

## Guidelines for completing Rushco Services Employment Application

- Please read these instructions before proceeding with the application
- Answer ALL applicable questions completely, if a question does not apply to you write "N/A"

### Page 1

- Fill in all information requested including your Cell number and if you wish email address

### Page 2A & 2 B Employment History

- Rushco is required to obtain 10 years of unbroken employment history from you
- Rushco must contact and verify the last 3 years of employment
- Start with your most recent employer at the top of page 2A and work backward for 10 years
- Please fill in all information for each employer, you must give us dates of employment ( Month / Year)

### Page 3 Fill in all information requested, specifically pay attention to the following ...

- Complete accident section, if you had no accidents Write "NONE"
- Complete traffic ticket section, if you haven't had any Write "NONE"
- Fill in Driver License information and answer questions completely
- Complete driving experience section with type of equipment, dates and miles

### Page 4 Experience and Qualifications

- Fill in any additional experience and qualifications
- Sign & date

### Page 5 Disclosure and release of Information Authorization

- Fill in all requested information
- Sign – fill in SSN and date

### Page 6A-C Release of Information Form for drug testing at previous employers

- This form must be completed for each past employer within the last 3 years
- Fill in all requested information in SECTION I-A
- Fill in all requested information in SECTION I-B
- Sign and Date

Questions ?? Call (800) 255-7563

Return Application via mail to: Rushco Services, Inc. via Fax: (508) 892-8388 email: info@rushcoservices.com  
196 Leicester Street  
North Oxford, MA 01537-1000

# DRIVER'S APPLICATION FOR EMPLOYMENT

Company RUSHCO SERVICES, INC.

Address 196 Leicester Street

North Oxford State MA Zip 01537-1000

(answer all questions - please print)

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or non-job related disability.

Date of application \_\_\_\_\_

Position(s) Applied for Over - The - Road Class A CDL Driver

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_  
Last First Middle

List your addresses of residency for the past 3 years. Cell#: \_\_\_\_\_ email: \_\_\_\_\_

Current Address \_\_\_\_\_  
Street City

Previous Addresses \_\_\_\_\_  
State Zip Code Phone How Long?

\_\_\_\_\_ Street City State & Zip Code How Long?

\_\_\_\_\_ Street City State & Zip Code How Long?

\_\_\_\_\_ Street City State & Zip Code How Long?

\_\_\_\_\_ Street City State & Zip Code How Long?

Do you have the legal right to work in the United States? \_\_\_\_\_

Date of Birth \_\_\_\_\_ Can you provide proof of age? \_\_\_\_\_  
 (Required for Commercial Drivers)

Have you worked for this company before? \_\_\_\_\_ Where? \_\_\_\_\_

Dates: From \_\_\_\_\_ To \_\_\_\_\_ Rate of Pay \_\_\_\_\_ Position \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Are you now employed? \_\_\_\_\_ If not, how long since leaving last employment? \_\_\_\_\_

Who referred you? \_\_\_\_\_ Rate of pay expected \_\_\_\_\_

Is there any reason you might be unable to perform the functions of the job for which you have applied [as described in the attached job description]?

\_\_\_\_\_  
 If yes, explain if you wish. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## EMPLOYMENT HISTORY

2A

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. 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 7 years' information on those employers for whom the applicant operated such vehicle.  
(NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary.)

EMPLOYER			DATE	
NAME			FROM MO.    YR.	TO MO.    YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON	PHONE NUMBER		REASON FOR LEAVING	

EMPLOYER			DATE	
NAME			FROM MO.    YR.	TO MO.    YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON	PHONE NUMBER		REASON FOR LEAVING	

EMPLOYER			DATE	
NAME			FROM MO.    YR.	TO MO.    YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON	PHONE NUMBER		REASON FOR LEAVING	

EMPLOYER			DATE	
NAME			FROM MO.    YR.	TO MO.    YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON	PHONE NUMBER		REASON FOR LEAVING	

EMPLOYER			DATE	
NAME			FROM MO.    YR.	TO MO.    YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON	PHONE NUMBER		REASON FOR LEAVING	

EMPLOYER			DATE	
NAME			FROM MO.    YR.	TO MO.    YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON	PHONE NUMBER		REASON FOR LEAVING	

EMPLOYER			DATE	
NAME			FROM MO.    YR.	TO MO.    YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON	PHONE NUMBER		REASON FOR LEAVING	

\* Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

## EMPLOYMENT HISTORY

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(NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary.)

EMPLOYER			DATE	
NAME			FROM MO.	YR.
ADDRESS			TO MO.    YR.	
CITY	STATE	ZIP	POSITION HELD	
CONTACT PERSON		PHONE NUMBER	SALARY/WAGE	
			REASON FOR LEAVING	

EMPLOYER			DATE	
NAME			FROM MO.	YR.
ADDRESS			TO MO.    YR.	
CITY	STATE	ZIP	POSITION HELD	
CONTACT PERSON		PHONE NUMBER	SALARY/WAGE	
			REASON FOR LEAVING	

EMPLOYER			DATE	
NAME			FROM MO.	YR.
ADDRESS			TO MO.    YR.	
CITY	STATE	ZIP	POSITION HELD	
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NAME			FROM MO.	YR.
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CONTACT PERSON		PHONE NUMBER	SALARY/WAGE	
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			REASON FOR LEAVING	

\* Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED) IF NONE, WRITE NONE

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

TRAFFIC CONVICTIONS AND FORFEITURES FOR PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE NONE

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

**EDUCATION**

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) \_\_\_\_\_ (CITY)

**EXPERIENCE AND QUALIFICATIONS - DRIVER**

DRIVER LICENSES	STATE	LICENSE NO.	TYPE	EXPIRATION DATE

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES \_\_\_\_\_ NO \_\_\_\_\_

B. Has any license, permit or privilege ever been suspended or revoked? YES \_\_\_\_\_ NO \_\_\_\_\_

IF THE ANSWER TO EITHER A OR B IS YES, ATTACH STATEMENT GIVING DETAILS

**DRIVING EXPERIENCE** IF NONE, WRITE NONE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	FROM	DATES	TO	APPROX. NO. OF MILES (TOTAL)
STRAIGHT TRUCK					
TRACTOR AND SEMI-TRAILER					
TRACTOR - TWO TRAILERS					
MOTOR COACH - SCHOOL BUS					
OTHER					

LIST STATES OPERATED IN FOR LAST FIVE YEARS \_\_\_\_\_

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER: \_\_\_\_\_

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM? \_\_\_\_\_

**EXPERIENCE AND QUALIFICATIONS - OTHER**

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWN)

**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 you 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, healthcare 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 discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

Date \_\_\_\_\_

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

**PROCESS RECORD**

APPLICANT HIRED \_\_\_\_\_ REJECTED \_\_\_\_\_

DATE EMPLOYED \_\_\_\_\_ POINT EMPLOYED \_\_\_\_\_

DEPARTMENT \_\_\_\_\_ CLASSIFICATION \_\_\_\_\_

(IF REJECTED, SUMMARY REPORT OF REASONS SHOULD BE PLACED IN FILE)

THIS SECTION TO BE FILLED IN BY RESPONSIBLE OFFICER OR COMPANY REPRESENTATIVE

	SUPERIOR	GOOD	FAIR	BELOW AVERAGE	POOR	WRITTEN RECORD ON FILE
1. APPLICATION						
2. INTERVIEW						
3. PAST EMPLOYMENT						
4. WRITTEN EXAM						
5. ROAD TEST						
6. CRIMINAL AND TRAFFIC CONVICTIONS						

SIGNATURE OF INTERVIEWING OFFICER \_\_\_\_\_

**TRANSFERS**

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

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

REASON FOR TRANSFER \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

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

REASON FOR TRANSFER \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

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

REASON FOR TRANSFER \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

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

REASON FOR TRANSFER \_\_\_\_\_

**TERMINATION OF EMPLOYMENT**

DATE TERMINATED \_\_\_\_\_ DEPARTMENT RELEASED FROM \_\_\_\_\_

DISMISSED \_\_\_\_\_ VOLUNTARILY QUIT \_\_\_\_\_ OTHER \_\_\_\_\_

TERMINATION REPORT PLACED IN FILE \_\_\_\_\_ SUPERVISOR \_\_\_\_\_



6A

**RUSHCO SERVICES INC**

**"Release of Information Form -- 49 CFR Part 40 Drug and Alcohol Testing"**

**\*\*\*\*COMPLETE A SEPARATE RELEASE FORM FOR EACH D.O.T. EMPLOYER\*\*\*\***

**Section I. To be completed and signed by the prospective employee:**

**I-A. Employee Printed or Typed Name:** \_\_\_\_\_

**Employee SS or ID Number:** \_\_\_\_\_

I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer, listed in *Section I-B*, to the employer listed in *Section I-A*. This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25. I understand that information to be released in *Section II-A* by my previous employer, is limited to the following DOT-regulated testing items:

1. Alcohol tests with a result of 0.04 or higher;
2. Verified positive drug tests;
3. Refusals to be tested;
4. Other violations of DOT agency drug and alcohol testing regulations;
5. Information obtained from previous employers of a drug and alcohol rule violation;
6. Documentation, if any, of completion of the return-to-duty process following a rule violation.

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**New Employer Name:** RUSHCO SERVICES INC 196 LEICESTER ROAD, NORTH OXFORD MA 01537  
**Phone #:** 800-255-7563 **Fax #:** 508-892-8388  
**Designated Employer Representative:** Buz Reusch **Email:** buz@rushcoservices.com  
**PLEASE RETURN FORM TO PT Research, Inc. at Fax # (866) 621-0754**

**I-B. Previous Employer Name:** \_\_\_\_\_

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

**Phone #:** \_\_\_\_\_

**Designated Employer Representative (if known):** \_\_\_\_\_

**Section II. To be completed by the previous employer and transmitted via fax to:** **PT Research, Inc.**  
**Fax: (866) 621-0754**

**II-A. In the two years prior to the date of the employee's signature (in Section I), for DOT-regulated testing ~**

1. Did the employee have alcohol tests with a result of 0.04 or higher? YES \_\_\_ NO \_\_\_
2. Did the employee have verified positive drug tests? YES \_\_\_ NO \_\_\_
3. Did the employee refuse to be tested? YES \_\_\_ NO \_\_\_
4. Did the employee have other violations of DOT agency drug and alcohol testing regulations? YES \_\_\_ NO \_\_\_
5. Did a previous employer report a drug and alcohol rule violation to you? YES \_\_\_ NO \_\_\_
6. If you answered "yes" to any of the above items, did the employee complete the return-to-duty process? N/A \_\_\_ YES \_\_\_ NO \_\_\_

*NOTE: If you answered "yes" to item 5, you must provide the previous employer's report. If you answered "yes" to item 6, you must also transmit the appropriate return-to-duty documentation (e.g., SAP report(s), follow-up testing record).*

**II-B. Name of person providing information in Section II-A:** \_\_\_\_\_

**Title:** \_\_\_\_\_ **Phone #:** (\_\_\_\_) \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please complete and return at your earliest convenience. This information must be obtained prior to hiring prospective employee(s) to perform safety-sensitive duties. Thanks you for your cooperation.**

**Position being considered for:** \_\_\_\_\_



**RUSHCO SERVICES INC**  
"Release of Information Form -- 49 CFR Part 40 Drug and Alcohol Testing"

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**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**II-A. In the two years prior to the date of the employee's signature (in Section I), for DOT-regulated testing ~**

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3. Did the employee refuse to be tested? YES \_\_\_ NO \_\_\_
4. Did the employee have other violations of DOT agency drug and alcohol testing regulations? YES \_\_\_ NO \_\_\_
5. Did a previous employer report a drug and alcohol rule violation to you? YES \_\_\_ NO \_\_\_
6. If you answered "yes" to any of the above items, did the employee complete the return-to-duty process? N/A \_\_\_ YES \_\_\_ NO \_\_\_

*NOTE: If you answered "yes" to item 5, you must provide the previous employer's report. If you answered "yes" to item 6, you must also transmit the appropriate return-to-duty documentation (e.g., SAP report(s), follow-up testing record).*

**II-B. Name of person providing information in Section II-A:** \_\_\_\_\_

**Title:** \_\_\_\_\_ **Phone #:** (\_\_\_\_) \_\_\_\_\_ **Date:** \_\_\_\_\_

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**Position being considered for:** \_\_\_\_\_

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

**Phone #:** \_\_\_\_\_

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2. Did the employee have verified positive drug tests? YES \_\_\_ NO \_\_\_
3. Did the employee refuse to be tested? YES \_\_\_ NO \_\_\_
4. Did the employee have other violations of DOT agency drug and alcohol testing regulations? YES \_\_\_ NO \_\_\_
5. Did a previous employer report a drug and alcohol rule violation to you? YES \_\_\_ NO \_\_\_
6. If you answered "yes" to any of the above items, did the employee complete the return-to-duty process? N/A \_\_\_ YES \_\_\_ NO \_\_\_

*NOTE: If you answered "yes" to item 5, you must provide the previous employer's report. If you answered "yes" to item 6, you must also transmit the appropriate return-to-duty documentation (e.g., SAP report(s), follow-up testing record).*

**II-B. Name of person providing information in Section II-A:** \_\_\_\_\_

**Title:** \_\_\_\_\_ **Phone #:** (\_\_\_\_) \_\_\_\_\_ **Date:** \_\_\_\_\_

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