APPLICATION FOR EMPLOYMENT

2352 East 990 South, Hazelton, ID 83335 | 208-829-5316

Instructions: All applicants complete Part A. Applicants for a DOT-regulated commercial driving position must also complete Part B, the DOT Driver Supplement. For a DOT driver applicant, Part A and Part B together constitute the employment application.

Royal C Enterprises is an equal opportunity employer. Employment decisions are made in accordance with applicable law.

PART A - ALL APPLICANTS

1. Position Information

Position applied for: _____ Date of application: _____

Department: ☐ Office ☐ Shop ☐ HAR/Ground Crew ☐ DOT Driver ☐ Other: _____

Employment desired: ☐ Full-time ☐ Part-time ☐ Seasonal Available start date: _____

Referred by (one name only, if applicable): _____ Previously employed by Royal C Enterprises? ☐ Yes ☐ No

If yes, dates/position: _____

2. Applicant Information

Legal name: _____ Preferred name: _____

Phone: _____ Email: _____

Current street address: _____

City: _____ State: _____ ZIP: _____

3. Job-Related Licenses, Certifications, and Skills

List licenses, certifications, equipment experience, technical skills, or other qualifications relevant to the position:

_____

_____

_____

4. Employment History - Previous 3 Years

List all employers during the three years immediately preceding this application. Include periods of self-employment. If more space is needed, attach a continuation sheet.

Employer 1 - Name: _____	Phone: _____	
Address: _____		
Position / Duties: _____	From: _____	To: _____
Reason for leaving: _____	DOT driver applicants only: Subject to FMCSRs? ☐ Yes ☐ No Safety-sensitive DOT function? ☐ Yes ☐ No	

Employer 2 - Name: _____	Phone: _____	
Address: _____		
Position / Duties: _____	From: _____	To: _____
Reason for leaving: _____	DOT driver applicants only: Subject to FMCSRs? ☐ Yes ☐ No Safety-sensitive DOT function? ☐ Yes ☐ No	

4. Employment History - Previous 3 Years (continued)

Employer 3 - Name: _____	Phone: _____	
Address: _____		
Position / Duties: _____	From: _____	To: _____
Reason for leaving: _____	DOT driver applicants only: Subject to FMCSRs? ☐ Yes ☐ No Safety-sensitive DOT function? ☐ Yes ☐ No	

Employer 4 - Name: _____	Phone: _____	
Address: _____		
Position / Duties: _____	From: _____	To: _____
Reason for leaving: _____	DOT driver applicants only: Subject to FMCSRs? ☐ Yes ☐ No Safety-sensitive DOT function? ☐ Yes ☐ No	

Employer 5 - Name: _____	Phone: _____	
Address: _____		
Position / Duties: _____	From: _____	To: _____
Reason for leaving: _____	DOT driver applicants only: Subject to FMCSRs? ☐ Yes ☐ No Safety-sensitive DOT function? ☐ Yes ☐ No	

Any gaps in employment during the previous 3 years? ☐ No ☐ Yes. If yes, explain dates and reason(s):

_____

_____

5. Additional Information Relevant to Employment

Have you previously applied to Royal C Enterprises? ☐ No ☐ Yes If yes, approximate date: _____

Are you available to work the schedule described for the position for which you are applying? ☐ Yes ☐ No

If the position requires operation of company vehicles or equipment, list any current license or certification not already listed above:

_____

_____

6. Non-Driver Applicant Certification

NON-DRIVER APPLICANTS ONLY: I certify that the information I provided in Part A is true and complete to the best of my knowledge. I understand that material falsification or omission may result in disqualification from employment or, if hired, disciplinary action up to and including termination. I understand that this application does not create a contract of employment.

Applicant signature: _____ Date: _____

DOT DRIVER APPLICANTS: Do not sign Section 6. Continue to Part B and sign the required certification at the end of the DOT Driver Supplement.

PART B - DOT DRIVER SUPPLEMENT

Complete only if applying for a DOT-regulated commercial driving position

Important: Part A and Part B together are the driver employment application required by 49 CFR 391.21. Complete all driver sections. Write "None" where applicable. Do not leave required items blank.

7. Driver Identification and Residence History

Applicant name: _____ Date of birth: _____

Social Security Number: _____

Current residence is listed in Part A. List each additional address at which you resided during the 3 years preceding this application:

Street Address	City / State / ZIP	From	To

8. Current Unexpired Commercial Driver Licenses / Permits

Issuing State / Authority	License / Permit No.	Class	Endorsements	Restrictions	Expiration

9. Commercial Driving Experience

Equipment Type	Type / Configuration	Approx. Years	Approx. Miles	Dates Operated
Straight truck				
Tractor / semitrailer				
Doubles / triples				
Tank vehicle				
Other: _____				

10. Royal C Driver Qualification Screening

Are you at least 21 years of age? ☐ Yes ☐ No

Do you currently hold a valid Class A CDL? ☐ Yes ☐ No

Do you have at least 3 years of qualifying commercial driving CDL experience? ☐ Yes ☐ No

Have you ever been convicted of DUI? ☐ No ☐ Yes If yes, date/state: _____

Have you ever been convicted of inattentive driving? ☐ No ☐ Yes If yes, date/state: _____

Have you been convicted of reckless driving within the past 5 years? ☐ No ☐ Yes

Have you had more than 3 moving violations within the past 3 years? ☐ No ☐ Yes

Are you currently prohibited from performing FMCSA-regulated safety-sensitive functions in the Drug & Alcohol Clearinghouse? ☐ No ☐ Yes

Are you willing to comply with all DOT/FMCSA drug and alcohol testing requirements? ☐ Yes ☐ No

Can you report to the Royal C Enterprises operating area for work as required? ☐ Yes ☐ No

11. Motor Vehicle Accidents - Previous 3 Years

List every motor vehicle accident in which you were involved during the 3 years preceding this application. ☐ None

Date	Nature / Description	Location	Fatalities	Personal Injuries

12. Motor Vehicle Violations - Previous 3 Years

List every conviction or forfeiture of bond/collateral for motor vehicle law or ordinance violations during the 3 years preceding this application, excluding parking-only violations. ☐ None

Date	Violation	Location / State	Vehicle Type	Disposition / Penalty

13. License Denial, Revocation, Suspension, or Withdrawal

Has any license, permit, or privilege to operate a motor vehicle ever been denied, revoked, suspended, withdrawn, or otherwise restricted by a licensing authority? ☐ No ☐ Yes

If yes, provide complete facts and circumstances, including dates, state/authority, reason, and disposition:

_____

_____

_____

_____

_____

_____

14. Additional Commercial Driving Employment History - Prior 7 Years

If applying to operate a commercial motor vehicle that requires a CDL under 49 CFR Part 383, list each employer for which you operated a commercial motor vehicle during the 7-year period immediately preceding the 3-year employment history already listed in Part A. Do not repeat employers already listed in Part A. If none, check here: ☐ None

Employer 1: _____		Phone: _____
Address: _____		
Position / CMV operated: _____	From: _____	To: _____
Reason for leaving: _____		

Employer 2: _____		Phone: _____
Address: _____		
Position / CMV operated: _____	From: _____	To: _____
Reason for leaving: _____		

Employer 3: _____		Phone: _____
Address: _____		
Position / CMV operated: _____	From: _____	To: _____
Reason for leaving: _____		

Employer 4: _____		Phone: _____
Address: _____		
Position / CMV operated: _____	From: _____	To: _____
Reason for leaving: _____		

Employer 5: _____		Phone: _____
Address: _____		
Position / CMV operated: _____	From: _____	To: _____
Reason for leaving: _____		