_\_\_ Other \_\_\_\_\_  
 Van/Refer \_\_\_\_\_ Flatbed \_\_\_\_\_ Tanker \_\_\_\_\_ Other \_\_\_\_\_

Accidents: Total Accidents \_\_\_\_\_ Preventable \_\_\_\_\_ Non-Preventable \_\_\_\_\_

Date: _____	Location: _____	# Injured: _____	# Fatalities _____	HM: Yes ___ No ___
Date: _____	Location: _____	# Injured: _____	# Fatalities _____	HM: Yes ___ No ___
Date: _____	Location: _____	# Injured: _____	# Fatalities _____	HM: Yes ___ No ___

Job Performance: \_\_\_\_\_ Paperwork & Logs properly kept: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Eligible for Rehire: \_\_\_\_\_ If not, why? \_\_\_\_\_

Has applicant tested positive for a drug/controlled substance test results in the last 3 years? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Has applicant tested for an alcohol test result showing a concentration of .04 or greater in the last 3 years? Yes \_\_\_ No \_\_\_  
 Has applicant refused to test for drugs or alcohol when required by the DOT regulation in the last 3 years? Yes \_\_\_ No \_\_\_  
 Has applicant ever violated any other provision of the DOT drug and alcohol testing regulations or required testing in the last 3 years? Yes \_\_\_ No \_\_\_  
 Has information ever been received on the applicant from any previous employer(s) that this individual violated DOT drug and alcohol regulations? Yes \_\_\_ No \_\_\_  
 If yes, to any question please provided Substance Abuse Professional name, address and telephone for further reference:

\_\_\_\_\_  
 Name, Title \_\_\_\_\_ Date \_\_\_\_\_

Fax/Mail/Verbal

# PROSPECTIVE EMPLOYEE PRE EMPLOYMENT ALCOHOL AND DRUG TESTING STATEMENT

*According to 49CFR part 40.25(j) as an employer, Royal Trucking Company is required to ask prospective employees whether he/she has ever tested positive, or refused to test, on any pre employment drug or alcohol test administered by an employer with whom the applicant had applied for and been refused a job performing a safety sensitive transportation function covered by DOT agency drug and alcohol testing rules and regulations during the past three years. If applicant admits to testing or a refusal to test then Royal Trucking Company is prohibited from using this applicant to perform safety sensitive functions, until the applicant successfully completes the return to duty process.*

- 1) Have you ever tested positive, or refused to test, on any pre employment drug or alcohol test administered by an employer to which you had applied for, but did not obtain, safety sensitive transportation work covered by a DOT agency drug and alcohol testing rules during the past three years?

\_\_\_\_\_ YES                      \_\_\_\_\_ NO

- 2) If yes, can you provide us with proof that you successfully completed the DOT return to duty requirements?

\_\_\_\_\_ YES                      \_\_\_\_\_ NO

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

Date: \_\_\_\_\_

Witnessed: \_\_\_\_\_

Date: \_\_\_\_\_