



12161 S Central Ave suite 411 Alsip IL 60803
847-655-2527 847-305-2488

Driver Recruiting Questionnaire Date _____ Recruiter: _____

Referral Source: _____

Type of Driver: _____

Bonus: _____

Have you worked for this company before? _____

This company requires that you have a corporation – if you do not have one – one will be opened for you on your behalf for a fee of \$75.00 plus state and federal fees. Do you understand this? _____

The Orientation and hiring process takes 2-3 days: Do you agree with and understand this? _____

FULL LEGAL NAME _____

SSN _____

CDL # / STATE _____

DOB _____

Cell Phone Number _____

E-mail _____

Current Address _____

Work Preference: Local/Regional/OTR _____

Emergency Contact Name, Phone and Relationship

Previous Addresses for past 3 years

PREVIOUS OPERATOR LICENSES

STATE	LICENSE NO.	TYPE	EXPIRATION DATE

COMPANY DRIVER OWNER OPERATOR O/O DRIVER

First CDL Issue Date _____ State of Issue _____

Medical Card Driving Experience
 US Driving Experience Local 48 states _____ years/months
 Driving Experience Overseas _____ years/months

Equipment Driven
 Commercial Truck (automatic /manual) Straight Truck Bus

Type of Trailers Handled - 53' _____ 48' _____ Doubles _____ Triples _____
 Dry Van Reefer Flatbed Step Deck Tank

Accidents in past 3 years
 _____ Truck Accidents _____ Car Accidents

Type of Accident (rear-end, roll over, head on) _____

Log Books Experience _____ paper logs _____ electronic logs _____ Date of most recent use _____
 Truck GPS _____ Camera Phone _____ Phone Headset _____
 Road Atlas _____

English Proficiency – Excellent _____ Sufficient _____ Insufficient _____

Suspensions _____ DUI _____ Criminal Record _____

If yes to above, please explain:

1. Who was your last/current employer and for how long?

2. What was your average # of miles per week?

3. Why did you leave or why do you want to leave?

4. Have you been actively operating as a CMV driver for the most recent two years?

5. What violations do you have on you motor vehicle and PSP record in the past 3 years?

6. What do you look for during a pre-trip inspection? Please be as detailed as possible.

7. How long do you prefer to stay out and be home?

Have you ever tested positive for drugs and/or alcohol? Yes No

If yes, please explain _____

Do you have two or more moving violations in the past 12 months? Yes No

If yes, please explain _____

Do you have one or more traffic collisions in the past 24 months? Yes No

If yes, please explain _____

Do you authorize King Logistics, Inc. to run your current motor vehicle record and PSP report for purposes of leasing to our company?

Yes No

Circle one

Signature _____

Signed release received to obtain

MVR/Driving Record

PSP

Copy of CDL front and back

Copy of Medical front and back

Signed releases (3) received

Comments: _____

Completed By _____

Date _____

Past Employment Record

(List ALL past employment for the last three years and ALL DOT regulated past employers for the past 10 years)

Last Employer Name _____
Address _____ City _____ State _____
Phone Number _____ Fax Number _____
Position Held _____ From _____ To _____
Reason for Leaving _____
Where you subject to U.S. DOT drug & alcohol testing? Yes _____ No _____
Was this employer regulated by U.S. DOT? Yes _____ No _____

Second Last Employer Name _____
Address _____ City _____ State _____
Phone Number _____ Fax Number _____
Position Held _____ From _____ To _____
Reason for Leaving _____
Where you subject to U.S. DOT drug & alcohol testing? Yes _____ No _____
Was this employer regulated by U.S. DOT? Yes _____ No _____

Third Last Employer Name _____
Address _____ City _____ State _____
Phone Number _____ Fax Number _____
Position Held _____ From _____ To _____
Reason for Leaving _____
Where you subject to U.S. DOT drug & alcohol testing? Yes _____ No _____
Was this employer regulated by U.S. DOT? Yes _____ No _____

Fourth Last Employer Name _____
Address _____ City _____ State _____
Phone Number _____ Fax Number _____
Position Held _____ From _____ To _____
Reason for Leaving _____
Where you subject to U.S. DOT drug & alcohol testing? Yes _____ No _____
Was this employer regulated by U.S. DOT? Yes _____ No _____

TO BE READ AND SIGNED BY THE APPLICANT

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

Applicant's Signature

Date

Printed Name

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

In connection with your application for employment with **KING LOGISTICS 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 **KING LOGISTICS 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.

LAST UPDATED 12/22/2015

KING LOGISTICS, INC., ALSIP, ILLINOIS, RECRUITING DIVISION

Please sign all sections and fax back to 847-305-2488

Fair Credit Reporting Act Disclosure Statement

In accordance with the provision of Section 604(b)(2)(A) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I, of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on you for employment purposes. These reports are required by Sections 382.413, 391.23, and 391.25 of the Federal Motor Carrier Safety Regulations.

Date: _____

Signature: _____

Name (Please Print): _____

Consent Form Pre-Employment Urinalysis

I understand that as required by Federal Motor Carrier Safety Regulations, Title 49 United States Code of Federal Regulations, Section 391.103, and King Logistics Inc. policy, all prospective Operators must submit to a controlled substance test. The results will not be released to any additional parties without my written authorization. I hereby agree to the conditions above and to submit to a drug screen urinalysis.

Date: _____

Signature: _____

Name (Please Print): _____

P.O. #538368 4M 8/07

Substitute Form **W-9**
(Rev. February 2005)

Request for Taxpayer Identification Number and Certification

Give form to the requester. Do not send to the IRS.

Please print or type
See Specific Instructions on page 2.

Name (as shown on your income tax return)
 X

Business name, if different from above
 X

X Check appropriate box: Individual/Sole Proprietor Corporation Partnership Other _____ Exempt from backup withholding
 LLC filing as Sole Proprietor LLC filing as Corporation LLC filing as Partnership

Address (number, street, and apt. or suite no.)
 X

City, state, and ZIP code
 X

List account number(s) here (optional)

Requester's name and address (optional)

Taxpayer Identification Number (TIN)

XX Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see How to get a TIN on page 3.

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or

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Note: If the account is in more than one name, see the chart on page 3 for guidelines on whose number to enter.

Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. person (including a U.S. resident alien).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must

provide your correct TIN. (See the instructions on page 3.)

Signature of U.S. person ▶ X	Date ▶ X
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Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

U.S. person. Use form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee.

Note: If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

For federal tax purposes you are considered a person if you are:

- An individual who is a citizen or resident of the United States,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or
- Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-6(a) and 7(a) for additional information.

Foreign person. **If you are a foreign person, do not use Form W-9. Instead use the appropriate Form W-8 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).**