



4083 37th Street North Fargo,
ND 58102 701.298.0349

Driver Application

It is the policy of Royal Logistics to provide equal employment opportunities to all applicants and employees without regard to any legally protected class not to exclude race, color, religion, gender, national origin, age, disability or veteran status.

Applicant Information

Full Name: _____			Today's Date: _____		
<i>First</i>	<i>M.I</i>	<i>Last</i>	<i>day/month/year</i>		
Address: _____			_____		
<i>Street Address</i>			<i>Apt/Unit #</i>		
_____		_____	_____		_____
<i>City</i>		<i>State</i>	<i>Zip Code</i>		
Number of years at this address: _____			Email _____		
Home Phone # _____			Cellular Phone # _____		
Social Security # _____			Date of Birth: _____		
<i>day/month/year</i>					

Residences-Please list last 3 years

Address:	_____				_____
	<i>Street Address</i>				<i>Apt/Unit #</i>
	_____		_____	_____	
<i>City</i>		<i>State</i>	<i>Zip Code</i>		
Dates at this address:		_____	_____	_____	_____
		<i>day/month/year</i>	to	<i>day/month/year</i>	
Address:	_____				_____
	<i>Street Address</i>				<i>Apt/Unit #</i>
	_____		_____	_____	
<i>City</i>		<i>State</i>	<i>Zip Code</i>		
Dates at this address:		_____	_____	_____	_____
		<i>day/month/year</i>	to	<i>day/month/year</i>	
Address:	_____				_____
	<i>Street Address</i>				<i>Apt/Unit #</i>
	_____		_____	_____	
<i>City</i>		<i>State</i>	<i>Zip Code</i>		
Dates at this address:		_____	_____	_____	_____
		<i>day/month/year</i>	to	<i>day/month/year</i>	

Position Applied for: _____ Date Available: _____
day/month/year

Are you a citizen of the *circle one:* United States?: **yes** **no** If no, are you authorized to work in *circle one:* the US? **yes** **no**

Have you ever worked for our company before? *circle one:* **yes** **no** When? _____

Have you ever applied for our company before? **yes** **no** When? _____
day/month/year

Are you currently employed? **yes** **no** If so, do you need to give notice? **yes** **no** If so how long? _____

Are you at least 18 years old? *circle one:* **yes** **no** Do you have a valid CDL? *circle one:* **yes** **no**

Are you willing to work any shift including nights and weekends? **yes** **no**

Are you able to perform the essential functions of the job applied for with or without reasonable accommodations: *circle one:* **yes** **no**

Have you ever been convicted of a felony? *circle one:* **yes** **no**
 if yes, please explain: _____

Experience and Qualifications

	State	License #	Type	Expiration Date
Drivers Licenses				

Experience and Qualifications

Class of Equipment	Type of Equipment (van, tank, flat, etc.)	Dates:		Approx. # of Miles total
		From	To	
Straight Truck				
Tractor and Semi Trailer				
Tractor-Two Trailers				
Other				

Employment History *(start wit most resent employer first)*

Include all employers from the past 10 years. If mores space is needed, please attach a separate sheet.

Dates of employment	From:	To:
Employer Name		
Address		
City/State/Zip		
Company Phone #		
Job Duties		
Reason for Leaving		
Name of Supervisor		

While employed by this employer were you subject to the Federal Motor Carrier Safety Regulations?	YES	NO
	<small>circle one:</small>	

Was this job 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
	<small>circle one:</small>	

Dates of employment	From:	To:
Employer Name		
Address		
City/State/Zip		
Company Phone #		
Job Duties		
Reason for Leaving		
Name of Supervisor		

While employed by this employer were you subject to the Federal Motor Carrier Safety Regulations?	YES	NO
	<small>circle one:</small>	

Was this job 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
	<small>circle one:</small>	

Dates of employment	From:	To:
Employer Name		
Address		
City/State/Zip		
Company Phone #		
Job Duties		
Reason for Leaving		
Name of Supervisor		

While employed by this employer were you subject to the Federal Motor Carrier Safety Regulations?	YES	NO
	<small>circle one:</small>	

Was this job 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
	<small>circle one:</small>	

Employment History *(continued)*

Dates of employment	From:	To:
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Employer Name			
Address			
City/State/Zip			
Company Phone #			
Job Duties			
Reason for Leaving			
Name of Supervisor			
While employed by this employer were you subject to the Federal Motor Carrier Safety Regulations?		YES	NO
		<i>circle one:</i>	
Was this job 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
		<i>circle one:</i>	
Dates of employment	From:	To:	
Employer Name			
Address			
City/State/Zip			
Company Phone #			
Job Duties			
Reason for Leaving			
Name of Supervisor			
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		<i>circle one:</i>	
Was this job 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
		<i>circle one:</i>	
Dates of employment	From:	To:	
Employer Name			
Address			
City/State/Zip			
Company Phone #			
Job Duties			
Reason for Leaving			
Name of Supervisor			
While employed by this employer were you subject to the Federal Motor Carrier Safety Regulations?		YES	NO
		<i>circle one:</i>	
Was this job 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
		<i>circle one:</i>	

Employment History (continued)

Dates of employment	From:	To:
Employer Name		
Address		
City/State/Zip		
Company Phone #		
Job Duties		
Reason for Leaving		
Name of Supervisor		

While employed by this employer were you subject to the Federal Motor Carrier Safety Regulations?	YES	NO
	<i>circle one:</i>	

Was this job 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
	<i>circle one:</i>	

Dates of employment	From:	To:
Employer Name		
Address		
City/State/Zip		
Company Phone #		
Job Duties		
Reason for Leaving		
Name of Supervisor		

While employed by this employer were you subject to the Federal Motor Carrier Safety Regulations?	YES	NO
	<i>circle one:</i>	

Was this job 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
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Employer Name		
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Job Duties		
Reason for Leaving		
Name of Supervisor		

While employed by this employer were you subject to the Federal Motor Carrier Safety Regulations?	YES	NO
	<i>circle one:</i>	

Was this job 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
	<i>circle one:</i>	

Driving Record

Traffic Convictions and Forfeitures (for past 3 years)

Location	Date	Charge	Penalty

If you have had no traffic convictions or forfeitures in the past 3 years please initial in the box to the right

Please initial

Have you ever been denied a license, permit or privilege to operate a motor vehicle? If yes, please provide details:	YES	NO
	<small>circle one:</small>	

Has any license, permit or privilege ever been suspended or revoked? If yes, please provide details:	YES	NO
	<small>circle one:</small>	

Have you ever tested positive or refused to be tested on a Pre-employment Drug Screen for an employer that you did NOT go to work for? If yes, give the date and the name of the employer:	YES	NO
	<small>circle one:</small>	

Accident Record (for past 3 years)

Date	Nature of Accident (head on, rear end, etc.)	Fatalities, Injuries, Property Damage etc.

Is there any other information that you believe should be disclosed or considered?

To Be Read And Signed By Applicant

I understand that a copy of my Motor Vehicle Record and the information in this application, including past employment information, will be used and that prior employers will be contacted for purposes of investigating my safety performance history information as required by paragraphs (d) and (e) of Part 391.23 of the Federal Motor Carrier Safety Regulations.

I also understand that I have the following rights regarding the investigative information that will be provided to Royal Logistics; 1) the right to review the information provided by previous employers; 2) the right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to Royal Logistics; 3) the right to have a rebuttal statement attached to alleged erroneous information, if the previous employer and I cannot agree on the accuracy of the information.

In order to review previous employer-provided investigative information I must submit a written request to Royal Logistics, which may be done at any time, including when applying, or as late as 30 days after being employed or being notified of denial of employment. Royal Logistics will provide this information within five business days of receiving my written request. If Royal Logistics has not yet receive the requested information from the previous employer(s), then the five-business day deadline will begin when Royal Logistics receives the requested safety performance history information. If I have not arranged to pick up or receive the requested records within thirty(30) days of Royal Logistics making them available, Royal Logistics may consider me to have waived my request to review the records.

I also understand that misrepresentation or omission of information or facts may result in my rejection or dismissal. This also certifies that this application was completed by me, and that all entries and information in it are true and complete to the best of my knowledge.

Signature: _____

Date: _____

FAIR CREDIT REPORTING ACT

DISCLOSURE STATEMENT

In accordance with the provisions of Section 605(b)(2)(A) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Reporting Act of 1996 (Title II, Subtitle D, Chapter JI, 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.

Driver's Signature: _____

Print Name: _____

Date: _____ Social Security Number: _____

DRIVER'S LICENSE INFORMATION

Driver's License Number: _____

Issuing State: _____

Driver's License Expiration: _____

Date of Birth: _____

PAST EMPLOYMENT VERIFICATION

This section is to be filled out by the driver.
Please fill out a separate form for each employer for the past three years.

Previous Employer: _____

Address: _____ Phone # _____

City: _____ State: _____ Zip: _____ Fax # _____

Employee's Name: _____ Social Security # _____

Position or Job Held: _____ Dates of Employment: _____ to _____

I hereby authorize all previous employers to release records of my employment, including assessment of my job performance, commercial driving, general work ability/fitness and drug and alcohol history to Royal Logistics. I hereby release this company from any and all liability as a result of providing the requested information to Royal Logistics.

I also understand that I have the following rights regarding the investigative information that will be provided to Royal Logistics: 1) the right to review information provided by previous employers; 2) the right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to Royal Logistics; 3: the right to have a rebuttal statement attached to the alleged erroneous information , it the previous employer and I cannot agree on the accuracy of the information.

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I also understand that misrepresentation or omission of information or facts may result in my rejection or dismissal.

Applicant
Signature: _____ Date: _____

PAST EMPLOYMENT VERIFICATION

This section is to be filled out by the driver.

Please fill out a separate form for each employer for the past three years.

Previous Employer: _____

Address: _____ Phone # _____

City: _____ State: _____ Zip: _____ Fax # _____

Employee's Name: _____ Social Security # _____

Position or Job Held: _____ Dates of Employment: _____ to _____

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I also understand that misrepresentation or omission of information or facts may result in my rejection or dismissal.

Applicant
Signature: _____ Date: _____

**IMPORTANT DISCLOSURE
REGARDING BACKGROUND REPORTS FROM THE *PSP ONLINE SERVICE***

In connection with your application for employment with Royal Logistics, Inc, 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 Royal Logistics uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, Royal Logistics 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 on your driving history or safety report, Royal Logistics 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 Royal Logistics uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, Royal Logistics 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 any may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from Royal Logistics, who procured the report, then within 3 business days of receiving your request, together with proper identification, Royal Logistics must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

Neither Royal Logistics nor the FMCSA contractor supplying the crash and safety information has the capability to correct any of the 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 (FMCRS) violations that have been adjudicated by a court of law will also appear, and remain on a PSP report.

Royal Logistics cannot obtain background reports from FMCSA without your authorization.

AUTHORIZATION

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

I authorize Royal Logistics, Inc 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 date 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 Royal Logistics to make a determination regarding my suitability as an employee.

I further understand that neither Royal Logistics 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 <http://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 of 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 inspection, with or without violations, will appear on my PSP report, and State citation 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 Royal Logistics and I understand that if I sign this Disclosure and Authorization, Royal Logistics may obtain a report of my crash and inspection history. I hereby authorize Royal Logistics and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Date: _____ Signature: _____

Printed Name: _____