

**APPLICATION FOR EMPLOYMENT
DOT APPLICATION FOR TRUCK DRIVERS**

Motor Carrier: **JL Rothrock, Inc.**

Address: **3111 Southbrook Drive**

City: **Greensboro** State: **NC** Zip: **27406**

Information required on this form complies with U.S. Department of Transportation Regulations 49CFR§391.21. In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, religion, sex, sexual orientation, national origin, age, marital status, or non-job related disability.

Date of Application: _____ Position(s) Applied For: _____

Name: _____ Social Security Number: _____
Last First M.I.

Address: _____ Apt. #, Lot #, etc.
Street

City _____ State _____ Zip _____ Phone: _____

CDL Number/State of Issuance _____

Addresses) _____ How Long? _____
for past) Street City State & Zip
three (3))

years:) _____ How Long? _____
Street City State & Zip

Do you have the legal right to work in the United States? ☐ Yes ☐ No
Only U.S. Citizens or aliens who have the legal right to work in the U.S. are eligible for employment. Can you, upon employment, submit documentation verifying your legal right to work in the U.S. and your identity?

Have you ever been convicted of a felony? ☐ Yes ☐ No
Note: A conviction will not necessarily disqualify you from employment. If "YES", complete the "Felony Conviction" form which can be obtained from your potential On-Site Supervisor.

Are you over 18 years of age? ☐ Yes ☐ No

Date of Birth: _____ Can you provide proof of age? ☐ Yes ☐ No
Required for truck drivers

IMPORTANTIN CASE OF EMERGENCY, NOTIFY:

Name:	Telephone Number:	Relationship:
Name:	Telephone Number:	Relationship:

EDUCATION DATA:

School	Print name of school, city, state & phone number for each school	Number of Years Completed	Degree	Major Course of Study

Skills: List any job-related skills, qualifications, education or information that support your application:

In order to permit a check of your work and educational records, should we be made aware of any changes of name or assumed name that you previously used? ☐ Yes ☐ No

If "YES", identify name(s) and relevant dates: _____

Have you worked for this company before? ☐ Yes ☐ No

Where? _____ Dates: From: _____ To: _____

Position: _____ Rate of Pay: \$ _____ / per _____

Reason for leaving: _____

Have you ever filed an application here before? ☐ Yes ☐ No

If "YES", give date: _____

Are you now employed? ☐ Yes ☐ No

If not, how long since leaving last employment? _____

Who referred you? _____ Rate of pay expected: _____

Have you ever been dismissed or forced to resign from any employment? ☐ Yes ☐ No

If "YES", please explain: _____

May we contact your present employer? ☐ Yes ☐ No

May we contact your previous employer(s)? ☐ Yes ☐ No

Please identify any exceptions and reasons for not contacting prior employers: _____

Are you a veteran of the U.S. Military Services? ☐ Yes ☐ No

If "YES", what branch of Service? _____

Beginning date and ending date of active service: From: _____ (year/month) To: _____ (year/month)

Date of discharge from Military Service: _____

Do you have transportation to work? ☐ Yes ☐ No

Will you work overtime if asked? ☐ Yes ☐ No

Are there any hours, shifts or days you will not work? ☐ Yes ☐ No

If "YES", explain: _____

Are you on a layoff? ☐ Yes ☐ No

Are you subject to recall? ☐ Yes ☐ No

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)? ☐ Yes ☐ No

If "YES", explain if you wish: _____

PERSONAL REFERENCES:

List three persons not related to you whom you have known at least one year:

NAME	ADDRESS & TELEPHONE NUMBER	OCCUPATION
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

EMPLOYMENT HISTORY MUST BE COMPLETED BY TRUCK DRIVER APPLICANTS

All driver applications to drive in interstate commerce must provide the following information on all employers during the preceding three (3) years.

Applicants to drive a commercial motor vehicle* in intrastate or interstate commerce shall also provide an additional seven years (7) 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:	SALARY/WAGE: \$	
CONTACT PERSON & PHONE NUMBER:	REASON FOR LEAVING:	
WERE YOU SUBJECT TO THE FMCSR WHILE EMPLOYED? <input type="checkbox"/> Yes <input type="checkbox"/> No		
WAS YOUR JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION IN ANY DOT REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 40 CFR PART 40? <input type="checkbox"/> Yes <input type="checkbox"/> No		

EMPLOYER:	DATE:	
NAME:	From: Mo. Yr.	To: Mo. Yr.
ADDRESS:	POSITION HELD:	
CITY:	SALARY/WAGE: \$	
CONTACT PERSON & PHONE NUMBER:	REASON FOR LEAVING:	
WERE YOU SUBJECT TO THE FMCSR WHILE EMPLOYED? <input type="checkbox"/> Yes <input type="checkbox"/> No		
WAS YOUR JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION IN ANY DOT REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 40 CFR PART 40? <input type="checkbox"/> Yes <input type="checkbox"/> No		

EMPLOYER:	DATE:	
NAME:	From: Mo. Yr.	To: Mo. Yr.
ADDRESS:	POSITION HELD:	
CITY:	SALARY/WAGE: \$	
CONTACT PERSON & PHONE NUMBER:	REASON FOR LEAVING:	
WERE YOU SUBJECT TO THE FMCSR WHILE EMPLOYED? <input type="checkbox"/> Yes <input type="checkbox"/> No		
WAS YOUR JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION IN ANY DOT REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 40 CFR PART 40? <input type="checkbox"/> Yes <input type="checkbox"/> No		

EMPLOYER:	DATE:	
NAME:	From: Mo. Yr.	To: Mo. Yr.
ADDRESS:	POSITION HELD:	
CITY:	SALARY/WAGE: \$	
CONTACT PERSON & PHONE NUMBER:	REASON FOR LEAVING:	
WERE YOU SUBJECT TO THE FMCSR WHILE EMPLOYED? <input type="checkbox"/> Yes <input type="checkbox"/> No		
WAS YOUR JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION IN ANY DOT REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 40 CFR PART 40? <input type="checkbox"/> Yes <input type="checkbox"/> No		

EMPLOYER:	DATE:	
NAME:	From: Mo. Yr.	To: Mo. Yr.
ADDRESS:	POSITION HELD:	
CITY:	SALARY/WAGE: \$	
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EMPLOYER:	DATE:	
NAME:	From: Mo. Yr.	To: Mo. Yr.
ADDRESS:	POSITION HELD:	
CITY:	SALARY/WAGE: \$	
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EMPLOYER:	DATE:	
NAME:	From: Mo. Yr.	To: Mo. Yr.
ADDRESS:	POSITION HELD:	
CITY:	SALARY/WAGE: \$	
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WERE YOU SUBJECT TO THE FMCSR WHILE EMPLOYED? <input type="checkbox"/> Yes <input type="checkbox"/> No		
WAS YOUR JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION IN ANY DOT REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 40 CFR PART 40? <input type="checkbox"/> Yes <input type="checkbox"/> No		

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

^The Federal Motor Carrier Safety Regulations (FMCSR) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 lbs. or more; (2) is designed or used to transport nine (9) or more passengers; or (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

MUST BE COMPLETED BY TRUCK DRIVER APPLICANTS

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)

	DATE	DETAILS	FATALITIES	INJURIES
LAST ACCIDENT				
PREVIOUS ACCIDENT				
PREVIOUS ACCIDENT				
PREVIOUS ACCIDENT				
PREVIOUS ACCIDENT				

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

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

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

LIST STATES OPERATED IN FOR LAST FIVE YEARS _____

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

WHICH SAFE OPERATING AWARDS DO YOU HOLD AND FROM WHOM? _____

MUST BE COMPLETED BY TRUCK DRIVER APPLICANTS

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)

NOTICE TO APPLICANT

This Employer complies with the Americans with Disabilities Act of 1990. During the interview process you may be asked questions concerning your ability to perform job-related functions. If you are given a conditional offer of employment you may be required to complete a post-job offer medical history questionnaire and/or undergo a medical examination. If required, all entering employees in the same job category will be subject to the same medical questionnaire and/or examination. All information will be kept confidential and in separate files.

Applicants accepted for employment should clearly understand that while we make an effort to provide steady, continuous work, we have no employment contracts and we cannot guarantee the permanence of any position. Job tenure can be affected by many factors including business/economic conditions, changes in laws or Employer policies, conformity to our work rules, job performance, etc., and of course, employees may elect to leave of their own accord to seek other jobs.

We conduct our business with the highest possible degree of safety and efficiency. Because of this, the employer may require applicants for employment to undergo blood and/or urinalysis screening for drug or alcohol use as part of our pre-placement physical examination. In addition, all employees of the Employer are subject to random blood tests and/or urinalysis screening for drug or alcohol use.

PeopLease provides a smoke-free work environment for its employees.

APPLICANT'S STATEMENT

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize the investigation of my background and all matters contained in this application and hereby give the Employer permission to contact schools, previous employers, references, and others, and hereby release the Employer from any liability as a result of such contact and release all such persons or companies or corporations supplying information from all liability for all damages on account of supplying such information. I understand that misrepresentations, omissions of facts or incomplete information requested in this application may remove me from further consideration for employment or, if employed by the Employer, may result in the termination of my employment. I agree to furnish such additional information and complete such examinations as may be required to complete this application.

In consideration of my employment, I agree to conform to the rules and regulations of the Employer. I understand that my employment with the Employer is for no specific term, and that my employment, compensation, and benefits can be terminated, with or without cause, and with or without notice, at any time, for any reason, at the option of the Employer or myself.

I further understand that no oral promise, Employer policy, custom, business practice or other procedure (including the Employer's Employee Handbook or any personnel manuals) constitutes an employment contract or modification of the at-will employment relationship between the Employer and me.

The contents of any Employee Handbook or personnel manuals, as well as other Employer policies and practices, are subject to change or modification by the Employer, solely at its discretion, without notice.

I also understand that no manager, supervisor, or company representative(s) other than the Employer's two Directors, has any authority to enter into any employment agreement for any specified time period, or to make any oral or written agreement contrary to the foregoing.

I understand all notices to applicants above, and I agree to submit to testing for drug or alcohol use in accordance with the Employer's policies.

TO BE READ AND SIGNED BY ALL 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, health care 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

*This application will remain active for thirty (30) days. Any applicant wishing to be considered for employment beyond **thirty (30)** days should reapply.*

This Employer is an equal opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, age, sex, sexual orientation, religion, national origin, disability, veteran or marital status, or any other status or condition protected by applicant's federal or state statutes, except where a bona fide occupational qualification exists. Your opportunity for employment with the Employer depends solely upon your qualifications.

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: _____ Date: _____

TERMINATION OF EMPLOYMENT

DATE TERMINATED _____ DEPARTMENT RELEASED FROM _____

☐ DISMISSED

☐ VOLUNTARY QUIT

☐ OTHER [EXPLAIN]: _____

☐ TERMINATION REPORT PLACED IN PERSONNEL FILE

☐ COPY OF TERMINATION REPORT SENT TO PEOPLELEASE CORPORATION / PLC SERVICES, INC.

☐ SUPERVISOR SIGNATURE: _____ DATE: _____

☐ PRINTED NAME OF SUPERVISOR: _____

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TRUCKING INDUSTRY:
DOT D/A Disclosure and Authorization

Send to Fax# (800) 257-8069

HireRight Customer:

Company Name: _____

Company Contact Name: _____

Fax #: (_____) _____ - _____

HireRight Account Code: _____

**PART I – DISCLOSURE AND AUTHORIZATION FOR RELEASE OF INFORMATION FOR
EMPLOYMENT PURPOSES – 49 CFR PART 391.23, DOT DRUG AND ALCOHOL TESTING**

In accordance with DOT Regulation 49 CFR Part 391.23, I hereby authorize release of my DOT-regulated drug and alcohol testing records by the DOT-regulated employer(s) listed below to HireRight for the purpose of HireRight transmitting such records to the HireRight customer listed above. I understand that information/documents released pursuant to this Part I is limited to the following DOT-regulated testing items, including pre-employment testing results, occurring during the previous **three (3) years**: (i) alcohol tests with a result of 0.04 or higher; (ii) verified positive drug tests; (iii) refusals to be tested (including adulterated and/or substituted tests); (iv) other violations of DOT drug and alcohol testing regulations (i.e., violations of 49 CFR 382 Subpart B); (v) information obtained from previous employers of a drug and alcohol rule violation; and (vi) any documentation of completion of the return-to-duty process following a rule violation.

If any company listed below furnishes HireRight with information concerning items (i) through (vi) above, I also authorize such company to furnish the following information to HireRight, if applicable: (i) dates of my negative drug and/or alcohol tests and/or tests with results below 0.04 during the previous **three (3) years**; and (ii) the name and phone number of any substance abuse professional who evaluated me during the previous **three (3) years**.

List all DOT-regulated employers you have applied with and/or worked for in a safety-sensitive function during the previous **three (3) years**. If necessary, attach additional pages, including the date, your name, social security number and signature.

Previous DOT-Regulated Employer	City	State	Phone Number
_____	_____	_____	(_____) _____ - _____
_____	_____	_____	(_____) _____ - _____
_____	_____	_____	(_____) _____ - _____
_____	_____	_____	(_____) _____ - _____
_____	_____	_____	(_____) _____ - _____
_____	_____	_____	(_____) _____ - _____

By signing below, I certify that: (i) all information provided herein is complete and accurate; (ii) I have read and fully understand this Part I disclosure and authorization for release as well as the attached FMCSA Notification of Driver Rights and any applicable state law notices; (iii) prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction; (iv) I execute this authorization voluntarily and with the knowledge that the information obtained pursuant to this authorization could affect my eligibility for employment, promotion, retention or other lawful purpose; (v) I understand I may review this document with legal counsel prior to signing; and (vi) facsimile or photographic copies of this authorization are as valid as an original.

Print Applicant Name: _____ Social Security #: _____

Applicant Signature: _____ Date: _____

Part 2 - FMCSA Notification of Driver Rights

In compliance with 49 CFR Part 40 §391.23 you have certain rights regarding the safety performance history information that will be provided to prospective employers. I) You have the right to review information provided by previous employers. II) You have the right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to prospective employers. III) You have the right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information. (2) Drivers who have previous DOT regulated employment history in the preceding three years and wish to review previous employer-provided investigative information must submit a written request to prospective employers. This may be done at any time, including when applying, or as late as 30 days after being employed or being notified of denial of employment. Prospective employers must provide this information within five business days of receiving the written request. If prospective employers have not yet received the requested information from the previous employer, then the five day deadline will begin when the requested safety performance history information is received. If you have not arranged to pick up or receive the requested records within 30 days of prospective employers making them available, the prospective employers may consider you to have waived your request to review the record.

**IMPORTANT NOTICE
REGARDING BACKGROUND REPORTS
FROM THE *PSP Online Service***

In connection with your application for employment with _____ (“Prospective Employer”), it may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA). If the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report. The Prospective Employer cannot obtain background reports from FMCSA unless you consent in writing. If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

I authorize _____ (“Prospective Employer”) to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am consenting to the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.

I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I am challenging crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

I have read the above Notice Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this consent form, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Date: _____

Signature

Name (Please Print)

J.L. ROTHROCK INC.

DRIVER DESCRIPTION & REQUIREMENTS

Safely operates commercial tractor trailer combinations through various cities and /or states to transport freight between company terminals and/or direct delivery points.

Must have required Commercial Drivers License (CDL) and meet minimum DOT physical requirements to safely operate a motor vehicle, and pass a physical agility test administered by J.L. Rothrock, Inc. Must be able to read and write English to accurately complete required DOT and Company paperwork. Must be capable of hooking and unhooking trailers and be able to open and close trailers doors. Must be able and willing to load and/or unload trailers. Must able to climb in and out of trucks and must be able to bend to do pre-trip equipment inspections. Must be capable of inspecting equipment at any time to ensure safety and refuel truck as necessary. Must have repetitive motion in hand-wrist, elbow-shoulder to continuously drive and change gears. Must be capable of living and sleeping in the truck for several days at a time, and of driving on roads with all types of weather conditions. Must be able to operate the vehicle within legal speed limits and in accordance with DOT specifications. This is a strenuous position which requires the ability to sit, stand, bend, stoop, reach, climb, push, pull, and live under adverse conditions in extreme hot and /or cold climates and remain in good condition to safely operate a motor vehicle.

I understand the descriptions and essential functions of the job for which I am making application or interviewing. I also understand that all of the duties are not described above and that I may perform other related duties directed by my supervisor.

We are very glad you are interested in J.L. Rothrock, Inc. Your application will be processed provided you pass minimum requirements. These requirements include:

- 1) A satisfactory Motor Vehicle Report
- 2) The passing of a road driving test
- 3) The passing of a urinary drug test as outlined by FMCSR
- 4) A favorable personal interview
- 5) Passing a Pre-Qualification medical inquiry to determine physical requirements as required by FMCSR 391.41 and as outlined in the Driver Requirement description
- 6) Successfully completing Driver Orientation

Driver's Signature

Date

J.L. Rothrock, Inc Representative

Date