ROAD WARRIOR EXPRESS, LLC

DRIVER EMPLOYMENT APPLICATION

PROPOSED PAPER APPLICATION

680 SE Ashton Ct, Waukee, IA 50263 | (515) 779-1808 | USDOT 3172858

Complete every section in ink. If a section does not apply, write N/A. Attach additional pages when needed. Road Warrior Express, LLC is an equal opportunity employer.

01 POSITION & APPLICANT INFORMATION Start here

POSITION APPLIED FOR	APPLICATION DATE	DATE AVAILABLE
FIRST NAME	MIDDLE NAME	LAST NAME
PREFERRED PHONE	EMAIL ADDRESS	
DATE OF BIRTH (MM/DD/YYYY)	SOCIAL SECURITY NUMBER	

Are you legally authorized to work in the United States? ☐ **YES** ☐ **NO**

Are you at least 21 years of age? ☐ **YES** ☐ **NO**

Have you previously applied to or worked for Road Warrior Express, LLC? ☐ **YES** ☐ **NO**

IF YES, EXPLAIN

02 THREE-YEAR ADDRESS HISTORY List current and previous residences

Street address	City	State	ZIP	From / To (MM/YYYY)

Secure handling note: This page contains personal identifying information. Return it in a sealed envelope or through the secure online application.

03 DRIVER LICENSE INFORMATION Include all licenses held during the past 3 years

A commercial motor vehicle driver may not possess more than one driver's license. Attach a separate sheet if additional space is required.

State	License number	Class	Endorsements	Expiration	Current / prior

Do you currently hold a valid Class A CDL? ☐ **YES** ☐ **NO**

Is your current CDL subject to any restriction? ☐ **YES** ☐ **NO**

IF YES, EXPLAIN

04 DRIVING EXPERIENCE Show actual time operating each equipment class

Equipment class	Type (van, reefer, flat, tanker, etc.)	From	To	Approx. miles
Straight truck				
Tractor and semitrailer				
Tractor and two trailers				
Tractor and three trailers				
Bus / passenger vehicle				
Other commercial vehicle				
Non-commercial vehicle				

STATES OPERATED IN DURING THE PAST 5 YEARS

COURSES, SAFE-DRIVING AWARDS, OR SPECIALIZED TRAINING

OTHER RELEVANT QUALIFICATIONS OR EQUIPMENT EXPERIENCE

05 ACCIDENT RECORD All motor vehicle accidents during the past 3 years

Date	Nature / location	Fatalities	Injuries	Tow-away	Hazmat release

If none, write NONE: _____

06 TRAFFIC CONVICTIONS & FORFEITURES Past 3 years - exclude parking violations

Date	City / state	Vehicle	Violation	Disposition / penalty

If none, write NONE: _____

07 LICENSE DENIAL, SUSPENSION OR REVOCATION Any time

Has any license, permit, or privilege to operate a motor vehicle ever been denied, suspended, or revoked? ☐ **YES** ☐ **NO**

IF YES, PROVIDE DATES, STATE, FACTS, CIRCUMSTANCES, AND REINSTATEMENT STATUS

08 EMPLOYMENT HISTORY - MOST RECENT 3 YEARS List every employer and explain all gaps

Road Warrior Express will contact previous employers to investigate safety performance history. Provide complete company names, addresses, dates, and contact information.

1. Current or most recent employer

EMPLOYER / COMPANY NAME	STREET ADDRESS	CITY / STATE / ZIP	PHONE
SUPERVISOR / CONTACT	POSITION HELD	DATE STARTED (MM/YYYY)	DATE ENDED (MM/YYYY)
REASON FOR LEAVING	EQUIPMENT OPERATED	STATES / REGIONS DRIVEN	AVG. MILES PER WEEK
SUBJECT TO FEDERAL MOTOR CARRIER SAFETY REGULATIONS? ☐ YES ☐ NO		DOT SAFETY-SENSITIVE POSITION SUBJECT TO PART 40 TESTING? ☐ YES ☐ NO	
GAP / ADDITIONAL DETAILS (IF APPLICABLE)			

2. Next most recent employer

EMPLOYER / COMPANY NAME	STREET ADDRESS	CITY / STATE / ZIP	PHONE
SUPERVISOR / CONTACT	POSITION HELD	DATE STARTED (MM/YYYY)	DATE ENDED (MM/YYYY)
REASON FOR LEAVING	EQUIPMENT OPERATED	STATES / REGIONS DRIVEN	AVG. MILES PER WEEK
SUBJECT TO FEDERAL MOTOR CARRIER SAFETY REGULATIONS? ☐ YES ☐ NO		DOT SAFETY-SENSITIVE POSITION SUBJECT TO PART 40 TESTING? ☐ YES ☐ NO	
GAP / ADDITIONAL DETAILS (IF APPLICABLE)			

UNEMPLOYMENT, SELF-EMPLOYMENT, MILITARY SERVICE, SCHOOL, OR OTHER GAPS NOT SHOWN ABOVE

08 EMPLOYMENT HISTORY - MOST RECENT 3 YEARS (CONTINUED) Continue until the full 3-year period is covered

3. Previous employer

EMPLOYER / COMPANY NAME	STREET ADDRESS	CITY / STATE / ZIP	PHONE
SUPERVISOR / CONTACT	POSITION HELD	DATE STARTED (MM/YYYY)	DATE ENDED (MM/YYYY)
REASON FOR LEAVING	EQUIPMENT OPERATED	STATES / REGIONS DRIVEN	AVG. MILES PER WEEK
SUBJECT TO FEDERAL MOTOR CARRIER SAFETY REGULATIONS? ☐ YES ☐ NO		DOT SAFETY-SENSITIVE POSITION SUBJECT TO PART 40 TESTING? ☐ YES ☐ NO	
GAP / ADDITIONAL DETAILS (IF APPLICABLE)			

4. Previous employer

EMPLOYER / COMPANY NAME	STREET ADDRESS	CITY / STATE / ZIP	PHONE
SUPERVISOR / CONTACT	POSITION HELD	DATE STARTED (MM/YYYY)	DATE ENDED (MM/YYYY)
REASON FOR LEAVING	EQUIPMENT OPERATED	STATES / REGIONS DRIVEN	AVG. MILES PER WEEK
SUBJECT TO FEDERAL MOTOR CARRIER SAFETY REGULATIONS? ☐ YES ☐ NO		DOT SAFETY-SENSITIVE POSITION SUBJECT TO PART 40 TESTING? ☐ YES ☐ NO	
GAP / ADDITIONAL DETAILS (IF APPLICABLE)			

ADDITIONAL GAPS OR EXPLANATION

If these entries do not cover the complete 3-year period, attach another page using the same fields. Do not leave unexplained gaps.

09 ADDITIONAL CMV EMPLOYMENT - PRIOR 7 YEARS Complete only for earlier commercial driving jobs

CDL applicants must list commercial motor vehicle driving employment for the 7 years before the most recent 3-year period, creating a total 10-year CMV employment history.

5. Earlier CMV employer

EMPLOYER / COMPANY NAME	STREET ADDRESS	CITY / STATE / ZIP	PHONE
SUPERVISOR / CONTACT	POSITION HELD	DATE STARTED (MM/YYYY)	DATE ENDED (MM/YYYY)
REASON FOR LEAVING	EQUIPMENT OPERATED	STATES / REGIONS DRIVEN	AVG. MILES PER WEEK
WAS THIS CMV DRIVING EMPLOYMENT? ☐ YES ☐ NO		MAY WE CONTACT THIS EMPLOYER? ☐ YES ☐ NO	

6. Earlier CMV employer

EMPLOYER / COMPANY NAME	STREET ADDRESS	CITY / STATE / ZIP	PHONE
SUPERVISOR / CONTACT	POSITION HELD	DATE STARTED (MM/YYYY)	DATE ENDED (MM/YYYY)
REASON FOR LEAVING	EQUIPMENT OPERATED	STATES / REGIONS DRIVEN	AVG. MILES PER WEEK
WAS THIS CMV DRIVING EMPLOYMENT? ☐ YES ☐ NO		MAY WE CONTACT THIS EMPLOYER? ☐ YES ☐ NO	

7. Earlier CMV employer

EMPLOYER / COMPANY NAME	STREET ADDRESS	CITY / STATE / ZIP	PHONE
SUPERVISOR / CONTACT	POSITION HELD	DATE STARTED (MM/YYYY)	DATE ENDED (MM/YYYY)
REASON FOR LEAVING	EQUIPMENT OPERATED	STATES / REGIONS DRIVEN	AVG. MILES PER WEEK
WAS THIS CMV DRIVING EMPLOYMENT? ☐ YES ☐ NO		MAY WE CONTACT THIS EMPLOYER? ☐ YES ☐ NO	

ADDITIONAL CMV EMPLOYERS (ATTACH ANOTHER SHEET IF NEEDED)

10 APPLICANT STATEMENTS & CERTIFICATION Read carefully before signing

Safety history notice. The employment and safety information provided in this application may be used, and previous employers may be contacted, to investigate the applicant's safety performance history as required by 49 CFR 391.23.

ACCURACY	I certify that this application was completed by me and that all entries and information in it are true and complete to the best of my knowledge.
AUTHORIZATION TO VERIFY	I authorize Road Warrior Express, LLC to verify the information in this application and to contact employers, schools, licensing authorities, and other lawful sources for employment and safety-history purposes.
NO EMPLOYMENT GUARANTEE	I understand that submitting this application does not create an employment contract or guarantee employment.
EQUAL OPPORTUNITY	Road Warrior Express, LLC considers applicants without unlawful discrimination. Reasonable accommodation is available during the application process upon request.
SEPARATE REQUIRED CONSENTS	I understand that motor vehicle record, background, drug and alcohol history, and FMCSA Drug and Alcohol Clearinghouse inquiries may require separate notices, disclosures, and written or electronic consents.

REQUIRED FEDERAL CERTIFICATION

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 SIGNATURE	PRINTED NAME	DATE
RECRUITER / COMPANY REPRESENTATIVE	DATE RECEIVED	POSITION / ROUTE

11 COMPANY USE ONLY Do not complete as applicant

APPLICATION REVIEWED BY	REVIEW DATE	STATUS
FOLLOW-UP ITEMS / MISSING INFORMATION		

Owner review note: Before production use, have employment counsel or the carrier's compliance professional review the final application, related disclosures, retention process, and secure online workflow.