

To expedite your application—apply online @ www.GoRoehl.com or fax to 715-591-7554

ROEHL TRANSPORT, INC./ROEHL REFRIGERATED TRANSPORT, LLC.

1916 East 29th Street, P.O. Box 750 • Marshfield, WI 54449 • 800-393-8481

Qualified Owner Operators applying are considered without regard to race, color, religion, sex, national origin, age, marital status, or non-job related disability or other non-job related basis prohibited by law. Roehl Transport complies with applicable state and local laws prohibiting discrimination in our operations.

Please print in ink. All questions must be answered.

Check Applicable Box:

Owner Operator Fleet Owner Owner Operator Fleet Driver Owner's Name: _____

Tractor Information:

Make: _____ Year: _____ Weight: _____ 5th wheel height: _____ 5th wheel make: _____

Division:

Flatbed Van Curtainside Refrigerated

Driver Name: First _____ M.I. _____ Last _____

Social Security # _____ | _____ | _____ Date of Birth (req. by 49 CFR 391.21) _____ / _____ / _____
month day year

Address _____ City _____ State _____ Zip _____

How long at the above address _____

Telephone (_____) _____ - _____ Cell Phone (_____) _____ - _____

E-Mail _____

Have you ever been known by any other name? Yes No Other name: _____

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

Can you provide verification of your legal right to work in the United States? Yes No

Can you legally travel between the U.S. and Canada? Yes No

If no, please explain: _____

Who referred you to Roehl? Name _____ Truck # _____

The conviction of a crime is not an automatic bar to lease with Roehl. All circumstances will be considered including the nature of the offense and the relationship of the offense to Roehl's business. Failure to disclose all convictions will result in immediate disqualification.

Yes No If yes, provide dates and explain below.

1. Have you ever been convicted of a felony, received a deferred prosecution or have any felony charges currently pending?
2. Have you ever been convicted of a misdemeanor, received a deferred prosecution or have any misdemeanors currently pending?
3. Have you ever been convicted of operating a motor vehicle while under the influence of alcohol or a controlled substance or are any charges pending, including reduction to a lesser charge? (List all dates)
4. Have you ever been convicted of possession, sale, transfer or use of alcohol or a narcotic drug, amphetamine, inhalant or derivative thereof, or have a current charge pending? (List all dates)
5. Have you ever tested positive for drugs/controlled substances or an alcohol test?
6. Have you ever failed and/or refused a pre-employment drug test given by a company where you applied for, but did not obtain employment?
7. Have you ever been denied a license, permit or privilege to operate a motor vehicle?
8. Has any driver's license, permit or privilege ever been suspended or revoked?
9. Have you ever had a citation for leaving the scene of an accident?

Provide the following for any of the above questions that were answered "yes". If convicted, attach a copy of the court ruling. (If necessary, add additional sheets.)

| | | | |
|-------------|------|--------|-------|
| Date | City | County | State |
| Explanation | | | |
| Date | City | County | State |
| Explanation | | | |

List Additional Addresses: List all addresses for the prior 3 Years

Street _____ City _____ State _____ How long? _____
 Street _____ City _____ State _____ How long? _____

Licenses: (List all driver license numbers assigned to you in the past 10 years.)

| State | License Number | (Type) | | Hazmat | | Expires |
|-------|----------------|----------|------------|--------|----|---------|
| | | Personal | Commercial | Yes | No | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Moving Convictions: List all tickets and forfeitures for the past 5 years. Be sure to list all careless or reckless driving convictions or pending reckless or careless driving citations as such. (IF NONE, WRITE NONE)

| Dates | Conviction/Type | If speed, list mph over limit | State | Details |
|-------|-----------------|-------------------------------|-------|---------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Accidents: List all accidents you have been involved in within the last 5 years regardless of fault, severity or motor vehicle type. (IF NONE, WRITE NONE) (Please use additional sheet of paper for complete accident description if necessary.)

Please describe nature of accident in detail

| Date | Nature of Accident | State | Preventable or Non-preventable | # Fatalities | # Injuries |
|------|--------------------|-------|--------------------------------|--------------|------------|
| | | | | | |
| | | | | | |
| | | | | | |

If ever involved in a fatality accident, please explain: _____

Education

Circle highest grade completed: 1 2 3 4 5 6 7 8 High School: 9 10 11 12 GED College: 1 2 3 4

CDL Driving School Name _____ City _____ State _____

Phone (_____) _____ Fax (_____) _____

Course Length: Weeks _____ Hours _____ CDL Graduation Date _____
 Month/Day/Year

Military

Have you ever been a member of the U.S. Armed Forces? Yes No

Branch: _____ Dates of Service: To: _____ From: _____

Type of Discharge: _____ MOS: _____

JOB DESCRIPTION

Title: Truck driver (intrastate, interstate and Canadian commerce)

Qualifications

- Operate commercial motor vehicle in a safe and efficient manner
- Have a working knowledge of FMCSR and driver daily log book as required by DOT regulations
- Must meet all Federal DOT and Roehl required medical standards, including controlled substances

Major Duties

- Comply with all Federal, state or local regulations that govern the trucking industry. This includes but is not limited to DOT and FMCSR
- Load and unload general freight products by hand when necessary
- Conduct oneself in a manner that promotes superior customer service and professionalism within the company and the industry in a safe and efficient manner
- Conduct pre-trip inspection on a tractor-trailer combination vehicle

Applicant—Are You Able, With or Without Accommodation To: (Answer required for questions 1-10)

Yes No

1. Move freight weighing up to 75 pounds per piece from floor level or shoulder level to a distance of more than 53 feet?
2. Couple and uncouple combination vehicles as required? This involves repetitious turning of trailer dolly handle (crank), to raise and lower landing gear and to operate the release lever of a 5th wheel?
3. Climb in and out of an over-the-road tractor, 8–10 times a day?
4. Fuel and perform limited preventative maintenance on a tractor and trailer?
5. Can you read, write and speak English sufficiently to converse with the general public, understand highway and traffic signs and signals, respond to official inquiries, read a bill of lading and make accurate entries in the driver's daily log as required by Federal Regulations?
6. Can you transport all commodities, including alcohol or all types of food products?

Additional Requirements for the Flatbed and Curtainside Fleet:

Yes No

7. Can you secure freight products by means of chaining, strapping and blocking in accordance with established company policy as defined within the carrier's driver reference guide?
8. Can you tarp and un-tarp freight products in accordance with established company policy?
9. Are you able to climb and work up to 15 feet above ground as may be required for tarping, securing or protecting cargo?
10. Do you have the ability to handle and stow tarps that weigh 75-130 pounds?

Additional Job Requirements:

Possess and maintain a valid CDL—Class A

(NOTE: A copy of your valid Class A CDL will be required for DOT files.)

- Operate satellite-based communication system
- Conduct minor repairs of commercial motor vehicles following company procedures when instructed to perform such services at the direction of company personnel
- Have the necessary professional driving skills to operate a commercial combination vehicle at varying speeds in difficult situations that may include, but is not limited to heavy traffic, inclement weather or at shipper or receiver locations that may include docking situations
- Install and remove tire chains when required by local law or as required by weather conditions; when directed to do so by Fleet Manager
- Perform other duties as assigned

Statements included in this job description do not necessarily represent an exhaustive list of all responsibilities, skills, duties, requirements, efforts or working conditions associated with the job.

Starting with your most recent employer or lessor, provide 10 years of work history for driving jobs, 5 years of work history for non-driving jobs. Please include all phone numbers. Account for all time, including military service, periods of self-employment and unemployment for more than 2 weeks. Provide documentation for periods of self-employment and military that includes affidavits, tax records or DD214 long form for the last 5 years. You must indicate whether your prior job(s) were regulated by Federal Motor Carrier Safety Regulations (FMCSR) or subject to drug and alcohol testing. *If you require additional space to list past employers/lessors, photocopy this page prior to completing it or use a sheet of blank paper and include the same information requested below.*

Have you ever worked for or with a Roehl company? Yes No

If yes, when? _____ Position? _____

Period of Non-Employment From _____ to _____ Reason _____

Current or Last Employer/Lessor

From _____ (mo/yr) to _____ (mo/yr) Full Time Part Time

Company Name _____ Phone (____) _____ - _____

Address _____ City _____ State _____

Position Held _____ Truck Type: Semi Straight

No. States Operated _____ Rate of Pay _____ Miles Driven _____

Reason for leaving _____ May we contact current employer/lessor? Yes No

Were you subject to FMCSR's while employed/leased at this employer/lessor? Yes No

Was this job designated as a Safety Sensitive function in any DOT regulated mode subject to alcohol and controlled substance testing requirements as required by 49 CFR Part 40? Yes No

Period of Non-Employment From _____ to _____ Reason _____

Employer/Lessor 2

From _____ (mo/yr) to _____ (mo/yr) Full Time Part Time

Company Name _____ Phone (____) _____ - _____

Address _____ City _____ State _____

Position Held _____ Truck Type: Semi Straight

No. States Operated _____ Rate of Pay _____ Miles Driven _____

Reason for leaving _____ May we contact current employer/lessor? Yes No

Were you subject to FMCSR's while employed/leased at this employer/lessor? Yes No

Was this job designated as a Safety Sensitive function in any DOT regulated mode subject to alcohol and controlled substance testing requirements as required by 49 CFR Part 40? Yes No

Period of Non-Employment From _____ to _____ Reason _____

Employer/Lessor 3

From _____ (mo/yr) to _____ (mo/yr) Full Time Part Time

Company Name _____ Phone (____) _____ - _____

Address _____ City _____ State _____

Position Held _____ Truck Type: Semi Straight

No. States Operated _____ Rate of Pay _____ Miles Driven _____

Reason for leaving _____ May we contact current employer/lessor? Yes No

Were you subject to FMCSR's while employed/leased at this employer/lessor? Yes No

Was this job designated as a Safety Sensitive function in any DOT regulated mode subject to alcohol and controlled substance testing requirements as required by 49 CFR Part 40? Yes No

Period of Non-Employment From _____ to _____ Reason _____

Employer/Lessor 4

From _____ (mo/yr) to _____ (mo/yr) Full Time Part Time

Company Name _____ Phone (____) _____ - _____

Address _____ City _____ State _____

Position Held _____ Truck Type: Semi Straight

No. States Operated _____ Rate of Pay _____ Miles Driven _____

Reason for leaving _____ May we contact current employer/lessor? Yes No

Were you subject to FMCSR's while employed/leased at this employer/lessor? Yes No

Was this job designated as a Safety Sensitive function in any DOT regulated mode subject to alcohol and controlled substance testing requirements as required by 49 CFR Part 40? Yes No

Period of Non-Employment From _____ to _____ Reason _____

Employer/Lessor 5

From _____ (mo/yr) to _____ (mo/yr) Full Time Part Time
Company Name _____ Phone (____) _____ - _____
Address _____ City _____ State _____
Position Held _____ Truck Type: Semi Straight
No. States Operated _____ Rate of Pay _____ Miles Driven _____
Reason for leaving _____ May we contact current employer/lessor? Yes No
Were you subject to FMCSR's while employed/leased at this employer/lessor? Yes No
Was this job designated as a Safety Sensitive function in any DOT regulated mode subject to alcohol and controlled substance testing requirements as required by 49 CFR Part 40? Yes No

Period of Non-Employment From _____ to _____ Reason _____

Employer/Lessor 6

From _____ (mo/yr) to _____ (mo/yr) Full Time Part Time
Company Name _____ Phone (____) _____ - _____
Address _____ City _____ State _____
Position Held _____ Truck Type: Semi Straight
No. States Operated _____ Rate of Pay _____ Miles Driven _____
Reason for leaving _____ May we contact current employer/lessor? Yes No
Were you subject to FMCSR's while employed/leased at this employer/lessor? Yes No
Was this job designated as a Safety Sensitive function in any DOT regulated mode subject to alcohol and controlled substance testing requirements as required by 49 CFR Part 40? Yes No

Period of Non-Employment From _____ to _____ Reason _____

Employer/Lessor 7

From _____ (mo/yr) to _____ (mo/yr) Full Time Part Time
Company Name _____ Phone (____) _____ - _____
Address _____ City _____ State _____
Position Held _____ Truck Type: Semi Straight
No. States Operated _____ Rate of Pay _____ Miles Driven _____
Reason for leaving _____ May we contact current employer/lessor? Yes No
Were you subject to FMCSR's while employed/leased at this employer/lessor? Yes No
Was this job designated as a Safety Sensitive function in any DOT regulated mode subject to alcohol and controlled substance testing requirements as required by 49 CFR Part 40? Yes No

Period of Non-Employment From _____ to _____ Reason _____

Employer/Lessor 8

From _____ (mo/yr) to _____ (mo/yr) Full Time Part Time
Company Name _____ Phone (____) _____ - _____
Address _____ City _____ State _____
Position Held _____ Truck Type: Semi Straight
No. States Operated _____ Rate of Pay _____ Miles Driven _____
Reason for leaving _____ May we contact current employer/lessor? Yes No
Were you subject to FMCSR's while employed/leased at this employer/lessor? Yes No
Was this job designated as a Safety Sensitive function in any DOT regulated mode subject to alcohol and controlled substance testing requirements as required by 49 CFR Part 40? Yes No

AUTHORIZATION AND CERTIFICATION

PLEASE PRINT NAME, SIGN AND DATE BELOW BEFORE FAXING.

To be carefully read and authorized by applicant. If you have any questions or require an explanation of the terms of this AUTHORIZATION AND CERTIFICATION, please call the Carrier, ROEHL TRANSPORT, INC./ROEHL REFRIGERATED TRANSPORT, LLC. for clarification.

- I understand, agree and authorize that ROEHL TRANSPORT, INC./ROEHL REFRIGERATED TRANSPORT, LLC. (Carrier) may procure one or more reports regarding my Motor Vehicle Record, driving record, credit history, criminal background history and/or past employment or lease records from any law enforcement agency, court of record, HireRight (formerly DAC Services, Inc.), any third party consumer reporting agency and/or other sources as the Carrier deems necessary for the consideration of entering into an Owner Operator Operating Agreement ("OOO Agreement") with me.
- I understand, agree and authorize that Carrier may procure my safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years from the Federal Motor Carriers Safety Administration Screening Program or any other third party consumer reporting agency.
- I understand, agree and authorize the release of any information about my education, experience, abilities, or work-related characteristics or traits held or known by my present or former employers, carriers/lessors, supervisors, co-workers, or by other organizations or individuals, including schools and educational institutions, professional or business associates, and friends and acquaintances that Carrier might contact in the course of conducting a reference check or background investigation of my suitability to provide services under an OOO Agreement.
- I understand that if I had employment with a DOT employer, or was an Owner Operator leased to a DOT carrier in the past (3) three years, I have: 1.) The right to review information provided by previous employers or carriers/lessors and/or consumer reporting agency. 2.) The right to have errors in information corrected by the previous employer or carrier/lessor and/or consumer reporting agency and for that previous employer or carrier/lessor and/or consumer reporting agency to re-send the corrected information to ROEHL TRANSPORT, INC./ROEHL REFRIGERATED TRANSPORT, LLC. 3.) The right to have a rebuttal statement attached to the alleged erroneous information if I cannot agree with my previous employer or carrier/lessor and/or consumer reporting agency on the accuracy of the information.
- I understand and I agree to the terms and conditions of the job description on page 3 of this application.
- I understand that this application to enter into an OOO Agreement will not be accepted as final until satisfactorily completing a medical examination including drug testing, a driving skill exam, and personal interview. The location of these exams and requirements shall be at the sole discretion of the Carrier. I further agree to provide access to previous medical records if required.
- I understand my application may be transferred to an electronic filing system, and the original may not be retained.
- I understand and agree that, as a condition of the OOO Agreement with the Carrier, I will be subject to the alcohol and controlled substances regulations as published in the Federal Motor Carrier Safety Regulations (FMCSR), parts 40 and 382. I further agree to submit urine and breath samples as necessary to comply with testing requirements of the regulations. I understand that a positive test result for controlled substances (including adulterated samples or refusals to test) or test results indicating a Blood Alcohol Content (BAC) of .04 or greater will be grounds for refusal to enter into an OOO Agreement or immediate termination of my OOO Agreement should one exist.
- I understand that at any point in the future, whether I am actively providing services under an OOO Agreement with the Carrier or not, the Carrier may provide information concerning my services with the Carrier to HireRight, Inc. and any party that requests such information. I agree that said information may be furnished on my behalf without any liability or damages to the Carrier.
- I understand and agree that my submitting this application to the Carrier in no way obligates the Carrier to agree to an OOO Agreement or to offer me employment.
- I understand that if I enter into an OOO Agreement with Carrier it will be for no definite period, regardless of the period of payment of revenue. I further understand that I have the right to terminate my OOO Agreement at any time with or without notice, and the Carrier has the same right.
- I hereby authorize, without liability, any person or organization whose name I have given as a reference, or by whom I have been previously employed or contracted with, to furnish ROEHL TRANSPORT, INC./ROEHL REFRIGERATED TRANSPORT, LLC. any information they may have concerning my safety performance, all accidents, including those defined in 390.5 of FMCSR, all drug and alcohol testing violations, refusals or completed rehabilitations, character, habits, ability, financial responsibility, job performance or other work-related characteristics, reasons for leaving employment or ending contract/lease and all information concerning my employment/contract/lease. I hereby release all such persons and organizations from any claims for damages of any kind which may occur to me by reasons of furnishing such information.
- I attest 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. Any false, misleading or incomplete statement of the information requested in this application and any supplemental material submitted shall be sufficient grounds for disqualification of this application or termination of my OOO Agreement, should one exist.
- I attest I have read and understand the terms of this AUTHORIZATION AND CERTIFICATION by placing my name at the bottom of said document.
- By placing my name below, I authorize Carrier and its employees, agents, and affiliates to obtain the information authorized in this AUTHORIZATION AND CERTIFICATION document.

Applicant Name _____ Social Security # _____

Applicant's Signature _____ Date _____



APPLICANT VOLUNTARY DISCLOSURE

EEOC Recordkeeping and Reporting Requirements

Roehl is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, please voluntarily self-identify your race or ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify a specific individual.

Name: _____ **SS#:** _____

| <input type="checkbox"/> MALE | <input type="checkbox"/> FEMALE |
|--|--|
| <p><i>Check only one:</i></p> <p><input type="checkbox"/> American Indian or Alaskan Native</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> Black or African American</p> <p><input type="checkbox"/> Hispanic or Latino</p> <p><input type="checkbox"/> Native Hawaiian or Other Pacific Islander</p> <p><input type="checkbox"/> White</p> <p><input type="checkbox"/> Two or more Races</p> | <p><i>Check only one:</i></p> <p><input type="checkbox"/> American Indian or Alaskan Native</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> Black or African American</p> <p><input type="checkbox"/> Hispanic or Latino</p> <p><input type="checkbox"/> Native Hawaiian or Other Pacific Islander</p> <p><input type="checkbox"/> White</p> <p><input type="checkbox"/> Two or more Races</p> |

DO NOT WANT TO DISCLOSE

RACE AND ETHNIC IDENTIFICATION (www.eeoc.gov)

Race and ethnic designations as used by the Equal Employment Opportunity Commission do not denote scientific definitions of anthropological origins. Definitions of the race and ethnicity categories are as follows:

- **Hispanic or Latino:** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
- **White (Not Hispanic or Latino):** a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- **Black or African American (Not Hispanic or Latino):** a person having origins in any of the black racial groups of Africa.
- **Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino):** a person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- **Asian (Not Hispanic or Latino):** a person having origins in any of the original peoples of the Far Eastern, Southeast Asia, or the Indian Subcontinent, including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Island, Thailand and Vietnam.
- **American Indian or Alaska Native (Not Hispanic or Latino):** a person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
- **Two or More Races (Not Hispanic or Latino):** all persons who identify with more than one of the above five races.

1916 East 29th Street • PO Box 750 • Marshfield WI 54449 • Fax: 800-818-9712 • GoRoehl.com

RELEASE OF EMPLOYMENT INFORMATION

I give Roehl Transport, Inc./Roehl Refrigerated Transport, LLC. and its agents or representatives the right to investigate all references and to secure information about my employment and service background including results of controlled substance and/or alcohol testing. I further authorize Roehl Transport, Inc./Roehl Refrigerated Transport, LLC. and its agents or representatives permission to receive consumer reports regarding my employment history, credit worthiness, criminal background, and worker compensation claims from third party agencies such as DAC Services or others. I hereby release from all liability for damages Roehl Transport, Inc./Roehl Refrigerated Transport, LLC. and its agents or representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

I understand that if I had employment or was leased with a DOT employer/carrier in the past three years 1. I have the right to review information provided by previous employers/carriers 2. The right to have errors in the information corrected by the previous employer/carrier and for that previous employer to re-send the corrected information to Roehl Transport, Inc./Roehl Refrigerated Transport, LLC. 3. The right to have a rebuttal statement attached to the alleged erroneous information, if I cannot agree with my previous employer/carrier on the accuracy of the information. I understand that in order to review information provided by previous employers/carriers I must submit a written request to Roehl Transport Inc/Roehl Refrigerated Transport, LLC. no later than 30 days after being contracted or being notified of denial of entering into a lease agreement.

Printed Name: _____ Date: _____

Applicant's Signature: _____ SS#: _____

APPLICANT SIGN AND DATE ABOVE ONLY



FAX: 715-591-7554 PHONE: 800-826-8367 ext. 2104
DAN BENNETT, OWNER OPERATOR PROGRAM MANAGEMENT

Company: _____ Phone/Fax: (_____) _____ - _____

Address: _____ City _____ State _____

Dates of employment or lease: _____ to _____ and _____ to _____ Full Time Part Time

Position held with company: _____ Driving Experience: OTR Local Team

Equipment driven: Straight Truck Tractor-Semi Trailer type: Van Flatbed Other

Type of operation: Company Driver Owner Operator Driver for Owner Operator

Accidents during employment or lease meeting definition of 390.5? Preventable Non-preventable

Explanation: _____

Cause for separation: Voluntary Quit Discharged Layoff

Service Record: Satisfactory Unsatisfactory Outstanding Other Explanation: _____

Company Policy Violations: Yes No

Eligible for rehire/lease: Yes No Upon Review

D.O.T. COMPLIANCE DRUG/ALCOHOL TESTING (FOR THE PAST THREE YEARS)

In compliance with 49 C.F.R. Sections 382 sub part B, 382.405, 382.413, 391.89, 392.4, 392.5, 40.37 and 40.81 (1).

- Has the applicant ever violated any DOT alcohol/drug requirements while employed or performing in a safety sensitive position? Yes No
- Has this person had an alcohol test with a breath alcohol concentration of 0.04 or greater while employed or leased with your company? Yes No
- Has this person refused a required test for drugs or alcohol while employed or leased with your company? Yes No
- Have you ever received information of this person testing positive or refusing to test for alcohol or a controlled substance from a previous employer or carrier? Yes No
- Has the applicant completed a substance abuse rehabilitation-type program? Yes No

Verbally Completed/Verified by: _____ Position: _____