

Application for Employment

Date: _____

In compliance with Federal and State EEOC laws, qualified applicants are considered for all positions regardless to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status.

B & N Trucking Inc.
778 850E. Street Mt. Sterling IL 62353

Email: _____

Name _____
(First) (Middle) (Maiden Name, if any) (Last)

Address _____ How Long? _____
(Street) (City) (State & Zip Code)

Telephone # _____ Social Security Number _____

Addresses _____ How Long? _____
(Street) (City) (State & Zip Code)

For Past _____ How Long? _____
Three Years (Street) (City) (State & Zip Code)

(Attach Sheet If More Space Needed)

Position applying for _____ Temporary _____ Part-Time _____ Fulltime _____

Who referred you _____ Rate of pay Expected _____

Have you worked for this company before? _____ If yes what dates T o: _____ From _____

Where: _____ Rate of pay _____ Position _____

Are you currently employed? _____ If no, how long since leaving last employer? _____

Were you ever in the United States Armed Forces? _____ Dates If yes, which Branch of Service _____

Have you ever worked for this company under another name? _____ If so, what name _____

TO BE READ AND SIGNED BY ALL APPLICANTS

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. I hereby release employers, schools, health care providers, and their employees from all liability in responding to inquiries and releasing information in connection with my application.

I understand that false or misleading information given in my application or during an interview may result in discharge. I also understand that I am required to abide by all rules and regulations of the company.

Signature _____ Date _____

TO BE READ AND SIGNED BY DRIVER APPLICANT ONLY

I understand that the information I provide regarding current and/or previous employers may be used, and that all employer(s) within the past 3 years will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(a)(2). I understand that I have the right to :

- A) Review information provided by previous employers;
- B) Have errors in the information corrected by previous employers and for that previous employers to re-send corrected information to prospective employer; and
- C) 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 _____

The U.S. Department of Transportation requires that all driver applicants give their date of birth (FMCSR 391.21 (b)(2))

Date of Birth (mm/dd/yyyy) ____/____/____

Applicant's Statement on Previous Pre-Employment Drug Testing

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

Check one: Yes NO

- 2 If you answered yes to previous question. Can you provide/obtain proof that you you have successfully completed the DOT return-to-duty requirements?

Check one: Yes NO

EDUCATION

School	School Name City and State	Year graduated	Degree and Major	# Years completed
High School				
Business, Trade or Technical				
College				

Include any other information which relates to the position for which you are applying, e.g., additional education, seminars, certifications, licensing. _____

MAINTENANCE EXPERIENCE & QUALIFICATION

Indicate training and experience in the following areas:	Formal Training	Years of Experience	Indicate training and experience in the following areas:	Formal Training	Years of Experience
Drive Line Components			Body Work		
Diesel Engines			Electrical		
Gas Engines			Frame Alignment		
Tire Service			Wheel Alignment		
Trailer Repair			Brakes		
Air Conditioning (Cab)			Cooling System		
Refrigeration (Cargo)			Inspections State/Federal		

List courses and training in maintenance work; _____

List Powered Industrial Trucks that you are or have been licensed operate: _____

Driver Experience and Qualifications

(complete for Driver Positions Only)

License	License Type	State	Expiration Date	Number
List all Driver's license(s) held within the last 3 years				
	If you have CDL, list CDL endorsements:			
	Has your license(s) ever been denied renewal, revoked or suspended? [] Yes [] No			
	If yes, Please explain:			
	License Type	Action Taken	Date	Reason
Experience	If no driving experience within last 3 years - check here <input type="checkbox"/>			
Indicate number of years' experience and types of vehicle (trucks, tractors, semi-trailers, buses etc.)	Years	Type of Vehicle		
Accidents	If No accidents within the last 3 years - check here <input type="checkbox"/>			
Please indicate all accidents (company and personal) during the past 3 years	Date	Nature of Accident (head-on, Rear-end, Sideswipe, etc.)	Injury/Fatalities	Hazardous materials spill
				<input type="checkbox"/> Yes <input type="checkbox"/> NO
				<input type="checkbox"/> Yes <input type="checkbox"/> NO
				<input type="checkbox"/> Yes <input type="checkbox"/> NO
Violations	If no traffic convictions and/or forfeitures in the last 3 years - check here <input type="checkbox"/>			
List all moving violations (company and personal) during the last 3 years (other than parking)	Date	Offense	Location	Fine/Determination
Training	Date	Location	Course Type / Conducted By	
Please indicate driver safety training programs completed:				
Awards	Date	Location	Type of Award	Organization
Please indicate all safe driving awards you've received:				

Employment Record

DOT requires that all applicants wishing to drive a commercial motor vehicle must provide the following information on all previous employers during the preceding 3 years. You must give the same information for whom you have driven a commercial motor vehicle for an additional 7 years.

You are required to list the complete address: Street number and name, city state and zip code.

Any gaps in employment and/or unemployment must be explained.

Current or Last Employer: Name _____ Telephone _____

Address _____
(Street) (City) (State and Zip Code)

Position Held _____ From _____ To _____ Salary _____

Reason for leaving _____

Were you subject to the Federal Motor Carriers' Safety Regulations (FMCSRs)? Yes 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? Yes NO

Account for time between jobs (month/year) and reason _____

Employment continued

Second Last Employer: Name _____ Telephone _____

Address _____
(Street) (City) (State and Zip Code)

Position Held _____ From _____ To _____ Salary _____

Reason for leaving _____

Were you subject to the Federal Motor Carriers Safety Regulations (FMCSRs)? Yes 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? Yes NO

Account for time between jobs (month/year) and reason _____

Third Last Employer: Name _____ Telephone _____

Address _____
(Street) (City) (State and Zip Code)

Position Held _____ From _____ To _____ Salary _____

Reason for leaving _____

Were you subject to the Federal Motor Carriers Safety Regulations (FMCSRs)? Yes 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? Yes NO

Account for time between jobs (month/year) and reason _____

Fourth Last Employer: Name _____ Telephone _____

Address _____
(Street) (City) (State and Zip Code)

Position Held _____ From _____ To _____ Salary _____

Reason for leaving _____

Were you subject to the Federal Motor Carriers Safety Regulations (FMCSRs)? Yes 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? Yes NO

Account for time between jobs (month/year) and reason _____

Fifth Last Employer: Name _____ Telephone _____

Address _____
(Street) (City) (State and Zip Code)

Position Held _____ From _____ To _____ Salary _____

Reason for leaving _____

Were you subject to the Federal Motor Carriers Safety Regulations (FMCSRs)? Yes 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? Yes NO

Account for time between jobs (month/year) and reason _____

APPLICANT MUST READ AND SIGN

This certifies that this application was completed by me, and that all entries on it and the information in it are true and complete to the best of my knowledge.

Applicant signature Date

Consent Form for Release of Information

I certify and declare under penalty of perjury under relevant state and federal law that the information contained in my employment application is complete, true and accurate. I acknowledge that falsification or omission of information may result in immediate dismissal or retraction of any offer of employment.

In consideration of B & N Trucking Inc review of my application for employment, I hereby voluntarily consent to and authorize B & N Trucking Inc or KELMAR Safety Inc (authorized agent), to obtain consumer reports for employment purposes. This may include but not limited to Employment Verifications, Motor Vehicle Reports, References and Criminal reports. This release specifically covers verifying your Education-High Schools, GED, Colleges, Degrees or Technical Schools. Furthermore, this release hereby gives permission to same to order Motor Vehicle Reports for the duration of my employment (if hired) for the purpose of performing Annual Reviews per the Federal Motor Carrier Safety Regulations.

I authorize all persons and organizations that may have information relevant to this research to disclose such information to B & N Trucking Inc or KELMAR Safety Inc (authorized agent). I hereby release B & N Trucking Inc and KELMAR Safety Inc (authorized agent), and all persons and organizations providing information from all claims and liabilities of any nature in connection with this research. Purposes of investigation as required by Section 391.23 and Part 382 and part 40 of the Federal Motor Carrier Safety Regulations also apply. I hereby give specific permission to past employers to release drug and alcohol test results or SAP information. I hereby further authorize that a photocopy of this authorization may be considered as valid as the original.

I understand that I have specific prescribed rights as a consumer under the Federal Fair Credit Reporting Act ('FCRA'), and may have additional rights under relevant state law. I hereby certify that I have been presented with a summary of my rights as a consumer under the Fair Credit Reporting Act.

Print Full Name

Date

Signature

Date of Birth

Social Security Number

License # and State (driver)

I understand the information I am providing about date of birth will not be used to determine eligibility for employment, but will be used solely for the purpose of obtaining background check information.

Fax or send with application to fax# 317-468-1083 or email
Customerservice@kelmarsafety.com
KELMAR Safety Inc
P.O. Box 401
Greenfield IN 46140

CONFIDENTIAL INFORMATION

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 _____ ("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 _____ ("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.

LAST UPDATED 12/22/2015

DRIVER DATA SHEET

For Casuals, New Hires & Temporary Employees

Name (Print) _____

Social Security Number _____

Motor Vehicle Operator's License Number _____

Type of License _____ Issuing State _____

Federal Motor Carrier Safety Regulations 395.8(j)(2) requires Motor carriers when using a driver for the first time or intermittently shall obtain from the driver a signed statement giving the total time on duty during the immediately preceding 7 days and time at which such driver was last relieved from duty prior to beginning work for such carrier.

DAY	1	2	3	4	5	6	7	TOTAL
DATE								
HOURS WORKED								

I hereby certify that the information given above is correct to the best of my knowledge,

and that I was last relieved from work at _____ on _____
Time Day Month Year

Signature _____

Witness: _____ Date _____
Company Representative

ASSOCIATE / DRIVER RECEIPT

Title 49 of the Code of Federal Regulations of the Federal Government—Parts 40,382,383,387,390-399 and appendix G to Subchapter B. I agree to familiarize myself with these regulations and to comply with their provisions. I also promise to follow all procedures as required by the company for which I am employed. Further, I acknowledge that I have either received an edition, or have access at my company to a current copy of the Federal Motor Carrier Safety Regulations- CMV Edition or have online access of these regulations via the internet at www.fmcsa.dot.gov rules and regulations.

Print Name of Driver

Signature of Driver Date

B & N Trucking Inc

Company Name

Supervisors Signature

**Notice to Drivers
And
Driver's Certification of
Other Compensated Work**

NOTICE TO DRIVERS

49 CFR Federal Motor Carrier Safety Regulations Section 395.2 defines ON DUTY TIME to include:

1. Performing any other work in the capacity of, or in the employ or service of, a common, contract or private motor carrier: and/or
2. Performing any compensated work for any non-motor carrier.

Any work that meets one or both of these requirements MUST be reported to your supervisor so that considerations may be made to avoid exceeding the Hours of Service limits. This is for the driver's own safety in an attempt to avoid dispatching a fatigued driver.

DRIVER'S CERTIFICATION OF OTHER COMPENSATED WORK

I hereby certify that I have read the NOTICE TO DRIVERS that appears above, and understand that any time I spend performing work that qualifies under either or both of the above definitions must be reported as ON DUTY TIME under the Hours of Service Regulations.

I further certify that: (check appropriate box)

- Currently I AM NOT performing any work in the capacity of, or in the employ or service of, a common, contract or private motor carrier and/or performing any compensated work for any non-motor carrier entity. I will immediately notify B & N Trucking Inc if the circumstances change.
- Currently I AM performing any work in the capacity of, or in the employ or service of, a common, contract or private motor carrier and/or performing any compensated work for any non-motor carrier entity. The following is a list of all entities for which I also work according to the above definitions.

Company	Address	City, State, Zip	Phone	Supervisor

Driver's Name (print or type)

Driver's signature

Date

Company Representative Signature

B & N Trucking Inc.
Company Name

778 850E. St. Mt. Sterling IL 62353
City and State