

# RAMLER TRUCKING, INC.

400-13TH STREET ALBANY, MN 56307  
320-845-4500 / [www.ramlertrucking.com](http://www.ramlertrucking.com)

## APPLICANT: READ AND SIGN BEFORE SUBMITTING APPLICATION.

The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age.

I understand that the information in this application will be used and that prior employers will be contacted for the purpose of investigating as required by 391.23 of the Federal Motor Carrier Safety Regulations.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date Signed

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
(First) (Middle) (Last)

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

How long residing at this address? \_\_\_\_\_

Email address: \_\_\_\_\_

Emergency Contact: Name, Relationship, Phone #: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date DOT Physical Expires: \_\_\_\_/\_\_\_\_/\_\_\_\_

Social Security Number: \_\_\_\_\_

Job applying for: Company Driver: \_\_\_\_\_ Owner Operator: \_\_\_\_\_ Shop: \_\_\_\_\_

Driver's License No. \_\_\_\_\_ State: \_\_\_\_\_ Type/Class: \_\_\_\_\_

What year did you get your CDL? \_\_\_\_\_

Has your license ever been suspended or revoked? \_\_\_\_ If yes, please explain: \_\_\_\_\_

What type of work are you interested in doing? Flat \_\_\_\_ Reefer \_\_\_\_ Tanker \_\_\_\_

Do you have a Tanker endorsement? Y \_\_\_\_ N \_\_\_\_

Is there any reason you might not be able to perform the functions of this job for which you have applied, including lifting in excess of 20 pounds on a daily basis. YES \_\_\_\_ NO \_\_\_\_

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

Please list the last 10 years of employment. If more space is needed, please use additional paper.

Current Employer: \_\_\_\_\_

Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

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

\_\_\_\_\_ Zip: \_\_\_\_\_ Position Held \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Salary \_\_\_\_\_

\_\_\_\_\_

Reason for leaving,

\_\_\_\_\_

May we contact your present employer for references? Yes \_\_\_ No \_\_\_

Employer: \_\_\_\_\_

Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_ Zip: \_\_\_\_\_ Position Held \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Salary \_\_\_\_\_

\_\_\_\_\_

Reason for leaving

\_\_\_\_\_

Employer: \_\_\_\_\_

Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_ Zip: \_\_\_\_\_ Position Held \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Salary \_\_\_\_\_

\_\_\_\_\_

Reason for leaving

\_\_\_\_\_

## Education Background

Circle 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) (Address)

## General Information

	Type of Equipment (van, tank, flat, etc.)	Dates	Approx. Number of Miles
<b>Straight Truck</b>			
<b>Tractor Semi Trailer</b>			
<b>Twin Trailers</b>			
<b>Other</b>			

List states operated in for past 5 years \_\_\_\_\_

## Accident Review for the Past 3 Years:

	Date	Nature of Accident (Head-on, rear-end, etc.)	Fatalities	Injuries
<b>Last Accident</b>				
<b>Next Previous</b>				
<b>Next Previous</b>				

## Traffic Convictions and Forfeitures for the past 3 years other than parking:

Location	Date	Charge	Penalty

### Personal References

List three references, other than family members, who know your work habits.

Name \_\_\_\_\_ City \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ City \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ City \_\_\_\_\_ Phone \_\_\_\_\_

## Owner Operator Equipment List

NAME/COMPANY NAME: \_\_\_\_\_

MAKE/MODEL: \_\_\_\_\_

MILES: \_\_\_\_\_

YEAR: \_\_\_\_\_

TRUCK NUMBER: \_\_\_\_\_

**THE BELOW DISCLOSURE AND AUTHORIZATION LANGUAGE IS FOR MANDATORY USE BY ALL ACCOUNT HOLDERS  
IMPORTANT DISCLOSURE**

**REGARDING BACKGROUND REPORTS FROM THE PSP Online Service**

In connection with your application for employment with **Ramler Trucking, Inc.** (Prospective Employer), 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 the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer will provide you with a copy of the report upon 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 on your driving history or safety report, the Prospective Employer 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 for employment is submitted by mail, telephone, computer, or other similar means, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer 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 the toll-free telephone 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 the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

Neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. You may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If you challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. Your request will be forwarded by the DataQs system to the appropriate State for adjudication.

Any crash or inspection in which you were involved will be displayed 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 Federal Motor Carrier Safety Regulations (FMCSR) violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

The Prospective Employer cannot obtain background reports from FMCSA without your authorization.

**AUTHORIZATION**

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

I authorize **Ramler Trucking, Inc.** to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am authorizing 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 the Prospective Employer 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 <https://dataqs.fm.csa.dot.gov>. If I challenge 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.

I understand that any crash or inspection in which I was involved will be displayed on my PSP report. Since the PSP report does not report, assign, or imply fault, I acknowledge it will include all CMV crashes where I was a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, I understand all inspections, with or without violations, will appear on my PSP report, and State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on my PSP report.

I have read the above Disclosure Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this Disclosure and Authorization, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

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

\* \_\_\_\_\_  
Signature

\* \_\_\_\_\_  
Name (Please Print)

NOTICE: This form is made available to monthly account holders by NIC on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain an Applicant's written or electronic consent prior to accessing the Applicant's PSP report. Further, account holders are required by FMCSA to use the language contained in this Disclosure and Authorization form to obtain an Applicant's consent. The language must be used in whole, exactly as provided. Further, the language on this form must exist as one stand-alone document. The language may NOT be included with other consent forms or any other language.

NOTICE: The prospective employment concept referenced in this form contemplates the definition of "employee" contained at 49 C.F.R. 383.5.

**General Consent for  
Limited Queries  
of the Federal Motor Carrier Safety Administration (FMCSA) Drug  
and Alcohol Clearinghouse.**

I, \_\_\_\_\_ hereby provide consent to  
(PLEASE PRINT NAME)

**Ramler Trucking, Inc.** to conduct a **limited query** of the FMCSA Commercial Driver's License Drug and Alcohol Clearinghouse (Clearinghouse) to determine whether drug or alcohol violation information about me exists in the Clearinghouse. By signing this consent form, the employee is consenting to **unlimited Queries over the duration of employment.**

I understand that if the **limited query** conducted by **Ramler Trucking, Inc.** indicates that drug or alcohol violation information about me exists in the Clearinghouse, FMCSA will not disclose that information to Ramler Trucking, Inc. without first obtaining additional specific consent from me.

I further understand that if I refuse to provide consent for Ramler Trucking, Inc. to conduct a limited query of the Clearinghouse, Ramler Trucking, Inc. must prohibit me from performing safety-sensitive functions, including driving a commercial motor vehicle, as required by FMCSA's drug and alcohol program regulations.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

# Request for Driver's Safety Performance History Information from DOT-Regulated Previous Employer(s)

Carrier Name: **Ramler Trucking, Inc.**

Contact Person: Administrator

Address: 400 13<sup>th</sup> Street

City, State, Zip: Albany, MN 56307

Phone #: 320-845-4500

Confidential Fax #: 320-845-7245

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## Driver to Complete This Section

As a Commercial Motor Vehicle (CMV) Driver, I understand that per the Federal Motor Carrier Safety Regulations (FMCSRs) Part 391.21, the following information will be from all previous employers for which I operated a CMV subject to the FMCSR Parts 390 and/or 40, 382, & 383, *within the past three years*, shown below. I also acknowledge that this information will be used in determining eligibility to be hired, and that I have the right to review this information and rebut any errors in these statements from my prior employers, as described in the FMCSR Part 391.2.11.

I \_\_\_\_\_, hereby authorize this company to release all records of employment, including assessments

Print Name

of my job performance, ability and fitness including dates of any alcohol or drug tests. Those confirmed results, and/or my refusal to submit to any alcohol or drug tests and any rehabilitation completion under the direction of (SAPIMRO) to each and every company (or their authorized agents) which may request such information in connection with my application for employment with said company. I hereby release this company, and its employees, officers, directors, and agents from any liability of any type as a result of providing information to the above-mentioned person and/or company.

Previous Employer: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

I worked for this company from the dates of \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

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

\_\_\_\_\_  
SSN or ID Number

\_\_\_\_\_  
D.O.B.

\_\_\_\_\_  
Today's Date

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