

# Rock On Enterprises, Inc.

## Job Description

**Job Title:** Tractor-Trailer Driver

**Prepared Date:** 01/22/2024

**Summary** - Driver must be able to operate a gasoline or diesel-powered tractor trailer to transport and deliver materials in loose form such as sand, gravel, crushed rock, coal, or bituminous paving materials with dump trailers, and general freight with reefers, flatbeds, step decks, and power only units by performing the following duties.

**Essential Duties and Responsibilities** include, but are not limited to, the following:

- Drives truck to destination.
- Inspects truck equipment and supplies. Such as tires, lights, brakes, gas, oil, water, and all fluids.
- Performs pre and post trip inspections.
- Responsible for the condition of their vehicle by keeping the truck clean and in good working order.
- Inspects material to ensure it has been loaded correctly and secure.
- Reviews shipping documents to verify all information is accurate.
- Maintains driver log according to I.C. regulations.
- Accurately enters ticket information into hard mount computer system in truck.
- Driver must be in DOT Compliance at all times during employment at Rock On Enterprises, Inc.
- Must maintain a clean driving record.
- Drivers are responsible for setting their own brakes.
- Drivers are expected to grease their truck and trailer once a week or every 5000 miles.
- This job may require out of town work for a few days or a few weeks at a time.

**Competencies** - To perform the job successfully, an individual should demonstrate the following competencies:

- Industry Specific - Driver must be able to identify materials to ensure correct product is being hauled
- Written Communication - Writes clearly and informatively, edits work for spelling and grammar, and able to read and interpret written information
- Cost Consciousness - Contributes to profits and revenue
- Planning/Organizing - Uses time efficiently
- Professionalism - Approaches others in a tactful manner. Reacts well under pressure. Treats others with respect and consideration regardless of their status or position. Accepts responsibility for their actions. Follows through on commitments.
- Quantity - Completes work in timely manner. Strives to increase productivity. Works safely and efficiently.
- Safety and Security - Observes safety and security procedures. Determines appropriate action beyond guidelines. Reports potentially unsafe conditions immediately. Uses equipment and materials properly. Understands all DOT Safety regulations.
- Attendance/Punctuality - Is consistently at work and on time
- Dependability - Follows instructions, and responds to management direction. Takes responsibility for their actions. Keeps commitments. Commits to long hours of work when necessary to reach goals. Completes tasks on time or notifies appropriate person with an alternate plan.
- Problem Solving - Identifies and resolves problems in a timely manner. Works well in group problem solving situations. Uses reason even when dealing with emotional topics.
- Interpersonal Skills - Focuses on solving conflict, not blaming. Listens to others without interrupting. Keeps emotions under control. Remains open to others' ideas and tries new things.
- Oral Communication - Speaks clearly and persuasively in positive or negative situations. Listens and gets clarification. Responds well to questions. Demonstrates group presentation skills. Participates in meetings.
- Teamwork - Gives and welcomes feedback. Contributes to building a positive team spirit.
- Ethics - Treats people with respect. Inspires the trust of others. Works with integrity and ethically. Upholds organizational values.
- Motivation - Demonstrates persistence and overcomes obstacles.
- Adaptability - Adapts to changes in the work environment. Manages competing demands. Able to deal with frequent change, delays, or unexpected events.

**Qualifications** - To perform this job successfully, an individual must be able to perform each essential duty satisfactorily. The requirements listed below are representative of the knowledge, skill, and/or ability required. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

- Must have clean driving record (MVR)
- **Age Limit** - Must be a minimum of 21 years old.
- **Language Skills** - Ability to read, write, and comprehend simple instructions, short correspondence, and memos in English. Ability to effectively present information in one-on-one and small group situations to customers, clients, and other employees of the organization in English.
- **Mathematical Skills** Ability to add and subtract two-digit numbers and to multiply and divide with 10's and 100's. Ability to perform these operations using units of American money and weight measurement, volume, and distance.
- **Reasoning Ability** - Ability to apply common sense understanding to carry out instructions furnished in written, oral, or diagram form. Ability to deal with problems involving several concrete variables in standardized situations.
- **Computer Skills** - Must have basic computer skills.
- **Certificates, Licenses, and Registrations** - Applicant must have license and documents to drive a Commercial Motor Vehicle. Must have a current DOT Medical Exam (Health Card).

**Other Skills and Abilities**

- Knowledge and understanding of all DOT rules and regulations.
- General knowledge of truck maintenance.
- Must be able to pass Rock On Enterprises' pre-trip and road test.
- Driver must know how to load the freight to comply with weight limitations and how to adjust weight (between axles) in order to bring an overweight load into compliance.

**Physical Demands** - The physical demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

- While performing the duties of this job, the employee may be required to work irregular hours as needed, ie: some weekends, overnight and evening work might apply.
- Employees are regularly required to sit, use hands to handle or feel, and talk or hear.
- The employee is frequently required to reach with hands and arms and climb or balance.
- The employee is occasionally required to stand, walk, stoop, kneel, crouch, or crawl.
- The employee must regularly lift and /or move up to 10 pounds, frequently lift and/or move up to 50 pounds and occasionally lift and/or move up to 100 pounds.
- Specific vision abilities required by this job include distance vision and depth perception.

**Work Environment** - The work environment characteristics described here are representative of those an employee encounters while performing the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

- While performing the duties of this job, the employee is regularly exposed to moving mechanical parts. The employee is frequently exposed to outside weather conditions and vibration. The noise level in the work environment is usually moderate.

**The foregoing statement describes the general purpose and responsibilities assigned to this job and are not an exhaustive list of all responsibilities and duties that may be assigned or skill that may be required. I certify that I can perform the above essential duties with or without a reasonable accommodation.**

\_\_\_\_\_  
**Applicant's Name**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**

## APPLICATION FOR EMPLOYMENT

COMPANY **Rock On Enterprises Inc**

STREET ADDRESS **3100 7<sup>TH</sup> Street South**

CITY, STATE, AND ZIP CODE **Waite Park, MN 56387**

NAME \_\_\_\_\_  
(FIRST) (MIDDLE) (MAIDEN NAME, IF ANY) (LAST)

ADDRESS \_\_\_\_\_ HOW LONG? \_\_\_\_\_  
(STREET) (CITY) (STATE & ZIP CODE)

DATE OF BIRTH \_\_\_\_\_ SOCIAL SECURITY NO. \_\_\_\_\_

TELEPHONE NO. \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

### PREVIOUS THREE YEARS RESIDENCY (ATTACH SHEET IF MORE SPACE IS NEEDED)

\_\_\_\_\_  
(STREET) (CITY) (STATE & ZIP CODE) # OF YEARS \_\_\_\_\_

\_\_\_\_\_  
(STREET) (CITY) (STATE & ZIP CODE) # OF YEARS \_\_\_\_\_

\_\_\_\_\_  
(STREET) (CITY) (STATE & ZIP CODE) # OF YEARS \_\_\_\_\_

### LICENSE INFORMATION

Section 383.21 FMCSR states "No person who operates a commercial motor vehicle shall at any time have more than one driver's license." I certify that I do not have more than one motor vehicle license, the information for which is listed below.

#### DRIVING EXPERIENCE

STATE	LICENSE NO.	TYPE	EXPIRATION DATE

#### DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES FROM TO	APPROX. NO. OF MILES (TOTAL)
STRAIGHT TRUCK			
TRACTOR AND SEMI-TRAILER			
TRACTOR – TWO TRAILERS			
OTHER			

### ACCIDENT RECORD FOR THE PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	NUMBER OF FATALITIES	NUMBER OF INJURIES	CHEMICAL SPILLS
				YES ____ NO ____
				YES ____ NO ____
				YES ____ NO ____

### TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) (ATTACH SHEET IF MORE SPACE IS NEEDED)

DATE CONVICTED (month / year)	VIOLATION	STATE OF VIOLATION LOCATION	PENALTY (forfeited bond, collateral and/or points)

A. Have you ever been denied a license, permit, or privilege to operate a motor vehicle? YES \_\_\_\_ NO \_\_\_\_

If yes, please explain \_\_\_\_\_

B. Has any license, permit, or privilege ever been suspended or revoked? YES \_\_\_\_ NO \_\_\_\_

If yes, please explain \_\_\_\_\_

**EMPLOYMENT RECORD (ATTACH SHEET IF MORE SPACE IS NEEDED)**

Applicants that desire to drive in intrastate/interstate commerce must provide the following information on all employers during the previous 3 years. You must give the same information for all employers you have driven a commercial motor vehicle for the 7 years prior to the initial 3 years (total Of 10 years employment record).

**Must list the complete mailing address: Street Number and Name, City, State, and Zip Code**

LAST EMPLOYER: NAME \_\_\_\_\_

\_\_\_\_\_  
(STREET) (CITY) (STATE & ZIP CODE) PHONE # \_\_\_\_\_

POSITION HELD \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_ SALARY \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE MONTH/YEAR, AND REASON

Were you subject to the Federal Motor Carrier Safety Regulation (FMCSRs) with your previous employer? YES \_\_\_\_\_ NO \_\_\_\_\_

Was the 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 \_\_\_\_\_

SECOND LAST EMPLOYER: NAME \_\_\_\_\_

\_\_\_\_\_  
(STREET) (CITY) (STATE & ZIP CODE) PHONE # \_\_\_\_\_

POSITION HELD \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_ SALARY \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE MONTH/YEAR, AND REASON

Were you subject to the Federal Motor Carrier Safety Regulation (FMCSRs) with your previous employer? YES \_\_\_\_\_ NO \_\_\_\_\_

Was the 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 \_\_\_\_\_

THIRD LAST EMPLOYER: NAME \_\_\_\_\_

\_\_\_\_\_  
(STREET) (CITY) (STATE & ZIP CODE) PHONE # \_\_\_\_\_

POSITION HELD \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_ SALARY \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE MONTH/YEAR, AND REASON

Were you subject to the Federal Motor Carrier Safety Regulation (FMCSRs) with your previous employer? YES \_\_\_\_\_ NO \_\_\_\_\_

Was the 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 \_\_\_\_\_

**TO BE READ AND SIGNED BY APPLICANT**

**I authorize you to make investigations and inquires into my personal, employment, financial, medical history, and other related matters as necessary in arriving at an employment decision (Generally, inquiries regarding medical history will be made after a conditional offer of employment has been made). 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 employer(s) 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) (e). I understand that I have the right to review information provided by previous employer(s), have errors in the information corrected by previous employer(s) and for the previous employer(s) 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.”

\_\_\_\_\_  
APPLICANT’S SIGNATURE

\_\_\_\_\_  
DATE

This certifies that I completed this application, and that all information in it are true and complete to the best of my knowledge.  
NOTE: A motor carrier may require applicant to provide additional information to the information required by the FMCSRs.

## SAFETY PERFORMANCE HISTORY RECORDS REQUEST

<b>PART 1:</b>	<b>TO BE COMPLETED BY PROSPECTIVE EMPLOYEE</b>
I, (Print Name) _____ <div style="display: flex; justify-content: space-between; width: 80%; margin-left: 20px;"> <span>(First)</span> <span>(Middle Initial)</span> <span>(Last)</span> <span>(Social Security Number)</span> </div> Hereby authorize, _____ <div style="display: flex; justify-content: flex-end; width: 80%; margin-right: 20px;"> <span>(Date of Birth)</span> </div> Previous Employer: _____ Email: _____ Address: _____ <div style="display: flex; justify-content: space-between; width: 80%; margin-left: 20px;"> <span>(Street)</span> <span>(City)</span> <span>(State &amp; Zip Code)</span> </div> Telephone Number: _____ Fax Number: _____	
To release and forward the information requested by section 3 of this document concerning my Alcohol and Controlled Substances Testing records within the previous three (3) years from _____ (Employment Application Date)	
To:                      Prospective Employer: <b><u>Rock On Enterprises Inc</u></b> Attention: <b><u>Human Resources</u></b> Telephone Number: <b><u>(320) 257-5539</u></b> Street: <b><u>3100 7<sup>th</sup> Street South</u></b> City, State, Zip: <b><u>Waite Park, MN 56387</u></b> Email address: <b><u>hr@rockontrucks.com</u></b> Fax number: <b><u>(320) 230-2912</u></b>	
In compliance with 40.25(g) and 392.23(h), release of this information must be made in a written form that ensures confidentially, such as fax, email, or letter.	
<b>Applicant Signature:</b> _____ <b>Date:</b> _____	
This information being requested in compliance with 40.25(g) and 391.23(h)	

<b>PART 2:</b>	<b>TO BE COMPLETED BY PREVIOUS EMPLOYER</b>																								
<b>ACCIDENT HISTORY</b>																									
The applicant named above was employed by us. YES ___ NO ___																									
Employed as _____ from (m/y) _____ to (m/y) _____																									
1. Did he/she drive a motor vehicle for you YES ___ NO ___ If yes, what type? Straight Truck ___ Tractor-Semi Trailer ___ Bus ___ Cargo Tank ___ Doubles/Triples ___ Other (please specify) _____																									
2. Reason for leaving your employ: Discharged ___ Resignation ___ Lay Off ___ Military Duty ___ If there is no safety performance history report, check here ___ and sign below.																									
<b>ACCIDENTS:</b> Complete the following for any accidents included on your accident register (390.15(b)) that involved the applicant in the three (3) years prior to the application date shown above, or check ___ here if there is no accident register data for this driver.																									
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;"></th> <th style="width: 20%;">DATE</th> <th style="width: 20%;">LOCATION</th> <th style="width: 15%;"># INJURIES</th> <th style="width: 15%;"># FATALITIES</th> <th style="width: 15%;">HAZMAT SPILL</th> </tr> </thead> <tbody> <tr> <td>1.</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>2.</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>3.</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>			DATE	LOCATION	# INJURIES	# FATALITIES	HAZMAT SPILL	1.	_____	_____	_____	_____	_____	2.	_____	_____	_____	_____	_____	3.	_____	_____	_____	_____	_____
	DATE	LOCATION	# INJURIES	# FATALITIES	HAZMAT SPILL																				
1.	_____	_____	_____	_____	_____																				
2.	_____	_____	_____	_____	_____																				
3.	_____	_____	_____	_____	_____																				
Please provide information concerning any other accidents involving the applicant that were reported to government agencies, insurers, or retained under internal company policies: _____ _____																									
Any other remarks: _____ _____																									
<b>Signature:</b> _____ <b>Title:</b> _____ <b>Date:</b> _____																									

<b>PART 3:</b>	<b>TO BE COMPLETED BY PREVIOUS EMPLOYER</b>
<b>DRUG AND ALCOHOL HISTORY</b>	
If driver was not subject to Department of Transportation testing requirements while employed by this employer, please check here ____, fill in the dates of employment from (m/y)_____ to (m/y)_____, complete bottom of Part 3.	
Driver was subject to Department of Transportation testing requirements from (m/y)_____ to (m/y)_____	
1. Has this person had an alcohol test with the result of 0.04 or higher alcohol concentration? YES ____ No ____	
2. Has this person tested positive or adulterated or substituted a test specimen for controlled substances? YES ____ NO ____	
3. Has this person refused to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test? YES ____ NO ____	
4. Has this person committed other violations of Subpart B or Part 382, or Part 40? YES ____ NO ____	
5. If this person has violated a DOT drug and alcohol regulation, did this person complete an SAP-prescribed rehabilitation program in your employ, including return-to-duty and follow-up tests? YES ____ NO ____ If yes, please send documentation back with this form.	
6. For a driver who successfully completed an SAP's rehabilitation and remained in your employ, did this driver subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refuse to be tested? YES ____ NO ____	
In answering these questions, include any required DOT drug or alcohol testing information obtained from prior previous employers in the three (3) years prior to the application date shown on page 1.	
Name: _____	
Company: _____	
Street: _____	
City, State, Zip: _____ Telephone Number: _____	
<b>Part 3 Completed by (Signature):</b> _____ <b>Date:</b> _____	

<b>PART 4a:</b>	<b>TO BE COMPLETED BY THE PROSPECTIVE EMPLOYER</b>
This form was (check one): Faxed to previous employer ____ Mailed ____ Emailed ____ Other _____	
By: _____ Date: _____	

<b>PART 4b:</b>	<b>TO BE COMPLETED BY THE PROSPECTIVE EMPLOYER</b>
Complete below when information is obtained.	
Information received from: _____	
Recorded by: _____ Method: Fax ____ Mail ____ Email ____ Telephone ____	
Date: _____ Other: _____	

**INSTRUCTIONS TO COMPLETE THE SAFETY PERFORMANCE HISTORY RECORDS REQUEST**

<p><b>PAGE 1 PART 1: PROSPECTIVE EMPLOYEE</b></p> <ul style="list-style-type: none"> <li>• Complete the information required in this section</li> <li>• Sign and date</li> <li>• Submit to the Prospective Employer</li> </ul> <p><b>PAGE 2 PART 4a: Prospective Employer</b></p> <ul style="list-style-type: none"> <li>• Complete the information</li> <li>• Send to Previous Employer</li> </ul>	<p><b>PAGE 1 PART 2: Previous Employer</b></p> <ul style="list-style-type: none"> <li>• Complete the information required in this section</li> <li>• Sign and date</li> <li>• Complete Page 2 Part 3</li> <li>• Return to Prospective Employer</li> </ul> <p><b>PAGE 2 PART 4b: Prospective Employer</b></p> <ul style="list-style-type: none"> <li>• Record receipt of the information</li> <li>• Retain the form</li> </ul>
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**THE BELOW DISCLOSURE AND AUTHORIZATION LANGUAGE IS FOR MANDATORY USE BY ALL  
ACCOUNT HOLDERS**

**IMPORTANT DISCLOSURE**

**REGARDING BACKGROUND REPORTS FROM THE *PSP Online Service***

In connection with your application for employment with \_\_\_\_\_ (“Prospective Employer”), Prospective Employer, its employees, agents or contractors may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

When the application for employment is submitted in person, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report.

When the application for employment is submitted by mail, telephone, computer, or other similar means, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer must provide you within three business days of taking adverse action oral, written or electronic notification: that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

Neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. You may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If you challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. Your request will be forwarded by the DataQs system to the appropriate State for adjudication.

Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with Federal Motor Carrier Safety Regulations (FMCSR) violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

The Prospective Employer cannot obtain background reports from FMCSA without your authorization.

**AUTHORIZATION**

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

I authorize \_\_\_\_\_ (“Prospective Employer”) to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am authorizing the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.

I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

I understand that any crash or inspection in which I was involved will display on my PSP report. Since the PSP report does not report, or assign, or imply fault, I acknowledge it will include all CMV crashes where I was a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, I understand all inspections, with or without violations, will appear on my PSP report, and State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on my PSP report.

I have read the above Disclosure Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this Disclosure and Authorization, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

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

\_\_\_\_\_

Signature

\_\_\_\_\_

Name (Please Print)

NOTICE: This form is made available to monthly account holders by NIC on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain an Applicant's written or electronic consent prior to accessing the Applicant's PSP report. Further, account holders are required by FMCSA to use the language contained in this Disclosure and Authorization form to obtain an Applicant's consent. The language must be used in whole, exactly as provided. Further, the language on this form must exist as one stand-alone document. The language may NOT be included with other consent forms or any other language.

NOTICE: The prospective employment concept referenced in this form contemplates the definition of "employee" contained at 49 C.F.R. 383.5.

*LAST UPDATED 2/11/2016*



# Driver Information

Motor Carrier Name: \_\_\_\_\_

Name of Driver: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth (MM/DD/YYYY): \_\_\_\_\_

Date of Pre-Employment Drug Test : \_\_\_\_\_

DOT Physical Expiration Date: \_\_\_\_\_

Date of Hire: \_\_\_\_\_ Job Title: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Alternate/Cell Phone: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

Class: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Endorsements: \_\_\_\_\_ Restrictions: \_\_\_\_\_

\_\_\_\_\_  
Driver Signature

\_\_\_\_\_  
Date

## Please Attach the Following Items:

- Enlarged Copy of CDL (Front and Back)
- Copy of Medical Exam Certificate
- Completed Request for Check of Driving Record

# Request for Check of Driving Record

I HEREBY AUTHORIZE YOU TO RELEASE THE FOLLOWING INFORMATION TO MIDWEST COMPLIANCE INC. FOR PURPOSES OF INVESTIGATION AS REQUIRED BY SECTIONS §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.

Name of Applicant/Driver: \_\_\_\_\_

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

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

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

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_ License #: \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

In accordance with the provisions of Section 604 and 607 of the **Fair Credit Reporting Act** Public Law 91-508, I hereby certify the following:

1. The applicant has authorized in writing the procurement of this report;
2. The information requested will be used for a "permissible purpose" (i.e., information for employment purposes) and will be used for no other purpose;
3. The information being obtained will not be used in violation of any federal or state equal employment opportunity law or regulation; and
4. Before taking adverse action based in whole or in part on the report, the applicant will receive a copy of the requested report.

I also hereby certify that this report request 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**.

\_\_\_\_\_  
Requester's Signature

\_\_\_\_\_  
Date

## General Consent for Limited Queries of the Federal Motor Carrier Safety Administration (FMCSA) Drug and Alcohol Clearinghouse

I, \_\_\_\_\_, hereby provide consent to Midwest Compliance, Inc. to conduct a limited query of the FMCSA Commercial Driver's License Drug and Alcohol Clearinghouse on behalf of my employer, \_\_\_\_\_, to determine whether drug or alcohol information about me exists in the Clearinghouse. This consent includes multiple limited queries for the duration of my employment with \_\_\_\_\_.

I understand that if the limited query conducted by Midwest Compliance indicates that drug use or alcohol violation information about me exists, FMCSA will not disclose that information to Midwest Compliance or to my employer without first obtaining additional specific consent from me.

I further understand that if I refuse to provide the consent to conduct a limited query of the Clearinghouse, \_\_\_\_\_ must prohibit me from performing safety-sensitive functions, including driving a commercial motor vehicle, as required by FMCSA's drug and alcohol program regulations.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

CDL #: \_\_\_\_\_

State: \_\_\_\_\_

Date of Birth: \_\_\_\_\_



## Rock On Enterprises, Inc. Voluntary Applicant Self-Identification Survey

As a government contractor, Rock On Enterprises, Inc. must comply with all applicable city, state, and federal affirmative action laws. Because of these responsibilities, we are required to keep records and perform certain analyses on the race and gender status of our applicant pool. Since such analyses are only possible if we know the EEO profile of our applicants, we ask you to complete this survey and return it to us promptly.

While the survey you are completing is voluntary, for statistical analyses to be meaningful, we must have information on as many applicants as possible. The information you provide does not affect your prospects for employment and is confidential. We thank you in advance for your assistance in helping us perform the necessary analyses.

Name (optional): \_\_\_\_\_  
(First) (Middle) (Last)

Position of interest: \_\_\_\_\_

Check One:  Male  Female

Check One Only:  White  Black or African American  
 Hispanic or Latino  Asian  
 American Indian or Alasa Native  Native Hawaiian or Other Pacific Islander

How did you learn of this vacancy?

Check One:  Employment Ad, Publication: \_\_\_\_\_  
 Walk-In  
 Billboard (Location): \_\_\_\_\_  
 Current Employee or Owner/Operator: \_\_\_\_\_  
 Website: \_\_\_\_\_  
 Other: \_\_\_\_\_

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