

DRIVER'S APPLICATION FOR EMPLOYMENT

Company:

J.K. WILLIAMS LLC
2331 ALABAMA ST SUITE 205
LAWRENCE KS 66046

Application Date: _____

Phone Number: _____

Applicant's Name _____

(First) (Middle) (Last)

Address: _____

(Street) (City) (State & Zip Code)

How Long: _____

Date of Birth: _____

/ /

Social Security # _____

Address for past three years: _____

(Street) (City) (State & Zip Code)

How Long: _____

(Street) (City) (State & Zip Code)

How Long: _____

(ATTACH SHEET IF MORE SPACE IS NEEDED)

EXPERIENCE AND QUALIFICATIONS--DRIVER

	State	License Number	Type	Expiration Date
Driver Licenses				

Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes _____ No _____

Has any license, permit or privilege ever been suspended or revoked? Yes _____ No _____

(If the answer is yes to either of the two previous questions, attach statement giving details)

DRIVERS EXPERIENCE

Class of Equipment	Type of Equipment (Van, Tank, Flat, Dump, Etc.)	Dates		Approximate Number of Miles (Total)
		From	To	
STRAIGHT TRUCK				
TRACTOR & SEMI TRAILER				
DUMP TRAILER				
OTHER				

List state operated in for last five years: _____

Show special courses or training that will help you as a driver: _____

Which safe-driving awards do you hold and from whom? _____

ACCIDENT RECORD FOR THE PAST THREE YEARS OR MORE (ATTACH SHEET IF NECESSARY)

Dates	Nature of Accident (Head-on, Rear-end, Upset, Etc.)	Fatalities	Injuries
Last Accident			
Next Previous			
Next Previous			
Next Previous			

EMPLOYMENT HISTORY (extra sheet if necessary)

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding three years. List complete mailing address, street number, city, state and zip code. This should include self employment, part-time jobs and should also note any unemployment time that existed for greater than 30 days.

Applicants to drive a commercial motor vehicle in intrastate or interstate commerce shall also provide an additional seven years' information on those employers for whom the applicant operated such vehicle.

Employer			Date	
NAME			From: Month Year	To: Month Year
ADDRESS			Position Held:	
CITY	State	Zip Code	Salary/Wage:	
CONTACT PERSON			Reason for Leaving:	

Employer			Date	
NAME			From: Month Year	To: Month Year
ADDRESS			Position Held:	
CITY	State	Zip Code	Salary/Wage:	
CONTACT PERSON			Reason for Leaving:	

Employer			Date	
NAME			From: Month Year	To: Month Year
ADDRESS			Position Held:	
CITY	State	Zip Code	Salary/Wage:	
CONTACT PERSON			Reason for Leaving:	

Employer			Date	
NAME			From: Month Year	To: Month Year
ADDRESS			Position Held:	
CITY	State	Zip Code	Salary/Wage:	
CONTACT PERSON			Reason for Leaving:	

Employer			Date	
NAME			From: Month Year	To: Month Year
ADDRESS			Position Held:	
CITY	State	Zip Code	Salary/Wage:	
CONTACT PERSON			Reason for Leaving:	

Employer			Date	
NAME			From: Month Year	To: Month Year
ADDRESS			Position Held:	
CITY	State	Zip Code	Salary/Wage:	
CONTACT PERSON			Reason for Leaving:	

Employer			Date	
NAME			From: Month Year	To: Month Year
ADDRESS			Position Held:	
CITY	State	Zip Code	Salary/Wage:	
CONTACT PERSON			Reason for Leaving:	

REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER

From: J K WILLIAMS LLC

To: _____ Date: _____

Social Security Number: _____

_____ has made application to this company for a position as a driver and states that he/she was employed by you as a _____ from _____ to _____

Will you please reply to the inquiry below respecting this applicant. Your reply will be held in strict confidence and will in no way involve you in any responsibility. For your convenience we are asking that you fax this back at your earliest convenience. **Our fax number is 785-331-2302.**

Very truly yours,
Monica Rethman

- 1 Did the applicant ever test positive for drugs / alcohol? _____
2. Is the employment record with your company correct as stated above? _____
3. What kind(s) of work did the applicant do? _____
4. Did the applicant drive motor vehicles for you? Passenger car _____ Straight Truck _____
Bus _____ Tractor-Trailer _____ Other(specify) _____
5. Was the applicant a safe and efficient driver? _____
6. Give the dates of vehicle accidents in which he/she was involved. _____
7. Reason for leaving your employ: Discharged _____ Laid Off _____ Resigned _____
8. Was the applicant's general conduct satisfactory? _____
9. Is the applicant competent for the position sought? _____
10. Did the applicant drink any alcoholic beverages while on duty? _____

	Excellent	Good	Fair	Poor	Very Poor
Quality of work	_____	_____	_____	_____	_____
Cooperation with others	_____	_____	_____	_____	_____
Safety habits	_____	_____	_____	_____	_____
Personal habits	_____	_____	_____	_____	_____
Driving skill	_____	_____	_____	_____	_____
Attitude	_____	_____	_____	_____	_____

Remarks: _____

Date: _____ Signature: _____

Name of Company: _____

(Detach bottom part for your records)

You are hereby authorized to give to J K WILLIAMS LLC all information regarding my services, character, and conduct while in your employ, and you are released from any and all liability which may result from furnishing such information to the above-named company.

(Signature of Applicant)

(Date)

REQUEST FOR CHECK OF DRIVING RECORD

I hereby authorize you to release the following information to **J.K. Williams LLC**. (prospective employer) for purposes of investigation as required by Section 391.23 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information.

(Applicant's Signature)

(Date)

In accordance with the provisions of Sections 604 and 607 of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter 1, of the Public Law 104-208, I hereby certify the following:

1. The consumer (applicant) has authorized in writing the procurement of this report;
2. The consumer (applicant) has been informed in a separate written disclosure that a consumer report may be obtained for employment purposes;
3. The information requested below will be used for a "permissible purpose" (ie., information for employment purposes) and will be used for no other purpose;
4. The information being obtained will not be used in violation of any federal or state equal opportunity law or regulation; and
5. Before taking an adverse action based in whole or in part on the report the consumer (applicant) will receive a copy of the requested report and the summary of consumer rights as provided with the report by the consumer reporting agency.

I also certify that this report request and the above applicant's release notice meet the definition of "permissible uses" of state motor vehicle records under the provisions of the Driver's Privacy Protection Act of 1994 (Public Law 103-322, Title XXX, Section 300002(a)).

(Signature of Requester)

(Date)

To: _____

