

# DRIVER'S APPLICATION FOR EMPLOYMENT

Company:

J.K. WILLIAMS LLC  
1125 John L Williams Dr  
Eudora KS 66025

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
<b>Driver Licenses</b>				

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			

# DRIVER'S APPLICATION FOR EMPLOYMENT (CONT)

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE NONE

LOCATIONS	DATE	CHARGE	PENALTY

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

Location	Date	Charge	Penalty

(Attach sheet if more space needed)

Circle highest grade completed: 1 2 3 4 5 6 7 8

High School: 1 2 3 4

College: 1 2 3 4

Last school attended:

Name

City

State

**EMPLOYMENT RECORD (USE ATTACHED SHEET IF MORE SPACE IS NEEDED)**

NOTE: DOT requires that employment for at least three years and/or commercial driving experience for the past ten years (from application date) be shown.

1st Employer: Name: \_\_\_\_\_

Address: \_\_\_\_\_

City State Zip \_\_\_\_\_ Phone # & Contact \_\_\_\_\_

Position Held: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Salary \_\_\_\_\_

for Leaving: \_\_\_\_\_

2nd Last Employer: Name \_\_\_\_\_

Address: \_\_\_\_\_

City State Zip \_\_\_\_\_ Phone # & Contact \_\_\_\_\_

Position Held: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Salary \_\_\_\_\_

for Leaving: \_\_\_\_\_

3rd Last Employer: Name \_\_\_\_\_

Address: \_\_\_\_\_

City State Zip \_\_\_\_\_ Phone # & Contact \_\_\_\_\_

Position Held: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Salary \_\_\_\_\_

for Leaving: \_\_\_\_\_

**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.

\_\_\_\_\_ Date

\_\_\_\_\_ Applicant's Signature

Note: A motor carrier may require an applicant to provide information in addition to the information required by the Federal Motor Carrier Safety Regulations

# 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 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 785-690-7387.

## DRUG & ALCOHOL

- |   |     |     |    |
|---|-----|-----|----|
| 1. Did the employee have alcohol tests with a result of 0.04 or higher?                                   | YES | NO  |    |
| 2. Did the employee have verified positive drug tests?  | YES | NO  |    |
| 3. Did the employee refuse to be tested?  | YES | NO  |    |
| 4. Did the employee have other violations of the DOT agency drug and alcohol testing regulations?         | YES | NO  |    |
| 5. Did a previous employer report a drug & alcohol rule violation to you?                                 | YES | NO  |    |
| 6. If you answered "yes" to any of the above items, did the employee complete the return-to duty process? | N/A | YES | NO |

## ADDITIONAL INFORMATION REQUESTED

- |  |     |    |
|--|-----|----|
| 7. Was the applicant a safe and efficient driver?  | YES | NO |
| 8. Is the employment record with your company correct as stated above?                   | YES | NO |
| 9. Is the applicant eligible for rehire?   | YES | NO |
| 10. Was this applicant involved in any vehicle accidents while employed by your company? | YES | NO |

Please provide the dates of vehicle accidents in which he/she was involved: \_\_\_\_\_

11. Type of equipment the applicant drove/pulled? Passenger car: \_\_\_\_\_ Straight Truck: \_\_\_\_\_  
Tractor-Trailer: \_\_\_\_\_ Other(specify): \_\_\_\_\_

12. Reason for leaving your employment: Discharged: \_\_\_\_\_ Laid Off: \_\_\_\_\_ Resigned: \_\_\_\_\_

Remarks: \_\_\_\_\_

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

Title: \_\_\_\_\_ Name Printed: \_\_\_\_\_

## AUTHORIZATION to release INFORMATION from PREVIOUS EMPLOYER

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. In accordance with DOT Reg 49 CFR Part 382.413, I authorize the release of information from my DOT regulated drug and alcohol testing records by the carrier listed above.

\_\_\_\_\_  
(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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**THE BELOW DISCLOSURE AND AUTHORIZATION LANGUAGE IS FOR MANDATORY USE BY ALL ACCOUNT HOLDERS**

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

In connection with your application for employment with J K WILLIAMS LLC ("Prospective Employer"), Prospective Employer, its employees, agents or contractors may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

When the application for employment is submitted in person, 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.

When the application for employment is submitted by mail, telephone, computer, or other similar means, 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 must provide you within three business days of taking adverse action oral, written or electronic notification: that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

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. You may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If you challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. Your request will be forwarded by the DataQs system to the appropriate State for adjudication.

Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with Federal Motor Carrier Safety Regulations (FMCSR) violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

The Prospective Employer cannot obtain background reports from FMCSA without your authorization.

**AUTHORIZATION**

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

I authorize J K WILLIAMS LLC ("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 authorizing 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 challenge 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 understand that any crash or inspection in which I was involved will display on my PSP report. Since the PSP report does not report, or assign, or imply fault, I acknowledge it will include all CMV crashes where I was a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, I understand all inspections, with or without violations, will appear

on my PSP report, and State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on my PSP report. I have read the above Disclosure Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this Disclosure and Authorization, 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)

NOTICE: This form is made available to monthly account holders by NIC on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain an Applicant's written or electronic consent prior to accessing the Applicant's PSP report. Further, account holders are required by FMCSA to use the language contained in this Disclosure and Authorization form to obtain an Applicant's consent. The language must be used in whole, exactly as provided. Further, the language on this form must exist as one stand-alone document. The language may NOT be included with other consent forms or any other language.

*LAST UPDATED 12/22/2015*

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\_\_\_\_\_  
(Signature of Requester)

\_\_\_\_\_  
(Date)

To:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_