

DRIVER'S APPLICATION FOR EMPLOYMENT

Applicant Name _____ Date of Application _____

Company R-K-Camp Transport

Address 465 Newgarden Ave.

City Salem State OH Zip 44460

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status.


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 interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand I have the right to:

- Review information provided by 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.

Signature 

Date _____

FOR COMPANY USE

PROCESS RECORD

APPLICANT HIRED _____ REJECTED _____

DATE EMPLOYED _____ POINT EMPLOYED _____

DEPARTMENT _____ CLASSIFICATION _____

(IF REJECTED, SUMMARY REPORT OF REASONS SHOULD BE PLACED IN FILE)

SIGNATURE OF INTERVIEWING OFFICER _____

TERMINATION OF EMPLOYMENT

DATE TERMINATED _____ DEPARTMENT RELEASED FROM _____

DISMISSED _____ VOLUNTARILY QUIT _____ OTHER _____

TERMINATION REPORT PLACED IN FILE _____ SUPERVISOR _____

This form is made available with the understanding that J. J. Keller & Associates, Inc. is not engaged in rendering legal, accounting, or other professional services. J. J. Keller & Associates, Inc. assumes no responsibility for the use of this form or any decision made by an employer which may violate local, state or federal law.

APPLICANT TO COMPLETE

(answer all questions - please print)

Position(s) Applied for _____

Name _____ Social Security No. _____
Last First Middle

List your addresses of residency for the past 3 years.

Current Address _____
Street City
State Zip Code Phone _____ How Long? _____ yr./mo.

Previous Addresses _____
Street City State & Zip Code How Long? _____ yr./mo.

Street City State & Zip Code How Long? _____ yr./mo.

Street City State & Zip Code How Long? _____ yr./mo.

Do you have the legal right to work in the United States? _____

Date of Birth _____ Can you provide proof of age? _____
(Required for Commerical Drivers)

Have you worked for this company before? _____ Where? _____

Dates: From _____ To _____ Rate of Pay _____ Position _____

Reason for leaving _____

Are you now employed? _____ If not, how long since leaving last employment? _____

Who referred you? _____ Rate of pay expected _____

Have you ever been bonded? _____ Name of bonding company _____
(Answer only if a job requirement)

Have you ever been convicted of a felony? _____

If yes, please explain fully on a separte sheet of paper. Conviction of a crime is not an automatic bar to employment - all circumstances will be considered.

Is there any reason you might be unable to perform the functions of the job for which you have applied [as described in the attached job description]?

If yes, explain if you wish.

EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceeding 3 years. **List complete mailing address, street number, city, state, and zip code.**

Applicants to drive a commercial motor vehicle* in intrastate or interstate commerce shall also provide an additional 7 years' information on those employers for whom the applicant operated such vehicle.

(NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary.)

*NO GAPS

10 Years

Past Employment

| EMPLOYER | | | DATE | |
|---|-----------------|---------------|--------------------|--|
| NAME | FROM MO. YR. | TO MO. YR. | | |
| ADDRESS | POSITION HELD | | | |
| CITY STATE ZIP | SALARY/WAGE | | | |
| CONTACT PERSON | PHONE NUMBER | | REASON FOR LEAVING | |
| WERE YOU SUBJECT TO THE FMCSRs† WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | |
| WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | |

EMPLOYMENT HISTORY (continued)

| EMPLOYER | | | DATE | |
|---|-------|--------------|--------------------|------------------|
| NAME | | | FROM MO. YR. | TO MO. YR. |
| ADDRESS | | | POSITION HELD | |
| CITY | STATE | ZIP | SALARY/WAGE | |
| CONTACT PERSON | | PHONE NUMBER | REASON FOR LEAVING | |
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| EMPLOYER | | | DATE | |
|---|-------|--------------|--------------------|------------------|
| NAME | | | FROM MO. YR. | TO MO. YR. |
| ADDRESS | | | POSITION HELD | |
| CITY | STATE | ZIP | SALARY/WAGE | |
| CONTACT PERSON | | PHONE NUMBER | REASON FOR LEAVING | |
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| EMPLOYER | | | DATE | |
|---|-------|--------------|--------------------|------------------|
| NAME | | | FROM MO. YR. | TO MO. YR. |
| ADDRESS | | | POSITION HELD | |
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* Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 16 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

† The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport 8 or more passengers (including the driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

EMPLOYMENT HISTORY (continued)

| EMPLOYER | | | DATE | |
|---|-------|--------------|--------------------|------------------|
| NAME | | | FROM MO. YR. | TO MO. YR. |
| ADDRESS | | | POSITION HELD | |
| CITY | STATE | ZIP | SALARY/WAGE | |
| CONTACT PERSON | | PHONE NUMBER | REASON FOR LEAVING | |
| WERE YOU SUBJECT TO THE FMCSRs† WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | |
| WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | |

| EMPLOYER | | | DATE | |
|---|-------|--------------|--------------------|------------------|
| NAME | | | FROM MO. YR. | TO MO. YR. |
| ADDRESS | | | POSITION HELD | |
| CITY | STATE | ZIP | SALARY/WAGE | |
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| EMPLOYER | | | DATE | |
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| EMPLOYER | | | DATE | |
|---|-------|--------------|--------------------|------------------|
| NAME | | | FROM MO. YR. | TO MO. YR. |
| ADDRESS | | | POSITION HELD | |
| CITY | STATE | ZIP | SALARY/WAGE | |
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* Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 16 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

† The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport 8 or more passengers (including the driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED) IF NONE, WRITE **NONE**

| DATES | NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.) | FATALITIES | INJURIES | HAZARDOUS MATERIAL SPILL |
|---------------|--|------------|----------|-----------------------------|
| LAST ACCIDENT | | | | |
| NEXT PREVIOUS | | | | |
| NEXT PREVIOUS | | | | |

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

| LOCATION | DATE | CHARGE | PENALTY |
|----------|------|--------|---------|
| | | | |
| | | | |
| | | | |

(ATTACH SHEET IF MORE SPACE IS NEEDED)

EXPERIENCE AND QUALIFICATIONS - DRIVER

List all driver licenses or permits held in the past 3 years

| DRIVER LICENSES | STATE | LICENSE NO. | TYPE | 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 _____

IF THE ANSWER TO EITHER A OR B IS YES, GIVE DETAILS _____

DRIVING EXPERIENCE CHECK YES OR NO

| CLASS OF EQUIPMENT | CIRCLE TYPE OF EQUIPMENT | DATES FROM(M/Y) TO(M/Y) | APPROX. NO. OF MILES (TOTAL) |
|---|----------------------------|----------------------------|---------------------------------|
| STRAIGHT TRUCK <input type="checkbox"/> YES <input type="checkbox"/> NO | (VAN,TANK,FLAT,DUMP,REFER) | | |
| TRACTOR AND SEMI-TRAILER <input type="checkbox"/> YES <input type="checkbox"/> NO | (VAN,TANK,FLAT,DUMP,REFER) | | |
| TRACTOR - TWO TRAILERS <input type="checkbox"/> YES <input type="checkbox"/> NO | (VAN,TANK,FLAT,DUMP,REFER) | | |
| TRACTOR - THREE TRAILERS <input type="checkbox"/> YES <input type="checkbox"/> NO | (VAN,TANK,FLAT,DUMP,REFER) | | |
| MOTORCOACH - SCHOOL BUS <input type="checkbox"/> YES <input type="checkbox"/> NO <small>More than 16 passengers</small> | _____ | | |
| MOTORCOACH - SCHOOL BUS <input type="checkbox"/> YES <input type="checkbox"/> NO <small>More than 8 passengers</small> | _____ | | |
| OTHER _____ | | | |

LIST STATES OPERATED IN FOR THE 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 ? _____

EXPERIENCE AND QUALIFICATIONS - OTHER

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWN)

EDUCATION

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) _____

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.

Signature: _____



Date: _____

SECTION 1: TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

I, (Print Name)



First, M.I., Last



Social Security Number

hereby authorize:



Date of Birth

Previous Employer:

Email:

Street:

Telephone:

City, State, Zip:

Fax No.:

to release and forward the information requested by section 2 (below) of this document concerning my Alcohol and Controlled Substances Testing records within the previous 3 years from  (date of employment application)

To:

Prospective Employer: **R-K-Campf Transport**

Attention:

Telephone:

Street:

465 Newgarden Ave.

City, State, Zip:

Salem OH 44460

In compliance with §40.25(g) and 391.23(h), release of this information must be made in a written form that ensures confidentiality, such as fax, e-mail, or letter.

Prospective employer's confidential fax number: **330-332-4289**Prospective employer's confidential e-mail address: **Karrin@rKcampf.com**

Applicant's Signature



Date

This information is being requested in compliance with §40.25 and §391.23. (See back of form for regulations.)

SECTION 2: TO BE COMPLETED BY PREVIOUS EMPLOYERIf driver was **not** subject to Department of Transportation testing requirements while employed by this employer, please check here ☐, fill in the dates of employment from _____ to _____, complete bottom of Section 2, sign, and return.Driver was subject to Department of Transportation testing requirements from _____ to _____. **YES NO**

1. Has this person had an alcohol test with a result of 0.04 or higher alcohol concentration? ☐ ☐
2. Has this person tested positive or adulterated or substituted a test specimen for controlled substances? ☐ ☐
3. Has this person refused to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test? ☐ ☐
4. Has this person committed other violations of Subpart B of Part 382, or Part 40? ☐ ☐
5. If this person has violated a DOT drug and alcohol regulation, did this person complete a SAP-prescribed rehabilitation program in your employ, including return-to-duty and follow-up tests? If yes, please send documentation back with this form. ☐ ☐
6. For a driver who successfully completed a SAP's rehabilitation referral and remained in your employ, did this driver subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refuse to be tested? ☐ ☐

In answering these questions, include any required DOT drug or alcohol testing information obtained from prior previous employers in the previous 3 years prior to the application date shown in Section 1.

Name: _____

Company: _____

Street: _____

City, State, Zip: _____

Telephone: _____

Section 2 Completed by (Signature): _____

Date: _____

SECTION 3: TO BE COMPLETED BY PROSPECTIVE EMPLOYERThis form was (check one) ☐ Faxed to previous employer ☐ Mailed ☐ Emailed ☐ Other _____

Complete below when information is obtained.

Date _____

Information received from: _____

Recorded by: _____

Method:


☐ Fax☐ Mail☐ Email☐ Telephone

Date: _____

☐ Other _____

REQUEST FOR INFORMATION - From Previous Employer

I hereby authorize you to release the following information to R-K-Campf Transport
for the purposes of investigation as required by Section 391.23 (Prospective Employer)
of the Federal Motor Carrier Safety Regulations

Applicant's Signature  **X**

Date **X**

NAME AND ADDRESS OF
PREVIOUS EMPLOYER:

THIS FORM WAS (check appropriate box)

- ☐ Mailed, Date _____
☐ Faxed, Date _____
☐ Emailed, Date _____
☐ Received by Phone, Date _____
Name of Person Contacted _____

LEAVE BLANK PLEASE

Name of Applicant: **X**

Social Security No.: **X**

Date of Birth: **X**

Dear Sir/Madam:

The above named individual has made application to this company for a position as Company Driver

and states that he/she was employed by you as _____

from (m/y) _____ to (m/y) _____

In accordance with Section 391.23, we are obligated to request the information below from all previous employers of the applicant that employed him/her to operate a commercial motor vehicle within the 3 years preceding (date of application) _____. Please complete the information below and return to us within 30 days, as required by Section 391.23(g). You may return the information by telephone, fax, mail, or email.

Prospective Employer: R-K-Campf Transport

Attention: **KARRIN CAMPF**

Street: 465 Newgarden Ave.

City, State, Zip: Salem OH 44460

Telephone: **330-332-9645** Fax: **330-332-4289** Email: **Karrin@rkcampf.com**

TO BE COMPLETED BY PREVIOUS EMPLOYER

SECTION 1: DRIVER IDENTIFICATION

The applicant named above was employed by us. Yes ☐ No ☐

Employed as _____ from (m/y) _____ to (m/y) _____

If driver was involved in a safety-sensitive position subject to drug and alcohol testing under Part 40, check here ☐.

SECTION 2: SAFETY PERFORMANCE HISTORY

1. Did he/she drive motor vehicles for you? Yes ☐ No ☐ If yes, what type? Straight Truck ☐ Tractor-Semitrailer ☐ Bus ☐
Cargo Tank ☐ Doubles/Triples ☐ Other (Specify) _____

2. Reason for leaving your employ: Discharged ☐ Resignation ☐ Lay Off ☐ Military Duty ☐

If there is no safety performance history to report, check here ☐, sign below and return.

ACCIDENTS: Complete the following for any accidents included on your accident register (§390.15(b)) that involved the applicant in the 3 years prior to the application date shown above, or check here ☐ if there is no accident register data for this driver.

| | Date | Location | No. of Injuries | No. of Fatalities | Hazmat Spill |
|----|-------|----------|-----------------|-------------------|--------------|
| 1. | _____ | _____ | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ | _____ | _____ |

Please provide information concerning any other accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies: _____

Any other remarks: _____

Signature: _____

Title: _____ Date: _____

PREVIOUS EMPLOYER: KEEP A RECORD OF THIS REQUEST AND THE RESPONSE FOR ONE YEAR, INCLUDING THE DATE, THE PARTY TO WHOM IT WAS RELEASED, AND A SUMMARY IDENTIFYING WHAT WAS PROVIDED.

MANDATORY USE FOR ALL MONTHLY ACCOUNT HOLDERS

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

1. In connection with your application for employment with R-K-CAMPF TRANSPORT ("Prospective Employer"), it 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.

The Prospective Employer cannot obtain background reports from FMCSA unless you consent in writing.

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

2. I authorize R-K-CAMPF TRANSPORT ("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 consenting to 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.

3. 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 am challenging 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.

4. Please note: 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 FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

I have read the above Notice Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this consent form, 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: _____

X

Signature

Name (Please Print)

NOTICE: This form is made available to monthly account holders by NICT on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain a driver's written or electronic consent prior to accessing the driver's PSP report. Further, account holders are required by FMCSA to use the language provided in paragraphs 1-4 of this document to obtain a prospective driver's consent. The language must be used in whole, exactly as provided. The language may be included with other consent forms or language at the discretion of the account holder, provided the four paragraphs remain intact and the language is unchanged.