

**Driver Application**  
(complete for Driver Positions Only)

**Jim Smith Contracting Co., LLC**  
1108 Dover Road • Grand Rivers, KY 42045 • 270-362-8661

Today's Date: \_\_\_\_\_

Name \_\_\_\_\_  
(First) (Middle) (Maiden Name, if any) (Last)

Address \_\_\_\_\_ How Long? \_\_\_\_\_  
(Street) (City) (State & Zip Code)

Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

List your addresses of residency for the past 3 years:

\_\_\_\_\_ How Long? \_\_\_\_\_  
(Street) (City) (State & Zip Code)

\_\_\_\_\_ How Long? \_\_\_\_\_  
(Street) (City) (State & Zip Code)

\_\_\_\_\_ How Long? \_\_\_\_\_  
(Street) (City) (State & Zip Code)

\_\_\_\_\_ How Long? \_\_\_\_\_  
(Street) (City) (State & Zip Code)

Do you have legal right to work in the United States? \_\_\_\_\_

Have you worked for this company before? \_\_\_\_\_ If yes, when? \_\_\_\_\_

Reason for leaving? \_\_\_\_\_

Are you currently employed? \_\_\_\_\_

Who referred you? \_\_\_\_\_

Rate of pay expected: \_\_\_\_\_

\_\_\_\_\_

**Applicant Name:** \_\_\_\_\_

**Employment Record**

DOT requires that all applicants wishing to drive a commercial motor vehicle must provide the following information on all previous employers during the proceeding 3 years. You must give the same information for whom you have driven a commercial motor vehicle for an additional 7 years.

**You are required to list the complete address: Street number and name, city state and zip code.**

**Any gaps in employment and/or unemployment must be explained.**

**Current or Last Employer: Name** \_\_\_\_\_

**Address** \_\_\_\_\_  
(Street) (City) (State and Zip Code)

**Position Held** \_\_\_\_\_ **From** \_\_\_\_\_ **To** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Reason for leaving** \_\_\_\_\_

Were you subject to the Federal Motor Carriers Safety Regulations (FMCSRs)?  Yes  NO

Was your job designated as a safety-sensitive function in any DOT-regulated mode, subject to the drug and alcohol testing requirements of 49 CFR Part 40?  Yes  NO

**Account for time between jobs (month/year) and reason** \_\_\_\_\_

**Second Last Employer: Name** \_\_\_\_\_

**Address** \_\_\_\_\_  
(Street) (City) (State and Zip Code)

**Position Held** \_\_\_\_\_ **From** \_\_\_\_\_ **To** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Reason for leaving** \_\_\_\_\_

Were you subject to the Federal Motor Carriers Safety Regulations (FMCSRs)?  Yes  NO

Was your job designated as a safety-sensitive function in any DOT-regulated mode, subject to the drug and alcohol testing requirements of 49 CFR Part 40?  Yes  NO

**Account for time between jobs (month/year) and reason** \_\_\_\_\_

**Third Last Employer: Name** \_\_\_\_\_

**Address** \_\_\_\_\_  
(Street) (City) (State and Zip Code)

**Position Held** \_\_\_\_\_ **From** \_\_\_\_\_ **To** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Reason for leaving** \_\_\_\_\_

Were you subject to the Federal Motor Carriers Safety Regulations (FMCSRs)?  Yes  NO

Was your job designated as a safety-sensitive function in any DOT-regulated mode, subject to the drug and alcohol testing requirements of 49 CFR Part 40?  Yes  NO

**Account for time between jobs (month/year) and reason** \_\_\_\_\_

**Fourth Last Employer: Name** \_\_\_\_\_

**Address** \_\_\_\_\_  
(Street) (City) (State and Zip Code)

**Position Held** \_\_\_\_\_ **From** \_\_\_\_\_ **To** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Reason for leaving** \_\_\_\_\_

Were you subject to the Federal Motor Carriers Safety Regulations (FMCSRs)?  Yes  NO

Was your job designated as a safety-sensitive function in any DOT-regulated mode, subject to the drug and alcohol testing requirements of 49 CFR Part 40?  Yes  NO

**Account for time between jobs (month/year) and reason** \_\_\_\_\_

**Applicant Name:** \_\_\_\_\_

**Employment Record**

Fifth Last Employer: Name \_\_\_\_\_

Address \_\_\_\_\_  
 (Street) (City) (State and Zip Code)

Position Held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Phone \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Were you subject to the Federal Motor Carriers Safety Regulations (FMCSRs)?  Yes  NO

Was your job designated as a safety-sensitive function in any DOT-regulated mode, subject to the drug and alcohol testing requirements of 49 CFR Part 40?  Yes  NO

Account for time between jobs (month/year) and reason \_\_\_\_\_

Sixth Last Employer: Name \_\_\_\_\_

Address \_\_\_\_\_  
 (Street) (City) (State and Zip Code)

Position Held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Phone \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Were you subject to the Federal Motor Carriers Safety Regulations (FMCSRs)?  Yes  NO

Was your job designated as a safety-sensitive function in any DOT-regulated mode, subject to the drug and alcohol testing requirements of 49 CFR Part 40?  Yes  NO

Account for time between jobs (month/year) and reason \_\_\_\_\_

Seventh Last Employer: Name \_\_\_\_\_

Address \_\_\_\_\_  
 (Street) (City) (State and Zip Code)

Position Held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Phone \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Were you subject to the Federal Motor Carriers Safety Regulations (FMCSRs)?  Yes  NO

Was your job designated as a safety-sensitive function in any DOT-regulated mode, subject to the drug and alcohol testing requirements of 49 CFR Part 40?  Yes  NO

Account for time between jobs (month/year) and reason \_\_\_\_\_

Eighth Last Employer: Name \_\_\_\_\_

Address \_\_\_\_\_  
 (Street) (City) (State and Zip Code)

Position Held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Phone \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Were you subject to the Federal Motor Carriers Safety Regulations (FMCSRs)?  Yes  NO

Was your job designated as a safety-sensitive function in any DOT-regulated mode, subject to the drug and alcohol testing requirements of 49 CFR Part 40?  Yes  NO

Account for time between jobs (month/year) and reason \_\_\_\_\_

**Applicant Name:** \_\_\_\_\_

## Experience and Qualifications

(complete for Driver Positions Only)

License	License Type	State	Expiration Date	Number
List all Driver's license(s) held within the last 3 years				
	If you have CDL, list CDL endorsements:			
	Has your license(s) ever been denied renewal, revoked or suspended?    [ ] Yes    [ ] No			
	If yes, Please explain:			
	License Type	Action Taken	Date	Reason
<b>Experience</b>	If no driving experience within last 3 years - check here <input type="checkbox"/>			
Indicate number of years' experience and types of vehicle (trucks, tractors, semi-trailers, buses etc.)	Years	Type of Vehicle		
<b>Accidents</b>	If No accidents within the last 3 years - check here <input type="checkbox"/>			
Please indicate all accidents (company and personal during the past 3 years)	Date	Nature of Accident (head-on, Rear-end, Sideswipe, etc.)	Injury/Fatalities	Hazardous materials spill
				<input type="checkbox"/> Yes <input type="checkbox"/> NO
				<input type="checkbox"/> Yes <input type="checkbox"/> NO
				<input type="checkbox"/> Yes <input type="checkbox"/> NO
<b>Violations</b>	If no traffic convictions and/or forfeitures in the last 3 years - check here <input type="checkbox"/>			
List all moving violations (company and personal) during the last 3 years (other than parking)	Date	Offense	Location	Fine/Determination
<b>Training</b>	Date	Location	Course Type / Conducted By	
Please indicate driver safety training programs completed:				
<b>Awards</b>	Date	Location	Type of Award	Organization
Please indicate all safe driving awards you've received:				

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**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 of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (General, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information 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 that I am required to abide by all rules and regulations of Jim Smith Contracting Co., LLC.

Today's Date \_\_\_\_\_ Applicant's Signature \_\_\_\_\_

# Release of Information Consent Form

## CONFIDENTIAL

I certify and declare under penalty of perjury under relevant state and federal law that the information contained in my employment application and this form is complete, true and accurate. I acknowledge that falsification or omission of information may result in immediate dismissal or retraction of any offer of employment.

In consideration of Jim Smith Contracting review of my application for employment, I hereby voluntarily consent to and authorize Jim Smith Contracting or Kelmar Safety Inc (authorized agent), to obtain consumer reports for employment purposes. This may include but not limited to Employment Verifications, Motor Vehicle Reports, References and Criminal reports. This release specifically covers verifying your Education-High Schools, GED, Colleges, Degrees or Technical Schools.

I authorize all persons and organizations that may have information relevant to this research to disclose such information to Jim Smith Contracting or Kelmar Safety Inc (authorized agent). I hereby release Jim Smith Contracting and Kelmar Safety Inc (authorized agent), and all persons and organizations providing information from all claims and liabilities of any nature in connection with this research. Purposes of investigation as required by Section 391.23 and Part 382 and part 40 of the Federal Motor Carrier Safety Regulations also apply. I hereby give specific permission to past employers to release drug and alcohol test results or SAP information. I hereby further authorize that a photocopy of this authorization may be considered as valid as the original.

I understand that I have specific prescribed rights as a consumer under the Federal Fair Credit Reporting Act ('FCRA'), and may have additional rights under relevant state law. I hereby certify that I have been presented with a summary of my rights as a consumer under the Fair Credit Reporting Act.

\_\_\_\_\_  
Print Full Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Drivers License #

\_\_\_\_\_  
State

I understand the information I am providing about date of birth will not be used to determine eligibility for employment, but will be used solely for the purpose of obtaining background check information only and this consent is given for one time only. Any subsequent checks will require new consent.

Have you ever been convicted of any crime? \_\_\_\_\_

If yes, please provide Year of conviction, County, Parrish, State and Type of Conviction: \_\_\_\_\_

Fax to Kelmar Safety Inc at # 317-468-1083 or email to [customerservice@kelmarsafety.com](mailto:customerservice@kelmarsafety.com)