

The purpose of this application is to determine whether or not the applicant is qualified to operate motor carrier equipment according to the requirements of the Federal Motor Carrier Safety Regulations and Rausch Bros. Trucking of Ionia, LLC.

Please answer all questions. If the answer to any question is "No" or "None," do not leave the item blank, but write "No" or "None." **This is very important.**

Position Applying for: \_\_\_\_\_

Date of Application: \_\_\_\_\_

Name: \_\_\_\_\_  
Last Name First Name Middle Name

Address: \_\_\_\_\_  
 \_\_\_\_\_

Emergency Contact: \_\_\_\_\_  
Name Telephone Number Relationship

Previous Addresses for the past three years:

(If more than listed below please attach an additional sheet)

\_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
 \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
 \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

CDL or Permit No. \_\_\_\_\_ State \_\_\_\_\_

Type \_\_\_\_\_ Expires \_\_\_\_\_

Telephone Number: \_\_\_\_\_  Cell Phone  Home Phone

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth (MM/DD/YYYY): \_\_\_\_\_

Pursuant of FMCSR 391.21 (b), Rausch Bros. Trucking of Ionia, LLC is an equal employment opportunity employer and does not discriminate.

Have you ever filed an application with us before?  Yes  No

If yes, give date and position applied for \_\_\_\_\_

Have you ever been employed with us before?  Yes  No

If yes, give date and position \_\_\_\_\_

Are you currently employed?  Yes  No

Are you legally authorized to work in the United States?  Yes  No

On what date would you be available for work? \_\_\_\_\_

Are you available to work:  Permanently  Temporarily

Full-Time  Part-Time  Shift Work

Have you ever been convicted of a felony that has not been expunged or otherwise removed from your record? *Conviction will not necessarily disqualify an applicant from employment*

Yes  No

If yes, please explain in detail \_\_\_\_\_

\_\_\_\_\_

## Education

	Name and Location of School	Course of Study	Years Completed	Diploma/ Degree
High School				
Technical/ Vocational College				
4 Year Undergraduate College				
Graduate Professional				
Other (Specify)				

Describe any specialized training, apprenticeship, skills, and extra-curricular activities that are relevant to the position: \_\_\_\_\_

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

## Employment History

Please give a complete record of all employment for the **past three years**, including any self-employment and all commercial driving experiences for the **past ten years**. (If more space is needed please attach an additional sheet).

Company Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Supervisors Name: \_\_\_\_\_

Dates of Employment (MM/YYYY) From: \_\_\_\_\_ To: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Was employer subject to Federal Motor Carrier Safety Regulations?  Yes  No

Company Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Supervisors Name: \_\_\_\_\_

Dates of Employment (MM/YYYY) From: \_\_\_\_\_ To: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Was employer subject to Federal Motor Carrier Safety Regulations?  Yes  No

Company Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Supervisors Name: \_\_\_\_\_

Dates of Employment (MM/YYYY) From: \_\_\_\_\_ To: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Was employer subject to Federal Motor Carrier Safety Regulations?  Yes  No

Company Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Supervisors Name: \_\_\_\_\_

Dates of Employment (MM/YYYY) From: \_\_\_\_\_ To: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Was employer subject to Federal Motor Carrier Safety Regulations?  Yes  No

Company Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Supervisors Name: \_\_\_\_\_

Dates of Employment (MM/YYYY) From: \_\_\_\_\_ To: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Was employer subject to Federal Motor Carrier Safety Regulations?  Yes  No

**Driving Experience**

Class of Equipment	Dates (from – to)	Approx. No. of Miles
Straight Truck		
Tractor and Semi-trailer		
Tractor-two trailers		
Other: (specify)		

**Accident Record for the Past Three Year**

(If more space is needed please attach an additional sheet)

Date of Accident	Nature of Accident (head on, rear end, etc.)	Location of Accident	No. of Fatalities	No. of People Injured

## Traffic Convictions and Forfeitures for the Past Three Years

(Other than parking violations) (If more space is needed please attach an additional sheet)

Date	Location	Charge	Penalty

Have you ever been denied a license, permit or privilege to operate a motor vehicle?

Yes  No

Has any license, permit or privilege to operate a motor vehicle ever been suspended or revoked?  Yes  No

**I certify that all of the information above including any attached application materials is accurate and complete to the best of my knowledge. I understand that the misrepresentation, fraudulent or omission of the fact(s) to any question(s) or item(s) on any part of this application or its attachments may be cancellation of consideration, or termination of employment. I understand and authorize that any information I give may be investigated for purposes of determining eligibility. I understand and authorize that my previous employers may be contacted for the purpose of investigating work history. I understand that a separate release may be needed prior to hiring, and I may be contacted for such a release at a later date.**

**Unsigned applications will not be considered.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_