



Corporate Headquarters  
100 Miller Street  
St. Louis, MO 63104  
314.231.6060

www.crhtransport.com

# APPLICATION FOR EMPLOYMENT

\_\_\_ CPG \_\_\_ JFC \_\_\_ KCI \_\_\_ SPG \_\_\_ STL \_\_\_ TL

**ALL QUESTIONS MUST BE FULLY ANSWERED**

Applicant Name \_\_\_\_\_ Date \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE INITIAL)

Current Address \_\_\_\_\_  
(STREET) (CITY) (STATE) (ZIP CODE)

List all other addresses for the last 3 years. Turn this page over and list if necessary.

\_\_\_\_\_  
(STREET) (CITY) (STATE) (ZIP CODE)

\_\_\_\_\_  
(STREET) (CITY) (STATE) (ZIP CODE)

Date of Birth \_\_\_\_\_ SSN \_\_\_\_\_  
(DRIVER APPLICANTS ONLY) (REQUIRED BY FMCSR 391 21 (b) (2))

Phone Number (1) \_\_\_\_\_ (2) \_\_\_\_\_

**EMPLOYMENT DESIRED:** Position \_\_\_\_\_ Full Time OR Part Time  
(CIRCLE ONE)

Are you employed? \_\_\_ Yes \_\_\_ No **IF** yes, may we inquire of your present employer? Yes / No

Date you can start \_\_\_\_\_ Salary/Wage desired \_\_\_\_\_

Have you worked for this company before? \_\_\_\_\_ **IF** yes, dates(s) \_\_\_\_\_  
(YES OR NO)

Names of Relatives employed by this Company \_\_\_\_\_

Referred by \_\_\_\_\_

Have you ever been convicted of a Felony? \_\_\_\_\_ **IF** yes, turn this page over and explain. *Conviction of a crime is not an automatic bar to employment.*  
(YES OR NO)

Military Service \_\_\_ Yes \_\_\_ No **IF** yes, which branch? \_\_\_\_\_ Discharge Date \_\_\_\_\_

Reason for Discharge \_\_\_\_\_ Honorable OR Dis-honorable

Education – Highest Grade Completed \_\_\_\_\_ Year Graduated \_\_\_\_\_  
(GED, HIGH SCHOOL, COLLEGE) (DEGREE)

***From Start to Finish, One Team, One Goal ... SERVICE!***

## **EXPERIENCE AND QUALIFICATIONS – DRIVER APPLICANTS ONLY**

List ALL drivers' license held for the last 3 years from date of application:

State	License Number	Class	Endorsements	Expiration

Have you ever been denied a license, permit or privilege to operate a motor vehicle?    YES    or    NO

Have you ever had any license, permit or privilege suspended or revoked?                YES    or    NO

Have you ever been disqualified for violations of the FMCS regulations?                    YES    or    NO

*IF you answered yes to any of the above questions, turn this page over and explain.*

### **DRIVING EXPERIENCE – Commercial Equipment**

Class of Equipment	Type (van, tank, reefer, flat, etc.)	Date From	Date To	Approximate Miles
Straight Truck				
Tractor & Semi-Trl.				
Twin Trailers LCV's				
Other				

Transmission(s) **circle** what applies to COMMERCIAL EQUIPMENT – Manual or Automatic or Both

**ACCIDENT HISTORY** for the past 3 years (IF more than 3 turn this page over and list – IF none write none)

Date	Nature of accident	Fatalities	Injuries	Were you Cited?
Last				
Previous				
Previous				

**TRAFFIC CONVICTIONS & FORFEITURES** for the past 3 years (Not parking tickets – if none write none)

Location	Date	Charge	Penalty

(IF more than 4 turn this page over and explain)

### **PRE-EMPLOYMENT CONTROLLED SUBSTANCE AND ALCOHOL DISCLOSURE**

Have you tested positive or refused to test, on any pre-employment drug or alcohol test administered by a prospective employer, covered by any DOT agency, for a safety sensitive position, for which you *did not obtain employment*, in the previous 2 years. Pursuant to 49 CFR 40.25(j). IF so, please furnish:

Date \_\_\_\_\_ Employer \_\_\_\_\_

# EMPLOYMENT RECORD - ALL APPLICANTS

>>> **COMMERCIAL DRIVER APPLICANTS** - FMCSR 391.21 (B) (11) REQUIRES YOU TO PROVIDE A LIST OF ALL EMPLOYERS FOR THE PAST (3) THREE YEARS AND ALL COMMERCIAL LICENSE EMPLOYMENT FOR THE PRECEDING (7) YEARS FOR WHOM YOU WERE THE OPERATOR OF A COMMERCIAL MOTOR VEHICLE - INCLUDING COMPLETE ADDRESS, DATES OF EMPLOYMENT, AND REASON FOR LEAVING

>>> ALL NON-EMPLOYED GAPS LONGER THAN 30 DAYS MUST BE INCLUDED AND ATTEMPTS TO VERIFY DOCUMENTED.

>>> MILITARY DISCHARGE IN THE LAST 3 YEARS REQUIRES A COPY OF YOUR DD-214 AS PROOF.

**CURRENT/LAST EMPLOYER** \_\_\_\_\_ PHONE (     ) \_\_\_\_\_

ADDRESS \_\_\_\_\_  
(STREET) (CITY) (STATE) (ZIP CODE)

POSITION HELD \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_ SALARY \_\_\_\_\_  
(MONTH/YEAR) (MONTH/YEAR)

REASON FOR LEAVING \_\_\_\_\_

PROVIDE A BRIEF DESCRIPTION OF JOB: \_\_\_\_\_

**IF a driver** then circle ALL that apply to this employer: Cargo Van    Straight truck    Semi - Tractor    Van    Tanker    Flatbed  
Doubles   Triples   Reefer   Local   Regional   Long Haul   Hazmat   Solo   Team   Other \_\_\_\_\_

SUBJECT TO FEDERAL MOTOR CARRIER SAFETY REGULATIONS? \_\_\_\_\_ YES \_\_\_\_\_ NO

POSITION DESIGNATED "SAFETY SENSITIVE FUNCTION" IN ANY D.O.T. REGULATED MODE SUBJECT TO DRUG/ALCOHOL TESTING REQUIRED BY 49 CFR, PART 40? \_\_\_\_\_ YES \_\_\_\_\_ NO

\*\*\*\*\*

**PREVIOUS EMPLOYER** \_\_\_\_\_ PHONE (     ) \_\_\_\_\_

ADDRESS \_\_\_\_\_  
(STREET) (CITY) (STATE) (ZIP CODE)

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**NON – DRIVER APPLICANTS** (PLEASE ENTER # OF YEARS FOR ALL THAT APPLY)

Formal Training	Years of Experience	Software used OR comments
Accounting		
Billing		
Cashier		
Claims		
Collections		
Dispatcher		
Excel		
Filing		
Interline		
OS & D		
Outlook		
Rating		
Typing		
Word		

**REFERENCES** (LIST 3 PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST 1 YEAR)

**ALL APPLICANTS**

Name	Address	Business	Years Known

## AUTHORIZATION AND RELEASE

I HAVE READ AND UNDERSTAND ALL OF THIS EMPLOYMENT APPLICATION. IT IS AGREED AND UNDERSTOOD THAT THE EMPLOYER OR HIS AGENTS MAY INVESTIGATE MY BACKGROUND TO ASCERTAIN ANY AND ALL INFORMATION OF CONCERN TO MY EMPLOYMENT HISTORY, WHETHER SAME IS OF RECORD OR NOT, AND I RELEASE EMPLOYERS AND OTHERS NAMED WITHIN FROM ALL LIABILITY FOR ANY DAMAGES ON ACCOUNT OF FURNISHING SUCH INFORMATION.

I UNDERSTAND THAT, AS AN APPLICANT FOR A POSITION WITH THIS COMPANY, I MAY BE ASKED TO DEMONSTRATE THAT I AM CAPABLE OF PERFORMING TASKS WHICH ARE PERTINENT TO THE JOB. I ALSO UNDERSTAND THAT IF OFFERED A JOB, IT WILL BE CONDITIONED ON THE RESULTS OF A PHYSICAL EXAMINATION AND DRUG TEST.

IT IS ALSO AGREED AND UNDERSTOOD THAT UNDER THE FAIR CREDIT AND REPORTING ACT, PUBLIC LAW 91-508, I HAVE BEEN TOLD THAT THIS INVESTIGATION MAY INCLUDE AN INVESTIGATIVE CONSUMER REPORT INCLUDING INFORMATION REGARDING MY CHARACTER, GENERAL REPUTATION, PERSONAL CHARACTERISTICS, AND MODE OF LIVING.

### **DRIVERS – YOUR RIGHTS REGARDING SAFETY PERFORMANCE HISTORY INFORMATION:**

- YOU HAVE THE RIGHT TO REVIEW INFORMATION PROVIDED BY PREVIOUS EMPLOYERS
- YOU HAVE THE RIGHT TO HAVE ERRORS IN THE INFORMATION CORRECTED BY THE PREVIOUS EMPLOYER, AND FOR THAT PREVIOUS EMPLOYER TO RESEND THE CORRECTED INFORMATION TO THE PROSPECTIVE EMPLOYER.
- YOU HAVE THE RIGHT TO HAVE A REBUTTAL STATEMENT ATTACHED TO THE ALLEDGED ERRONEOUS INFORMATION, IF THE PREVIOUS EMPLOYER AND THE DRIVER CANNOT AGREE ON THE ACCURACY OF THE INFORMATION.
- IF YOU WISH TO REVIEW THE INFORMATION PROVIDED BY PREVIOUS EMPLOYERS, YOU MUST REQUEST IT IN WRITING WITHIN 30 DAYS OF BEING EMPLOYED OR OF NOTIFICATION OF DENIAL OF EMPLOYMENT.

AS A DRIVER APPLICANT, I CONSENT TO THIS MOTOR CARRIER THE AUTHORITY TO OBTAIN A COPY OF MY DRIVING RECORD FOR THE PURPOSE OF OBTAINING INITIAL EMPLOYMENT AND AS IT DEEMS NECESSARY, PERIODICALLY, TO COMPLY WITH CURRENT OR FUTURE REQUIRMENTS OF THE FMCSR.

I AGREE TO FURNISH SUCH ADDITIONAL INFORMATION AND COMPLETE SUCH EXAMINATIONS AS MAY BE REQUIRED TO COMPLETE MY QUALIFICATION FILE.

I ALSO UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF INFORMATION OR FACTS MAY RESULT IN REJECTION OR DISMISSAL OF EMPLOYMENT AT ANY TIME.

**IF HIRED, I AGREE TO ABIDE BY ALL RULES AND POLICIES OF THE EMPLOYER.**

**IF HIRED, I UNDERSTAND ASSIGNMENT OF DUTIES UPON HIRE ARE SUBJECT TO CHANGE BASED ON THE GAINING OR LOSING OF CUSTOMERS TO SERVICE.**

**CRH TRANSPORTATION IS A MISSOURI BASED EMPLOYER. APPLICANT AGREES AND CONCEDES ALL DISPUTES WILL BE SETTLED UNDER APPLICABLE MISSOURI LAW.**

THIS CERTIFIES THAT I COMPLETED THIS APPLICATION MYSELF, AND THAT ALL ENTRIES ON IT ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_