



APPLICATION FOR EMPLOYMENT OF C.M.V. DRIVERS



Company Name: R & K Investment Group LLC d/b/a RKI
 Street Address: 412 E. Industrial Dr.
 City, State, Zip Code: Loyal, WI 54446

Date: _____

Name: _____ Phone: () -
 First Middle Last

Social Security No. - - DOB: / /
 Month Day Year

List all addresses for the past 3 years below (Attach a separate sheet if necessary):

Current Address: _____
 Street City State Zip Code

 Street City State Zip Code

 Street City State Zip Code

Position applying for: _____ Rate of pay desired _____
 Temporary _____ Part Time _____ Full Time _____

Are you currently employed? _____ If not, how long since leaving last employment: _____

EDUCATION

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 College: 1 2 3 4

GENERAL

Have you ever been bonded? _____ Name of Company: _____

Have you ever been convicted of a felony? _____

If yes, please explain on a separate sheet of paper. Conviction of a crime does not disqualify you for employment.

All applicants will be considered on a equal basis.

Pre-Employment Urinalysis Test Notification

The Federal Motor Carrier Safety Regulations, Section 382.201 -- pre-employment testing requirements, apply to driber applicants of this company for controlled substances.

As a condition of my employment, I agree to the urine sample collection for controlled substance testing. I understand a positive test for controlled substances based on the Urinalysis Test will medically disqualify me from the operation of a commercial motor vehicle for this company. The Medical Review Officer will maintina the results of the Urinalysis Test. Negative and positive results will be reported to the company. My written authorization is required for the Urinalysis and Test results to be given to other parties. I have read and understand the above conditions for the Pre-Employment Urinalysis test Notification.

WITNESSED BY: APPLICANT'S SIGNATURE MONTH DAY YEAR

COMPANY REPRESENTATIVE'S SIGNATURE MONTH DAY YEAR



License(s):

Drivers Licenses held in past 3 years must be shown	State	License Number	Class(es)	Endorsement(s)	Expiration Date

- 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
- C. Have you ever been disqualified for violations of the Federal Motor Carrier Safety Regulations? Yes No

If you answered yes to A, B, C attach a statement telling us about it.

Driving Experience:

Class of Equipment	Type of Equipment (Van, Tank, Flat, ect.)	Date		Approximate Total Miles
		From	To	
Straight Truck				
Tractor and Semi-Trailer				
Twin Trailers - LVC's				
Other				

List states operated in during last five years _____

List special courses or training and any driving awards that will help you as a driver _____

Accident Review for past 3 years (Attach separate sheet of paper if more space is needed)

Date(s) of Accident(s)	Nature of accident (Head-on, Rear-End, Overturn, etc.)	Fatalities	Injuries
Last Accident			
Next Previous			
Next Previous			

Traffic Convictions and Forfeitures other than parking violations and any disqualifications and driver out of services for the past 3 years (Attach separate sheet of paper if necessary)

Location:	Date:	Charge:	Penalty:



EMPLOYMENT RECORD



The U.S. Department of Transportation requires that driver applications show all employment for the past three years. Effective July, 1987 they must also show commercial driver employment for the seven years immediately preceeding this year period. (total of 10 years) 391.21 (B)(10), (11). Start with the previous or current position, including military experience, and work backwards. (Attach a separate sheet of paper if necessary)

Current Employer: _____
Street Address: _____
City, State, Zip Code: _____
Phone Number: _____

Supervisor's Name: _____
Employed From: _____ To: _____
Reason for leaving: _____

During my employment I was subject to the FMCSR:
Yes _____ No _____

I was subject to controlled substance and alcohol testing:
Yes _____ No _____

Previous Employer: _____
Street Address: _____
City, State, Zip Code: _____
Phone Number: _____

Supervisor's Name: _____
Employed From: _____ To: _____
Reason for leaving: _____

During my employment I was subject to the FMCSR:
Yes _____ No _____

I was subject to controlled substance and alcohol testing:
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 Yes _____ No _____

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 Yes _____ No _____



MECHANICAL EXPERIENCE



List all training whether it be formal or on the job: (Attach a separate sheet of paper if necessary)

	Type of Training	Location	Length of Training
Knowledgeable of proper tools and equipment needed to affect repairs and inspections			
Knowledge of truck defects and can identify mechanical components			

List all training whether it be formal or on the job: (Attach a separate sheet of paper if necessary)

	Name	Date(s) of Training	Length of Training	Completed
Manufacturer Sponsored				
Commercial Garage				
Fleet Leasing Company				
Other				

BRAKES

List all training whether it be formal or on the job: (Attach a separate sheet of paper if necessary)

	Type of Training	Location	Length of Training
Understands brake systems			
Knowledge of tools and equipment needed for repair and inspection of brakes			
Has passed Air Brake knowledge and skills test of CDL			

List experience and training either formal or on the job training received (must be a minimum totaling 1 year)

	Name	Date(s) of Training	Length of Training	Completed
Manufacturer Sponsored				
Commercial Garage				
Fleet Leasing Company				
Other				



APPLICANT MUST READ AND SIGN



It is agreed and understood that the employer and/or his agents will investigate my background as required by 49 CFR, § 391.23 of the Federal Motor Carrier Safety Regulations to obtain any and all information pertaining to my employment history. By making application I agree to release employers and/or other persons named herein from any and all liability in regards to the release of any and all information pertinent for the processing of this application. I understand that, as an applicant for a position with this company, I may be asked to demonstrate that I am capable of performing tasks which are required for this job and the completion of all other documents needed to comply with requirements for the completion of my employment file. I also understand that misrepresentation or omission of information or facts may result in a rejection or dismissal. If hired, I agree to abide by all the rules and policies of the employer as well as all Local, State, and Federal Laws and Regulations which govern the position.

I further certify that I am a genuine applicant for employment and this application is being submitted solely for the purpose of seeking employment with the employer and for no other reason. The information provided may be used, and all prior employers may be contacted, for the purpose of investigating the safety performance history information as required by 49 CFR Part 391.23 (d) & (e). You are entitled to due process rights as specified in §391.23(i) regarding information received as a result of these investigations.

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 Signature _____

FOR OFFICE USE - DO NOT WRITE BELOW THIS SPACE - PROCESS RECORD

Applicant Hired? Yes _____ No _____
Date Employed: _____ Assigned: _____
Position: _____

IN CASE OF EMERGENCY NOTIFY:

Phone Number: _____

Address: _____

THIS SECTION TO BE FILLED IN BY RESPONSIBLE OFFICER OR COMPANY REPRESENTATIVE

	Superior	Good	Fair	Below Average	Written Record on File
Application					
Interview					
Physical Exam					
Past Employment					
Written Exam					
Road Test					
Policy and Traffic Record					

Signature of Interviewer _____

Date _____

TERMINATION OF EMPLOYMENT

Date Terminated: _____ Position Held: _____

Dismissed: _____ Voluntarily Quit: _____ Other: _____

Termination Report Placed in File: _____ Supervisor: _____



Controlled Substance Certification

Motor Carrier Name: **R & K Investment Group LLC d/b/a RKI**
Street Address: **412 E. Industrial Drive**
City, State, Zip code: **Loyal, WI 54446**

Applicant Name: _____ Date: _____

I certify that I **have not** tested positive or refused a pre-employment test where I was refused a job, during the three years preceding the date of this application. I have not tested positive with any prior employer for controlled substances or Alcohol over the prior 3 years.

Signed: _____ (Application Signature) _____ (Witness)

I certify that I **have** tested positive or refused a pre-employment test or tested positive during my employment with a previous employer for controlled substances or alcohol with

(Name of Motor Carrier having conducted the test)

on _____ over the prior 3 years.
(Date)

I have completed the return to duty process and the documentation for the competition is attached.

Signed: _____ (Application Signature) _____ (Witness)



DRIVER RIGHTS REGARDING THE INVESTIGATIVE INFORMATION

49 CFR 391.23 provisions drivers' rights regarding the investigative information provided to prospective employers. As a driver you have the following rights:

1. The right to review information provided by previous employers,
2. 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,
3. 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.

Drivers who have previous Department of Transportation regulated employment history in the preceding three years, and wish to review previous employer-provided investigative information must submit a written request to the prospective employer, which may be done at any time, including when applying, or as late as 30 days after being employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five (5) business days of receiving the written request. If the prospective employer has not yet received the requested information from the previous employer(s), then the five-business day's deadline will begin when the prospective employer received the requested safety performance history information. If the driver has not arranged to pick up or receive the requested records within thirty (30) days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived his/her request to review the records.

Drivers wishing to request correction of erroneous information in records received must send the request for the correction to the previous employer that provided the records to the prospective employer. The previous employer must either correct and forward the information to the prospective motor carrier employer, or notify the driver within 15 days of receiving a driver's request to correct the data that it does not agree to correct the data. If the previous employer corrects and forwards the data as requested, that employer must also retain the corrected information as part of the driver's safety performance of the driver's safety history record and provide it to subsequent prospective employers when requests for his information are received. If the previous employer corrects the data and forwards it to the prospective motor carrier employer, there is no need to notify the driver.

Driver's wishing to rebut information in records received must send the rebuttal to the previous employer with instruction to include the rebuttal in that driver's safety performance history. Within 5 business days of receiving a rebuttal from a driver, the previous employer must:

1. Forward a copy of the rebuttal to the prospective motor carrier employer,
2. Append the rebuttal to the driver's information in the carrier's appropriate file, to be included as part of the response for any subsequent investigating prospective employers for the duration of the three-year data retention requirement,

The driver may submit a rebuttal initially without a request for correction, or subsequent to a request for correction. The driver may report failures of previous employers to correct information or include the driver's rebuttal as part of the safety performance information, to the FMCSA following procedures specified at §386.12.

1. A motor carrier investigating the information of an individual under consideration for employment as a commercial motor vehicle driver,
2. A person who has provided such information; or
3. The agents or insurers of a person, except insurers are not granted a limitation on liability for any alcohol and controlled substance information.

The protections of this section do not apply to persons who knowingly furnish false information, or who are not in compliance with the procedures specified for these investigations.

Records regarding the safety performance history is required to be maintained by the motor carrier of a new or prospective driver in a secure location with controlled access. This data must only be used for the hiring decision.

I have read and understand my right of due process relating to the investigative information of the safety performance history.

Driver Name: _____ (print) Driver's Signature: _____

Motor Carrier: R & K Investment Group LLC d/b/a RKI Date: _____



NOTICE TO DRIVERS & CERTIFICATE OF COMPLIANCE

I. NOTICE TO DRIVERS

- a. §383.37 prohibits any employer from allowing a driver of a Commercial Motor Vehicle (any motor vehicle or combination or motor vehicles used in commerce to transport passengers or property if the motor vehicle:
 - i. has a gross combination weight rating of 26,001 lbs. or more inclusive of a towed unit with a gross vehicle weight rating of more than 10,000 lbs.
 - ii. has a gross vehicle weight rating of 26,001 lbs.
 - iii. is designed to transport 16 or more passengers, including the driver
 - iv. is of any size and is used in the transportation of materials found to be hazardous for the purposes of the Hazardous Materials Transportation Act and which require the motor vehicle to be placarded under Hazardous Materials Regulations (49 CFR Part 172, Subpart F) to operate in the United States during any period if any of the following are found to be true:
 - 1. No driver may possess more than one license, and no motor carrier may use a driver having more than one license except during the 10-day period beginning on the date such employee is issued a driver's license
 - 2. A driver has a commercial motor vehicle driver's license suspended, revoked, or canceled by a State, has lost the right to operate commercial motor vehicle in a State, or has been disqualified from operating a commercial motor vehicle

II. REQUIREMENTS OF HOLDER'S OF A CDL

- a. A driver who has a driver's license suspended, revoked, or canceled by a State or jurisdiction, who loses the right to operate a commercial motor vehicle in a State or jurisdiction for any period, or who is disqualified from operating a commercial motor vehicle for any period, shall notify his/her current employer of such suspension, revocation, cancellation, lost privilege, or disqualification. The notification must be made before the end of the business day following the day the employee received a notice of suspension, revocation, cancellation, lost privilege, or disqualification.
- b. A driver who operates a CMV, who holds a CDL issued by a State or Jurisdiction, and who is convicted of violating, in any type of motor vehicle, a State or local law relating to motor vehicle traffic control (other than a parking violation) must notify his/her current employer of such conviction. The notification must be made within 30 days after the date that the person has been convicted. In addition, if the violation occurred in a State or jurisdiction other than the one which issued his/her license, must notify an official designated by the State or Jurisdiction which issued such license, of such conviction. The notification must be made within 30 days after the date that person has been convicted, must be in writing and contain specific information as set forth in § 383.31 (c).
- c. As a Driver of a Commercial Motor Vehicle I am aware that I am also subject to the policies and procedures of the Motor Carrier that employs me and that I am obligated to adhere to those policies provided so long as they do not conflict with Federal, State, or Local regulations.

III. CERTIFICATION BY DRIVER

- a. I hereby certify that I have read the above and understand the driver provisions of the Federal Motor Carrier Safety Regulations as set forth in 49 CFR Parts 383 and 391.

Driver's Name (print): _____ SSN: _____

Driver's Signature: _____ Date: _____

Motor Carrier's Name: **R & K Investment Group LLC d/b/a RKI**