

**RK Transportation LLC**  
**4216 Dewitt Ave** Mattoon, IL 61938

DOT APPLICATION FOR EMPLOYMENT

**NAME** \_\_\_\_\_  
                                 (First)  (Middle)  (Last)

**ADDRESS** \_\_\_\_\_  
                                 (Street)  (City)  (State)  (Zip)

**DATE OF BIRTH** \_\_\_\_\_    **SSN** \_\_\_\_\_

**TELEPHONE #** \_\_\_\_\_    **CELL PHONE #** \_\_\_\_\_

**PREVIOUS ADDRESSES FOR PAST 3 YEARS**

	_____ (Street)	_____ (City)	_____ (State)	_____ (Zip)
	_____ (Street)	_____ (City)	_____ (State)	_____ (Zip)

**DRIVER LICENSES**

STATE	LICENSE NO.	TYPE	EXPIRATION DATE

**DRIVING EXPERIENCE**

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC)	DATE(s) FROM	DATE(s) TO	APPROX. NO. OF MILES (TOTAL)
STRAIGHT TRUCK				
TRACTOR & SEMI-TRAILER				
OTHER				

**ACCIDENT RECORD FOR PAST 3 YEARS (ATTACH SHEET IF MORE SPACE IS NEEDED)**

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES
LAST ACCIDENT			
NEXT PREVIOUS			
NEXT PREVIOUS			

**TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS**  
 (OTHER THAN PARKING VIOLATIONS – ATTACH SHEET IF MORE SPACE IS NEEDED)

LOCATION	DATE	CHARGE	PENALTY

Have you ever been convicted of a Felony, DUI or DWI? Yes  No

If yes, please explain \_\_\_\_\_

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

If yes, please explain \_\_\_\_\_

Have you ever tested positive for drugs and/or alcohol? Yes  No

If yes, please explain \_\_\_\_\_

**Past Employment Record**

(List ALL past employment for the last three years and ALL DOT regulated past employers for the past 10 years)

**Last Employer Name** \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Position Held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Where you subject to U.S. DOT drug & alcohol testing? Yes \_\_\_\_\_ No \_\_\_\_\_

Was this employer regulated by U.S. DOT? Yes \_\_\_\_\_ No \_\_\_\_\_

**Second Last Employer Name** \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Position Held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Where you subject to U.S. DOT drug & alcohol testing? Yes \_\_\_\_\_ No \_\_\_\_\_

Was this employer regulated by U.S. DOT? Yes \_\_\_\_\_ No \_\_\_\_\_

**Third Last Employer Name** \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Position Held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Where you subject to U.S. DOT drug & alcohol testing? Yes \_\_\_\_\_ No \_\_\_\_\_

Was this employer regulated by U.S. DOT? Yes \_\_\_\_\_ No \_\_\_\_\_

**Fourth Last Employer Name** \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Position Held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Where you subject to U.S. DOT drug & alcohol testing? Yes \_\_\_\_\_ No \_\_\_\_\_

Was this employer regulated by U.S. DOT? Yes \_\_\_\_\_ No \_\_\_\_\_

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TO BE READ AND SIGNED BY THE APPLICANT

This certifies that this application and any additional past employer records have been 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

\_\_\_\_\_  
Printed Name

**Past Employment Record (Attachment Sheet for Additional Employers)**

**Fifth Last Employer Name** \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_  
Position Held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_  
Where you subject to U.S. DOT drug & alcohol testing? Yes \_\_\_\_\_ No \_\_\_\_\_  
Was this employer regulated by U.S. DOT? Yes \_\_\_\_\_ No \_\_\_\_\_

**Sixth Last Employer Name** \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_  
Position Held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_  
Where you subject to U.S. DOT drug & alcohol testing? Yes \_\_\_\_\_ No \_\_\_\_\_  
Was this employer regulated by U.S. DOT? Yes \_\_\_\_\_ No \_\_\_\_\_

**Eighth Last Employer Name** \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_  
Position Held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_  
Where you subject to U.S. DOT drug & alcohol testing? Yes \_\_\_\_\_ No \_\_\_\_\_  
Was this employer regulated by U.S. DOT? Yes \_\_\_\_\_ No \_\_\_\_\_

**Ninth Last Employer Name** \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_  
Position Held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_  
Where you subject to U.S. DOT drug & alcohol testing? Yes \_\_\_\_\_ No \_\_\_\_\_  
Was this employer regulated by U.S. DOT? Yes \_\_\_\_\_ No \_\_\_\_\_

**tenth Last Employer Name** \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_  
Position Held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_  
Where you subject to U.S. DOT drug & alcohol testing? Yes \_\_\_\_\_ No \_\_\_\_\_  
Was this employer regulated by U.S. DOT? Yes \_\_\_\_\_ No \_\_\_\_\_

**Eleventh Last Employer Name** \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_  
Position Held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_  
Where you subject to U.S. DOT drug & alcohol testing? Yes \_\_\_\_\_ No \_\_\_\_\_  
Was this employer regulated by U.S. DOT? Yes \_\_\_\_\_ No \_\_\_\_\_

**Twelfth Last Employer Name** \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_  
Position Held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_  
Where you subject to U.S. DOT drug & alcohol testing? Yes \_\_\_\_\_ No \_\_\_\_\_  
Was this employer regulated by U.S. DOT? Yes \_\_\_\_\_ No \_\_\_\_\_