

Application For Employment Commercial Drivers

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For Employment With
D & K LOGISTICS, LLC
250 LANDS ROAD
MADISONVILLE, TN 37354

This transportation company is an equal opportunity employer in compliance with all Federal and State equal employment opportunity laws. Consideration of qualified applicants for any position is made without regard to the applicant's sex, race, color, national origin, marital status, age, religion or non-job related disability.

Date _____

Name _____ DOB _____ SSN _____
Last First Middle

Address _____ How Long _____
Street City State Zip

Phone _____ Cell _____

Email _____

Previous Address _____ How Long _____
(Go Back 3 years) Street City State Zip

Address _____ How Long _____
Street City State Zip

Can you legally be employed in the United States? _____ Do you have any proof of age? _____
Required for commercial drivers

Have you ever been employed by this company before? _____ If so, When? _____ -

What was your rate of pay? _____ Position Held _____

Reason for leaving: _____

Currently Employed _____ May we contact your present employer? _____

If not, How long since you were last employed? _____ What pay rate are you expecting? _____

How did you hear about this company? _____

After reviewing the job description, for what reasons might you be unable to perform the duties of the position for which you are applying? You may explain.

Employment History Past 10 Years

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Please give the following information regarding your current and previous employers. Start with the most recent. Use additional sheets if necessary and please explain any employment gaps.

Employer:	Contact:	Phone:
Date: From: ____/____/____ To: ____/____/____ Position: _____ Salary: _____	Address: _____ City: _____ State: _____ Zip: _____ Reason for Leaving: _____ Were you subject to the FMCSRs while employed? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employer:	Contact:	Phone:
Date: From: ____/____/____ To: ____/____/____ Position: _____ Salary: _____	Address: _____ City: _____ State: _____ Zip: _____ Reason for Leaving: _____ Were you subject to the FMCSRs while employed? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employer:	Contact:	Phone:
Date: From: ____/____/____ To: ____/____/____ Position: _____ Salary: _____	Address: _____ City: _____ State: _____ Zip: _____ Reason for Leaving: _____ Were you subject to the FMCSRs while employed? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employer:	Contact:	Phone:
Date: From: ____/____/____ To: ____/____/____ Position: _____ Salary: _____	Address: _____ City: _____ State: _____ Zip: _____ Reason for Leaving: _____ Were you subject to the FMCSRs while employed? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Please use this space for comments, additional information, or to explain periods of time between employers.

Employment History Past 10 Years

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Please give the following information regarding your current and previous employers. Start with the most recent. Use additional sheets if necessary and please explain any employment gaps.

Employer:	Contact:	Phone:
Date: From: ____/____/____ To: ____/____/____ Position: _____ Salary: _____	Address: _____ City: _____ State: _____ Zip: _____ Reason for Leaving: _____ Were you subject to the FMCSRs while employed? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employer:	Contact:	Phone:
Date: From: ____/____/____ To: ____/____/____ Position: _____ Salary: _____	Address: _____ City: _____ State: _____ Zip: _____ Reason for Leaving: _____ Were you subject to the FMCSRs while employed? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employer:	Contact:	Phone:
Date: From: ____/____/____ To: ____/____/____ Position: _____ Salary: _____	Address: _____ City: _____ State: _____ Zip: _____ Reason for Leaving: _____ Were you subject to the FMCSRs while employed? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employer:	Contact:	Phone:
Date: From: ____/____/____ To: ____/____/____ Position: _____ Salary: _____	Address: _____ City: _____ State: _____ Zip: _____ Reason for Leaving: _____ Were you subject to the FMCSRs while employed? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	

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Driving Qualifications And Experience

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LICENSES HELD

State: _____ License No: _____ Type: _____ Expiration Date: _____
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EQUIPMENT EXPERIENCE

Equipment Class	Equipment Type	For How Long? (yrs)	Total Miles (Approx.)
Tractor			
Tractor w/ Two-Trailers			
Straight Truck			
Other			

In what states have you operated in the past three years? _____

Have you ever had your license revoked or suspended? _____ If so, when and where? _____

Why? (Please Explain) _____

Have you ever been convicted of a felony? _____ If so, when and where? _____

Why? (Please Explain) _____

Have you tested positive for a pre-employment or random Drug or Alcohol test in the past three years? Yes _____ No _____

Accidents And Violations

ACCIDENTS IN THE PAST THREE YEARS (List most recent first - attach additional sheets if necessary)

Date: _____ Injuries? _____ Fatalities? _____ Vehicle Type: _____

Describe: _____

Date: _____ Injuries? _____ Fatalities? _____ Vehicle Type: _____

Describe: _____

Date: _____ Injuries? _____ Fatalities? _____ Vehicle Type: _____

Describe: _____

TRAFFIC CONVICTIONS IN THE PAST THREE YEARS (Not parking violations)

Date: _____ Where? _____ Violation: _____ Penalty: _____

Date: _____ Where? _____ Violation: _____ Penalty: _____

Date: _____ Where? _____ Violation: _____ Penalty: _____

Please provide the following information about completed education, starting with the most recent.

School or University	Years Completed	Field of Study	Graduate? (yes or no)	When

Have you ever served in the military? _____ If so, when and what branch? _____ - _____

Please list any training you have received that you think will benefit you in the position for which you are applying. _____

Please provide three personal references.

Name	Years Known	Phone Number

Please use the following space to list any experience or knowledge you have not mentioned previously, special accomplishments or comments you would like us to consider.

Carefully Read The Following And Sign

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By signing this statement, I certify that this employment application has been completed by me, and all of the entries provided are true, complete, and accurate, to the best of my knowledge. By signing below I also authorize this company to make such inquiries into my employment, financial, personal, or medical history as might be needed to make an employment decision. I understand that inquiries into my medical history are generally made after a job offer is made.

I hereby release my former employers, healthcare providers and schools from any and all liability in making response to these inquiries and from releasing the requested information.

Applicant's Signature

Date

(Do not write below this line - Office use only)

Interview Notes

Date: _____

Interviewer: _____

Comments:

Application Results

Hired or Rejected? _____ Hire Date: _____ Position: _____

If rejected, why? _____

Date to Start: _____ Starting Pay: _____

Comments, Complaints, Etc. : _____

Termination Date: _____ Quit or Dismissed? _____ Why? _____