



MC# 174300
PO BOX 357

EIN# 82-0396435
Homedale, ID 83628

Physical Address

*514 N. 14TH Ave.
Caldwell, ID 83605*

Contact Information

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

President

Nick Shanley
Nick@RST208.com

DRIVER'S APPLICATION PACKET

FORMS INCLUDED:

Driver's Information	1 – 4
Fair Credit and Driving Record Request.....	5
Background Check Request	6
D.O.T Drug Program and Questionnaire	7 –8
PSP Information Request.....	9 –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 RST Inc.

Please provide us 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.)

Driver's Information

(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? _____
State Zip

Previous _____ How Long? _____
 Addresses Street City State & Zip

_____ How Long? _____
 Street City State & Zip

_____ How Long? _____
 Street City State & Zip

Do you have the right to work in the United States? (Check One) YES ___ NO ___ Date of Birth _____

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 ZIP	SALARY/WAGE	
CONTACT PERSON PHONE NUMBER		REASON FOR LEAVING	
DID YOU DRIVE A VEHICLE REQUIRING A CDL? YES ___ NO ___			
EMPLOYER		DATE	
NAME		FROM	TO
ADDRESS		POSITION HELD	
CITY	STATE ZIP	SALARY/WAGE	
CONTACT PERSON PHONE NUMBER		REASON FOR LEAVING	
DID YOU DRIVE A VEHICLE REQUIRING A CDL? YES ___ NO ___			
EMPLOYER		DATE	
NAME		FROM	TO
ADDRESS		POSITION HELD	
CITY	STATE ZIP	SALARY/WAGE	
CONTACT PERSON PHONE NUMBER		REASON FOR LEAVING	
DID YOU DRIVE A VEHICLE REQUIRING A CDL? YES ___ NO ___			
EMPLOYER		DATE	
NAME		FROM	TO
ADDRESS		POSITION HELD	
CITY	STATE ZIP	SALARY/WAGE	
CONTACT PERSON PHONE NUMBER		REASON FOR LEAVING	
DID YOU DRIVE A VEHICLE REQUIRING A CDL? YES ___ 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 FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE "NONE"

LOCATION	DATE	CHARGE	PENALTY

EDUCATION

HIGHEST GRADE COMPLETED: _____

LAST SCHOOL ATTENDED _____
(NAME) (CITY)

DRIVER EXPERIENCE AND QUALIFICATIONS

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

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATIONS

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: _____

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: _____

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



REQUEST FOR BACKGROUND INFORMATION

RETURN TO: RST INC. - ATTN: HR
 PHONE# (208) 459-0271 - FAX# (208) 459-0287
 514 N. 14TH Ave. 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:
----------------	---------------------

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 CRF PART 40, please check YES or NO to the following:

1. Has this person ever tested positive for a controlled substance?	YES _____ NO _____
2. Has this person ever had an alcohol test with a result of 0.04 or higher BAC?	YES _____ NO _____
3. Has this person ever refused a required test for drugs or alcohol?	YES _____ NO _____
4. Have you ever received information from any previous employers that this person violated DOT or alcohol regulations.	YES _____ NO _____

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

D.O.T Drug Testing History

(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:

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

Since becoming 18 years old, have you:

(1) Been convicted of DUI or DWI?	YES ____	NO ____
(2) If "YES" to (1), was the DUI or DWI issued while you were operating a CMV?	YES ____	NO ____
(3) Been convicted of any drug related crime(s)? (If yes, describe in detail on the backside of this form)	YES ____	NO ____
(4) Been convicted of a felony? (If yes, describe in detail on the backside of this form)	YES ____	NO ____
(5) 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:

(1) 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 ____
(2) 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

Pre-Employment Screening Program (PSP) Background Report Request

REGARDING BACKGROUND REPORTS FROM THE PSP Online Service

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.

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 **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 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.

Signature

Date:

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.