



50 Industrial Park Road  
Eddyville, KY. 42038

Please print all answers.

This application will not be considered unless fully completed and signed.

PERSONAL INFORMATION

Note: All applicants will be required to furnish proof of identity and legal work authorization to be considered for employment.

Circle the position you are seeking.

Position (s) applied for:      Full-time                      Part Time                      Temporary

Name: (Last Name, First Name, Middle Initial) List any other names you have used or currently use (i.e. Maiden name)

Social Security Number: \_\_\_\_\_

Current Home Address: Street, City, State, Zip Code

How long at current address? \_\_\_\_\_

If less than five years at this address provide all addresses for past five years:

Street

City, State, Zip Code

Telephone Number: \_\_\_\_\_

Are you at least 18 years of age?    Yes    No

If No, state your age: \_\_\_\_ (Employment subject to minimum legal age verification)

Have you ever worked for this company before? \_\_\_\_\_. If so, when?  
\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Have you ever been convicted of a crime (except minor traffic offenses)?    Yes    No

If yes, provide details: \_\_\_\_\_

Can you upon employment submit documented verification of your legal right to work in the United States and documentation verifying your identity? Yes    No

## EMPLOYMENT APPLICATION

### EMPLOYMENT HISTORY - Last Ten (10) Years

**BGB Trucking Inc.**

Please list ALL JOBS for the LAST TEN (10) YEARS beginning with your present or last employer. Account for all time periods, including UNEMPLOYMENT, SELF-EMPLOYMENT, and MILITARY SERVICE. If space is insufficient, list on separate page or on the back of this page. FMCSR is an acronym for Federal Motor Carrier Safety Regulations.

EMPLOYER:	Phone #: Fax #:	
Address                      City, State, Zip Code	Position (s)	
Duties:	Supervisor's Name:	
Reason for leaving:	Starting Wages:	Final Wages:
Was the applicant subject to FMCSR's with a previous employer: Yes No Was the job designated as "safety sensitive" and subject to Drug and Alcohol testing: Yes No	From:	To:
EMPLOYER:	Phone #: Fax #:	
Address                      City, State, Zip Code	Position (s)	
Duties:	Supervisor's Name:	
Reason for leaving:	Starting Wages:	Final Wages:
Was the applicant subject to FMCSR's with a previous employer: Yes No Was the job designated as "safety sensitive" and subject to Drug and Alcohol testing: Yes No	From:	To:
EMPLOYER:	Phone #: Fax #:	
Address                      City, State, Zip Code	Position (s)	
Duties:	Supervisor's Name:	
Reason for leaving:	Starting Wages:	Final Wages:
Was the applicant subject to FMCSR's with a previous employer: Yes No Was the job designated as "safety sensitive" and subject to Drug and Alcohol testing: Yes No	From:	To:
EMPLOYER:	Phone #: Fax #:	
Address                      City, State, Zip Code	Position (s)	
Duties:	Supervisor's Name:	
Reason for leaving:	Starting Wages:	Final Wages:
Was the applicant subject to FMCSR's with a previous employer: Yes No Was the job designated as "safety sensitive" and subject to Drug and Alcohol testing: Yes No	From:	To:
EMPLOYER:	Phone #: Fax #:	
Address                      City, State, Zip Code	Position (s)	
Duties:	Supervisor's Name:	
Reason for leaving:	Starting Wages:	Final Wages:
Was the applicant subject to FMCSR's with a previous employer: Yes No Was the job designated as "safety sensitive" and subject to Drug and Alcohol testing: Yes No	From:	To:

## EMPLOYMENT APPLICATION

### EDUCATION

**BGB Trucking Inc.**

School	Name	City, State, Country	Graduate		Major
			Yes	No	
			Yes	No	
			Yes	No	
			Yes	No	

### MILITARY SERVICE

Branch of Service	Active Service Dates	Highest Rank obtained	Type of Discharge

\* A dishonorable discharge from the Armed Forces will not necessarily be a bar to employment. Factors such as type of offense, remoteness in time of the offense, and rehabilitation will be taken into account in determining the effect of suitability of employment.

### PERSONAL REFERENCES

Name	Address, City, State	Years Known	Telephone



Applicant's Name \_\_\_\_\_

## DRIVER-APPLICANT'S RIGHTS TO REVIEW PREVIOUS EMPLOYER'S SAFETY PERFORMANCE HISTORY (391.23)

I understand that my previous employers for the past three years will be contacted for the purpose of investigating my safety performance history as required by 391.23 m(d) and (e) of the Federal Motor Carrier Safety Regulations.

I also understand that according to 391.23 (i)(1) of the Federal Motor Carrier Safety Regulations that I have:

- The right to review information provided by previous employers:
- The right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to the prospective employer.
- The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

Further information on how you can review this information as well as the timeframe to review can be found in section 391.23(i)(2); (j)(6) of the Federal Motor Carrier Safety Regulations.

Applicant's Name:

Date Signed:

\_\_\_\_\_

## DRIVER STATEMENT ON DRUG AND ALCOHOL TESTING (40.25 (J))

Section 40.25(j) of the Federal Motor Carrier Safety Regulations requires that we ask you the following question:

- Have you ever tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years?

\_\_\_\_\_

Yes, I have tested positive, or refused to test as stated above.

\_\_\_\_\_

No, I have not tested positive or refused to test as stated above.

If you have a positive test or a refusal to test, we must not use you to perform safety-sensitive functions until you document successful completion of the return-to-duty process.

Applicant's Name:

Date Signed:

\_\_\_\_\_



## General Consent for Limited Queries of the Federal Motor Carrier Safety Administration (FMCSA) Drug and Alcohol Clearinghouse

I, \_\_\_\_\_, hereby provide consent to BGB Trucking, Inc. to conduct a limited query of the FMCSA commercial Driver's license Drug and Alcohol Clearinghouse to determine whether drug or alcohol violation information about me exists in the Clearinghouse.

I, \_\_\_\_\_, hereby provide consent to BGB Trucking, Inc. to conduct multiple and unlimited limited queries over the duration of my employment with BGB Trucking, Inc.

I understand that if the limited query conducted by BGB Trucking, Inc. indicates that drug or alcohol violation information about me exists in the Clearinghouse, FMCSA will not disclose that information to BGB Trucking, Inc. without first obtaining additional specific consent from me.

I further understand that if I refuse to provide consent for BGB Trucking, Inc. to conduct a limited query of the Clearinghouse, BGB Trucking, Inc. must prohibit me from performing safety-sensitive functions, including driving a commercial motor vehicle, as required by FMCSA's drug and alcohol program regulations.

Date: \_\_\_\_\_

Employee Signature: \_\_\_\_\_

**BGB**  
**EMPLOYMENT APPLICATION**  
**Driver's Supplemental Information**

BGB Requires the following information for all applicants who are applying for any position requiring a commercial driver's license to operate a commercial motor vehicle pursuant to Federal Motor Carrier Safety Regulations.

**Applicants for Commercial Driver Positions:** Please note that you must complete a separate supplemental application rating to your qualifications for a driver position.

Please print all answers. This application will not be considered unless fully completed and signed.

**PERSONAL INFORMATION**

Name (Last Name, First Name, Middle Initial)	Date:
Current Home Address: <u>Street</u> <u>City, State, Zip, Code</u>	
How long at current address?	
If less than three years at this address provide all addresses for past five years:	
<u>Street</u> <u>City, State, Zip Code</u>	

**DRIVING LICENSE INFORMATION:**

Date of Birth (Required by Department of Transportation Regulations)					
LIST ALL DRIVING LICENSES					
Driving License Number	State	CDL Class	Expiration Date	Name in which prior license was issued	Reason why license in State was terminated

**DRIVING EXPERIENCE:**

Driving Experience Note: must list all previous driving experience					
Class of Equipment (Circle One)	Type of Equipment (Van, Tanker, Flat, Etc.)	Approx. No. of Miles (Total)	Dates Operated		
			Start Date	End Date	
A B C					
A B C					
A B C					
A B C					



## BGB EMPLOYMENT APPLICATION

### VIOLATIONS:

List all violations of any motor vehicle laws or ordinances (other than violations involving parking) of which you have been convicted, pleaded no contest, had adjudication withheld, had prosecution deferred, or forfeited bond or collateral in the past ten (10) years. If "none" so state.

Location (State)	Date	Charge (Offense)	Penalty (Points Received)	Type of Vehicle Operated

### MOTOR VEHICLE ACCIDENTS:

List all motor vehicle accidents of which you were involved in the past three (3) years preceding the date of this application, specifying the date and nature of each accident and any fatalities or personal injuries caused. If more space is needed, continue on the back of this page. If "none" so state.

Date of Accident	Nature of Accident (head-on, rear-end, upset, etc.)	Description of Fatalities	Description of Personal Injuries

Set forth in detail the facts and circumstances of any restriction, denial, revocation, suspension, or probation of any license, permit, or privilege to operate a motor vehicle that has been issued to you in any state or in any country. If "none" so state. If "yes" please list in the section provided below.

Have you ever applied to drive a commercial motor vehicle and you were denied the position? Yes      No  
If yes, please explain and list the company.

## Safety Performance/Drug and Alcohol History Records Request

In compliance with the requirements of 49 CFR, §391.23, a prospective motor carrier employer must perform an investigation into a driver's safety performance history from all previous DOT employers within the last three years.

As a previous employer, you are required by 49 CFR, §391.23(g) to respond to this inquiry within 30 days after the request is received.

**Please complete this form and return as soon as possible to:** Joel Benson, GM, Safety & Human Resources Director  
 BGB Trucking Inc.  
 50 Industrial Park Rd. Eddyville, KY 42038  
 FAX: 270-388-4442 Email: joel.benson@bgbtrucking.com

Date of Request: \_\_\_\_\_

### EMPLOYEE AUTHORIZATION

(This authorization is required by §40.25 and is compliant with the requirements of §40.321(b).)

I hereby authorize release of information from my Department of Transportation regulated Alcohol and Controlled Substances Testing and Safety Performance History records for the previous 3 years.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Employee Name (please print) \_\_\_\_\_ SSN \_\_\_\_\_

### PROSPECTIVE EMPLOYER INFORMATION

Name: BGB Trucking Inc.  
 Address: 50 Industrial Park Rd. Eddyville, KY. 42038  
 Phone #: 270-388-4440  
 Designated Employer Agent or Representative: Joel Benson, GM, Safety & HR Director

### EMPLOYER INFORMATION (DOT-regulated employer within last 3 years)

Employer Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
 Designated Employer Representative (if known): \_\_\_\_\_

First Attempt

Second Attempt

Third Attempt

### THE FOLLOWING SECTIONS ARE TO BE COMPLETED BY THE DOT-REGULATED EMPLOYER

IF NO SAFETY PERFORMANCE HISTORY INFORMATION IS AVAILABLE FOR THIS DRIVER PLEASE CHECK THIS BOX TO CONFIRM THE NON-EXISTENCE OF ANY SUCH DATA. PLEASE FILL OUT YOUR CONTACT INFORMATION AT THE END OF THE SECOND PAGE AND RETURN THIS FORM AS SOON AS POSSIBLE.

### DRUG AND ALCOHOL HISTORY

This information is being requested in compliance with §40.25 and §391.23 of the Department of Transportation regulations.

Under DOT alcohol and controlled testing requirements for the past 3 years:	YES	NO
1. This person was employed in a safety-sensitive function that required alcohol and controlled substances testing specified by 49 CFR Part 40.	<input type="checkbox"/>	<input type="checkbox"/>





**\*\* REQUEST FOR DRIVING RECORD \*\***

I, \_\_\_\_\_  
First Name Middle Name Last Name

Authorize **BGB Trucking Company** to order copies of my driving record and history (MVR) and (DHR) so that I can be considered for employment and to be in accordance with Federal and State laws concerning Driving history and Renewal of Medical Certificates under FMCSR 391.23 and 391.23 (m)(2).

State Issued : \_\_\_\_\_

Driver License Number	Years of Experience	Date of Birth

\_\_\_\_\_  
*Employee Signature*

\_\_\_\_\_  
*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 BGB Trucking, Inc ("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 BGB Trucking, Inc ("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.

NOTICE: The prospective employment concept referenced in this form contemplates the definition of "employee" contained at 49 C.F.R. 383.5.

LAST UPDATED 12/22/2015





PO Box 62267  
Cincinnati, Oh 45262  
p 800.543.7775  
f 513.777.7782  
www.brandsinsurance.com

**\*\*\* REQUEST FOR DRIVING RECORD \*\*\***

I, \_\_\_\_\_  
*First Name Middle Name Last Name*

request that Brands

Insurance order a copy of my driving record so that I can be considered for  
employment by \_\_\_\_\_

*Trucking Company Name*

I authorize Brands Insurance to request a copy of my driving

record from the state of \_\_\_\_\_.

I further authorize Brands insurance to forward a copy of my driving abstract to

the insurance company that underwrites the coverage for my potential

employer.

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*Driver License Number*

*Years of experience*

*Date of Birth*

\_\_\_\_\_  
*Signature of Driver*

\_\_\_\_\_  
*Date*

**PLEASE FAX MVR REQUESTS TO 513-755-5796  
OR EMAIL TO: [mvr@brandsinsurance.com](mailto:mvr@brandsinsurance.com)**

*'Transportation Specialists'*

# BGB EMPLOYMENT APPLICATION

*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.*

I understand that any inaccurate or incomplete information provided above may result in my disqualification from consideration for employment with BGB Trucking Inc. or my termination from employment if the inaccuracies are discovered after I am employed with BGB Trucking Inc.

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DateApplicant's Signature

**For this application to be considered, it must be signed and dated by the applicant.  
This application will be held in an open file for 60 days  
along with the initial Application for Employment.**

NOTICE: This application is considered active for sixty (60) days from the above date. For further consideration after this date, a new application must be submitted.	
Interviewed by:	Date:
This space for Human Resources Department Use Only:	