

# Application for Employment

Answer all questions, do not leave any blanks

COMPANY **Rozenboom LLC**

ADDRESS **PO Box 86**

CITY **Bussey** STATE **IA** ZIP **50044**

Position(s) Applied For \_\_\_\_\_ Salary Expected \_\_\_\_\_

NAME			Application Date
Last:	First:	Middle:	

Current Address	How Long?
Street: _____ City: _____ State and Zip: _____	

Home Telephone	Business Telephone
_____	_____

Social Security Number \_\_\_\_\_ How did you learn of this position? \_\_\_\_\_  
(if hired, you will be required to show your Social Security Card to verify this number)

Birth date \_\_\_\_\_ Can you provide proof of age? \_\_\_\_\_

**\*Required for Commercial Drivers**

List your addresses of residency during the 3 years preceding the date the application is submitted.	How Long?
PREVIOUS ADDRESS	

Street: _____ City: _____ State and Zip: _____	
--	--

Street: _____ City: _____ State and Zip: _____	
--	--

Street: _____ City: _____ State and Zip: _____	
--	--

Have you ever applied for employment, or worked for this company before? Yes No

Are you now employed? Yes No If not, how long since leaving last employment? \_\_\_\_\_

Have you ever been discharged or asked to resign from any previous employment? Yes No

If "Yes", please explain

Is there any reason you may not be able to perform the job you have applied for? \_\_\_\_\_

If hired, on what date can you start? \_\_\_\_\_

If employed, can you furnish proof that you are legally entitled to work in the USA? Yes No

Are you age 21 or over? Yes No

Have you ever been convicted of a felony? Yes No

If "Yes", please explain fully on a separate sheet of paper.

Answering "Yes" does not constitute an automatic bar to employment. All factors will be taken into consideration.

# **EMPLOYMENT & LEASE HISTORY**

*All drivers and / or owner/operators must list your previous employment or lease for the past 3 years. If you have been driving for more than 3 years you must list employment for up to 7 additional years.....For vehicles with GVWR of 26,001 or more, vehicles designed to haul 15 or more passengers or vehicles transporting hazardous materials in quantities requiring placards.*

***FILL IN ALL INFORMATION!!***

***ATTACH A SEPARATE SHEET IF NECESSARY FOR ADDITIONAL EMPLOYERS.***

<b>EMPLOYER</b>			<b>DATES</b>	
NAME:			FROM:	
ADDRESS:			TO:	
CITY:	STATE:	ZIP:	JOB:	
PERSON TO CONTACT:		PHONE:	WAGE:	
REASON FOR LEAVING:				
WERE YOU SUBJECT TO FEDERAL MOTOR CARRIER SAFETY REGULATIONS?			YES	NO
WAS THIS JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION SUBJECT TO THE DRUG & ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40?			YES	NO
<b>EMPLOYER</b>			<b>DATES</b>	
NAME:			FROM:	
ADDRESS:			TO:	
CITY:	STATE:	ZIP:	JOB:	
PERSON TO CONTACT:		PHONE:	WAGE:	
REASON FOR LEAVING:				
WERE YOU SUBJECT TO FEDERAL MOTOR CARRIER SAFETY REGULATIONS?			YES	NO
WAS THIS JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION SUBJECT TO THE DRUG & ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40?			YES	NO
<b>EMPLOYER</b>			<b>DATES</b>	
NAME:			FROM:	
ADDRESS:			TO:	
CITY:	STATE:	ZIP:	JOB:	
PERSON TO CONTACT:		PHONE:	WAGE:	
REASON FOR LEAVING:				
WERE YOU SUBJECT TO FEDERAL MOTOR CARRIER SAFETY REGULATIONS?			YES	NO
WAS THIS JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION SUBJECT TO THE DRUG & ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40?			YES	NO
<b>EMPLOYER</b>			<b>DATES</b>	
NAME:			FROM:	
ADDRESS:			TO:	
CITY:	STATE:	ZIP:	JOB:	
PERSON TO CONTACT:		PHONE:	WAGE:	
REASON FOR LEAVING:				
WERE YOU SUBJECT TO FEDERAL MOTOR CARRIER SAFETY REGULATIONS?			YES	NO
WAS THIS JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION SUBJECT TO THE DRUG & ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40?			YES	NO
<b>EMPLOYER</b>			<b>DATES</b>	
NAME:			FROM:	
ADDRESS:			TO:	
CITY:	STATE:	ZIP:	JOB:	
PERSON TO CONTACT:		PHONE:	WAGE:	
REASON FOR LEAVING:				
WERE YOU SUBJECT TO FEDERAL MOTOR CARRIER SAFETY REGULATIONS?			YES	NO
WAS THIS JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION SUBJECT TO THE DRUG & ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40?			YES	NO

***\*\* MAKE SURE YOU COMPLETED ALL INFORMATION. \*\****

**LIST ALL ACCIDENTS IN THE PAST 3 YEARS. \*\* IF NONE, WRITE NONE \*\***

<b>DATES</b>	<b>LOCATION</b> <b>CITY or TOWN (OR NEAR)</b> <b>&amp; STATE</b>	<b># INJURIES</b>	<b># FATALITIES</b>	<b>HAZMAT INVOLVED?</b>
1.				<b>YES NO</b>
2.				<b>YES NO</b>
3.				<b>YES NO</b>
4.				<b>YES NO</b>

**LIST ALL MOVING VIOLATIONS IN THE PAST 3 YEARS. \*\* IF NONE WRITE NONE. \*\***

<b>STATE</b>	<b>DATE</b>	<b>VIOLATION</b>	<b>PENALTY</b>
1.			
2.			
3.			
4.			

**( IF MORE SPACE NEEDED, ATTACH A SEPARATE SHEET )**

### **EDUCATION**

<b>HIGHEST GRADE COMPLETED:</b>	<b>HIGH SCHOOL:</b>	<b>COLLEGE:</b>
<b>LAST SCHOOL ATTENDED: NAME:</b>		<b>CITY:</b>

### **DRIVER LICENSES PAST 3 YEARS**

<b>STATE</b>	<b>LICENSE #</b>	<b>TYPE</b>	<b>EXPIRATION DATE</b>

**Date/Year Class A CDL was acquired** \_\_\_\_\_

- HAVE YOU EVER BEEN DENIED A LICENSE TO OPERATE A MOTOR VEHICLE?** **YES** \_\_\_\_\_ **NO** \_\_\_\_\_
- HAVE YOU EVER HAD YOUR LICENSE SUSPENDED OR REVOKED?** **YES** \_\_\_\_\_ **NO** \_\_\_\_\_

**IF YES TO EITHER 1 OR 2 GIVE DETAILS ON SEPARATE SHEET!**

### **DRIVING EXPERIENCE**

<b>CLASS OF EQUIPMENT</b>	<b>TYPE OF EQUIP.</b> <b>(VAN, FLAT, TANK, ETC.)</b>	<b>DATES</b>		<b>APPROX. TOTAL NUMBER OF MILES</b>
		<b>FROM</b>	<b>TO</b>	

<b>WHAT STATES HAVE YOU RUN IN THE PAST 3 YEARS?</b>	
<b>ANY SPECIAL COURSES OR TRAINING TAKEN?</b>	
<b>ANY SAFETY AWARDS AND FROM WHOM?</b>	

## ***ANY OTHER QUALIFICATIONS & EXPERIENCE***

***SHOW ANY OTHER EXPERIENCE OR TRAINING IN TRANSPORTATION NOT MENTIONED. SHOW ANY OTHER TECHNICAL TRAINING OR HEAVY EQUIPMENT TRAINING YOU MAY HAVE RECEIVED. SHOW ANY OTHER CERTIFICATIONS YOU HAVE, I.E...FORK LIFT, MECHANIC, ETC.***


## ***TO BE READ, SIGNED AND DATED BY APPLICANT***

I authorize: **Rozenboom, LLC.** to make such investigations and inquires of my personal history including

Perspective Employer

employment, financial or medical history, including drug & alcohol back ground checks, motor vehicle driving history (MVR) and other related matters as may be necessary in arriving at an employment decision and whatever is necessary for required periodic investigations such as motor vehicle driving records (MVR). (Generally, inquires regarding medical history will be made only if and after a conditional offer of employment has been extended.)

Rozenboom, LLC. maintains a drug-free workplace(including vehicles). This means that we do not permit the use of any illegal substances at any of our locations or in any vehicle. It also means that we will not employ or keep in employment, any person who tests positive for illegal drugs. Your initial and continued employment by the Company, therefore, is contingent upon, among other things, your successfully passing our drug-screening process.

I understand and agree as a condition of employment or continued employment that I will be required to take a pre-employment substance abuse test, take a substance abuse and/or alcohol screening test at any time where the Company determines there is probable cause to do so, and that the test results must be satisfactory to the Company. I also agree to take a post-offer medical examination if requested. I understand that any offer to hire is conditioned upon results satisfactory to the Company of any required pre-employment test, substance abuse test, background investigation, and Company medical examination or inquiries.

By submitting this application and/or any other documents, I agree to comply with the Company's rules and regulations. I further understand that if hired and where permissible by law, I will be an "at-will" employee, that is, my employment and compensation will not be for a definite period and my employment can be terminated at any time by me or by the Company, with or without cause or prior notice, regardless of the successful completion of any introductory or probationary period.

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.

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

\_\_\_\_\_  
DATE

I understand that the information I have provided in regard to my current employer and/or my previous employers may be used, and those employers will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e).

I understand that I have the right to:

- 1) *Review information provided by previous employers;*
- 2) *Have errors in the information corrected by employers and for those previous employers to re-send the corrected information to the prospective employer;*
- 3) *Have a rebuttal statement attached to the alleged erroneous information, if the previous employers and I cannot agree on the accuracy of the information.*

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

\_\_\_\_\_  
DATE