

Application Date:
Referred by:

Hire Date:
(Office Use)



APPLICATION FOR EMPLOYMENT

15628 State Highway 72 Ste 1 Patton, MO 63662 (573) 866-2866

Name: _____

(First) (Middle) (Last) (Maiden name, if any)

Address: _____

(Street) (City) (State & Zip) (How long)

Date of Birth: _____ Social Security No.: _____

Telephone Number: _____ Email Address: _____

Emergency Contact: _____ Phone Number: _____

Secondary Number: _____ Relation: _____

Previous Three Years Residency

(Street) (City) (State & Zip) (# of years)

(Street) (City) (State & Zip) (# of years)

(Street) (City) (State & Zip) (# of years)

(attach sheet if more space is needed)

License Information

(State) (License Number) (Type) (Expiration Date)

Employment Record

(attach sheet if more space is needed)

Applicants that desire to drive in intrastate / interstate commerce must provide the following information on all employers during the previous three years. You must give the same information for all employers you have driven a commercial motor vehicle for the seven years prior to the initial three years (total of ten years employment record).

Must list the complete mailing address: street number and name, city, state, and zip code.

Last employer name: _____ Phone: _____

Address: _____

Supervisor name: _____ Phone: _____

Position held: _____ From: _____ To: _____ Salary: _____

Reason(s) for leaving: _____

Any gaps in employment and / or unemployment must be explained. Please include dates (month / year) and reason: _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes: _____ No: _____

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substance testing requirements as required by 49 CFR Part 40? Yes: _____ No: _____

Second last employer name: _____ Phone: _____

Address: _____

Supervisor name: _____ Phone: _____

Position held: _____ From: _____ To: _____ Salary: _____

Reason(s) for leaving: _____

Any gaps in employment and / or unemployment must be explained. Please include dates (month / year) and reason: _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes: _____ No: _____

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substance testing requirements as required by 49 CFR Part 40? Yes: _____ No: _____

Third last employer name: _____ Phone: _____

Address: _____

Supervisor name: _____ Phone: _____

Position held: _____ From: _____ To: _____ Salary: _____

Reason(s) for leaving: _____

Any gaps in employment and / or unemployment must be explained. Please include dates (month / year) and reason: _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes: _____ No: _____

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substance testing requirements as required by 49 CFR Part 40? Yes: _____ No: _____

Driving Experience

Class of Equipment	Type of Equipment (van, tank, flatbed, etc.)	Dates		Approximate No. of miles
		From:	To:	
Straight Truck				
Tractor / Semi-Trailer				
Tractor – Two Trailers				
Other				

Accident Record for Past Three Years or More

(attach sheet if more space is needed)

Date(s)	Nature of Accident (head-on, rear-ended, upset, etc.)	Number of Fatalities	Number of Injuries	Chemical Spills
				Yes: _____ No: _____
				Yes: _____ No: _____
				Yes: _____ No: _____

Traffic Convictions and Forfeitures for the Past Three Years (other than parking violations)

(attach sheet if more space is needed)

Date Convicted (month / year)	Violation	State of Violation Location	Penalty (forfeited bond, collateral and / or points)

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

If yes, explain: _____

Have any of your licenses, permits, or privileges been suspended or revoked? Yes: _____ No: _____

If yes, explain: _____



DOT/FMCSA Previous Employee Investigations & Inquiries

First Name _____ Middle Name _____ Last Name _____ Social Security Number _____

Current Address _____ City _____ State _____ Zip _____

Company Name _____ Driver's License Number _____ State _____ Date of Birth _____ Applicant Telephone Number _____

I hereby authorize the above named company to release any and all information to Kranawetter Transport, LLC concerning my performance, conduct, accident record and all required DOT drug and alcohol related information while previously employed as a commercial motor vehicle operator in the previous 3 years from the date of this form as specified and required by the Federal Motor Carrier Safety Regulations, Part 391.23 investigation and inquiries. In connection with, and for the duration of, my employment (including contract for services) with you, I understand that investigative background inquiries are to be made on myself including consumer, driving, and other reports. This information will, in whole or in part, be obtained from CDTA, A Part of National Compliance Solutions Inc., 1011 Camino Del Rio South, Suite 200, San Diego, CA 888. 908.2382. These reports will include information as to my work habits, performance and experience along with reasons for termination of past employment from previous employers. Further, I understand that you will be requesting information from various federal, state and other agencies which maintain records concerning my past activities relating to my driving, credit, civil and other experiences as well as claims involving me in the files of insurance companies. This release may also be used to obtain worker's compensation and education records. By signing below, I also acknowledge that I have read and understand the summary of my rights under The Fair Credit Reporting Act Pub. L. 111-203, H.R. 4173.

APPLICANT'S SIGNATURE: _____ **Date:** _____

Previous Company Name: _____ Mailing Address: _____ City: _____ State: _____ Zip: _____ Supervisors Name: _____ Telephone Number: _____ Period of Employment: FROM _____ / _____ TO _____ / _____ Position Held: _____ <div style="text-align: center; font-size: small;"> MO. YR. MO. YR. </div>	<i>The information requested is required by Part 391.23 for the U.S. Department of Transportation Motor Carrier Safety Regulations.</i>
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TO FORMER EMPLOYER: Please give the following information about this applicant. It will be held in strict confidence.

Description	Excellent	Good	Fair	Poor	Supervision	Comments
Quality of Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cooperation with Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Safety Habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Driving Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Attendance Record	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Is employment record with your company correct? _____

Why did applicant leave? _____

If Company policy allowed, would you rehire? _____

Did he have custody of money or valuables? _____

Qualified in what equipment? _____

How many total accidents? _____ How many FMCSA defined recordable accidents? _____

Driver's license ever revoked or suspended? _____

Yes No DOT/FMCSA Previous Employer 3-year Drug and Alcohol Investigation and Inquiry

- Did the employee have an alcohol test with results greater than 0.04 BAC?
- Did the employee have a verified positive test result?
- Did this employee refuse to be tested?
- Did the employee have any other violation of the DOT/FMCSR drug and alcohol testing regulations?
- Did the employee report any drug and alcohol rule violations to you?
- If you answered yes to any of the above items, did the employee complete an SAP program and return to duty test?

*** If yes, please send the employee's SAP reports, return to duty documentation and any and all follow-up test information or records.

This company did not have a DOT drug/alcohol program during this period.

Signed: _____ Position: _____ Date: _____

Print Name/ Sign Name

Notice to California Applicants: Under Section 1786.22 of the California Civil Code, you have the right to request from CDTA, upon proper identification, the nature and substance of all information in its files on you, including the sources of information, and the recipients of any reports on you which CDTA has previously furnished within the two-year period preceding your request. You may view the file maintained on you by CDTA during normal business hours. You may also obtain a copy of this file upon submitting proper identification and paying the costs of duplication services. Upon making a written request, you may receive a summary report via telephone. **California, Minnesota & Oklahoma Applicants only:** Please check here to have a copy of your consumer report sent directly to you. Minnesota & Oklahoma applicants receive a copy direct from CDTA. California applicants may receive a copy from either the prospective employer or CDTA.

Date Sent/Initial:	2 nd Request Date/Initial	3 rd Request Date Initial
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