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APPLICATION FOR EMPLOYMENT

Position Applying For: _____

Name: _____ **SSN:** _____
Last First Middle

Address: _____
Number Street City State Zip Code

Phone (Home): _____ **(Work):** _____

Other names you have used or are known by: _____

Name and address of person to be contacted in case of an accident or emergency:

Name	Address	City	State	Zip Code	Phone
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Are you a citizen of the United States? Yes [] No []

If not, do you have a work permit from the US Immigration and Naturalization Service?

Yes [] No [] **Permit No.:** _____ (Proof Required)

Will you accept temporary work? Yes [] No [] **Part-time work?** Yes [] No []

Have you ever been convicted of any crime that resulted in imprisonment, probation or the payment of a fine or forfeiture or bail of \$50 or more? (a "yes" answer does not automatically disqualify you) Yes [] No []

If your answer is yes, please explain when, where and disposition of the case below:

Special Skills

List any skills you may have that pertain to the position you are applying for.

ACCIDENT/TRAFFIC RECORD

Provide accident record for the past three years or more. Attach another sheet as necessary. If none, write "none."

DATE	NATURE OF ACCIDENT (HEAD-ON, REAR-END, ETC.)	FATALITIES	INJURIES

Provide traffic convictions and forfeitures for the past three years other than parking violations. Attach another sheet as necessary. If none, write "none."

DATE	LOCATION	CHARGE	PENALTY

EDUCATION

Highest Grade Completed: 1 2 3 4 5 6 7 8 High School 1 2 3 4 College 1 2 3 4

Last School Attended: _____
Name City, State

EXPERIENCE AND QUALIFICATIONS

DRIVER LICENSES	STATE	LICENSE NO.	TYPE	EXPIRATION DATE

Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes [] No []

Has any license, permit or privilege ever been suspended or revoked? Yes [] No []

If your answer to either question is "yes," please provide details below:

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, FLAT, END DUMP, WALKING FLOOR, ETC.)	FROM	TO	APPROX. NO. OF TOTAL MILES
Straight Truck				
Tractor and Semi Trailer				
Tractor and Two Trailers				
Motorcoach/School Bus				
Other				

List states operated in during last five years: _____

List special courses or training that will help you as a driver: _____

Which safe driving awards do you hold and from whom? _____

OTHER EXPERIENCE AND QUALIFICATIONS

List any trucking, transportation or other experience that may help in your work for this company:

List any courses and training other than those listed above: _____

List any special equipment or technical materials you can work with other than those listed above:

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 Rocky Wells Trucking, Inc. to make such investigations and inquiries of my personal, employment, financial or 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. In the event of employment, I understand that false or misleading information given in my application or interview (s) may result in my discharge. I understand, also, that I am required to abide by all rules and regulations of Rocky Wells Trucking, Inc.

Signature: _____ **Date:** _____