



# DK19 INC

DK19 INC

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COMPANY NAME

600 TIMBERWOOD DR LAKE ZURICH, IL 60047

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ADDRESS

(224) 319-3618

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PHONE

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DRIVER'S NAME

# Driver Employment Application

## 1. NAME

\_\_\_\_\_  
FIRST MIDDLE LAST

## 2. ADDRESS

\_\_\_\_\_  
STREET CITY STATE, ZIP CODE

PREVIOUS  
ADDRESS

\_\_\_\_\_  
STREET CITY STATE, ZIP CODE

PREVIOUS  
ADDRESS

\_\_\_\_\_  
STREET CITY STATE, ZIP CODE

MUST LIST ALL ADDRESSES FOR PREVIOUS 3 YEARS.

## 3. PERSONAL INFO

\_\_\_\_\_  
PHONE SS #

\_\_\_\_\_  
CDL # EXPIRATION DATE DATE OF BIRTH

## 4. QUESTIONS

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 YOU ANSWERED YES TO EITHER OF THE ABOVE 2 QUESTIONS, PLEASE ATTACH A STATEMENT OF EXPLANATION

## 5. TICKETS / ACCIDENTS

Accident Record for Past 3 Years

\_\_\_\_\_  
DATE DESCRIPTION # OF INJURIES / FATALITIES

Traffic Convictions & Forfeitures for Past 3 Years

\_\_\_\_\_  
DATE LOCATION CHARGE PENALTY

## 6. IN CASE OF EMERGENCY, NOTIFY:

\_\_\_\_\_  
FULL NAME EMAIL ADDRESS

# List all employment during the last 3 years

1. Employer: \_\_\_\_\_ Employed From: \_\_\_\_\_ To: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Position: \_\_\_\_\_ Reason for Leaving? \_\_\_\_\_

WERE YOU SUBJECT TO THE FMCSRS WHILE EMPLOYED?

YES  NO

WAS YOUR JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION IN ANY DOT REGULATED MODE SUBJECT TO THE DRUG & ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40?

YES  NO

2. Employer: \_\_\_\_\_ Employed From: \_\_\_\_\_ To: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Position: \_\_\_\_\_ Reason for Leaving? \_\_\_\_\_

WERE YOU SUBJECT TO THE FMCSRS WHILE EMPLOYED?

YES  NO

WAS YOUR JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION IN ANY DOT REGULATED MODE SUBJECT TO THE DRUG & ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40?

YES  NO

3. Employer: \_\_\_\_\_ Employed From: \_\_\_\_\_ To: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Position: \_\_\_\_\_ Reason for Leaving? \_\_\_\_\_

WERE YOU SUBJECT TO THE FMCSRS WHILE EMPLOYED?

YES  NO

WAS YOUR JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION IN ANY DOT REGULATED MODE SUBJECT TO THE DRUG & ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40?

YES  NO

4. Employer: \_\_\_\_\_ Employed From: \_\_\_\_\_ To: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Position: \_\_\_\_\_ Reason for Leaving? \_\_\_\_\_

WERE YOU SUBJECT TO THE FMCSRS WHILE EMPLOYED?

YES  NO

WAS YOUR JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION IN ANY DOT REGULATED MODE SUBJECT TO THE DRUG & ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40?

YES  NO

## List all employment during the last 3 years

5. Employer: \_\_\_\_\_ Employed From: \_\_\_\_\_ To: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Position: \_\_\_\_\_ Reason for Leaving? \_\_\_\_\_

WERE YOU SUBJECT TO THE FMCSRS WHILE EMPLOYED?

YES  NO

WAS YOUR JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION IN ANY DOT REGULATED MODE SUBJECT TO THE DRUG & ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40?

YES  NO

6. Employer: \_\_\_\_\_ Employed From: \_\_\_\_\_ To: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Position: \_\_\_\_\_ Reason for Leaving? \_\_\_\_\_

WERE YOU SUBJECT TO THE FMCSRS WHILE EMPLOYED?

YES  NO

WAS YOUR JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION IN ANY DOT REGULATED MODE SUBJECT TO THE DRUG & ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40?

YES  NO

7. Employer: \_\_\_\_\_ Employed From: \_\_\_\_\_ To: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Position: \_\_\_\_\_ Reason for Leaving? \_\_\_\_\_

WERE YOU SUBJECT TO THE FMCSRS WHILE EMPLOYED?

YES  NO

WAS YOUR JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION IN ANY DOT REGULATED MODE SUBJECT TO THE DRUG & ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40?

YES  NO

8. Employer: \_\_\_\_\_ Employed From: \_\_\_\_\_ To: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Position: \_\_\_\_\_ Reason for Leaving? \_\_\_\_\_

WERE YOU SUBJECT TO THE FMCSRS WHILE EMPLOYED?

YES  NO

WAS YOUR JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION IN ANY DOT REGULATED MODE SUBJECT TO THE DRUG & ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40?

YES  NO

# Declaration of Employment Status

This refers to any gaps in employment history

I understand that I must provide my complete employment history for the past 3 years, and all CDL required employment for the 7 years preceding that. Any gaps in employment longer than 1 month are explained as follows:

From: \_\_\_\_\_ To: \_\_\_\_\_

During this time, I was engaged in the following activity:

- In addition:
- I WAS NOT EMPLOYED BY ANY COMPANY OR INDIVIDUAL
  - I WAS NOT CONVICTED OF ANY CRIMINAL ACT INVOLVING THE USE OF A COMMERCIAL MOTOR VEHICLE OR WHILE DRIVING A COMMERCIAL MOTOR VEHICLE

## To Be Read and Signed by Applicant

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical 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 persons 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 interviews may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

I understand information I provide regarding current and/or previous employers may be used, and those employers 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 the 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.

This certifies 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 \_\_\_\_\_

# Fair Credit Reporting Act Disclosure Statement

In accordance with the provisions of Section 604 (b)(2)(A) 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 I, of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on you for employment purposes. Your employer may obtain this information from Accufax, Equifax, Transunion, Experion or other vendors of information services.

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APPLICANT'S SIGNATURE

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DATE

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PRINT NAME

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SOCIAL SECURITY NUMBER

## Driver's Authorization

To obtain past drug alcohol test results

I, \_\_\_\_\_ understand that as a condition of qualification with \_\_\_\_\_

I must give the Company written authorization to obtain the results of all DOT required drug and/or alcohol test (including any refused to be tested) from all of the companies for which I worked as a driver, or for which I took a pre-employment drug and/or alcohol test, during the past three (3) years. I have also been advised and understand that my signing of this authorization does not guarantee me a job or guarantee that I will be qualified with the Company.

### DRIVER'S CERTIFICATION

I have carefully read and fully understand this authorization to release my past drug and alcohol test results. In signing below, I certify that all of the information which I have furnished on this form is true and complete, and that I have identified all of the companies for which I have either worked, or applied for work, as a driver during the past two years.

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PRINT NAME

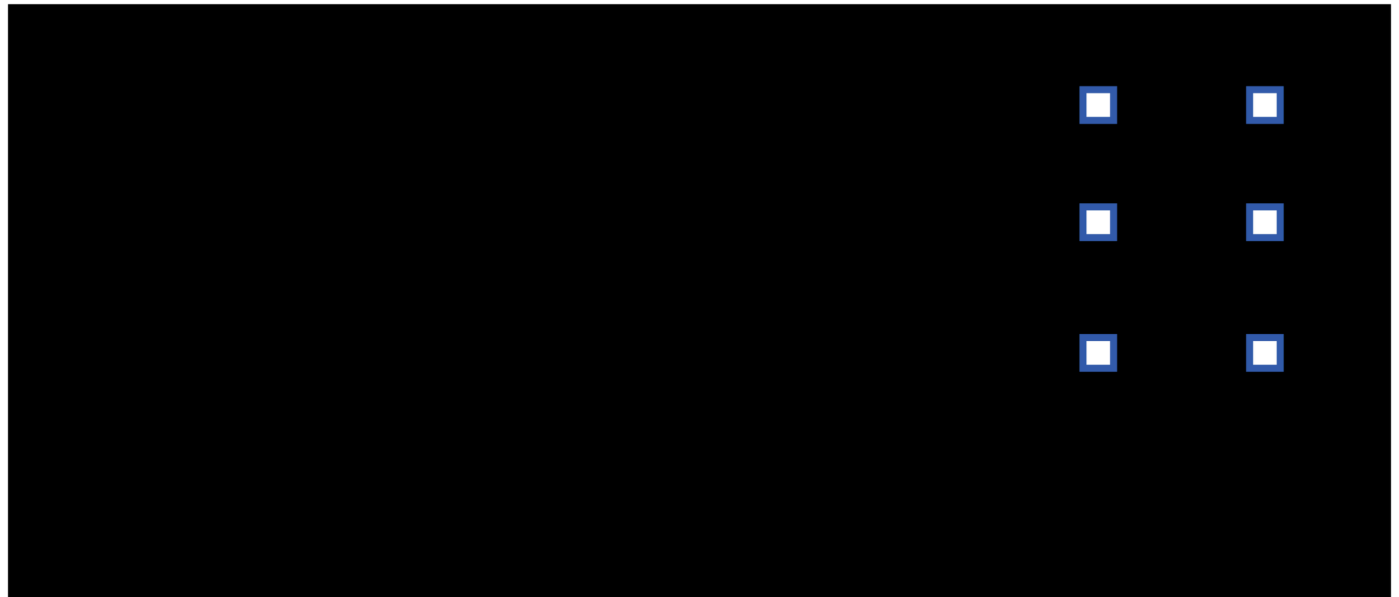
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SIGNATURE OF DRIVER

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DATE

# Alcohol and Controlled Substance Consent and Release



I understand that, as required by the Federal Motor Carrier Safety Regulations and company policy, all drivers must submit to alcohol and controlled substance testing as a condition of employment. I also understand that any offer of employment will be contingent upon the results of an alcohol and controlled substance test.

Therefore, I agree to submit to the following alcohol and controlled substance tests in accordance and as defined by the Federal Motor Carrier Safety Regulation and this company's policies:

- Pre-Employment, to determine employment eligibility
- Random
- Reasonable Suspicion
- Post Accident

I certify that I have read, understand, and agree to abide by the condition of this consent and release form.

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APPLICANT'S SIGNATURE

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DATE

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PRINT NAME

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SOCIAL SECURITY NUMBER

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EMPLOYER WITNESS

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COMPANY NAME