

**DRIVER'S APPLICATION FOR EMPLOYMENT  
SEC 391.21**

FAX BACK TO 732 353 5175 or EMAIL TO  
[RJEAN@ROBANDROBERLYTRANSPORT.COM](mailto:RJEAN@ROBANDROBERLYTRANSPORT.COM)

**COMPANY NAME:** ROB & ROBERLY TRANSPORT LLC

**STREET ADDRESS:**312 EAST GRAND AVE

**CITY:** \_\_\_\_RAHWAY \_\_\_\_**STATE:** \_NJ \_\_\_\_**ZIP:** \_07065

**PLEASE SUMMIT THE FOLLOWING COPIES  
ALONG WITH YOUR APPLICATION:**

- \*DRIVER LICENSE**
- \*MEDICAL CARD AND LONG FORMS**
- \*SOCIAL SECURITY CARD**

# Driver's Application For Employment

Applicant Name \_\_\_\_\_ Date of Application \_\_\_\_\_

Company Rob & Roberly Transport LLC

Address 312 East Grand Ave

City Rahway State NJ Zip Code 07065

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

## TO BE READ AND SIGNED BY APPLICANT

I authorize you to make such investigations and inquiries of my personal, employment, financial or medial 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 personal 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.

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 safety performance history as required by 49 CFR 391.23(d) and (e). I understand that 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.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## FOR COMPANY USE

### PROCESS RECORD

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

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

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

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

SIGNATURE OF INTERVIEWING AGENT \_\_\_\_\_

## TERMINATION OF EMPLOYMENT

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

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

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

# APPLICANT TO COMPLETE

(answer all questions - please print)

Position(s) Applied for \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_ SSN \_\_\_\_\_

List your addresses for the past 3 years.

**Current Addresses**  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Zip \_\_\_\_\_ Phone \_\_\_\_\_ How Long? \_\_\_\_\_

## Previous Addresses

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ How Long? \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ How Long? \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ How Long? \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ How Long? \_\_\_\_\_

Do you have the legal right to work in the United States?  Yes  No

Date of Birth \_\_\_\_\_ (Required for Commercial Drivers) Can you provide proof of age?  Yes  No

Have you worked for this company before?  Yes  No Where? \_\_\_\_\_

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

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

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 bonded?  Yes  No Name of bonding company \_\_\_\_\_

(Answer only if a job requirement)

Have you ever been convicted of a felony?  Yes  No If yes, please explain fully on a separate sheet of paper. Conviction of a crime is not an automatic bar to employment-all circumstances will be considered.

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 \_\_\_\_\_

## EMPLOYMENT HISTORY

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 _____	To: _____
Address _____			
City _____ State _____ Zip _____		Position Held _____	
Contact Person _____ Phone Number _____		Salary/Wage _____	
Were you subject to the FMCRs^ While Employed? <input type="radio"/> Yes <input type="radio"/> No		Reason For Leaving _____	
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? <input type="radio"/> Yes <input type="radio"/> No			

## EMPLOYMENT HISTORY (continued)

EMPLOYER		DATE	
Name _____	From _____	To: _____	
Address _____	_____	_____	
City _____ State _____ Zip _____	Position Held _____		
Contact Person _____ Phone Number _____	Salary/Wage _____		
Were you subject to the FMCRs^ While Employed? <input type="radio"/> Yes <input type="radio"/> No	Reason For Leaving _____		
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to teh drug and alcohol testing requirements of 49 CFR Part 40? <input type="radio"/> Yes <input type="radio"/> No			

EMPLOYER		DATE	
Name _____	From _____	To: _____	
Address _____	_____	_____	
City _____ State _____ Zip _____	Position Held _____		
Contact Person _____ Phone Number _____	Salary/Wage _____		
Were you subject to the FMCRs^ While Employed? <input type="radio"/> Yes <input type="radio"/> No	Reason For Leaving _____		
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to teh drug and alcohol testing requirements of 49 CFR Part 40? <input type="radio"/> Yes <input type="radio"/> No			

EMPLOYER		DATE	
Name _____	From _____	To: _____	
Address _____	_____	_____	
City _____ State _____ Zip _____	Position Held _____		
Contact Person _____ Phone Number _____	Salary/Wage _____		
Were you subject to the FMCRs^ While Employed? <input type="radio"/> Yes <input type="radio"/> No	Reason For Leaving _____		
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to teh drug and alcohol testing requirements of 49 CFR Part 40? <input type="radio"/> Yes <input type="radio"/> No			

EMPLOYER		DATE	
Name _____	From _____	To: _____	
Address _____	_____	_____	
City _____ State _____ Zip _____	Position Held _____		
Contact Person _____ Phone Number _____	Salary/Wage _____		
Were you subject to the FMCRs^ While Employed? <input type="radio"/> Yes <input type="radio"/> No	Reason For Leaving _____		
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to teh drug and alcohol testing requirements of 49 CFR Part 40? <input type="radio"/> Yes <input type="radio"/> No			

\*Includes vehicles having GVWR of 26,001 lbs. or more, vehicles designed to transport 16 or more passengers (including the driver), or any size vehicle used to transport hazardous materials in the quantity requiring placarding.

\*The Federal Motor Carrier Safety Regulations (FMCSRs) 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 10,0001 pounds or more, (2) is designed or used to transport more than 8 passengers (including the driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

**ACCIDENT RECORD** for past 3 years or more (attach sheet if more space is required). If non, write **none**.

Dates	Nature of Accident (Head-on, Rear-End, Upset, etc.)	Fatalities	Injuries	Hazardous Material Spill
Last Accident _____	_____	_____	_____	_____
Next Previous _____	_____	_____	_____	_____
Next Previous _____	_____	_____	_____	_____

**TRAFFIC CONVICTIONS** and forfeitures for the past 3 years (other than parking violations). If none, write **none**.

Location	Date	Charge	Penalty
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(Attach sheet if more space is required)

**EXPERIENCE AND QUALIFICATIONS - DRIVER**

List all driver licenses or permits held in the past 3 years

State	Licence Number	Type	Expiration Date
<b>DRIVER</b>	_____	_____	_____
<b>LICENSES</b>	_____	_____	_____
_____	_____	_____	_____

A. Have you ever been denied a licens, permit or privilege to operate a motor vehicle?  Yes  No

B. Has any license, permit or privilege ever bee suspended or revoked?  Yes  No

IF THE ANSWER IS TO EITHER A OR B IS YES, GIVE DETAILS

**DRIVING EXPERIENCE** check yes or no

Class of Equipment	Equipment Type	From	Dates	To	Approx. No. of Miles (Total)
Straight Truck <input type="radio"/> Yes <input type="radio"/> No	_____	_____	_____	_____	_____
Tractor and Semi-Trailer <input type="radio"/> Yes <input type="radio"/> No	_____	_____	_____	_____	_____
Tractor - Two Trailers <input type="radio"/> Yes <input type="radio"/> No	_____	_____	_____	_____	_____
Tractor - Three Trailers <input type="radio"/> Yes <input type="radio"/> No	_____	_____	_____	_____	_____
Motorcoach - School Bus <input type="radio"/> Yes <input type="radio"/> No More than 8 passengers.	_____	_____	_____	_____	_____
Motorcoach - School Bus <input type="radio"/> Yes <input type="radio"/> No More than 15 passengers.	_____	_____	_____	_____	_____
Other _____	_____	_____	_____	_____	_____

List states operated in for last five years: \_\_\_\_\_

Which safe driving awards do you hold and from whom? \_\_\_\_\_

**EXPERIENCE AND QUALIFICATIONS - OTHER**

Show any tricking, transportation or other experience that may help in your work for this company

\_\_\_\_\_

List courses and training other than shown elsewhere in the application

\_\_\_\_\_

List special equipment or technical materials you can work with (other than already shown)

**EDUCATION**

Highest Grade Completed \_\_\_\_\_

Last School Attended & Location (city & state)

**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.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# Employee's Withholding Certificate

▶ **Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.**  
 ▶ **Give Form W-4 to your employer.**  
 ▶ **Your withholding is subject to review by the IRS.**

**2020**

<b>Step 1:</b> <b>Enter Personal Information</b>	(a) First name and middle initial	Last name	(b) Social security number
	Address		▶ <b>Does your name match the name on your social security card?</b> If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to <a href="http://www.ssa.gov">www.ssa.gov</a> .
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> <b>Single or Married filing separately</b> <input type="checkbox"/> <b>Married filing jointly</b> (or Qualifying widow(er)) <input type="checkbox"/> <b>Head of household</b> (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

**Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5.** See page 2 for more information on each step, who can claim exemption from withholding, when to use the online estimator, and privacy.

**Step 2: Multiple Jobs or Spouse Works**

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

(a) Use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) for most accurate withholding for this step (and Steps 3–4); **or**

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; **or**

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld . . . . . ▶

**TIP:** To be accurate, submit a 2020 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

**Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs.** Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

<b>Step 3:</b> <b>Claim Dependents</b>	If your income will be \$200,000 or less (\$400,000 or less if married filing jointly):		
	Multiply the number of qualifying children under age 17 by \$2,000 ▶ \$ _____		
	Multiply the number of other dependents by \$500 . . . . . ▶ \$ _____		
	Add the amounts above and enter the total here . . . . .	<b>3</b>	\$ _____
<b>Step 4 (optional): Other Adjustments</b>	(a) <b>Other income (not from jobs).</b> If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income . . . . .	<b>4(a)</b>	\$ _____
	(b) <b>Deductions.</b> If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here . . . . .	<b>4(b)</b>	\$ _____
	(c) <b>Extra withholding.</b> Enter any additional tax you want withheld each pay period . . . . .	<b>4(c)</b>	\$ _____

**Step 5: Sign Here**

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

▶ \_\_\_\_\_ ▶ \_\_\_\_\_  
**Employee's signature** (This form is not valid unless you sign it.) **Date**

<b>Employers Only</b>	Employer's name and address	First date of employment	Employer identification number (EIN)
	Rob & Roberly Transport LLC 312 East Grand Ave Rahway, NJ 07065		



**Employment Eligibility Verification**  
**Department of Homeland Security**  
 U.S. Citizenship and Immigration Services

**USCIS**  
**Form I-9**  
 OMB No. 1615-0047  
 Expires 10/31/2022

▶ **START HERE: Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.**

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Attestation** *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name <i>(Family Name)</i>		First Name <i>(Given Name)</i>		Middle Initial	Other Last Names Used <i>(if any)</i>	
Address <i>(Street Number and Name)</i>			Apt. Number	City or Town		State ZIP Code
Date of Birth <i>(mm/dd/yyyy)</i>	U.S. Social Security Number □□□□ - □□ - □□□□		Employee's E-mail Address		Employee's Telephone Number	

**I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.**

**I attest, under penalty of perjury, that I am (check one of the following boxes):**

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____  <b>OR</b>          2. Form I-94 Admission Number: _____  <b>OR</b>          3. Foreign Passport Number: _____          Country of Issuance: _____</p>	
QR Code - Section 1 Do Not Write In This Space	

Signature of Employee	Today's Date <i>(mm/dd/yyyy)</i>
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**Preparer and/or Translator Certification (check one):**  
 I did not use a preparer or translator.     A preparer(s) and/or translator(s) assisted the employee in completing Section 1.  
*(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)*

**I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.**

Signature of Preparer or Translator		Today's Date <i>(mm/dd/yyyy)</i>	
Last Name <i>(Family Name)</i>		First Name <i>(Given Name)</i>	
Address <i>(Street Number and Name)</i>		City or Town	State ZIP Code

Employer Completes Next Page



**Employment Eligibility Verification**  
**Department of Homeland Security**  
 U.S. Citizenship and Immigration Services

**USCIS**  
**Form I-9**  
 OMB No. 1615-0047  
 Expires 10/31/2022

**Section 2. Employer or Authorized Representative Review and Verification**

*(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")*

<b>Employee Info from Section 1</b>	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)
Document Title		Additional Information		QR Code - Sections 2 & 3 Do Not Write In This Space
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				

**Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.**

**The employee's first day of employment (mm/dd/yyyy):** \_\_\_\_\_ **(See instructions for exemptions)**

Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative		Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	ZIP Code

**Section 3. Reverification and Rehires** *(To be completed and signed by employer or authorized representative.)*

<b>A. New Name (if applicable)</b>			<b>B. Date of Rehire (if applicable)</b>	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

**C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.**

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
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**I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.**

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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