



"We treat your freight like royalty"
P.O. Box 4630 McAllen, TX 78502

DRIVER'S APPLICATION FOR EMPLOYMENT

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or non-job related disability.

Name: _____ Position applied for: _____ Date: _____
Date of Birth: _____ Social Security Number: _____ Phone Number: _____

List all addresses where you have resided in the past three years.

Current Address

Street _____ City _____ State _____ Zip _____ Years _____

Previous Addresses

Street _____ City _____ State _____ Zip _____ Years _____

Street _____ City _____ State _____ Zip _____ Years _____

I hereby certify that the following license is the only one I will possess:

State _____ License Number _____ Class-Type _____ Restrictions _____ Endorsements _____ Expiration Date _____

Driver's Signature _____

Date _____

List all previous Commercial Driver's Licenses that have been issued to you.

State _____ License Number _____ Class-Type _____ Restrictions _____ Endorsements _____ Expiration Date _____

State _____ License Number _____ Class-Type _____ Restrictions _____ Endorsements _____ Expiration Date _____

Have you ever been employed here before? Yes [] No [] If yes, give dates: Start: _____ End: _____

Reason for leaving? _____

Are you currently employed? Yes [] No []

If not, how long since leaving last job? _____

Do you currently hold a CDL with Hazmat Endorsement? Yes [] No []

Are you legally eligible for employment in this country? Yes [] No []

Are you able to travel into Canada? Yes [] No []

Is there any reason you might be unable to perform the functions of the job for which you have applied? Yes [] No []

If yes, explain if you wish. _____

Have you ever been convicted of DWI or DUI, careless or reckless driving, driving 15mph over posted speed limit, leaving the scene of an accident, or using a commercial motor vehicle in commission of a felony? Yes [] No []

Date: _____ Explain: _____

Has your license or privilege to drive been suspended or revoked for any reason? Yes [] No []

Date: _____ Explain: _____

Have you ever been convicted of a misdemeanor other than a traffic violation? Yes [] No []

Date: _____ Explain: _____

Have you ever been convicted of a felony? Yes [] No []

Date: _____ Explain: _____

OFFICE USE ONLY

Was applicant approved? Yes [] No [] Reason for rejection: _____

Was applicant rejected? Yes [] No [] _____

Orientation date: _____ Date of Hire: _____ Date of Termination: _____ Driver ID: _____

EMPLOYMENT HISTORY

Drivers must provide **ALL** past and present employment information for the previous **THREE YEARS** from date of application.

List all employment as a driver of commercial motor vehicles for an additional **SEVEN YEARS** from date of application.

List complete mailing address, street number, city, state, and zip code, phone number, and contact name.

Do not leave any gaps. Include dates for periods of unemployment. Make copy of this sheet and attach if necessary.

NOTE: List employers in reverse order starting with the most recent employment.

Company Name			LAST EMPLOYER	Date Started	Date Ended
Address				Position Held	
City	State	Zip Code	Salary, wage, per mile, or percentage?		
Contact Name	Phone Number		Reason for leaving?		
Were you subject to the Federal Motor Carrier Safety Regulations (DOT Drug & Alcohol Testing) with this employer?					Yes [] No []

Company Name			2nd LAST EMPLOYER	Date Started	Date Ended
Address				Position Held	
City	State	Zip Code	Salary, wage, per mile, or percentage?		
Contact Name	Phone Number		Reason for leaving?		
Were you subject to the Federal Motor Carrier Safety Regulations (DOT Drug & Alcohol Testing) with this employer?					Yes [] No []

Company Name			3rd LAST EMPLOYER	Date Started	Date Ended
Address				Position Held	
City	State	Zip Code	Salary, wage, per mile, or percentage?		
Contact Name	Phone Number		Reason for leaving?		
Were you subject to the Federal Motor Carrier Safety Regulations (DOT Drug & Alcohol Testing) with this employer?					Yes [] No []

Company Name			4th LAST EMPLOYER	Date Started	Date Ended
Address				Position Held	
City	State	Zip Code	Salary, wage, per mile, or percentage?		
Contact Name	Phone Number		Reason for leaving?		
Were you subject to the Federal Motor Carrier Safety Regulations (DOT Drug & Alcohol Testing) with this employer?					Yes [] No []

Company Name			5th LAST EMPLOYER	Date Started	Date Ended
Address				Position Held	
City	State	Zip Code	Salary, wage, per mile, or percentage?		
Contact Name	Phone Number		Reason for leaving?		
Were you subject to the Federal Motor Carrier Safety Regulations (DOT Drug & Alcohol Testing) with this employer?					Yes [] No []

Company Name			6th LAST EMPLOYER	Date Started	Date Ended
Address				Position Held	
City	State	Zip Code	Salary, wage, per mile, or percentage?		
Contact Name	Phone Number		Reason for leaving?		
Were you subject to the Federal Motor Carrier Safety Regulations (DOT Drug & Alcohol Testing) with this employer?					Yes [] No []

ACCIDENTS

List and explain in detail giving date and location of all accidents that you have been involved in during the past five years, in any type of vehicle and regardless of whether you feel they were chargeable or non-chargeable. Failure to list all accidents may result in your disqualification. **If you have had no accidents in the past 5 years, check here []**.

Date:	Type of Vehicle:	Whose fault?	Injuries?	Yes []	No []	Fatalities?	Yes []	No []
Brief description of accident:								
Date:	Type of Vehicle:	Whose fault?	Injuries?	Yes []	No []	Fatalities?	Yes []	No []
Brief description of accident:								
Date:	Type of Vehicle:	Whose fault?	Injuries?	Yes []	No []	Fatalities?	Yes []	No []
Brief description of accident:								

TRAFFIC VIOLATIONS

List all traffic violations of which you have been convicted in the past 5 years. Failure to list all traffic violations may result in your disqualification. **If you have had no traffic violations in the past 5 years, check here []**.

Date:	Violation:	City, ST:	Penalty:
Date:	Violation:	City, ST:	Penalty:
Date:	Violation:	City, ST:	Penalty:

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	Check Yes or No	Circle Type of Equipment	Start Date	End Date	Approximate Miles
Straight Truck	Yes [] No []	VAN TANK FLATBED DUMP REEFER			
Tractor & Semi-Trailer	Yes [] No []	VAN TANK FLATBED DUMP REEFER			
Doubles / Triples	Yes [] No []	VAN TANK FLATBED DUMP REEFER			
Motorcoach	Yes [] No []				
School Bus	Yes [] No []				
Other					

Circle all the states in which you have operated a Commercial Motor Vehicle

AL AR AZ CA CO CT DE FL GA IA ID IL IN KS KY LA
 MA MD ME MI MN MO MS MT NC ND NE NH NJ NM NV NY
 OH OK OR PA RI SC SD TN TX UT VA VT WA WI WV WY

ALCOHOL & CONTROLLED SUBSTANCES TESTING

Have you tested positive for a controlled substance in the last 2 years? Yes [] No []
 Have you had an alcohol test with a breath alcohol concentration of 0.04 or greater in the last two years? Yes [] No []
 Have you refused a required test for drugs or alcohol in the last two years? Yes [] No []
 Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years? Yes [] No []

If you answered YES to any of the above questions, please give the Substance Abuse Professional's (SAP) name, address, and phone for further reference.

SAP Name: _____ Phone Number: _____

Address: _____ City: _____ State: _____ Zip: _____

To be read and signed by applicant

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.

I authorize the employer to make investigations and inquiries of my personal, employment, financial, and medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after 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.

Applicant's Signature

Date

ROYAL FREIGHT, L.P.

407 W. SIOUX RD. PHARR, TX 78577
Ph: 956-283-2200 Fax: 956-283-9952
Email: hr@royalfreight.net

PREVIOUS EMPLOYER INQUIRY

APPLICANT INFORMATION		APPLICANT MUST FILL IN ONLY THIS PART	
I hereby authorize release of information in regards to my general employment history and Department of Transportation regulated drug and alcohol testing records by my previous employer to the prospective employer making these inquiries. I understand this release is in accordance with CFR Par 40.25 and Part 391.23 of the Federal Motor Carrier Safety Regulations. I also understand the information released by my previous employer is limited to the past three years.			
Applicant's Name (Print)	Date of Birth	Social Security Number	
Applicant's Signature	Date		

PREVIOUS EMPLOYER INFORMATION		FILLED OUT BY PROSPECTIVE EMPLOYER	
Company Name	Address	City	State Zip
Phone	Fax	Email	

This form was Faxed [] Emailed [] Mailed [] Other [] Date: Attempt:

JOB PERFORMANCE HISTORY		FILLED OUT BY PREVIOUS EMPLOYER	
The above named driver has made an application for employment with this company as a commercial motor vehicle driver.			
states that he/she was employed from to .			
Please reply to the inquiries below in respect to this applicant. Your reply will be held in the strictest confidence and in will in no way involve you in any responsibility.			
1. Was the applicant employed by you? Yes [] No []	Are the employment dates stated above correct? Yes [] No []		
2. Did the applicant drive a commercial motor vehicle for you? Yes [] No []	If not, or if there is no safety performance history to report check here [] sign below and return. If yes, please indicate type below.		
Tractor Semi-Trailer [] Straight Truck [] Passenger [] Motor Coach [] Tanker [] Other []			
3. Was the applicant a responsible driver? Yes [] No []	Was the applicant competent? Yes [] No []		
4. What was the reason for leaving your employ? Discharged [] Resigned [] Lay Off [] Military Duty []			
5. Did the applicant have any accident while employed by you? Yes [] No []	If yes, please list below.		
Date:	At fault?	Yes [] No []	Injuries? Yes [] No [] Location:
Vehicle type:	Hazmat Spill?	Yes [] No []	Fatalities? Yes [] No []
Date:	At fault?	Yes [] No []	Injuries? Yes [] No [] Location:
Vehicle type:	Hazmat Spill?	Yes [] No []	Fatalities? Yes [] No []

DRUG AND ALCOHOL TESTING HISTORY		FILLED OUT BY PREVIOUS EMPLOYER	
Was the applicant subject to the US Department of Transportation's testing requirements while employed by you? Yes [] No []			
If not, check here [], sign below, date and return. If yes, please reply to the inquiries below in respect to this applicant.			
1. Did this person have an alcohol test with the result of 0.04 or higher alcohol concentration?	Yes []	No []	
2. Did this person have a verified positive result for a controlled substance test?	Yes []	No []	
3. Did this person refuse to submit to any DOT required alcohol or controlled substance test?	Yes []	No []	
4. Did this person commit other violations of Subpart B of Part 382 or Part 40?	Yes []	No []	
5. Did a previous employer report a DOT drug and alcohol violation to you?	Yes []	No []	
6. If this person violated a DOT drug and alcohol regulation, did this person complete a SAP-prescribed rehabilitation program in your employ, including return-to-duty and follow-up tests?	Yes []	No []	
7. For a driver who successfully completed a SAP's rehabilitation referral and remained in your employ, did this driver subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refuse to be tested?	Yes []	No []	
Note: For any question answered "YES", you must return a copy of all appropriate documentation (e.g., Control Custody forms, MRO result reports, Blood Alcohol testing forms, Substance Abuse Professional reports, return-to-duty and follow-up testing records.)			

Name of person providing information

Title

Signature

Date



**RELEASE OF CDL HOLDER'S REPORTED
POSITIVE ALCOHOL OR CONTROLLED
SUBSTANCE TEST RESULTS**



Use this form to obtain the CDL holder's reported positive alcohol or controlled substance test results information.

This form should ONLY be used if you wish to inquire whether or not a prospective driver (CDL Holder) has had a positive alcohol or controlled substance test result reported to the Texas Department of Public Safety in compliance with state law.

**THIS FORM IS NOT REQUIRED FOR REPORTING A POSITIVE
ALCOHOL OR CONTROLLED SUBSTANCE TEST.**

1. This form must be completed in full and include the driver's original signature.

2. Deliver, mail, Email or FAX the completed form to:

**Texas Department of Public Safety
Motor Carrier Bureau, MSC #0521
6200 Guadalupe, Building P
Austin, Texas 78752-4019 / Facsimile: 512-424-5310**

Check here if CDL Holder is requesting results on self

Email: MCB.VPR@dps.texas.gov

_____ ,
Print Name of CDL Holder Phone Number

_____ ,
Print full Address, City, State and Zip Code of CDL Holder Social Security #

Driver License Number of CDL Holder _____ State _____ Date of Birth _____

authorize release of any and all of CDL holder's reported positive alcohol or controlled substance test results reported under Texas state law to

_____ ,
Print Motor Carrier's Name Phone Number

_____ ,
Print full Address, City, State and Zip Code of Motor Carrier

Signature of Driver X	Date
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**If you wish to request and receive this information by electronic mail, submit a completed and notarized Electronic Mail Verification Form (MCS-32), available at the following web address:
<http://www.txdps.state.tx.us/forms/index.htm>.**