

APPLICATION FOR QUALIFICATION

(A) Company _____ K&R Transport II, LLC
Address _____ 1285 State Route 29 NE
City _____ London _____ **State** _____ Ohio _____ **Zip Code** _____ 43140

The purpose of this application is to determine whether or not the applicant is qualified to operate motor carrier equipment according to the requirements of the Federal Motor Carrier Safety Regulations and the Company named above.

Instructions to Applicant

Please answer all questions. If the answer to any questions is "No" or "None", do not leave the item blank, but write "No" or "None". This is important!

*The Age Discrimination of Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age.

Date _____ **Position applying for;** _____ **Check One:** Contractor Driver
 Contractor's Driver

(B) Name _____
(First) _____ (Middle) _____ (Last) _____

Phone Number (_____) _____ Emergency Phone Number (_____) _____

*Age _____ Date of Birth _____ Social Security Number _____

Physical Exam Expiration Date: _____

Current & Three Years Previous Addresses:

_____ From _____ To _____
_____ From _____ To _____
_____ From _____ To _____
_____ From _____ To _____

Have you ever worked for this company before? Yes No

If yes, give dates: From _____ To _____

Reason for leaving? _____

Education and Employment History

Please circle the highest grade completed:

Grade School: 1 2 3 4 5 6 7 8 9 10 11 12
College: 1 2 3 4 Post-Graduate: 1 2 3 4

(C) Give a Complete Record of all employment for the last three years, including any unemployemnet or self employment, and all commercial driving experience for the past ten years.

Mo/Yr Mo/Yr Present or Last Employer:
From _____ To _____ Name _____
Position Held _____ Address _____
Reason for Leaving _____ Phone # (_____) _____

Were you subject to the FMCSRs* while employed here? Yes No

Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alchohol testing requiremnts of 49CFR Part 40? Yes No

(C) Give a Complete Record of all employment for the last three years, including any unemployemnet or self employment, and all commercial driving experience for the past ten years.

Mo/Yr Mo/Yr Present or Last Employer:
From _____ To _____ Name _____
Position Held _____ Address _____
Reason for Leaving _____ Phone # (_____) _____

Were you subject to the FMCSRs* while employed here? Yes No

Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alchohol testing requiremnts of 49CFR Part 40? Yes No

(C) Give a Complete Record of all employment for the last three years, including any unemployemnet or self employment, and all commercial driving experience for the past ten years.

Mo/Yr Mo/Yr Present or Last Employer:
From _____ To _____ Name _____
Position Held _____ Address _____
Reason for Leaving _____ Phone # (_____) _____

Were you subject to the FMCSRs* while employed here? Yes No

Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alchohol testing requiremnts of 49CFR Part 40? Yes No

***The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone who operates a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) has aGVWR or weighs 10,001 pounds or more, (2) is designed or used to transport nine or more passenger, or (3) is of any size, used to transport hazardous materials in a quantity requiring placarding.**

(D) Driving Experience

Class of Equipment	Dates		Approximate Number of Miles (Total)
	From	To	
Straight Truck			
Tractor and Semi-trailer			
Tractor-two trailers			
Tractor-three trailers (triples)			
Other			

(E) List states operated in, for the last five years: _____

(F) List special courses/training completed (PTD/DDC, Hazmat, etc.): _____

(G) List any Safe Driving Awards you hold and from whom: _____

(H) Accident Record for the past three years *(attach sheet if more space is needed)*

Date of Accident	Nature of Accidents (Head on, rear end, upset, etc.)	Location of Accident	# of Fatalities	# of People Injured

(I) Traffic convictions and Forfeitures for the last three years (other than parking violations)

Date	Location	Charge	Penalty

(J) Driver's License *(list each driver's license held in the past three years)*

State	License #	Type	Endorsements	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

C. Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the job description)?.....

Yes No

D. Have you ever been convicted of a felony?.....

Yes No

(K) If the answers to A,B,C or D is "YES", please provide details _____

(L) Personal References

List three persons for references, other than family members, who have knowledge of your safety habits.

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

To Be Read and Signed by Applicant

It is agreed and understood that any misrepresentation given on this application shall be considered an act of dishonesty.

It is agreed and understood that the motor carrier or his agents may investigate the applicant's background to ascertain any and all information of concern to the applicant's record, whether same is of record or not, and applicant releases employers and persons named herein from all liability for any damages on account of his furnishing such information.

It is also agreed that this investigation may include an investigating Consumer Report, including information regarding character, general reputation, personal characteristics, and mode of living.

I agree to furnish such additional information and complete such examinations as may be required to complete my application file.

It is agreed and understood that this Application for Qualification in no way obligates the motor carrier to employ or hire the applicant.

It is agreed and understood that if qualified and hired, I may be on a probationary period during which time I may be disqualified without recourse.

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.

(M)

_____ *Applicant's Signature*

_____ *Date*

Remarks (For office use only)

REQUEST FOR CHECK OF MVR

I hereby authorize you to release the following information to K&R Transport II, LLC for purposes of investigation as required by Section 391.23 of the Federal Motor Carrier Safety Regulations. You are released from and all liability that may result from furnishing such information.

(Applicant's Signature)

(Date)

- 1. In accordance with the provisions of 18 U.S.C. Section 2721 *et. Seq.* of the Driver's Privacy Protection Act, I hereby certify that the information requested will be used for a "permissible purpose" as defined by the Act, and that the information received will be used for no other purpose.

- 2. In accordance with the provisions of Section 604 and Section 607 of the Fair Credit Reporting Act, Public Law No. 91-508, I hereby certify that the information requested will be used for a "permissible purpose" as defined in the Act, and that the information received will be used for no other purpose.

- 3. I further certify that if the applicant named below is denied employment based upon the information received, I will identify the source of the report in accordance with Section 615(a) of the Fair Reporting Act.

(Carrier Signature)

(Date)

TO:

The following named person has made application with our company for the position of _____ . As in accordance with Section 391.23, Federal Department of Transportation Regulations, please furnish the undersigned with the applicant's driving record for the past three years.

NAME OF APPLICANT: _____

ADDRESS: _____
(Number & Street) (City) (State) (Zip)

DATE OF BIRTH: _____ **SOCIAL SECURITY #:** _____

CDL LICENSE #: _____

NON-CDL LICENSE #: _____

ANNUAL RECORD OF VIOLATIONS (391.27)

DRIVER'S CERTIFICATION

Driver name _____
(Please print)

I certify that the following is a true and complete list of traffic violations (other than parking violations) for which I have been convicted or forfeited bond or collateral during the past 12 months.

IF NO CONVICTIONS "IN THE PAST 12 MONTHS" WRITE "NONE" IN THE OFFENSE COLUMN
_____ **No offenses resulting in convictions in the past 12 months.**

Date of conviction:	Offense:	Location:	Type of motor vehicle operated:
___/___/___	_____	_____	_____
___/___/___	_____	_____	_____
___/___/___	_____	_____	_____

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation required to be listed during the past 12 months.

Driver Signature _____ Date: _____

(Do not write below this line)

ANNUAL INQUIRY AND REVIEW OF DRIVING RECORD (391.25)

In accordance with Section 391.25 Motor Carrier Safety Regulations, all information pertinent to the above driver's safety of operations, including the list of violations furnished by him in accordance with Section 391.27, has been reviewed for the past 12 months.

Accident Review

Continue Monitoring Remedial Training _____

Review of Moving Violations

Continue Monitoring Remedial Training _____

MOTOR CARRIER CERTIFICATION

- This driver meets the minimum requirements of safe driving
- This driver is disqualified to drive a C.M.V. pursuant to (391.15)

Safety Representative

Safety Supervisor
Title

By:
Date

**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 _____ ("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 _____ ("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