



# RISSER'S POULTRY INC.

## DRIVER APPLICATION FOR EMPLOYMENT

PLEASE PRINT CLEARLY DATE \_\_\_\_\_

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ M.I. \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ Social Security #: \_\_\_\_\_ CELL # \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP CODE

### RESIDENCE FOR THE PAST 3 YEARS:

STREET CITY STATE ZIP CODE HOW LONG?

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### DRIVER EXPERIENCE & QUALIFICATIONS

	<i>STATE</i>	<i>LICENSE #</i>	<i>TYPE</i>	<i>EXPIRATION DATE</i>
<b>DRIVER</b>				
<b>LICENSE:</b>				

### DRIVING EXPERIENCE

<i>CLASS OF EQUIPMENT</i>	<i>TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)</i>	<i>DATE: FROM</i>	<i>DATE: TO</i>	<i>APPROX. NO. OF MILES (TOTAL)</i>
Straight truck				
Tractor & Semi-Trailers				
Tractor-Two Trailers				
Others				

### ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (attach sheet if more space is needed)

	<i>DATE</i>	<i>NATURE OF ACCIDENT</i>	<i>FATALITIES</i>	<i>INJURIES</i>
<b>LAST ACCIDENT</b>				
<b>NEXT PREVIOUS</b>				
<b>NEXT PREVIOUS</b>				

**TRAFFIC CONVICTIONS & FORFEITURES FOR THE PAST 3 YEARS (other than parking)**

LOCATIONS	DATE	CHARGE	PENALTY

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle?  
 Yes \_\_\_ No \_\_\_
- B. Has any license, permit or privilege ever been suspended or revoked? Yes \_\_\_ No \_\_\_

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

This company requires all DRIVERS who drive Commercial Motor Vehicles (CMV) which require a Commercial Drivers License (CDL) to be controlled substances tested with a negative result prior to driving. Do you consent to such testing? Yes \_\_\_\_\_ No \_\_\_\_\_

In the past 2 years have you:

	YES	NO
Tested positive for any Controlled Substances pre-employment test for any other company?		
Tested above .04 on any Alcohol pre-employment test for any other company?		
Refused to be tested for any pre-employment test for any other company?		

If you answered "yes" to any of the above questions, please explain in detail: \_\_\_\_\_

EMPLOYMENT RECORD 391.21 (b10) 391.23 (d)(e)  
 All jobs for past 3 years and Commercial Driving Experience for the past 10 years

LAST EMPLOYER	POSITION HELD	FROM:	TO:
ADDRESS	CITY	STATE	ZIP CODE
TELEPHONE NUMBER:			

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

Were you subject to FMCSR's while employed by this employer? YES \_\_\_\_\_ NO \_\_\_\_\_

LAST EMPLOYER	POSITION HELD	FROM:	TO:
ADDRESS	CITY	STATE	ZIP CODE
TELEPHONE NUMBER:			

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

Were you subject to FMCSR's while employed by this employer? YES \_\_\_\_\_ NO \_\_\_\_\_

LAST EMPLOYER	POSITION HELD	FROM:	TO:
ADDRESS	CITY	STATE	ZIP CODE
TELEPHONE NUMBER:			

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

Were you subject to FMCSR's while employed by this employer? YES \_\_\_\_\_ NO \_\_\_\_\_

391.23 The prospective employer must also notify the driver in writing of his/her due process rights as specified in §391.23(i) regarding information received as a result of these investigations.

(i)(1)(i) The right to review information provided by previous employers;

(i)(1)(ii) The right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to the prospective employer;

(i)(1)(iii) The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

(i)(2) Drivers who have previous Department of Transportation regulated employment history in the preceding three years, and wish to review previous employer-provided investigative information must submit a written request to the prospective employer, which may be done at any time, including when applying, or as late as 30 days after being employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five (5) business days of receiving the written request. If the prospective employer has not yet received the requested information from the previous employer(s), then the five-business days deadline will begin when the prospective employer receives the requested safety performance history information. If the driver has not arranged to pick up or receive the requested records within 30 days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived his request to review the records. VISIT [www.fmcsa.dot.gov](http://www.fmcsa.dot.gov) to review the regulations.

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
DATE