



KC TRANSPORT

DOT APPLICATION

KC TRANSPORT ♦ 35212 COUNTY ROAD 127 ♦ SIDNEY, MT 59270
Employment Application

NAME: _____
(Last) (First) (Middle Initial) (Maiden name)

ADDRESS: _____
(Street) (City) (State) (Zip Code)

PHONE: _____ **EMAIL:** _____

POSITION: _____ Full-Time _____ Part-Time _____ Temp _____

Date available to start work: _____

Have you ever worked for KC Transport or Sandcastle? YES _____ NO _____

(List dates of employment)

Month & Year	Position Held	Reason Left

PREVIOUS RESIDENCE (Last three years)

Street	City	State & Zip Code	Years

LICENSE INFORMATION

**Section 383.2 FMCSR states "No person who operates a commercial motor vehicle shall at any time have more than one driver's license." I certify that I do not have more than one motor vehicle license, the information for which is listed below:*

State	License No.	Type	Expiration Date

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DRIVING EXPERIENCE

Class of Equipment	Type of Equipment (Van, Tank, Flat, etc.)	Dates From - To	Approximate No. of Miles Total
Straight Truck			
Tractor & Semi Trailer			
Tractor - Two Trailers			
Other			

ACCIDENT RECORD FOR PAST 3 YEARS

Dates	Nature of Accident (Head-On, Rear-End, Etc.)	No. of Fatalities	No. of Injuries	Chemical Spills	
				YES	NO
				YES	NO
				YES	NO

TRAFFIC CONVICTIONS AND FORFEITURES FOR PART 3 YEARS (other than parking violations)

Have you ever been denied a license, permit or privilege to operate a motor vehicle? _____
 Has any license, permit or privilege ever been suspended or revoked? _____
 Have you ever been convicted of a felony? _____ If yes, where/when _____

EDUCATION

HIGH SCHOOL	ADDRESS	COURSE OF STUDY	DIPLOMA/DEGREE/CERT.
COLLEGE/TECH. SCHOOL	ADDRESS	COURSE OF STUDY	DIPLOMA/DEGREE/CERT.

MILITARY EXPERIENCE

BRANCH OF SERVICE	RANK OR TYPE OF SERVICE	JOB-RELATED TRAINING OR EXPERIENCE

WORK RELATED REFERENCES (Do not include relatives)

NAME	OCCUPATION	EMAIL-PHONE NUMBER	RELATIONSHIP

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EMPLOYMENT HISTORY

Give a COMPLETE RECORD of all employment for the past three (3) years, including any unemployment or self-employment periods, and all commercial driving experience for the past ten (10) years.

Present or Last Employer From _____ To _____
(Date) (DATE)

Name _____ Address _____
Company phone # (____) _____

Reason for leaving _____

Were you subject to the FMCSRs while employed here? _____ 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

Present or Last Employer From _____ To _____
(Date) (DATE)

Name _____ Address _____
Company phone # (____) _____

Reason for leaving _____

Were you subject to the FMCSRs while employed here? _____ 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

Present or Last Employer From _____ To _____
(Date) (DATE)

Name _____ Address _____
Company phone # (____) _____

Reason for leaving _____

Were you subject to the FMCSRs while employed here? _____ 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

Present or Last Employer From _____ To _____
(Date) (DATE)

Name _____ Address _____
Company phone # (____) _____

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(Date) (DATE)

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Company phone # (____) _____

Reason for leaving _____

Were you subject to the FMCSRs while employed here? _____ **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**

Present or Last Employer From _____ To _____
(Date) (DATE)

Name _____ **Address** _____

Company phone # (____) _____

Reason for leaving _____

Were you subject to the FMCSRs while employed here? _____ **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**

Present or Last Employer From _____ To _____
(Date) (DATE)

Name _____ **Address** _____

Company phone # (____) _____

Reason for leaving _____

Were you subject to the FMCSRs while employed here? _____ **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**

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(Date) (DATE)

Name _____ **Address** _____

Company phone # (____) _____

Reason for leaving _____

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(Date) (DATE)

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Present or Last Employer From _____ To _____
(Date) (DATE)

Name _____ Address _____

Company phone # (____) _____

Reason for leaving _____

Were you subject to the FMCSRs while employed here? _____ 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

May we contact your previous employers? _____ Yes _____ No

Please list the employers that you do not want contacted _____

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(Please read this statement carefully before signing this application)

I understand that employment with KC Transport, LLC may terminate my employment at any time, or for any reason consistent with applicable state law within the first 180 days of employment. *(MCA Section 39-2-901 "If the employer does not establish a probationary period, the law states that there is a 6-month probationary period from the date of hire")*.

I authorize KC Transport, LLC to conduct a thorough background investigation of my employment history, driving record, criminal background and personal history, and verify all data given on this application and during interviews. I hereby release the organization, and its representatives or agents, from any liability that might result from such an investigation. I authorize all individuals, schools, and firms named to provide any requested information and release them from all liability for providing the requested information.

I understand that information I provide regarding current and/or previous employers may be used, and those employers(s) will be contacted for the purpose of investigating my safety performance history as required by *49 CFR 391.23 (d) and (e)*.

I understand that employment, if offered, is contingent upon my providing additional information for employee record purposes and also upon my providing proof of identity and employment eligibility and completing a Form I-9.

I understand that KC Transport, LLC requires the successful completion of a drug and/or alcohol test as a condition of employment.

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.

I understand this application will be active for a period of 90 days; after that time, if I wish to be considered for employment, I must submit a new application. I certify that all the statements in this completed application are true, and I understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal to hire.

Applicant Signature

Date

Attention CDL Drivers:

The DOT Drug & Alcohol Clearinghouse arrives January 6, 2020

What is it? An online database providing employers, licensing agencies, and enforcement officers with real-time information about truck and bus drivers who have violated DOT drug or alcohol testing rules. Employers must check the Clearinghouse when hiring each new CDL driver and *every year* for existing CDL drivers like you. **The Clearinghouse will affect you in several ways:**

- 1** You will need to register on the Clearinghouse website (available Fall 2019) in order to comply with item #2 below. Registration is optional unless you switch employers or have a DOT drug or alcohol violation. Registration will give you free access to your own Clearinghouse record.

clearinghouse.fmcsa.dot.gov

- 2** You will need to go to the Clearinghouse to grant electronic consent whenever your employer is required to purchase a full Clearinghouse report on you. You will not be allowed to continue operating a commercial motor vehicle (CMV) or perform other safety-sensitive duties if you refuse to grant this consent (§382.703(c)).

- 3** You will need to sign a separate consent form (annually or one-time) to allow your employer to obtain "limited" Clearinghouse reports that indicate whether there is information about you in the Clearinghouse (if there is, then a full report will be required – see #2 above) (§382.701(b)).

- 4** If you commit any of the following DOT violations or complete any of the following steps after January 6, 2020, it will be reported to the Clearinghouse:

- Any verified positive, adulterated, or substituted drug test
- Any confirmed alcohol test result of 0.04 or higher
- Any refusal to submit to a DOT-required test
- Any verified and documented "actual knowledge" that you violated the drug/alcohol rules:
 - Any on-duty alcohol use, including any citation for DUI/DWI while driving a CMV
 - Any alcohol use within 4 hours before going on duty
 - Any alcohol use within 8 hours of an accident or before a post-accident test is complete (whichever occurs first)
 - Any prohibited drug use while on duty
- Successful completion of the return-to-duty process following treatment*
- Any negative return-to-duty test*
- Successful completion of follow-up testing*

**Only reported if the underlying violation occurred after January 6, 2020.*

- 5** You will be notified whenever information about you in the Clearinghouse is added, removed, or revised. You can specify how you want to be contacted when you register.

I hereby acknowledge receiving educational information about the CDL Drug & Alcohol Clearinghouse as required under §382.601(b)(12).

Driver's name: _____ Date: _____

Driver's signature: _____



Name of Applicant/Employee: _____

Date of Birth: ____/____/____

License Number: _____

License State: _____

Motor Vehicle Reports (MVR's) may be obtained as part of the company's evaluation of my job application or employment. The reports may be procured by Leavitt Group on behalf of the company and will include my driving record and assessment of my insurability under the company's insurance coverages.

By signing this disclosure, I hereby authorize the company to procure such reports, as it deems appropriate to evaluate my insurability.

Sincerely,

(Applicant/Employee Signature)

(Date)

LEAVING *Nothing You Value* **TO CHANCE**

THE BELOW DISCLOSURE AND AUTHORIZATION LANGUAGE IS FOR MANDATORY USE BY ALL ACCOUNT HOLDERS

IMPORTANT DISCLOSURE

REGARDING BACKGROUND REPORTS FROM THE *PSP Online Service*

In connection with your application for employment with _____ (“Prospective Employer”), Prospective Employer, its employees, agents or contractors may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

When the application for employment is submitted in person, 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.

When the application for employment is submitted by mail, telephone, computer, or other similar means, 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 must provide you within three business days of taking adverse action oral, written or electronic notification: that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

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. You may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If you challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. Your request will be forwarded by the DataQs system to the appropriate State for adjudication.

Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with Federal Motor Carrier Safety Regulations (FMCSR) violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

The Prospective Employer cannot obtain background reports from FMCSA without your authorization.

AUTHORIZATION

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

I authorize _____ (“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 authorizing 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 challenge 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 understand that any crash or inspection in which I was involved will display on my PSP report. Since the PSP report does not report, or assign, or imply fault, I acknowledge it will include all CMV crashes where I was a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, I understand all inspections, with or without violations, will appear on my PSP report, and State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on my PSP report.

I have read the above Disclosure Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this Disclosure and Authorization, 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)

NOTICE: This form is made available to monthly account holders by NIC on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain an Applicant's written or electronic consent prior to accessing the Applicant's PSP report. Further, account holders are required by FMCSA to use the language contained in this Disclosure and Authorization form to obtain an Applicant's consent. The language must be used in whole, exactly as provided. Further, the language on this form must exist as one stand-alone document. The language may NOT be included with other consent forms or any other language.

LAST UPDATED 12/22/2015