



FEID # 31-1404537

APPLICATION FOR EMPLOYMENT

pective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, religion, handicap, or veteran status.

PERSONAL

Last Name	First Name	Middle Init.	Today's Date	
Street Address		City	State	Zip
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Home Phone	Mobile / Alternate Phone	Social Security No.	Date of Birth (Driver's Only)	
Position Desired		Pay Expected	Date Available?	
Are you legally eligible for employment in the United States?		YES <input type="checkbox"/> NO <input type="checkbox"/>		
Are you Available to Work Full Time?		YES <input type="checkbox"/> NO <input type="checkbox"/>		
Will you work overtime if asked?		YES <input type="checkbox"/> NO <input type="checkbox"/>		
Do you have any special skills or training?				
How did you hear about us?				

EDUCATION

School	Name / Location of School	Course of Study	Years Completed	Degree / Diploma	Did You Graduate?
College					YES <input type="checkbox"/> NO <input type="checkbox"/>
High School					YES <input type="checkbox"/> NO <input type="checkbox"/>
Other					YES <input type="checkbox"/> NO <input type="checkbox"/>

Membership in Professional or Civic Organization (Exclude those which may disclose your race, color, religion, or national origin):

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical 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 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 understand, also that I am required to abide by all rules and regulations of the Company.

"I understand that information I provide regarding current and/or previous 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 (d) and (e). I understand that I have the right to:

- Review information provided by current/previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send 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."

Signature

Date

EMPLOYMENT (Account for periods between jobs on a separate sheet)

All applicants wishing to drive in interstate commerce must provide the following information on all employers during the proceeding three years. You must give the same information for all employers for whom you have driven a commercial vehicle seven years prior to the initial three years (total of ten year employment record)

** 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) weights or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport 9 or more passengers, OR (3) is of any size and is used to transport hazardous materials in a quality requiring placarding

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Company Name	Telephone	Job Title / Description of Work	
Street Address	City	State	Zip
Start		Last	
Dates of Employment	Pay Rate	Reason for Leaving	
Were you subject to the FMCSRs** while employed? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Was your job designated as a safety sensitive function in and DOT-regulated mode subject to the drug and alchool testing requirements of 49 CFR part 40? YES <input type="checkbox"/> NO <input type="checkbox"/>			

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Were you subject to the FMCSRs** while employed? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Was your job designated as a safety sensitive function in and DOT-regulated mode subject to the drug and alchool testing requirements of 49 CFR part 40? YES <input type="checkbox"/> NO <input type="checkbox"/>			

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	Start	Last	
Dates of Employment	Pay Rate		Reason for Leaving
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Was your job designated as a safety sensitive function in and DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR part 40? YES <input type="checkbox"/> NO <input type="checkbox"/>			

Account for Periods Between Jobs (if applicable) - Include Dates (month/year) and Detailed Reason Below:

Please List Past 3 Years of Residency (Driver's Only)

Street Address	City	State	Zip
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Street Address	City	State	Zip
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Street Address	City	State	Zip
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EXPERIENCE & QUALIFICATIONS

Drivers Licenses

State	License No	Type	Expiration Date

Driving Experience

Class of Equipment	Type of Equipment (Van, Tank, Flat, Etc.)	Dates		Expiration Date
		From:	To:	
		From:	To:	
		From:	To:	
		From:	To:	

Accident Record for Past 3 Years or More (Attach Sheet if More Space is Needed)

Date	Type of Accident / Incident	City/State	No. of Injuries	No. Of Fatalities	Hazmat Spill?
					YES <input type="checkbox"/> NO <input type="checkbox"/>
					YES <input type="checkbox"/> NO <input type="checkbox"/>
					YES <input type="checkbox"/> NO <input type="checkbox"/>

Traffic Convictions and Forfeitures for Past 3 Years or More (Attach Sheet if More Space is Needed)

Date	Location	Charge	Penalty

Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES ☐ NO ☐

Has a license, permit or privilege ever been suspended or revoked? YES ☐ NO ☐

If Yes, please explain below:

I hereby certify that this application was completed by me, and that all entries on it and information on it are true and complete to the best of my knowledge.

Signature	RAUCH TRUCKING CO., INC.	Date
1550 SOLDIERS HOME-WEST CARROLLTON RD DAYTON, OHIO 45417		

**RELEASE & DOCUMENTATION OF PRE-EMPLOYMENT TESTING INFORMATION BY
APPLICANT/DRIVER REQUIRED BY PART 40.25(j)**

PART 40.25(j) requires Employers to ask Applicant/Driver whether he/she has tested positive or refused to test on any Pre-employment alcohol or drug test administered by an Employer to which the Applicant/Driver applied but did not obtain safety sensitive transportation work covered by DOT agency alcohol and drug testing rules during the past two (2) years.

NAME _____ DATE _____

SOCIAL SECURITY # _____

Applicant/ Driver to answer items listed below.

During the past two (2) years have you **tested positive** on a Pre-employment alcohol or drug test administered by Employer to which you applied for but did not obtain a safety sensitive transportation work covered by Department of Transportation (DOT) drug and alcohol testing rules?

YES _____ NO _____

During the past two (2) years have you **refused to test** on a Pre-employment alcohol or drug test administered by an Employer to which you applied for but did not obtain a safety sensitive transportation work covered by the Department of Transportation (DOT) drug and alcohol testing rules?

YES _____ NO _____

If you answered YES to either of the questions above, please provide documentation of your successful completion of the return-to-duty process required by Part 40 Subpart O.

Date _____ Name (Printed) _____

Signature of Applicant/Driver _____

Witness _____

Record keeping requirements: if "Yes" to either question – 5 year retention
if "No" to either question – discard after employment terminates



1550 Soldiers Home-West Carrollton Rd. Dayton, Ohio 45417

REQUEST FOR CHECK OF DRIVING RECORD

I hereby authorize you to release the following information to Steve Rauch, Inc.
(prospective employer)

for purposes of investigating as required by section 391.23 and 391.25 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information.

(Applicant's Signature)

(Date)

In accordance with the provisions of Sections 604 and 607 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 1, of Public Law 104-208), I hereby certify the following;

1. The consumer (applicant) has authorized in writing procurement of this report;
2. The consumer (applicant) has informed in a separate written disclosure that a consumer report may be obtained for employment purposes;
3. The information requested below will be used for a "permissible purpose" (ie. information for employment purposes) And will be used for no other purpose;
4. The information being obtained will not be used in violation of any federal or state equal opportunity law or regulation and
5. Before taking an adverse action based in whole or part on the report the consumer (applicant) will receive a copy of the requested report and the summary of consumer rights as provided with the report by the consumer reporting agency.

I also hereby certify that this report and the above applicant's release notice meet the definition of "permissible uses" of state motor vehicle records under the provisions of the **Driver's Privacy Protection Act of 1994** (Public Law 103-322, Title XXX, Section 300002(a))

(Signature of Requester)

(Date)

To:
Brown & Brown Insurance Co.
13101 Magisterial Drive, Suite 200
Louisville, Kentucky 40223

DEAR SIR/MADAM:

☐ The following named person has made application with our company for the position of _____.
In accordance with Section 391.23, Federal Department of Transportation Regulations, please furnish the undersigned with the applicant's driving record for the past three years

☐ The following named person is employed with our company in the position of _____.
In accordance with Section 291.25, Federal Department of Transportation Regulations, please furnish the undersigned with the employee's driving record for the past year.

Name of Applicant/Driver: _____

Address: _____

Former Address: _____

Date of Birth: _____ SSN _____ License No. _____

Requested By:

Name of Company Representative

Title

Signature

Date



1550 Soldiers Home-West Carrollton Rd Dayton, Ohio 45417

Rauch Trucking Co., Inc.

Office: 937/263-2676 • Fax: 937/268-3845
1550 Soldiers Home - W. Carrollton Rd. • Dayton, OH 45417

Request for Information From Previous Employer

I _____ hereby authorized my previous employer to release all records of employment, including assessments of my job performance, ability and fitness (including information regarding drug and alcohol testing performed on myself) to **Rauch Trucking Co. Inc.** for employment. This is required by Section 382.413 and 391.23 of the FMCS. I hereby release this company and its employees, officers, directors, and agents from any and all liability of any type as a result of providing this information to **Rauch Trucking Co. Inc.**

<u>Driver's Signature</u> _____	<u>Witness Signature</u> _____
<u>Date</u> _____	<u>Date</u> _____

Name of Applicant _____	SS# _____
Position Applying For: _____	Application _____
	Date: _____

1. Did the Applicant work for your company as a _____ from ____ / ____ / ____ to ____ / ____ / ____ ?

YES / NO If no, please explain: _____

2. If employed as a driver, please answer the following:

The employee was a: Company Driver _____ Owner Operator _____ Other _____

Type of Vehicle Operated: _____ Type of Trailer: _____

Other Equipment Operated: _____

Commodities Transported: _____

General area of Operation: _____

3. Was this driver safe and efficient? YES / NO. If no, please explain: _____

4. Was this driver's conduct satisfactory? YES / NO If no, Please Explain _____

5. Was this driver ever involved in an accident? YES / NO If yes, please explain: _____

6. Did this driver ever receive any traffic violations? YES / NO If yes, please explain: _____

7. Was this driver's license ever suspended? YES / NO If yes, please list the date(s) of suspension _____

_____ Type of driver's license: _____ State: _____ Number: _____

8. What was the employee's reason for leaving your company? _____

9. Please list other driving history that is available: _____

Dates of Drug or Alcohol Test for previous 2 years:

Employee Participates in the program? _____ Yes _____ No

Name fo Program: _____

Address: _____

Program Participation:

From ____/____/____ To ____/____/____

Program Complies with DOT requirements: _____ Yes _____ No

Date driver last tested for drugs: _____

Has driver ever refused a drug test? YES / NO If Yes, When? _____

Driver is qualified to drive? YES / NO If no, Why? _____

TEST RESULTS:

	Drug	Alcohol
1. Resulting in a confirmed positive result	_____	_____
2. Applicant refused to submit to testing	_____	_____
3. Completed rehab under direction of SAP/MRO	_____	_____

Additional comments:

Signed:

Company Name

Representative Name & Title

Signature

Date