



**MC# 174300 ~ EIN# 82-0396435  
PO Box 357 ~ Homedale, ID 83628**

**Physical Address**

1418 E Elgin St  
Caldwell, ID 83605

**Contact Information**

Phone: (208) 459-0271  
Fax: (208) 459-0287

**Human Resources/Recruitment Director**

Nick Shanley  
*Nick@RST208.com*

**DRIVER'S APPLICATION PACKET**

**FORMS INCLUDED:**

Driver's Application .....	1 – 5
Fair Credit Statement.....	6
Request for Driving Record.....	7
Request for Background Check.....	7
DOT Substance Abuse Consent From.....	8-9
Statement of Drug Testing History & Questionnaire ....	10

**DIRECTIONS:**

Please fill out the application as completely as possible. When filling out the EMPLOYMENT HISTORY section, please provide as many past/current positions as necessary to give me at least three (3) years of **driving** experience. Also, please explain any gaps of employment longer than one (1) month. Make sure to sign all forms where indicated and return this packet to the dispatch office of RST, Inc.

Also, please provide me with a copy of your current **Driver's License, MVR, Medical Card and Social Security Card.**

**DISCLAIMERS**

*All information disclosed in this packet will be used for the sole purpose of making employment decisions and will be held in strict confidence by RST, Inc. Further, nothing contained herein (explicitly or implicitly) constitutes the formation of an employment contract (i.e. any employment is on an "At Will" basis.)*



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# DRIVER'S APPLICATION FOR EMPLOYMENT

**(ANSWER ALL QUESTIONS – PLEASE PRINT)**

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

Position(s) Applied for \_\_\_\_\_ Date of Application \_\_\_\_\_

Name(Last/First/Middle) \_\_\_\_\_ Social Security No. \_\_\_\_\_

**List your addresses or residency for the past 3 years:**

Current Address \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_  
\_\_\_\_\_ Phone \_\_\_\_\_ How Long? \_\_\_\_\_

Previous Addresses \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State & Zip \_\_\_\_\_ How Long? \_\_\_\_\_  
\_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State & Zip \_\_\_\_\_ How Long? \_\_\_\_\_  
\_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State & Zip \_\_\_\_\_ How Long? \_\_\_\_\_

Do you have the right to work in the United States? YES NO

Date of Birth (Required for Commercial Drivers) \_\_\_\_\_ Can you provide proof of age? YES NO

Have you worked for RST, Inc. before? YES NO If yes, when? From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for leaving? \_\_\_\_\_

Are you employed? YES NO If no, how long since leaving last employment? \_\_\_\_\_

Who referred you to RST, Inc? \_\_\_\_\_ Rate of pay expected: \_\_\_\_\_

Have you ever been bonded? YES NO Name of bonding company: \_\_\_\_\_

Have you ever been convicted of a felony? YES NO *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.*

Is there any reason you might be unable to perform the functions of this job? YES NO

If yes, explain if you wish. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 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 7 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.)**

EMPLOYER		DATE	
NAME		FROM	TO
ADDRESS		POSITION HELD	
CITY	STATE	SALARY/WAGE	
CONTACT PERSON		REASON FOR LEAVING	
PHONE NUMBER			
DID YOU DRIVE A VEHICLE REQUIRING A CDL? <input type="checkbox"/> YES <input type="checkbox"/> NO			
EMPLOYER		DATE	
NAME		FROM	TO
ADDRESS		POSITION HELD	
CITY	STATE	SALARY/WAGE	
CONTACT PERSON		REASON FOR LEAVING	
PHONE NUMBER			
DID YOU DRIVE A VEHICLE REQUIRING A CDL? <input type="checkbox"/> YES <input type="checkbox"/> NO			
EMPLOYER		DATE	
NAME		FROM	TO
ADDRESS		POSITION HELD	
CITY	STATE	SALARY/WAGE	
CONTACT PERSON		REASON FOR LEAVING	
PHONE NUMBER			
DID YOU DRIVE A VEHICLE REQUIRING A CDL? <input type="checkbox"/> YES <input type="checkbox"/> NO			
EMPLOYER		DATE	
NAME		FROM	TO
ADDRESS		POSITION HELD	
CITY	STATE	SALARY/WAGE	
CONTACT PERSON		REASON FOR LEAVING	
PHONE NUMBER			
DID YOU DRIVE A VEHICLE REQUIRING A CDL? <input type="checkbox"/> YES <input type="checkbox"/> NO			

*\*Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.*

**ACCIDENT RECORD** FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED) IF NONE, WRITE "NONE"

DATES		NATURE OF ACCIDENT (HEAD ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES
LAST ACCIDENT				
NEXT PREVIOUS				
NEXT PREVIOUS				

**TRAFFIC CONVICTIONS** AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE "NONE" (ATTACH SHEET IF MORE SPACE IS NEEDED)

LOCATION	DATE	CHARGE	PENALTY

**EDUCATION**

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8

HIGH SCHOOL: 1 2 3 4

COLLEGE: 1 2 3 4

LAST SCHOOL ATTENDED \_\_\_\_\_

(NAME)

(CITY)

**EXPERIENCE AND QUALIFICATIONS – DRIVER**

DRIVER LICENSES	STATE	LICENSE NO.	TYPE	EXPIRATION DATE

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? YES NO

IF THE ANSWER TO EITHER A OR B IS YES, GIVE DETAILS \_\_\_\_\_

**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 & SEMI-TRLR				
TRACTOR – TWO TRLRS				
MOTORCOACH – SCHOOL BUS				
OTHER _____				

LIST STATES OPERATED IN FOR LAST 5 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 – OTHER**

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY

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LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATIONS

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**TO BE READ AND SIGNED BY APPLICANT**

This certifies that I completed this application and that all entries and information provided are true and complete to the best of my knowledge.

I authorize you to make such investigations and inquires of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquires 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 inquires 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 RST, Inc.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
APPLICANT'S SIGNATURE

**RST OFFICE USE ONLY BELOW THIS LINE**

**PROCESS RECORD**



Was applicant hired? YES NO

Date of Hire \_\_\_\_\_

If applicant was not hired, why? \_\_\_\_\_

**ADDITIONAL COMMENTS AND NOTES:** \_\_\_\_\_

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**TERMINATION OF EMPLOYMENT**

Date of termination \_\_\_\_\_

Reason for termination \_\_\_\_\_

Was an exit interview conducted? YES NO If yes, by whom? \_\_\_\_\_

Is employee eligible for rehire? YES NO

If no, explain? \_\_\_\_\_

\_\_\_\_\_  
**ADDITIONAL COMMENTS AND NOTES:** \_\_\_\_\_

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**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.

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

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

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Social Security Number**

**REQUEST FOR CHECK OF DRIVING RECORD**

I hereby authorize you to release my Motor Vehicle Record (MVR) to **RST, Inc.** for the purposes of investigation as required by Section 391.23 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability, which may result from furnishing such Information.

**List States in which you have held a Driver's License:** \_\_\_\_\_

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

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

**BELOW THIS LINE IS FOR RST, INC. OFFICE USE ONLY**

1. In accordance with the provisions of Section 604 and 607 of the Fair Credit Reporting Act, Public Law No. 91-508, I hereby certify that the information requested will be used for a "permissible purpose" as defined in the Act, and that the information received will be used for no other purposes.

2. I further Certify that if the applicant named below is denied employment based upon the information received, I will identify the source of the report in accordance with Section 615(a) of the Fair Credit Reporting Act.

\_\_\_\_\_  
**Signature of RST, Inc. Officer**

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



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**REQUEST FOR BACKGROUND INFORMATION**

RETURN TO: RST, INC. - ATTN: HR  
PHONE# (208) 459-0271 - FAX# (208) 459-0287  
1418 E Elgin St. CALDWELL, ID 83605

**DRIVER NAME:** \_\_\_\_\_ **SSN:** \_\_\_\_\_

I hereby authorize my previous and/or current employers to furnish RST, Inc. the information requested below including information relating to any accidents in which I was involved and all information concerning my Alcohol and Controlled Substances Testing records, including pre-employment testing. I agree to release all my previous and/or current employers from any liability that may arise from providing such information.

**Date:** \_\_\_\_\_ **Applicant's Signature:** \_\_\_\_\_

**NOTICE TO FORMER EMPLOYER: PLEASE PROVIDE ALL INFORMATION REQUESTED BELOW. IN ACCORDANCE WITH 49 CFR 391.23, YOU ARE REQUIRED TO PROVIDE INFORMATION REGARDING ACCIDENTS INVOLVING THE DRIVER LISTED ABOVE. ALL INFORMATION WILL BE HELD IN STRICT CONFIDENCE.**

**BELOW THIS LINE FOR OFFICE USE ONLY**

NAME OF COMPANY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE (\_\_\_\_) \_\_\_\_\_ FAX \_\_\_\_\_

SUPERVISOR/CONTACT NAME \_\_\_\_\_ POSITION \_\_\_\_\_

PERIODS OF EMPLOYMENT:	FROM: _____	TO: _____
	FROM: _____	TO: _____

POSITION HELD: _____	REASON FOR LEAVING: _____
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**ACCIDENT/INCIDENT RECORD. LIST ALL REGARDLESS OF FAULT. IF NONE, WRITE "NONE".**

Date	Vehicle Driven	Type of Accident/Incident (turnover, rear-end, etc.)	Prev / Non-Prev	# of Fatalities	# of Injuries	HazMat Release? (other than fuel)	City	ST	Amount of Damage \$

Type of tractors driven? \_\_\_\_\_ Type of trailers pulled? \_\_\_\_\_

If company policy allowed, would you rehire?  YES  NO (Explain) \_\_\_\_\_

Number of States driven in? \_\_\_\_\_ Which State(s)? \_\_\_\_\_

Was driver's license ever revoked or suspended?  YES  NO Was this person ever involved with a stolen load?  YES  NO

COMMENTS: \_\_\_\_\_

**IN ACCORDANCE WITH 49 CFR PART 40**, please answer the following:

1. Has this person ever tested positive for a controlled substance?
2. Has this person ever had an alcohol test with a result of 0.04 or higher BAC?
2. Has this person ever refused a required test for drugs or alcohol?
4. Have you ever received information from any previous employers that this person violated DOT or alcohol regulations.

<u>Yes</u>	<u>No</u>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS: \_\_\_\_\_

**RST, INC. OFFICE USE ONLY:**

ATTEMPT #1: DATE \_\_\_\_\_ ATTEMPT #2: DATE \_\_\_\_\_ ATTEMPT #3: DATE \_\_\_\_\_

**COMPLETED BY**

(SIGNATURE): \_\_\_\_\_ PRINT NAME: \_\_\_\_\_ DATE \_\_\_\_\_



**DOT DRUG TESTING PROGRAM**  
**Controlled Substance Testing Consent Form**

**(PLEASE READ AND SIGN)**

As part of my application for employment as a driver of commercial motor vehicle for **RST, Inc.**, I consent to a drug test as required by federal regulations.

**I understand that if I test positive for illegal drugs, any offer of employment will be rescinded.**

I understand that the collection, testing and reporting of my specimen will be conducted in accordance with DOT Federal Motor Carrier Safety Administration Part 40 regulations relating to the testing of controlled substances. If I am taking any prescription medications at the time of my drug test, I will be afforded an opportunity to discuss that with a Medical Review Officer (MRO) if my test comes back positive for illegal drugs.

I consent to the release of my drug test results received by **Minert & Associates, Inc.**, a representative of the **RST, Inc.**, and the MRO, to management officials at **RST, Inc.** and I understand that they will hold those test results in confidence.

I further consent to **RST, Inc.** contacting those employers for whom I have worked as a commercial vehicle operator for the past two (2) years for the purpose of the company verifying from those employers whether I have tested positive for illegal drugs or alcohol or have refused to test when requested to do so. In the event that the company receives information from such past employers that I have tested positive for drugs or alcohol within the last year, I will not be offered employment, or my conditional employment will be terminated with the company. I consent to the release of that information by those employers for whom I have worked during the past two (2) years as a commercial vehicle driver.

I have received, read, and understand the terms of **RST, Inc.'s** Drug Free Workplace testing program, and agree to abide by those terms.

\_\_\_\_\_  
**Applicant's Name (Please Print)**

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

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





**DOT Statement of Drug Testing History  
 And Applicant Questionnaire**

**(PLEASE READ, ANSWER QUESTIONS, AND SIGN)**

I understand that failure to fully and truthfully disclose any information requested on this form may result in my immediate termination from RST, Inc.

I also understand that answering "Yes" to any of the following questions does not necessarily bar me from employment at RST, that each "Yes" response will be looked on an individual basis, and that the information I disclose will be held in strict confidence by RST and used solely for employment purposes.

Finally, I understand that RST Inc may conduct an independent background check in order to determine the validity of my responses on this questionnaire and elsewhere in my application, and that any false statements may result in my immediate termination.

***During the past three-year period, have you:***

<b>(1)</b> Tested positive for a DOT drug test (i.e. random, pre-employment, post accident, etc)?	YES	NO
<b>(2)</b> Refused to take a DOT drug or alcohol test for any reason?	YES	NO
<b>(3)</b> In any way altered a specimen for a DOT drug test?	YES	NO
<b>(4)</b> Had an alcohol test with a result of a .04 or higher BAC?	YES	NO

***Since becoming 18 years old, have you:***

<b>(1)</b> Been convicted of DUI or DWI?	YES	NO
<b>(2)</b> If "YES" to (1), was the DUI or DWI issued while you were operating a CMV?	YES	NO
<b>(3)</b> Been convicted of any drug-related crime(s)? (If yes, describe in detail on the backside of this form)	YES	NO
<b>(4)</b> Been convicted of a felony? (If yes, describe in detail on the backside of this form)	YES	NO
<b>(5)</b> Had your privilege to operate a CMV revoked for any reason? (If yes, describe in detail on the backside of this form)	YES	NO

***Currently, do you:***

<b>(1)</b> Have any unresolved legal issues in Idaho or any other State that may negatively affect your legal right to travel into that or any other State in the USA?	YES	NO
<b>(2)</b> Have any warrants out for your arrest in Idaho or anywhere in the USA? (If yes to either question above, describe in detail on the back of this form)	YES	NO

\_\_\_\_\_  
**Applicant's Name (Please Print)**

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

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

**MANDATORY USE FOR ALL ACCOUNT HOLDERS****IMPORTANT NOTICE  
REGARDING BACKGROUND REPORTS FROM THE PSP Online Service**

1. In connection with your application for employment with RST Inc ("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.

The Prospective Employer cannot obtain background reports from FMCSA unless you consent in writing.

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

2. I authorize RST Inc ("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 consenting to 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.

3. 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 am challenging 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.

4. Please note: 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 FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

I have read the above Notice Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this consent form, 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 NICT 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 provided in paragraphs 1-4 of this document to obtain an Applicant's consent. The language must be used in whole, exactly as provided. The language may be included with other consent forms or language at the discretion of the account holder, provided the four paragraphs remain intact and the language is unchanged.