

EMPLOYMENT HISTORY

All applicants must provide the following information on all employers during the preceding 10 years. List complete mailing address, street number, phone number, fax number, City, State, and Zip Codes.

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

| EMPLOYER | DATE |
|---|--------------------------------|
| NAME: _____ | FROM TO |
| ADDRESS: _____ | MO. __ YR. __ MO. __ YR. __ |
| CITY: _____ STATE: _____ | POSITION HELD |
| CONTACT PERSON: _____ PHONE #: _____ | SALARY/WAGE |
| Fax Number: _____ | REASON FOR LEAVING |
| WERE YOU SUBJECT TO DRUG TESTING WHILE EMPLOYED? YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| EMPLOYER NOTES: _____ | |

| EMPLOYER | DATE |
|---|--------------------------------|
| NAME: _____ | FROM TO |
| ADDRESS: _____ | MO. __ YR. __ MO. __ YR. __ |
| CITY: _____ STATE: _____ | POSITION HELD |
| CONTACT PERSON: _____ PHONE #: _____ | SALARY/WAGE |
| Fax Number: _____ | REASON FOR LEAVING |
| WERE YOU SUBJECT TO DRUG TESTING WHILE EMPLOYED? YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| EMPLOYER NOTES: _____ | |

| EMPLOYER | DATE |
|---|--------------------------------|
| NAME: _____ | FROM TO |
| ADDRESS: _____ | MO. __ YR. __ MO. __ YR. __ |
| CITY: _____ STATE: _____ | POSITION HELD |
| CONTACT PERSON: _____ PHONE #: _____ | SALARY/WAGE |
| Fax Number: _____ | REASON FOR LEAVING |
| WERE YOU SUBJECT TO DRUG TESTING WHILE EMPLOYED? YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| EMPLOYER NOTES: _____ | |

EMPLOYER

NAME: _____
ADDRESS: _____
CITY: _____ STATE: _____
CONTACT PERSON: _____ PHONE #: _____
Fax Number: _____

WERE YOU SUBJECT TO DRUG TESTING WHILE EMPLOYED? YES__ NO __

DATE

FROM TO
MO.__YR.__ MO.__YR.__

POSITION HELD

SALARY/WAGE

REASON FOR LEAVING

EMPLOYER

NAME: _____
ADDRESS: _____
CITY: _____ STATE: _____
CONTACT PERSON: _____ PHONE #: _____
Fax Number: _____

WERE YOU SUBJECT TO DRUG TESTING WHILE EMPLOYED? YES__ NO __

DATE

FROM TO
MO.__YR.__ MO.__YR.__

POSITION HELD

SALARY/WAGE

REASON FOR LEAVING

Have you previously applied or been employed with Rockin S Truckin, INC? _____

If so, when? _____

Are you related in any way to a current RST employee? _____

If yes, to whom and what is the relation? _____

A. Do you have reliable transportation to and from work every day? Yes__ No__

B. Has any license you held ever been suspended or revoked? Yes__No__

C. Have you ever been convicted of a felony offense? Yes__ No __

(Answering Yes to C does not necessarily disqualify the applicant)

If you answered yes to B or C, give details below.

ROCKIN S TRUCKIN, INC.

TO BE READ AND SIGNED BY THE APPLICANT

I authorize you to make such investigations and inquiries of my personal background, employment history, medical history, driving record, academic/professional credentials, military service, and other related matters as may be necessary in arriving at an employment decision and as necessary throughout the course of my employment. (Generally, inquiries regarding medical history will be made only after a conditional offer of employment has been extended.) I hereby release former employers, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application for employment. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in immediate discharge.

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my dates of employment, work performance, reason for separation and wage information as needed. I understand I have the right to:

- Review information provided by previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

I am aware any offer of employment will be contingent upon satisfactory completion of a pre-employment drug screen and physical evaluation. The offer of employment will be withdrawn if the result of either is unsatisfactory.

If you wish to review previous employer-provided investigative information, you must submit a written request to the Company, no later than 30 days after being employed or being notified of denial of employment. The Company will provide the requested investigative information to you within five (5) business days of receiving this written request, or five (5) business days of receipt of the requested information from the previous employer, whichever is later.

This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge.

Date: _____ Applicant's Signature: _____

FOR COMPANY USE

| | |
|------------------------------|----------------------------------|
| APPLICANT HIRED _____ | REJECTED _____ |
| DATE EMPLOYED _____ | DATE OF TERMINATION _____ |
| DEPARTMENT _____ | CLASSIFICATION _____ |