



**BKW**  
**TRUCKING**

The logo features the letters 'BKW' in a large, stylized font. The 'B' and 'K' are filled with a dark blue field containing white stars, while the 'W' is filled with red and white horizontal stripes. Below this, the word 'TRUCKING' is written in a bold, blocky font with a red and white horizontal striped pattern.

**Driver Application**

# BKT TRUCKING INC

## DRIVER APPLICATION

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

Per FMCSA's 391.23 (investigation and inquiries), subpart (J): **(Driver) 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.

Position(s) applied for: \_\_\_\_\_ Referred by: \_\_\_\_\_

Social Security: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

CDL: \_\_\_\_\_ CDL Expiration: \_\_\_\_\_

Home: \_\_\_\_\_ Work: \_\_\_\_\_

Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Tel: \_\_\_\_\_

### ADDRESS FOR PAST 3 YEARS

1. Address: \_\_\_\_\_  
\_\_\_\_\_ How long: \_\_\_\_\_

2. Address: \_\_\_\_\_  
\_\_\_\_\_ How long: \_\_\_\_\_

Do you have the legal right to work in the U.S. Yes / No

Are you presently working Yes / No

If not, how long since last job \_\_\_\_\_

# BKT TRUCKING INC

## PHYSICAL HISTORY

Do you have any physical condition which may limit your ability to perform the job applied for Yes    No

Have you ever tested positive for drugs or alcohol as a commercial driver Yes    No

If yes, when: \_\_\_\_\_

Please explain: \_\_\_\_\_

## EXPERIENCE AND QUALIFICATIONS - DRIVER

	STATE	LICENSE NO.	TYPE	EXPIRES
DRIVER'S LICENSES				

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle Yes    No

B. Has any license, permit or privilege ever been suspended or revoked Yes    No

(If YES to either A or B, attach statement giving details)

Commercial Motor Vehicle Driver Since: \_\_\_\_\_

Years of Commercial Motor Vehicle experience: \_\_\_\_\_

Below, please check the type of Commercial Motor Vehicle experience you have had:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Dry Van Truck        | <input type="checkbox"/> Car Carrier Truck       | <input type="checkbox"/> Off-Highway                     |
| <input type="checkbox"/> Tractor-Semi Trailer | <input type="checkbox"/> Crane Truck             | <input type="checkbox"/> Passenger Bus                   |
| <input type="checkbox"/> Reefer               | <input type="checkbox"/> Transfer Truck          | <input type="checkbox"/> Plow Truck                      |
| <input type="checkbox"/> Flatbed Truck        | <input type="checkbox"/> Expeditor/Hot Shot      | <input type="checkbox"/> Refuse Hauler                   |
| <input type="checkbox"/> Dump Truck           | <input type="checkbox"/> Farm/Grain Truck        | <input type="checkbox"/> Roll-back Tow Truck             |
| <input type="checkbox"/> Tank Truck           | <input type="checkbox"/> Fire Truck              | <input type="checkbox"/> Salvage Truck                   |
| <input type="checkbox"/> Beverage Truck       | <input type="checkbox"/> Fuel/Lube Truck         | <input type="checkbox"/> Service: Utility/Mechanic Truck |
| <input type="checkbox"/> Bucket/Boom Truck    | <input type="checkbox"/> Logging Truck           | <input type="checkbox"/> Toter Truck                     |
| <input type="checkbox"/> Cab & Chassis Truck  | <input type="checkbox"/> Low Boy                 | <input type="checkbox"/> Tractor                         |
| <input type="checkbox"/> Cabover Truck        | <input type="checkbox"/> Mixer: Asphalt/Concrete | <input type="checkbox"/> Wrecker Tow Truck               |

# BKT TRUCKING INC

## ACCIDENT RECORD

Accident record for past 3 years. Attach sheet if more space is needed

	DATE	TYPE OF ACCIDENT	FATALITIES	INJURIES
ACCIDENT 1				
ACCIDENT 2				
ACCIDENT 3				

Traffic convictions and forfeitures for the past 3 years (other than parking violations):

LOCATION	DATE	CHARGE	PENALTY

### TO BE READ AND SIGNED BY APPLICANT

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 authorize you to make such investigations and inquiries about my personal employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. As a commercial CDL driver I hereby release employers, schools, or persons from all liability in responding to inquiries 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, as permitted by Law.

**SIGN  
HERE** →

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

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

# BKT TRUCKING INC

## DRIVER WORK HISTORY

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

### WORK HISTORY

All drivers' applicants to drive in intra or interstate commerce must provide the following information on all work during the preceding 10 years. Please complete the following, by date order including those date periods in which you were not working or worked as a sole proprietor.

Which is the exact date of your first job in the US?

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

Please list your work history beginning with the most recent.

Date: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Unemployed

Worked for Company

Self-Employed

Were you subject to 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

Company: \_\_\_\_\_

Position Held: \_\_\_\_\_

Address: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

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

# BKT TRUCKING INC

Date: **From:** \_\_\_\_\_ **To:** \_\_\_\_\_

Unemployed  Worked for Company  Self-Employed

Were you subject to 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

**Company:** \_\_\_\_\_ **Position Held:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Reason for Leaving:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

Date: **From:** \_\_\_\_\_ **To:** \_\_\_\_\_

Unemployed  Worked for Company  Self-Employed

Were you subject to 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

**Company:** \_\_\_\_\_ **Position Held:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Reason for Leaving:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

 **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# BKT TRUCKING INC

Date: **From:** \_\_\_\_\_ **To:** \_\_\_\_\_

Unemployed

Worked for Company

Self-Employed

Were you subject to 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

**Company:** \_\_\_\_\_ **Position Held:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Reason for Leaving:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

Date: **From:** \_\_\_\_\_ **To:** \_\_\_\_\_

Unemployed

Worked for Company

Self-Employed

Were you subject to 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

**Company:** \_\_\_\_\_ **Position Held:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Reason for Leaving:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

 **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# BKT TRUCKING INC

## MOTOR VEHICLE DRIVER'S CERTIFICATION OF COMPLIANCE WITH DRIVER LICENSE REQUIREMENTS

**MOTOR CARRIER INSTRUCTIONS:** The requirements in Part 383 apply to every driver who operates in intrastate, interstate, or foreign commerce and operates a vehicle weighing 26,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

The requirements in part 391 apply to every driver who operates in interstate commerce and operates a vehicle weighing 10,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

**DRIVER REQUIREMENTS:** Part 383 and 391 of the Federal Motor Carrier Safety Regulations contain some requirements that you as a driver must comply with. These requirements are in effect as of July 1, 1987.

They are as follows:

1. **POSSESS ONLY ONE LICENSE:** You, as a commercial vehicle driver, may not possess more than one motor vehicle operator's license.

If you have more than one license, keep the license from your state of residence and return the additional licenses to the states that issued them. DESTROYING a license does not close the record in the state that issued it; you must notify the state. If a multiple license has been lost, stolen, or destroyed, close your record by notifying the state of issuance that you no longer want to be licensed by that state.

2. **NOTIFICATION OF LICENSE SUSPENSION, REVOCATION OR CANCELLATION:** Sections 392.42 and 383.33 of the Federal Motor Carrier Safety Regulations require that you notify your employer the next business day of any revocation or suspension of your driver's license. In addition, Section 383.31 requires that any time you violate a state or local traffic law (other than parking), you must report it within 30 days to: 1) your employing motor carrier, and 2) the state that issued your license (if the violation occurs in a state other than the one which issued your license). The notification to both the employer and state must be in writing.

The following license is the only one I will possess:

Driver's License No.: \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**DRIVER CERTIFICATION:** I certify that I have read and understood the above requirements.

Driver's Name: \_\_\_\_\_

Driver's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Notes:



# BKT TRUCKING INC

## REQUEST FOR INFORMATION FROM PREVIOUS MOTOR CARRIER

I hereby authorize you to release the following information for purposes of investigation as required by section 391.23 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information.

**SIGN HERE** Driver's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### COMPLETED BY PREVIOUS EMPLOYER

Dear Sir/Madam:

The below named individual has made an application to this company for a position as driver, and states that he/she was employed by you as \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_.

We appreciate your time in completing, in confidence, the information requested below. Please fax to us at. Thank you for replying.

### COMPLETED BY PREVIOUS EMPLOYER

Driver's Name: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

1. Employed from \_\_\_\_\_ to \_\_\_\_\_ as \_\_\_\_\_ at a wage or salary of \_\_\_\_\_.
2. Did he/she drive a motor vehicle for you? \_\_\_\_\_ If yes,  Straight truck  Tractor-Semitrailer  Bus  
 Other \_\_\_\_\_
3. Was he/she a safe and efficient driver? \_\_\_\_\_
4. Reason for leaving:  Discharged  Resignation  Laid Off  Military Duty
5. Was his/her general conduct satisfactory? \_\_\_\_\_
6. Please advise history of past driving record if available for past three years: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Under Department of Transportation testing requirements: YES NO

- |   |                          |                          |
|---|--------------------------|--------------------------|
| 7. Has this person had an alcohol test with a result of 0.04 or higher alcohol concentration?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Has this person had a verified positive drug test?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Has this person refused to be tested (including verified adulterated or substituted drug test results)?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Has this person committed other violations of DOT agency drug and alcohol testing regulations?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. If this person has violated a DOT drug and alcohol regulation, do you have documentation of the employee's successful completion of DOT return-to-duty requirements, including follow-up visits? (Please send this documentation back with this form, if applicable.) | <input type="checkbox"/> | <input type="checkbox"/> |

This form was sent to previous employer via (check one)  Fax  Mail  Email  Other:

By: BKT Trucking Date: \_\_\_\_\_

I confirm that all of this information is accurate and true:

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

# BKT TRUCKING INC

## AUTHORIZATION TO OBTAIN BACKGROUND INFORMATION

For as long as I am operating for the under named carrier company, I the undersigned, have authorized BKT Trucking Inc, its agents, and representatives, to obtain the following information:

- Past Employment References (skills, behavior, experience, drug & alcohol tests)
- Driving Record History
- Criminal Background Records

I understand that any information obtained as a result of this release will be provided to the under named carrier company for hiring eligibility based on DOT regulation under part 391 of 49CFR.

Driver: \_\_\_\_\_ Company: \_\_\_\_\_

Social Security #: \_\_\_\_\_ CDL #: \_\_\_\_\_

Address: \_\_\_\_\_ City : \_\_\_\_\_ State: \_\_\_\_\_ Zip : \_\_\_\_\_

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

## FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT


Driver: \_\_\_\_\_

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

Company: \_\_\_\_\_

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

In accordance with the provisions 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 drug and alcohol test results, your driving record, a background check and a credit check may be obtained for employment evaluation purposes.

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

# BKT TRUCKING INC

## RELEASE & DOCUMENTATION OF PRE-EMPLOYMENT TESTING INFORMATION BY APPLICANT/DRIVER REQUIRED BY PART 40.25(J).

Part 40.25(j) requires Employers to ask Applicant/Driver whether he/she has tested positive or refused to test on any Pre-employment alcohol or drug test administered by an Employer to which the Applicant/Driver applied but did not obtain safety sensitive transportation work covered by DOT agency alcohol and drug testing rules during the past two (2) years.

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

SS #: \_\_\_\_\_

### Applicant must answer the items listed below:

During the past two (2) years have you tested positive on a Pre-employment alcohol or drug test administered by Employer to which you applied for but did not obtain a safety sensitive transportation work covered by Department of Transportation (DOT) drug and alcohol testing rules?

Yes

No

During the past two (2) years have you refused to test on a Pre-employment alcohol or drug test administered by Employer to which you applied for but did not obtain a safety sensitive transportation work covered by the Department of Transportation (DOT) drug and alcohol testing rules?

Yes

No

If you answered YES to either of the questions above, please provide documentation of your successful completion of the return-to-duty process required by part 40 subpart O.

Name: \_\_\_\_\_

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

Witness: \_\_\_\_\_

Record keeping requirements: If 'YES' to either question, retain for 5 years.

If "No" to both questions, discard after employment terminates.

# BKT TRUCKING INC

## DRUG & ALCOHOL CLEARINGHOUSE CONSENT FOR LIMITED QUERIES

This is consenting to multiple limited queries throughout the duration of employment.  
**NOTICE TO DRIVER:** The Commercial Driver's License (CDL) Drug & Alcohol Clearinghouse is a federal database containing information about CDL drivers who have violated the Federal Motor Carrier Safety Administration's (FMCSA's) drug or alcohol regulations in 49 CFR Part 382. Whether you have committed such a violation or not, each motor carrier for whom you drive is required to check whether the Clearinghouse has any information about you, both at the time of hire and annually. When conducting an annual inquiry, the motor carrier has the option to request a "limited" report that *only* indicates whether the Clearinghouse has any information about you; it does not release any violation or testing information. Before a motor carrier may request a limited report, they must have your written authorization, per §382.701(b). This authorization may be valid for more than one year. If a limited query ever reveals that the Clearinghouse has information about you, you will be required to log in to the Clearinghouse website within 24 hours to grant electronic consent for the motor carrier to obtain your full Clearinghouse record.

**NOTICE TO MOTOR CARRIER:** This consent form authorizes you to run a "limited query" to check whether the Clearinghouse has information about the driver identified below. If it does, then you must obtain a full Clearinghouse record within 24 hours, per §382.701(b). This consent form must be retained until 3 years after the date of the last limited query you perform for this driver, based on the authorization below.

### AUTHORIZATION

I, \_\_\_\_\_, hereby authorize  
(Driver's printed name)

**BKT TRUCKING INC.**

\_\_\_\_\_  
(Name of motor carrier)

to conduct limited annual queries of the FMCSA's Drug & Alcohol Clearinghouse, to determine if a Clearinghouse record exists for me. This consent is valid from the date shown below until my employment with the above-named motor carrier ceases or until I am no longer subject to the drug and alcohol testing rules in 49 CFR Part 382 for the above-named motor carrier.

I understand that if any limited query reveals that the Clearinghouse contains information about me, I must grant electronic consent within 24 hours, via the Clearinghouse website, for the motor carrier to obtain my full Clearinghouse record. Refusal to provide such consent will result in my removal from safety-sensitive duties.

Driver's Signature: \_\_\_\_\_

ID Number: \_\_\_\_\_ Date: \_\_\_\_\_