



**SECTION 6. Traffic Convictions (if none-write none)**

List all traffic convictions and forfeitures for the past 5 years (in any motor vehicle, other than parking violations):

Date	Location (State)	Violation (If speeding, show rate of speed)	Penalty (amount of fine)

**SECTION 7. Record of Convictions, Deferred Prosecutions and Pending Charges**

List all felonies of which you have ever been convicted; and all misdemeanors that you pled "guilty" to, been convicted of, had prosecution deferred in connection with, or pled "no contest" (if none, write "none"):

Month/Year	City /State /County	Charges	Sentence	Felony	Misdemeanor

List all unresolved charges pending in the judicial system (if none, write "none")

Month/Year	City /State /County	Charges	Sentence	Felony	Misdemeanor

**SECTION 8.**

Date (Month/ Year)

1. Have you ever been fired from an assignment or had a lease involuntarily terminated?.....Yes No \_\_\_\_\_  
Explain \_\_\_\_\_

2. While operating a commercial vehicle have you ever been convicted of reckless driving, careless driving, or careless operation, or are any charges pending?.....Yes No \_\_\_\_\_  
Explain \_\_\_\_\_

3. In the last 5 years have you been convicted of reckless driving, careless driving, or careless operations of a motor vehicle, or are any charges pending?.....Yes No \_\_\_\_\_  
Explain \_\_\_\_\_

4. Have you ever been convicted of an alcohol or drug related offense while operating a motor vehicle or are there any charges pending?.....Yes No \_\_\_\_\_  
Explain \_\_\_\_\_

5. Have you ever been convicted for possession, sale or transfer of a narcotic drug, marijuana, amphetamines, or derivatives thereof or for the illegal transportation of alcohol, or are any charges pending?.....Yes No \_\_\_\_\_  
Explain \_\_\_\_\_

6. Have you ever failed or refused a pre-employment drug or alcohol test where you were not accepted for employment?.....Yes No \_\_\_\_\_  
Explain \_\_\_\_\_

7. Has any license, permit, or privilege ever been suspended or revoked, or denied for any reason?.....Yes No \_\_\_\_\_  
Explain \_\_\_\_\_

If you answered YES to any of the above, please explain in the space provided.

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)

## SECTION 9. Personal History For Past 10 Years

Begin with your present experience and work backward in order, listing all of your lessons and employers, driving school and other training programs, periods of military service, self-employment and unemployment for at least 10 years.

All time for the past 10 years must be accounted for. Use supplementary sheet if necessary. Fill in all blanks.

Leave no blanks or gaps in the time for past 10 years.

**May we contact your present employer/lessor (if any) to verify your work record? Yes No	
Period of unemployment (if any) Dates: from (Month/Year)	To

Dates: From Month/Year _____ to _____	Were you subject to DOT Regulations? _____
Company: _____	Were you subject to Drug & Alcohol Testing?: _____
Address: _____	Position Held: _____ Weekly Earnings: _____
City: _____ State: _____	Type of Equipment: _____
Telephone: _____	Number of Accidents: _____
Supervisor: _____	Total miles Driven: _____
Reason for Leaving: _____	Full or Part-Time: _____ Hours or Miles/Week: _____

Dates: From Month/Year _____ to _____	Were you subject to DOT Regulations? _____
Company: _____	Were you subject to Drug & Alcohol Testing?: _____
Address: _____	Position Held: _____ Weekly Earnings: _____
City: _____ State: _____	Type of Equipment: _____
Telephone: _____	Number of Accidents: _____
Supervisor: _____	Total miles Driven: _____
Reason for Leaving: _____	Full or Part-Time: _____ Hours or Miles/Week: _____

Dates: From Month/Year _____ to _____	Were you subject to DOT Regulations? _____
Company: _____	Were you subject to Drug & Alcohol Testing?: _____
Address: _____	Position Held: _____ Weekly Earnings: _____
City: _____ State: _____	Type of Equipment: _____
Telephone: _____	Number of Accidents: _____
Supervisor: _____	Total miles Driven: _____
Reason for Leaving: _____	Full or Part-Time: _____ Hours or Miles/Week: _____

Dates: From Month/Year _____ to _____	Were you subject to DOT Regulations? _____
Company: _____	Were you subject to Drug & Alcohol Testing?: _____
Address: _____	Position Held: _____ Weekly Earnings: _____
City: _____ State: _____	Type of Equipment: _____
Telephone: _____	Number of Accidents: _____
Supervisor: _____	Total miles Driven: _____
Reason for Leaving: _____	Full or Part-Time: _____ Hours or Miles/Week: _____

All time for the past 10 years must be accounted for. Use supplementary sheet if necessary. Fill in all blanks.

This information provided may be used, and previous employers / carriers will be contacted for the purpose of investigating safety performance history information. You have the right to review safety related information provided by past employers / carriers. To obtain this information you must, in writing, submit a request when submitting this, or within 30 days of being notified of denial. You also have the right to have errors in information corrected by previous employers / carriers and resubmitted to Roadrunner Transportation Services, Inc. You also have the right to have a rebuttal statement attached to erroneous information if you and your previous employer / carrier cannot agree on the accuracy of the information.

# CONFIDENTIAL WORK HISTORY INQUIRY

TO:

Former Company \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

I hereby authorize all my former companies to release all personnel information to **ROADRUNNER TRANSPORTATION SERVICES INC.** when such information is requested in connection with my application for Independent Contractor / lease driver, as required by Section 391.23 of the FEDERAL MOTOR CARRIER SAFETY REGULATIONS. I hereby release my former companies from any and all liability of any type as a result of providing this information.

X Signature \_\_\_\_\_ Date \_\_\_\_\_

Name of Former Employee: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Please answer the following questions:

1. Did this person work for you as a \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_? Yes \_\_\_\_\_ No \_\_\_\_\_  
If no, correct dates; from \_\_\_\_\_ to \_\_\_\_\_
2. Accidents: Number of D.O.T Reportable \_\_\_\_\_ Number of Chargeable \_\_\_\_\_ Number of Non-Chargeable \_\_\_\_\_
3. Has this person ever tested positive for a controlled substance? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_
4. Has this person ever had an alcohol test with a Breath Alcohol Concentration of 0.04 or greater? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_
5. Has this person ever refused a required test for drugs or alcohol? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_
6. Has this person violated other DOT drug or alcohol regulations? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_
7. Has a previous employer reported DOT drug or alcohol violations for this individual? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_
8. Why did this person leave your company? \_\_\_\_\_
9. Would you re-qualify this person? Yes \_\_\_\_\_ No \_\_\_\_\_ (Please explain) \_\_\_\_\_
10. If qualified as a driver, please answer the following:
  - a. Type of driver: Company driver \_\_\_\_\_, Owner/Operator \_\_\_\_\_, Other \_\_\_\_\_
  - b. Type of equipment: Tractor \_\_\_\_\_, Type of Trailer \_\_\_\_\_, Other Equipment \_\_\_\_\_
  - c. General Area of Operation \_\_\_\_\_, Commodities transported \_\_\_\_\_
  - d. Performance? \_\_\_\_\_
  - e. Customer Relations? \_\_\_\_\_
  - f. Reliability \_\_\_\_\_

11. Additional comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_ Company \_\_\_\_\_

This person on his/her application has listed your firm. Please reply to this inquiry respectfully. Please note, your company has been waived of all potential liability, per FMCSR 391.23 (f) (1). PLEASE BE FACTUAL and return to: