

Rexco Equipment, Inc.
1925 Blairs Ferry Rd NE Cedar Rapids, IA 52402
APPLICATION FOR DRIVERS
 (ie: Service Tech, Delivery/Yard, Sales, Rental Mgr.)

You must answer every question. If any question does not apply to you, answer with Not Applicable (NA).

In compliance with local, state, and federal equal employment opportunity laws, qualified applicants are considered for all positions without regard to age, race, color, sex, sexual orientation, gender identity, marital status, veteran status, or non-job related disability. Please advise in advance if you need any type of special accommodation to complete this application form or need to take any pre-employment test.

Date: _____ / _____ / _____

Name: _____ Social Security No. _____
Last First Middle Initial

Address _____ How Long: _____
Street City State/ Zip Code

Phone: _____ Alternate Phone: Cell Preferred _____
Area Code Number Area Code Number

If you were at above address less than three years, list your previous address.

Address _____ How long: _____
Street City State

Are you over the age of 21? Yes No Can you provide proof of age? Yes No
(Required for driving position)

Position Applied for: 1. _____ 2. _____

Are you authorized to work in the U.S. on an unrestricted basis? Yes No

Can you travel if the job requires it? Yes No

How did you learn of this opening? _____

Have you worked for this company before? Yes No

Are you employed now? Yes No If No, how long since leaving last employment? _____

Have you ever been fired or asked to resign by an employer? Yes No

Have you ever been convicted of a felony (including a plea of guilty or "no contest") under your current name or any other name? Have you been convicted of a misdemeanor (including a plea of guilty or "no contest") under your current name or any other name within the past 7 years? (Note: Conviction or plea will not necessarily result in your being denied employment.) Write the word YES or NO (do not print or type). If yes, give date, name, and court, nature of offense and disposition.

The answer to the above question is: _____

If Yes, give date, name, court, nature of offense and disposition:

Date	Name	Court	Nature of Offense	Disposition

Who referred you for this job? _____ Wage/Salary desired \$ _____

Employment History

§391.21 (b)(10) A list of the names and addresses of the applicant's employers during the 3 years preceding the date the application is submitted, together with the dates he/she was employed by, and his/her reason for leaving the employ of, each employer; (b)(11) For those drivers applying to operate a commercial motor vehicle as defined by Part 383 of this subchapter, a list of the names and addresses of the applicant's employers during the 7 year period preceding the 3 years contained in paragraph (b)(10) of this section for which the applicant was an operator of a commercial motor vehicle, together with the dates of employment and the reasons for leaving such employment. *(attach another sheet if more space is needed)*

A total of 10 years work history is required. All gaps in time must be shown.

Current or most recent employer

Business Name	Employment Dates Start Date: _____ End Date: _____
Address	Position _____ Salary _____
City State Zip	Were you ever employed in a safety sensitive function subject to DOT Drug & Alcohol testing? YES <input type="checkbox"/> NO <input type="checkbox"/>
Phone No. _____ May We Contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	Were you subject to Federal Motor Carrier Safety Regulations? YES <input type="checkbox"/> NO <input type="checkbox"/>
Name Of Supervisor	Reason For Leaving _____

Next previous employer

Business Name	Employment Dates Start Date: _____ End Date: _____
Address	Position _____ Salary _____
City State Zip	Were you ever employed in a safety sensitive function subject to DOT Drug & Alcohol testing? YES <input type="checkbox"/> NO <input type="checkbox"/>
Phone No. _____ May We Contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	Were you subject to Federal Motor Carrier Safety Regulations? YES <input type="checkbox"/> NO <input type="checkbox"/>
Name Of Supervisor	Reason For Leaving _____

Next previous employer

Business Name	Employment Dates Start Date: _____ End Date: _____
Address	Position _____ Salary _____
City State Zip	Were you ever employed in a safety sensitive function subject to DOT Drug & Alcohol testing? YES <input type="checkbox"/> NO <input type="checkbox"/>
Phone No. _____ May We Contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	Were you subject to Federal Motor Carrier Safety Regulations ? YES <input type="checkbox"/> NO <input type="checkbox"/>
Name Of Supervisor	Reason For Leaving _____

Next previous employer

Business Name	Employment Dates Start Date: _____ End Date: _____
Address	Position _____ Salary _____
City State Zip	Were you ever employed in a safety sensitive function subject to DOT Drug & Alcohol testing? YES <input type="checkbox"/> NO <input type="checkbox"/>
Phone No. _____ May We Contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	Were you subject to Federal Motor Carrier Safety Regulations? YES <input type="checkbox"/> NO <input type="checkbox"/>
Name Of Supervisor	Reason For Leaving _____

PREVIOUS EMPLOYEE PRE-EMPLOYMENT DRUG & ALCOHOL TESTING STATEMENT

1. Have you ever failed a D.O.T. Drug and/or Alcohol Test? Yes No
2. Have you ever refused to take a D.O.T. Drug and/or Alcohol Test? Yes No
3. Have you ever violated any other D.O.T. Drug and/or Alcohol Regulations? Yes No
4. If the answer is yes to the above questions, provide details, attach second sheet if necessary
5. In the past two years have you tested positive, or refused to test, on any pre-employment drug or alcohol test, but did not get hired for a safety sensitive position as a result of the refusal or failure?

Yes No
6. If yes to any of the above questions, please provide proof that you have successfully completed the SAP Evaluation, recommended treatment, return to duty testing and follow up testing . (Attach another sheet if necessary)

Signature

DATE

Accident record for past 3 years or more *(attach sheet if more space is needed)*

Last Accident:	Date	Nature of Accident	Fatalities	Injuries
Next Previous:	Date	Nature of Accident	Fatalities	Injuries
Next Previous:	Date	Nature of Accident	Fatalities	Injuries

Traffic convictions and license forfeitures for the last 3 years *(other than parking violations)*

Location	Date	Charge	Penalty
Location	Date	Charge	Penalty
Location	Date	Charge	Penalty

Do you have a valid drivers license? Yes No

Drivers License State _____ License (Type and Endorsements) _____ Expiration Date _____

License Number _____

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

No Yes ...explain _____

Has any license, permit, or privilege ever been suspended or revoked?

No Yes ...explain _____

Have you ever been disqualified from driving subject to CFR49 Section 391 of the Federal Motor Carrier Regulations?

No Yes ...explain _____

Driving Experience: (Class of Equipment)

Straight Truck: _____
Type of Equipment (Van, Tanker, Flatbed, Reefer etc.) Dates - From _____ To _____ # Of Miles (Total)

Tractor Trailer: _____
Type of Equipment (Van, Tanker, Flatbed, Reefer etc.) Dates - From _____ To _____ # Of Miles (Total)

Other _____
Type of Equipment (Pick-up with trailer) Dates - From _____ To _____ # Of Miles (Total)

List states operated in for the last five years: _____

CRAFT TRAINING/EXPERIENCE: Complete this section if job applying for is a craft trade, ie: mechanic
What types and makes/models of construction equipment can you operate or repair?

List any craft training programs in which you have participated _____

Do you have your own craft tools? Yes No

Education

Circle highest grade completed: 1 2 3 4 5 6 7 8 High School 1 2 3 4 College 1 2 3 4

EDUCATION: NAME & LOCATION, MAJOR, DIPLOMA/ DEGREE OF SCHOOL GRADUATED

High School _____

College/Univ. _____

College/Univ. _____

Other Training/Education _____

Rexco Equipment, Inc. requires pre-employment drug testing of applicants. A copy of the substance abuse policy is available upon request.

APPLICANT'S STATEMENT

In connection with my application to the company, I understand that the Fair Credit Reporting Act, Public Law 91-508 & 104-208 requires that I be advised that routine inquiry may be made during the company's initial or subsequent processing which will provide applicable information concerning character and general reputation. I also understand that investigative background inquiries as required by the Federal Motor Carrier Safety Regulations 391.23 may be made on me including previous employers, along with schools, consumer credit, criminal convictions, motor vehicle records, and other reports.

These reports will include information as to my character, work habits, performance, education, compensation, and experience along with reasons for termination of employment from previous employers. Furthermore, I understand that the company may be requesting information from various federal, state, and other agencies which maintain records concerning my past activities relating to my driving, credit, criminal, civil, and other experiences as well as claims involving me in the files of insurance companies. I authorize without reservation, any party or agency contacted to furnish the above mentioned information and release all parties involved from liability and responsibility for doing so. This authorization and consent shall be valid in original, fax, email, other electronic form, or copy form.

I release and agree to hold harmless any individual, company, business institution or government agency from all liability with regard to furnishing information to this company. I agree to release and hold harmless this company from all liability with respect to the receipt of such information.

I certify that this application was only completed by me, and that all entries on it and the information I have furnished on this application form is true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my personal, employment, financial, or medical history. (Generally, inquiries regarding medical history will be made only and if a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application. In the event of employment, I understand false or misleading information given in my application or in interview(s) may result in discharge. I understand also, that I am required to abide by all rules and regulations of the Company if a conditional offer of employment is made.

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49CFR 391.23. I understand that pursuant to 49CFR 391.23 I have a right to: Review information provided by current previous employers; have errors in the information corrected by previous employers and those previous employers to resend the corrected information to the prospective employer; and have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

Applicants Signature

Date

Employment History –2nd Sheet

§391.21 (b)(10) A list of the names and addresses of the applicant's employers during the 3 years preceding the date the application is submitted, together with the dates he/she was employed by, and his/her reason for leaving the employ of, each employer; (b)(11) For those drivers applying to operate a commercial motor vehicle as defined by Part 383 of this subchapter, a list of the names and addresses of the applicant's employers during the 7 year period preceding the 3 years contained in paragraph (b)(10) of this section for which the applicant was an operator of a commercial motor vehicle, together with the dates of employment and the reasons for leaving such employment. *(attach another sheet if more space is needed)*

Next previous employer

Business Name	Employment Dates Start Date: _____ End Date: _____
Address	Position _____ Salary _____
City State Zip	Were you ever employed in a safety sensitive function subject to DOT Drug & Alcohol testing? YES <input type="checkbox"/> NO <input type="checkbox"/>
Phone No. _____ May We Contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	Were you subject to Federal Motor Carrier Safety Regulations? YES <input type="checkbox"/> NO <input type="checkbox"/>
Name Of Supervisor	Reason For Leaving _____

Next previous employer

Business Name	Employment Dates Start Date: _____ End Date: _____
Address	Position _____ Salary _____
City State Zip	Were you ever employed in a safety sensitive function subject to DOT Drug & Alcohol testing? YES <input type="checkbox"/> NO <input type="checkbox"/>
Phone No. _____ May We Contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	Were you subject to Federal Motor Carrier Safety Regulations? YES <input type="checkbox"/> NO <input type="checkbox"/>
Name Of Supervisor	Reason For Leaving _____

Next previous employer

Business Name	Employment Dates Start Date: _____ End Date: _____
Address	Position _____ Salary _____
City State Zip	Were you ever employed in a safety sensitive function subject to DOT Drug & Alcohol testing? YES <input type="checkbox"/> NO <input type="checkbox"/>
Phone No. _____ May We Contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	Were you subject to Federal Motor Carrier Safety Regulations? YES <input type="checkbox"/> NO <input type="checkbox"/>
Name Of Supervisor	Reason For Leaving _____

Next previous employer

Business Name	Employment Dates Start Date: _____ End Date: _____
Address	Position _____ Salary _____
City State Zip	Were you ever employed in a safety sensitive function subject to DOT Drug & Alcohol testing? YES <input type="checkbox"/> NO <input type="checkbox"/>
Phone No. _____ May We Contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	Were you subject to Federal Motor Carrier Safety Regulations? YES <input type="checkbox"/> NO <input type="checkbox"/>
Name Of Supervisor	Reason For Leaving _____