

## **RFG Trucking Inc.**

5820 S 142nd Street, Omaha, NE 68137 402-932-8362

Application ID: 1714184885

Job Applied For *		First Name *	Middle	Last Name	e *	Social Security No. *
Date of Birth *	IV.	lobile Phone No. *	Other Phone No.	Email Add	ress *	
Present Address *	Address 2*	City *	State/Province *	ZIP *	County	Yrs at this address *
	*If at current	address less than 7 years,	list below most recent addr	esses for the p	ast 7 years.	

		Comm	ercial Driver's Lic	ense			
lame - Exactly as it	appears on your dri	iver's license *	Maiden o	r other name	used		
DL Type *		Endorsements	(check all that app	ly)	License Ex	piration Date *	
○ A ○ B	C None	П Н П Т	□ N □ X	□ P			
ir Brake Restriction	n? *	Automatic Tran	nsmission Restricti	on *	Years of C	DL Experience	
○ Yes ○ No		Yes	No				
	ense Number * Issa	uing State/Province *		OOT Medical C	Card *	DOT Medical	Card Expiration Da
	ense Number * Issi	uing State/Province *	Current D	O No	Card *	DOT Medical	Card Expiration Da
	ense Number * Issa	uing State/Province *	Current D  Yes	O No		DOT Medical	Card Expiration Da
current Driver's Lice		uing State/Province *	Current D  Yes  Marg/Hauling Experien	○ No		DOT Medical	
current Driver's Lice		uing State/Province *  Drivin  Equipment	Current D  Yes  Marg/Hauling Experien	No  Requipment			

## **Additional Licenses**

List ALL additional licenses held in the past 5 years.

State/Province	Li	cense no.	Class	Endorsement(s)	Ехр	iration date	
			1				
Yes No	- Has any licen	se, permit, or privilege	ever heen suspen	ided, revoked or depict2 *			
Yes No	- Have you eve	r been convicted for dri	iving under the in	fluence of drugs or alcoho	) ? *		
Yes No							
Have you ever teste mployer to which yo nd alcohol testing r	ed positive or re ou applied for b rules during the	fused to test on any pro ut did not obtain safety past 2 years? *	e-employment dru v sensitive transpo	ug and / or alcohol test add ortation work covered by D	ministered by a OT agency dru	an Ig	
Yes No		r been convicted of a fe					
		Accio	dent Review For	Past 5 Years			
		If no Accide	nts to report. volu	must check this box.			
No Accidents to	report.						
ck on the Plus sign				-			
	Dates	(head-on, rear-end, o	overturn, etc.)	Fatalities	Injuries	Vehicle Type	
ast Accident						Personal	
						Commercial	
No Traffic Convi		f no Traffic Convictions		ures For Past 5 Years report, you must check thi	is box.		
	ctions or Forfei	f no Traffic Convictions	s or Forfeitures to		is box.		
ck on the Plus sign	ctions or Forfei	f no Traffic Convictions tures to report. nal Traffic Convictions	or Forfeitures to	report, you must check thi		v	
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Were you subject to the FMCSRs while employed by this employer? *  Yes No  Was your job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substance testing requirements as by 49 CFR part 40? *  Yes No		Driving/Hauling Experience With	This Employer
Yes ● No  Was your job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substancesting requirements as by 49 CFR part 40? *	lauling What?	Number of Months:	Equipment
Yes ● No  Was your job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substancesting requirements as by 49 CFR part 40? *			
		one milite employed by and employer.	
	Yes No  Nas your job designated as a esting requirements as by 49	safety sensitive function in any DOT regulated	mode subject to alcohol and controlled substances
Employment Gap	Yes No  Nas your job designated as a esting requirements as by 49	safety sensitive function in any DOT regulated	mode subject to alcohol and controlled substances

Tractor	Trailer	Straight Truck	Cargo Van
Make	Make	Make	Make
Model	Model	Model	Model
Year	Year	Year	Year
VIN Number	Plate Number	VIN Number	VIN Number
Plate Number	Current Mileage	Plate Number	Plate Number
Current Mileage	Length	Current Mileage	Current Mileage
		Length	Length

May we contact current employer? 

Yes 

No

## Authorization

By clicking "Send" below, I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, any falsified statements on this application shall be grounds for dismissal. Under the provisions of the Fair Credit Reporting Act, the Americans With Disabilities Act, the Drivers Privacy Protection Act and all other applicable federal, state, and local laws I authorize investigation of all statements contained herein as well as authorize the references and employers listed to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise.

I hereby release and hold harmless any person, firm, or entity that discloses information in accordance with this authorization, as well as my prospective employer, and its agents, from any liability that may otherwise result from the request for, use of, or disclosure of, any or all of the foregoing information. The above-mentioned investigations may include, but are not limited to, information as to my character, general reputation, work history, or lifestyle, discerned through employment and education verifications; personal references; personal interviews; my personal credit history based on reports from any credit bureau; my driving history, including any traffic citations; a social security number verification; present and former addresses; criminal and civil history records; or any other public record.

which may include names, dates of employment have the right, under the provisions of the Fair C	contain public record information may be requested, at t t, reason for termination, work experience, traffic records redit Reporting Act and the Drivers Privacy Protection Ac , and to request the nature and substance of all informat	s, workers compensation claims, etc. I ct to request all such information from
Credit Reporting Act. I also understand and agree	for the two preceding years. I am also entitled to a copy of the two preceding years. I am also entitled to a copy of the that no representative of the company has any author to make any agreement contrary to the forgoing, unless	ity to enter into any agreement for
signing this application and all forms related to	nis application and background investigation process ele this application electronically and that the electronic sig ne purposes of validity, enforceability and admissibility.	· ·
	sign electronically at any time by calling the number lis ocuments by clicking on the PDF symbol in the top righ	
regarding the application process, onboarding a	MS text messages requesting additional information and ind/or my employment, if applicable.  receiving SMS text messages at any time by texting "S"	
They will be automatically completed using the	at the following standard consent forms be completed. information you provided above. Please review each form to sign and submit it along with your application.	
* Inquiry to Previous Employer		
* Previous Employer Inquiry For Driving His	story & Safety Performance	
* PSP Consent Form		
* Consent for Release of Info Form		
* Disclosure and Authorization Form		
* Pre-Employment Controlled Substance C	onsent Form	
* Fair Credit Reporting Act Consumer Right	ts	
* Drivers Rights Pertaining to Release of In	formation under Regulation 391.23	
This certifies that this application was completed knowledge.	d by me and that all entries and the information herein are	e true and complete to the best of my
Print Name*	Signature*	Date
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