

CENTRAL KENTUCKY HAULING APPLICATION FOR EMPLOYMENT

604 BIZZELL DRIVE, LEXINGTON, KY 40510
 PHONE: (859) 225-2521 FAX: (859) 559-4767

NAME _____

ADDRESS _____ HOW LONG? _____

CITY, STATE, ZIP _____ DATE OF BIRTH _____

TELEPHONE NUMBER _____ E-MAIL ADDRESS _____

POSITION DESIRED: DRIVER MECHANIC

PREVIOUS THREE YEARS RESIDENCY

_____ # YEARS _____
 _____ # YEARS _____
 _____ # YEARS _____

(ATTACH SHEET IF MORE SPACE IS NEEDED)

LICENSE INFORMATION

Section 383.21 FMCSR states "No person who operates a commercial motor vehicle shall at any time have more than one driver's license". I certify that I do not have more than one motor vehicle license, the information for which is listed below.

STATE	LICENSE NO.	TYPE	EXPIRATION DATE

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES		APPROX. NO. OF MILES (TOTAL)
		FROM	TO	
STRAIGHT TRUCK				
TRACTOR AND SEMI-TRAILER				
TRACTOR-TWO TRAILERS				
OTHER				

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	NUMBER FATALITIES	NUMBER INJURIES	CHEMICAL SPILLS	
				YES	NO

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

DATE CONVICTED (month/year)	VIOLATION	STATE OF VIOLATION LOCATION	PENALTY (forfeited bond, collateral and/or points)

(ATTACH SHEET IF MORE SPACE IS NEEDED)

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES _____ NO _____
 If yes, explain _____
- B. Has any license, permit or privilege ever been suspended or revoked? YES _____ NO _____
 If yes, explain _____

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).

LAST EMPLOYER: NAME _____
ADDRESS _____ CITY, STATE, ZIP _____
PHONE _____ POSITION HELD _____ SALARY _____
FROM _____ TO _____ REASONS FOR LEAVING _____
ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON

Were you subject to the Federal Motor Carrier Safety Regulations (FMCRs) 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 substances testing requirements as required by 49 CFR Part 40? YES NO

SECOND LAST EMPLOYER: NAME _____
ADDRESS _____ CITY, STATE, ZIP _____
PHONE _____ POSITION HELD _____ SALARY _____
FROM _____ TO _____ REASONS FOR LEAVING _____
ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON

Were you subject to the Federal Motor Carrier Safety Regulations (FMCRs) 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 substances testing requirements as required by 49 CFR Part 40? YES NO

THIRD LAST EMPLOYER: NAME _____
ADDRESS _____ CITY, STATE, ZIP _____
PHONE _____ POSITION HELD _____ SALARY _____
FROM _____ TO _____ REASONS FOR LEAVING _____
ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON

Were you subject to the Federal Motor Carrier Safety Regulations (FMCRs) 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 substances testing requirements as required by 49 CFR Part 40? YES NO

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make sure investigation and inquiries to my person, employment, financial or medical history and all 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 that I have the right to:

- Review information provided by current/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."

DATE

APPLICANT'S SIGNATURE

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.