Driver Employment Application

Knight Trucking, LLC | 2424 Fauna Road; P.O. Box 33 | Lebo, KS 66856
Phone: 620-256-6525 Fax: 620-256-6140
An Equal Opportunity Employer

APPLICANT INFORMATION

First Name:_____Middle Name:_____Last Name:_____

Phone:_____Email:_____

Date of Birth:_____Social Security:_____

Date of Application:_____ Position Applied For:_____ Date Available For Work:_____

Do you have legal right to work in the United States? ☐ Yes ☐ No

PREVIOUS THREE YEARS RESIDENCY

(Attach additional sheet if more space is needed)

	Street	City	State	Zip	# of Yrs at Address
Current					
Mailing					
Previous					
Previous					
Previous					

LICENSE INFORMATION

No person who operates a commercial motor vehicle shall at any time have more than one driver's license (49CFR383.21). I certify that I do not have more than one motor vehicle license, the information for which is listed below. Included all licenses held for the past three (3) years; attach additional sheets if needed.

State	License#	Type/Class	Endorsements	Exp. Date

Previously Held Licenses

DRIVING EXPERIENCE

Class of Equipment	Type of Equipment (Van, Tank, Flat, Etc.)	Date From	Date To	Approx # of Miles (Total)
Straight Truck				
Tractor & Semi-Trailer				
Tractor & 2 Trailers				
Tractor & Tanker				
Other				

ACCIDENT RECORD - PAST THREE (3) YEARS

(Attach additional sheet if more space is needed) CHECK THIS BOX IF NONE ☐

DATES (List most recent first)	Nature of Accident (Head-on, rear-end, upset, etc.)	Number of Fatalities	Number of Injuries	Chemical Spill? (Y/N)

TRAFFIC CONVICTIONS/FORFEITURES – PAST THREE (3) YEARS

(OTHER THAN PARKING VIOLATIONS)

(Attach additional sheet if more space is needed) CHECK THIS BOX IF NONE ☐

Date Convicted (Month/Year)	Violation	State of Violation	Penalty (Forfeited bond, collateral and/or points)

Have you ever been denied a license, permit, or privilege to operate a motor vehicle? If yes, explain. ☐ Yes ☐ No

Has any license, permit, or privilege ever been suspended or revoked? If yes, explain. ☐ Yes ☐ No

Have you ever been convicted of a felony? If yes, explain. ☐ Yes ☐ No

EMPLOYMENT HISTORY

The Federal Motor Carrier Safety Regulations (49CFR391.21) require that all applicants wishing to drive a commercial vehicle list all employment for the last three (3) years. *In addition, if you have driven a commercial vehicle previously, you must provide employment history for an additional seven (7) years (for a total of ten (10) years). Any gaps in employment in excess of one (1) month must be explained.*

Start with the last or current position, including any military experience, and work backward (attach separate sheets If necessary). You are required to list the complete mailing address, including street number, city, state, zip and all other information.

Current (Most Recent) Employer

Name		Phone			
Address (street, city, state, zip)					
Position Held		From Mo/Yr		To Mo/Yr	
Reason For Leaving		Salary			
Explain Any Gaps In Employment (Include month/year and Reason)					

While employed here, were you subject to the Federal Motor Carrier Safety Regulations? ☐ Yes ☐ No

Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49CFR, part 40? ☐ Yes ☐ No

Second (Most Recent) Employer

Name		Phone			
Address (street, city, state, zip)					
Position Held		From Mo/Yr		To Mo/Yr	
Reason For Leaving		Salary			
Explain Any Gaps In Employment (Include month/year and Reason)					

While employed here, were you subject to the Federal Motor Carrier Safety Regulations? ☐ Yes ☐ No

Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49CFR, part 40? ☐ Yes ☐ No

Third (Most Recent) Employer

Name		Phone	
Address (street, city, state, zip)			
Position Held		From Mo/Yr	To Mo/Yr
Reason For Leaving		Salary	
Explain Any Gaps In Employment (Include month/year and Reason)			

While employed here, were you subject to the Federal Motor Carrier Safety Regulations? ☐ Yes ☐ No

Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49CFR, part 40? ☐ Yes ☐ No

EDUCATION

School	Name & Location	Course of Study	Years Completed	Graduate Y	Graduate N	Details
High School				☐	☐	
College				☐	☐	
Other				☐	☐	

OTHER QUALIFICATIONS

Please list any other qualifications that you have and which you believe should be considered:

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make investigations (including contacting current and prior employers) into my personal, employment, financial, medical history, and other related maters as may be necessary in arriving at an employment decision. I hereby release employers, schools, healthcare 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 also understand that I am required to abide by all rules and regulations of the Company.

I understand that the information I provide regarding my current and/or prior employers may be used, and those employer(s) will be contacted for the purpose of investing my safety performance history as required by 49CFR391.23. 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 resend 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.

This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge. Note: A motor carrier may require an applicant to provide more information than that required by the Federal Motor Carrier Safety Regulations.

_____

Applicant's Signature Date

_____

Applicant's Name (printed)