



Marvin Keller Trucking Inc.

1500 West Pointe Way P.O. Box 587
Sullivan, IL 61951

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Please print legibly and complete all blanks

COMPANY & CONTRACTOR DRIVER APPLICATION FOR EMPLOYMENT & QUALIFICATION DATE

cell phone()
first name middle initial last name phone()
State
date of birth social security - - CDL# - -

present address how long?
(go back 5 years) street city statelzip

previous address how long?
(go back 5 years) street city statelzip

previous address how long?
(go back 5 years) street city statelzip

previous address how long?
(go back 5 years) street city statelzip

previous address how long?
(go back 5 years) street city statelzip

have you worked here before? when? have you applied here before? when?

name of relatives that work here who referred you?

have you served in the US armed forces? branch dates from to

discharge rank reason for leaving duties

circle highest grade completed 1 2 3 4 5 6 7 8 high school 1 2 3 4 college 1 2 3 4

where did you attend high school? list other training, schools, credentials

Driver Notification

This notice serves to fulfill the requirements of 49 CFR Part 391.23(i). Each motor carrier must notify each driver, who is regulated by the Department of Transportation, of their rights regarding investigative information that will be provided to a prospective employer. Drivers 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.

Applicants Signature Date

Begin with your present or most recent job and work backward in order, listing your employer; for at least 10 years, including all full and part-time employment. All time must be accounted for including military service, self employment, and periods of unemployment. Use back of page if necessary. Information must be accurate and complete. Any gaps in employment must be explained.

current employer name supervisor

address telephone
street city statelzip

position held from to rate of pay

reason for leaving # accidents # preventable

Were you subject to the FMCSR's while employed by this employer? Yes No

Was your job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40? Yes No

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status.

1st previous employer name _____ **supervisor** _____

address _____ **telephone** _____
street city state/zip

position held _____ **from** _____ **to** _____ **rate of pay** _____

reason for leaving _____ **# accidents** _____ **# preventable** _____

Were you subject to the FMCSR's while employed by this employer? Yes _____ **No** _____

Was your job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40? Yes _____ **No** _____

2nd previous employer name _____ **supervisor** _____

address _____ **telephone** _____
street city state/zip

position held _____ **from** _____ **to** _____ **rate of pay** _____

reason for leaving _____ **# accidents** _____ **# preventable** _____

Were you subject to the FMCSR's while employed by this employer? Yes _____ **No** _____

Was your job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40? Yes _____ **No** _____

3rd previous employer name _____ **supervisor** _____

address _____ **telephone** _____
street city state/zip

position held _____ **from** _____ **to** _____ **rate of pay** _____

reason for leaving _____ **# accidents** _____ **# preventable** _____

Were you subject to the FMCSR's while employed by this employer? Yes _____ **No** _____

Was your job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40? Yes _____ **No** _____

4th previous employer name _____ **supervisor** _____

address _____ **telephone** _____
street city state/zip

position held _____ **from** _____ **to** _____ **rate of pay** _____

reason for leaving _____ **# accidents** _____ **# preventable** _____

Were you subject to the FMCSR's while employed by this employer? Yes _____ **No** _____

Was your job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40? Yes _____ **No** _____

5th previous employer name _____ **supervisor** _____

address _____ **telephone** _____
street city state/zip

position held _____ **from** _____ **to** _____ **rate of pay** _____

reason for leaving _____ **# accidents** _____ **# preventable** _____

Were you subject to the FMCSR's while employed by this employer? Yes _____ **No** _____

Was your job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40? Yes _____ **No** _____

have you ever been known by any name other than the name on this application? _____

have you ever been convicted of a felony or are any charges pending? If so, please describe _____

(You are not required nor will you be asked to report whether you have a sealed conviction or arrest)

have ever been discharged or suspended for any cause from a job? If so, please describe _____

do you have the legal right to remain permanently in the U.S.? _____ are you over 21? _____

if hired, do you have a reliable means of transportation to get to work? _____

list all driver licenses held in the past 3 years: STATE License# Type Endorsements Expiration Date

list your driving experience: EQUIPMENT DATE FROM DATE TO APPROXIMATE MILEAGE

(If none write none)

Straight Truck

Van

Reefer

Flat

Tanker

Livestock

Other

which safe driving awards do you hold and from whom? _____

describe your dock and warehouse experience _____

a. have you ever been denied a license, permit or privilege to operate a motor vehicle?

b. has any license, permit, or privilege every been suspended or revoked for any reason, or are any charges pending?

c. have you ever been convicted of driving while intoxicated, or are any charges pending?

d. ever been convicted for possession, sale, or use of a narcotic drug, amphetamine, or derivative thereof, or are any charges pending?

e. have you ever been refused auto liability insurance for your personal vehicle?

f. have you tested positive or refused to test, on any pre-employment drug/alcohol test administered by a employer to which you applied for, but did not obtain, safety sensitive transportation work covered by DOT agency drug & alcohol testing rules during the past two years? YES or NO If yes, can you provide proof of meeting the return to duty requirements? YES or NO

if answer to questions a. - f. is yes, state circumstances and date _____

* Accident Record * GO BACK 5 YEARS (if none write none)

Date Vehicle Nature of Accident Preventable y/n Fatalities y/n Injuries y/n Hazmat Spill y/n

* Traffic Convictions (if none, write none) * GO BACK 5 YEARS

Date Vehicle State Charge \$ Fine MPH over limit

Circle states in which you have operated a commercial vehicle in the last ten years:

East: CT DE ME MD MA NH NJ NY PA RI VT

Midwest: IL IN IA KS MI MN MO NE ND OH SD WI

West: AZ CA CO ID MT NV NM OK OR TX UT WA WY

South: AL AR FL GA KY LA MS NC SC TN VA WV

Canada: Alberta B.C. Ontario Quebec Manitoba

character references (someone who can verify employment dates & safety habits other than a former employer or relative)

ref 1 name _____ city _____ state _____ how long have you known _____

telephone _____ place of employment _____ occupation _____

ref 2 name _____ city _____ state _____ how long have you known _____

telephone _____ place of employment _____ occupation _____

To be read carefully and signed by applicant

It is understood that the information in this application will be used and that prior employers will be contacted for purposes of investigation as required by 391.23 of the Motor Carrier Safety Regulations. All applicants must meet physical qualification requirements of the DOT and Marvin Keller Trucking, Inc., & be able to perform essential job functions. It is agreed and understood that any misrepresentations given above shall be considered an act of dishonesty and may result in termination.

It is agreed and understood that the motor carrier or his agents may investigate the applicant's background to ascertain any and all information of concern to applicant's record, whether same is of record or not, and applicant releases employers and persons named herein from all liability for any damages on account of his or her furnishing such information. Applicant expressly grants permission for Marvin Keller Trucking Inc. and their insurance agents' to obtain and view applicant's driving record, (M.V.R.).

It is also agreed and understood that under the Fair Credit Reporting Act, Public Law 91-508, I have been told that this investigation may include an investigating Consumer Report, including information regarding my character, reputation, personal characteristics, and mode of living.

Applicant agrees to furnish such additional information and complete such examinations as may be required to complete my employment file.

It is agreed and understood that this application for qualification in no way obligates the motor carrier to employ the applicant.

It is agreed and understood that all employees are employed at will and may be terminated or dismissed at any time with or without notice. All employees are subject to a payroll deduction for all drug tests should employee resign or be terminated within one year of service. The company pays its drivers according to the IRS regulations regarding per diem. This certifies that this application was completed by me, and that all entries & information in it are true and complete to the best of my knowledge.

Date:

Applicant's Signature:

Remarks:

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

In connection with your application for employment with Marvin Keller Trucking Inc (“Prospective Employer”), it may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA). 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. The Prospective Employer cannot obtain background reports from FMCSA unless you consent in writing. If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

I authorize Marvin Keller 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 consenting to 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 am challenging 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 have read the above Notice Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this consent form, 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)