

# High Rolling Transportation, LLC

## INSTRUCTIONS TO DRIVERS

1. Complete the application
  - a. Include **TEN YEARS** of previous employment history. If you do not have ten years of experience, list the appropriate information (In school, unemployed, etc.). **There may not be any gaps in this time-frame.**
  - b. Double check that you have included a good phone number, so we may reach you with further instructions.
2. If you have an Alaskan CDL, contact High Rolling Transportation LLC for a release. This is necessary to run your motor vehicle record.
3. Complete the PSP Release
4. Complete the Safety Performance History Release (**TOP SECTION ONLY**).
5. Provide High Rolling Transportation LLC the following documentation:
  - a. completed application
  - b. CDL
  - c. social security card
  - d. medical card
  - e. long-form physical. High Rolling Transportation, LLC requires a copy of your long form physical. If you don't have one, you can get a copy by contacting the medical facility where it was performed or taking a new physical. We must have this documentation before you proceed with orientation.
6. Take the pre-employment drug screen (and physical, if needed)
7. Complete the remaining paperwork and submit to High Rolling Transportation LLC .
8. You will receive a few documents at this time and in orientation for your personal reference.

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High Rolling Transportation LLC will contact you to schedule an orientation date when your background checks and drug test results have arrived.

High Rolling  
Transportation, LLC

P. O. Box 194  
Winchester, AR 71677  
501-205-4235 (Office)  
870-534-0037 (Fax)

DRIVER'S  
APPLICATION  
FOR  
EMPLOYMENT

DATE: \_\_\_\_\_

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**APPLICANT NAME:** \_\_\_\_\_

In compliance with federal and state equal employment opportunities laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability or any other protected group status.

**AUTHORIZATION:** I authorize you to make such investigations of my personal, employment, financial, criminal, regulatory or medical history and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, health care providers, and other personnel 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 discharge. I understand, also, that I am required to abide by all rules and regulations of High Rolling Transportation, LLC.

**DRIVER'S RIGHTS.** I acknowledge that High Rolling Transportation, LLC has provided me with written instructions regarding my rights as defined in Part 391.23 (i)-(j) of the Federal Motor Carrier Safety Regulations. I have reviewed these materials which include information on the following:

- Right to Review Information
- Right to Correct Corrections
- Right to Rebut Information

**APPLICANT TO COMPLETE**

Position Applied for: Commercial Truck Driver Social Security Number: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ (required for commercial drivers)

Can you provide proof of age?  Yes  No

**List your addresses for the past THREE years.**

Current Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip \_\_\_\_\_

How Long? \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Previous Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip \_\_\_\_\_

Email Address: \_\_\_\_\_

Have you worked for this company before:  Yes  No

If yes, dates: From: \_\_\_\_\_ To: \_\_\_\_\_

Rate of pay: \$ \_\_\_\_\_ Position: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Are you employed now?  Yes  No If not, date of separation: \_\_\_\_\_

Who referred you? \_\_\_\_\_ Expected rate of pay? \$ \_\_\_\_\_

Have you ever been bonded?  Yes  No

Name of bonding company: \_\_\_\_\_

Do you have the legal right to work in the United States?  Yes  No

Have you ever been convicted of a felony?  Yes  No

Are you on probation at this time?  Yes  No Charge: \_\_\_\_\_

Can you cross state lines?  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 \_\_\_\_\_

## EMPLOYMENT HISTORY

All applicants must provide the following information on **all employers during the preceding three years**. Be sure to list complete mailing address, street number, city, state and zip code.

Applicants to drive a commercial motor vehicle in intrastate or interstate commerce shall also provide **an additional seven years of their complete commercial vehicle employment history**.

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

### **NO GAPS IN TEN YEAR HISTORY**

Employer Name: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_

Address: \_\_\_\_\_ Position Held: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Salary: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Were you subject to the FMCSRs while you were employed?  Yes  No

Was your job designated as a safety-sensitive function in any DOT-regulated mode, subject to the drug and alcohol testing requirements of 49CFR Part 40?  Yes  No

Employer Name: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_

Address: \_\_\_\_\_ Position Held: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Salary: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Were you subject to the FMCSRs while you were employed? Yes  No

Was your job designated as a safety-sensitive function in any DOT-regulated mode, subject to the drug and alcohol testing requirements of 49CFR Part 40?  Yes  No

Employer Name: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_

Address: \_\_\_\_\_ Position Held: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Salary: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Were you subject to the FMCSRs while you were employed? Yes  No

Was your job designated as a safety-sensitive function in any DOT-regulated mode, subject to the drug and alcohol testing requirements of 49CFR Part 40?  Yes  No

Employer Name: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_  
Address: \_\_\_\_\_ Position Held: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Salary: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Were you subject to the FMCSRs while you were employed? Yes  No  
Was your job designated as a safety-sensitive function in any DOT-regulated mode, subject to the drug and alcohol testing requirements of 49CFR Part 40?  Yes  No

Employer Name: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_  
Address: \_\_\_\_\_ Position Held: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Salary: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Were you subject to the FMCSRs while you were employed? Yes  No  
Was your job designated as a safety-sensitive function in any DOT-regulated mode, subject to the drug and alcohol testing requirements of 49CFR Part 40?  Yes  No

Employer Name: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_  
Address: \_\_\_\_\_ Position Held: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Salary: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Were you subject to the FMCSRs while you were employed? Yes  No  
Was your job designated as a safety-sensitive function in any DOT-regulated mode, subject to the drug and alcohol testing requirements of 49CFR Part 40?  Yes  No

Employer Name: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_  
Address: \_\_\_\_\_ Position Held: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Salary: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Were you subject to the FMCSRs while you were employed? Yes  No  
Was your job designated as a safety-sensitive function in any DOT-regulated mode, subject to the drug and alcohol testing requirements of 49CFR Part 40?  Yes  No

**ACCIDENT RECORD** for past three years  
 (Attach additional sheet if more space is required). If none, write none.

|               | Date | Nature of Accident | Fatalities | Injuries | Haz-Mat Spill |
|---------------|------|--------------------|------------|----------|---------------|
| Last Accident |      |                    |            |          |               |
| Next Previous |      |                    |            |          |               |
| Next Previous |      |                    |            |          |               |

**TRAFFIC CONVICTIONS** for past three years, other than parking violations  
 (Attach additional sheet if more space is required). If none, write none.

| Date | Location | Charge | Penalty |
|------|----------|--------|---------|
|      |          |        |         |
|      |          |        |         |
|      |          |        |         |

**EXPERIENCE AND QUALIFICATIONS – DRIVER**

|              | State | License Number | Type | Expiration |
|--------------|-------|----------------|------|------------|
| Driver       |       |                |      |            |
| Endorsements |       |                |      |            |
|              |       |                |      |            |

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle?  
 B. Has nay license, permit or privilege ever been suspended or revoked?

If the answer to either A or B is yes, give details below.

**DRIVING EXPERIENCE** (check yes or no)

| Class of Equipment             | Yes or No | Equipment Type | Dates |    | Approx. Number Of Miles |
|--------------------------------|-----------|----------------|-------|----|-------------------------|
|                                |           |                | From  | To |                         |
| Straight Truck                 |           |                |       |    |                         |
| Tractor and Semi-Trailer       |           |                |       |    |                         |
| Trailer – Two Trailers         |           |                |       |    |                         |
| Motor Coach / School Bus – 8   |           |                |       |    |                         |
| Motor Coach / School Bus – 15+ |           |                |       |    |                         |

List states/regions operated in for the last five years: \_\_\_\_\_

List any safe driving awards you've earned: \_\_\_\_\_

Total years of commercial driving experience: \_\_\_\_\_

**EXPERIENCE AND QUALIFICATIONS – OTHER**

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

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List courses and training other than shown elsewhere in the application:

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List special equipment or technical materials you can work with (other than already shown)

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**EDUCATION**

Last school attended and location: (City and State) \_\_\_\_\_

Highest grade completed: \_\_\_\_\_

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**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.

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

Date: \_\_\_\_\_

# High Rolling

## Transportation, LLC

## PSP On-line Service

In connection with your application for employment with High Rolling Transportation, LLC ("Prospective Employer"). High Rolling Transportation, LLC its employees, agents or contractors may obtain one or more reports regarding your driving and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

When the application for employment is submitted in person, if High Rolling Transportation, LLC uses any information it obtains from FMCSA in a decision to not hire you or make any other adverse employment decision regarding you, High Rolling Transportation, LLC will provide you with a copy of the report which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, High Rolling Transportation, LLC will notify you that the action has been taken and that the action was based in part or in whole on this report.

When the application is submitted by mail, telephone, computer or other similar means, if High Rolling Transportation, LLC uses any information it obtains from FMCSA in a decision not to hire you or to make any other adverse employment decision regarding you, High Rolling Transportation, LLC must provide you within three business days of taking adverse action oral, written or electronic notification that adverse action has been taken based in whole or in part on information obtained from FMCSA the name address and toll free number of FMCSA, that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken, and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from High Rolling Transportation, LLC who procured the report, then, within 3 business days of receiving your request, together with proper identification, High Rolling Transportation, LLC must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

High Rolling Transportation, LLC cannot obtain background report from FMCSA unless you consent in writing.

I authorize High Rolling Transportation, LLC ("Prospective Employer") to access the FMCSA Pre-Employment Screening Program (PSP) system to see information regarding my commercial driving safety records and information regarding my safety inspection history. I understand and I am consenting to the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.

I further understand that neither High Rolling Transportation, LLC nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <http://datags.fmcsa.dot.gov>. If I am challenging crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

PLEASE NOTE: Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear *and* remain on a PSP report.

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I have read the above Notice regarding Background Reports provided to me by High Rolling Transportation, LLC and I understand that if I sign this consent form High Rolling Transportation, LLC may obtain a report of my crash and inspection history. I hereby authorize High Rolling Transportation, LLC and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Date: \_\_\_\_\_

Signature \_\_\_\_\_

Name (please print) \_\_\_\_\_

Printed Name



# High Rolling Transportation, LLC

P. O. Box 194  
Winchester, AR 71677  
501-205-4235 (Office)  
870-534-0037 (Fax)

## SAFETY PERFORMANCE HISTORY INVESTIGATION

**TO BE COMPLETED BY DRIVER APPLICANT:** *As the applicant, my signature authorizes you, as my previous employer to release the information requested below to High Rolling Transportation, LLC, my prospective employer / lessor.*

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Applicant's Printed Name: \_\_\_\_\_ SSN: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

**TO BE COMPLETED BY PREVIOUS EMPLOYER:** FMCSA regulations require this SPH investigation. Please complete the requested information, using additional paper if necessary. If you have no information to report, please indicate so in the appropriate section. **FAX COMPLETED FORM TO: 870-534-0037**

Applicant was employed, or was leased, to this company from: \_\_\_\_\_ to \_\_\_\_\_.

Position: \_\_\_\_\_ Position required a commercial driver's license?  Yes  No

### Accident information:

No accident information to report (as defined by Part 390.5) City and State: \_\_\_\_\_

Number of Fatalities: \_\_\_\_ Number of Injuries: \_\_\_\_ Release of Haz-Mat:  Yes  No

Additional information regarding this accident: \_\_\_\_\_  
(use additional sheets, if necessary)

### Prohibited Drug and Alcohol Testing Information:

Applicant was not in a safety-sensitive position subject to Part 40 regulations while in our employ/lease

No prohibited drug and/or alcohol conduct to report. (if box checked, please skip down to contact info)

During the previous three years, did the driver:

Have an alcohol test result with an alcohol concentration of 0.04 or higher?  Yes  No

Have a verified positive drug test result?  Yes  No

Have a violation of any of the other drug and/or alcohol testing prohibitions?  Yes  No

Refuse to be tested (this includes receiving a verified adulterated or substituted drug test result)?  Yes  No

If yes to any of the above, did the driver:

Comply with the recommendations prescribed by a Substance Abuse Professional (SAP) pursuant to Part 40, while in your employment / lease?  Yes  No

Successfully complete the return to duty program while in your employ/lease?  Yes  No

(Attach additional documentation, if available, to verify the individual's successful completion of the return to duty process)

Name of Company \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
Name of Person Providing Information \_\_\_\_\_ Title \_\_\_\_\_

\_\_\_\_\_  
Telephone \_\_\_\_\_ Fax \_\_\_\_\_