Application for Employment

4924 Lincoln Hwy West, PO Box 7

Thomasville, PA 17364

(717) 792-1800

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.

TO BE READ AND SIGNED BY APPLICANT

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. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, school's 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, also, that I am required to abide by all rules and regulations of the Company.

Signature_____ Date:_____

DRIVER APPLICANT ONLY

I understand that the information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigation my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the rights to:
Review information provided by 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.
Signature_____ Date:_____

The U.S. Department of Transportation requires that the driver applicants state their date of birth (391.21(b)(2)). Date of Birth _____
month / day / year

Applicant Name_____ _____

(print) First Middle Last Social Security Number

*Current address _____ Phone number _____

Street City State Zip Code

*If at the above residence less than three years, list below all residences for the past three years. Attach a separate sheet if necessary.

_____

Street City State Zip Code

Your Current Email Address:_____

Position applying for_____ Temporary_____ Part Time_____ Full Time_____

Who referred you? _____ Rate of pay expected? _____

Have you worked for this company before?_____ Dates: From _____ To: _____

Month/Year Month/Year

Where? _____ Rate of Pay _____ Position _____

Reason for leaving _____

Names of any relatives employed by this company _____

Are you currently employed? _____ If not, how long since leaving last employment? _____

Education

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 College: 1 2 3 4

Last school attended_____

Name Address

General

Have you even been bonded?_____ Name of bonding company _____

(Answer only if a job requirement)

Have you even been convicted of a felony? _____

If yes, please explain fully on a separate sheet of paper. Conviction of a crime is not an automatic bar to employment- all circumstances will be considered.

Have you ever worked for this company under another name? _____ If so, under what name? _____

DRIVERS EXPERIENCE & QUALIFICATION Answer the questions in this section only if applying for a driver position

Licenses

Drivers Licenses held in the past 3 years must be shown	State	License No.	Class	Endorsement(s)	Expiration Date

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes _____ No _____

B. Has any license, permit or privilege ever been suspended or revoked? Yes _____ No _____

If you answered "yes" to A or B attach a statement giving details.

DRIVING EXPERIENCE CIRCLE YES OR NO

CLASS OF EQUIPMENT		CIRCLE TYPE OF EQUIPMENT	DATES FROM(M/Y)	DATES TO (M/Y)	APPROX. NO. OF MILES (TOTAL)
Straight Truck	Y N	(Van, Tank, Flat, Dump, Refer)			
Tractor and Semi-Trailer	Y N	(Van, Tank, Flat, Dump, Refer)			
Tractor- Two Trailers	Y N	(Van, Tank, Flat, Dump, Refer)			
Tractor- Three Trailers	Y N	(Van, Tank, Flat, Dump, Refer)			
Motorcoach- School Bus	Y N				
Other					

List other states operated in during the last five years: _____

Show special courses or training that will help you as a driver: _____

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

ACCIDENT RECORD FOR THE PAST 3 YEARS (Attach separate sheet of paper if more space is needed)

Dates	Nature of Accident (Head-On, Rear-End, etc.)	Fatalities	Injuries	Hazardous Material Spill
Last Accident-				
Next Previous-				
Next Previous-				

TRAFFIC CONVICTIONS AND FORFEITURES for the past 3 years (other than parking violations) if none write none

Location	Date	Charge	Penalty

(Attach sheet if more space is needed)

EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state and zip code.

Applicants to drive a commercial motor vehicle in intrastate or interstate commerce shall also provide an additional 7 years information on those employers for whom the applicant operated such vehicle.

(NOTE: List all employers in reverse order starting with the most recent. Add another sheet as necessary.)

EMPLOYER	DATE
NAME	From Mo. Yr. | To Mo. Yr.
ADDRESS	POSITION HELD
CITY STATE ZIP	SALARY/WAGE
CONTACT PERSON PHONE NUMBER	REASON FOR LEAVING
WERE YOU SUBJECT TO THE FMCSRs WHILE EMPLOYED Y N	
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? Y N	

EMPLOYER	DATE
NAME	From Mo. Yr. | To Mo. Yr.
ADDRESS	POSITION HELD
CITY STATE ZIP	SALARY/WAGE
CONTACT PERSON PHONE NUMBER	REASON FOR LEAVING
WERE YOU SUBJECT TO THE FMCSRs WHILE EMPLOYED Y N	
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? Y N	

EMPLOYMENT HISTORY (continued)		
EMPLOYER	DATE	
NAME	From Mo. Yr.	To Mo. Yr.
ADDRESS	POSITION HELD	
CITY STATE ZIP	SALARY/WAGE	
CONTACT PERSON PHONE NUMBER	REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRs WHILE EMPLOYED Y N		
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? Y N		
EMPLOYER	DATE	
NAME	From Mo. Yr.	To Mo. Yr.
ADDRESS	POSITION HELD	
CITY STATE ZIP	SALARY/WAGE	
CONTACT PERSON PHONE NUMBER	REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRs WHILE EMPLOYED Y N		
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? Y N		
Includes vehicle having a GVWR of 26,001 lbs., or more, vehicles designed to transport 16 or more passengers (including the driver), or any size vehicle used to transport hazardous materials in a quantity requiring placarding. The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport more than 8 passengers (including the driver, OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.		

MAINTENANCE EXPERIENCE & QUALIFICATIONS

List courses and training in maintenance work _____

Job Function

Indicate training and experience in the following:	Formal Training (Check)	Years of Experience	Area	Formal Training (Check)	Years of Experience
Drive Line Components			Body Work		
Diesel Engine Tune-up			Electrical Repair		
Gas Engine Tune-up			Frame and Wheel Alignment		
Tire Service			Brakes		
Trailer Repair			Cooling System		
Air Conditioning (Cab)			Inspections (State/Federal		
Refrigeration (Cargo)			General Car Repair		

Shop Equipment

Indicate training and experience in the following:	Formal Training (Check)	Years of Experience	Area	Formal Training (Check)	Years of Experience
Diagnostic Equipment (Type(s))					
Sheet Metal Equipment					
Frame & Axle Straightening Equipment					
Engine Rebuilding					
Diesel Injection Equipment					
Electric Welder					
Oxyacetylene Welder					
Paint Spray Gun					
Air Conditioning (Cab)					
Refrigeration (Cargo)					
ASE Certification(s) (Specify)					

FOR OFFICE USE- DO NOT WRITE IN THIS SPACE

PROCESS RECORD

Applicant Hired? _____Yes _____No

Date of Birth: _____(month/day/year)*

Date Employed: _____

Point Employed: _____

Department: _____

Classification: _____

(If not hired, summary report of reasons should be placed in file)

IN CASE OF EMERGENCY NOTIFY: _____ Phone: (_____) _____

Address: _____

THIS SECTION TO BE FILLED IN BY RESPONSIBLE OFFICER OR COMPANY REPRESENTATIVE

	Superior	Good	Fair	Below Average	Poor	Written Record on File
1.Application						
2.Interview						
3.Physical Exam*						
4.Past Employment						
5.Written Exam						
6.Road Test						
7.Policy and Traffic Record						

Driver applicants only*

Signature of Interviewing Officer: _____Date: _____

TRANSFERS

From: _____ To: _____ From: _____ To: _____

Date: _____ Date: _____

Reason for Transfer: _____Reason for Transfer: _____

TERMINATION OF EMPLOYMENT

Date Terminated: _____ Department Release From: _____

Dismissed: _____Voluntarily Quit: _____Other: _____

Fair Credit Reporting Act
Release Authorization

In connection with my offer of employment with K B S, Inc. or entering into a Transportation Service Agreement with K B S, Inc., contingent upon my successfully passing the background check, I understand that an investigative consumer report may be requested that will include information as to my character, work habits, and previous employment. Further, I understand that K B S, Inc. may be requesting information concerning my workers' compensation claim history, a 10 year motor vehicle (driving) record, criminal history from various state(s), as well as private and insurance sources along with other available public records. Workers' compensation information will only be requested in compliance with the Americans with Disabilities Act.

I, _____ Social Security #_____

Driver License # _____, Date of Birth _____

hereby authorize, without reservation, any law enforcement agency, institution, information service bureau, insurance company, or previous employer contacted by K B S, Inc. to furnish the above–mentioned information.

I further acknowledge that a telephonic facsimile (FAX) or photographic copy shall be as valid as the original. This release includes all state and federal agencies. According to the Fair Credit Act, I understand that I am entitled to know if my employment or Transportation Service Agreement is denied because of information obtained from a consumer-reporting agency. If so, K B S, Inc. will advise me and provide me the name of the agency or source of information so that I may review any information which adversely impacted my employment/ potential employment and/ or Transportation Service Agreement. I agree this release may be used by K B S, Inc. should it seek to obtain periodic updates of an investigative consumer report for the purpose of evaluating me for continued employment, promotion, reassignment, retention or evaluation as to my compliance with the Transportation Service Agreement. My right to obtain reports, which may adversely affect my employment or Transportation Service Agreement status, will be ongoing.

_____ _____

Date Signature

_____ _____

Date Witness

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.

NOTICE: The prospective employment concept referenced in this form contemplates the definition of "employee" contained at 49 C.F.R. 383.5. LAST UPDATED 2/11/2016

General Consent for Limited Queries of the

Federal Motor Carrier Safety Administration (FMCSA) Drug and Alcohol Clearinghouse

I,_____, hereby provide consent to

K B S, Inc. to conduct a limited query of the FMCSA Commercial Driver's License Drug and Alcohol Clearinghouse (Clearinghouse) to determine whether drug or

alcohol violation information regarding me exists in the Clearinghouse.

I understand this signed consent will remain open during the course of my employment and will expire at end of day my on my last day

of employment with K B S, Inc.

I understand that if the limited query conducted by K B S, Inc. indicates that drug or alcohol violation information about me exists in the Clearinghouse,

FMCSA will not disclose that information to K B S, Inc. without first obtaining additional specific consent from me.

I further understand that if I refuse to provide consent for K B S, Inc.

to conduct a limited query of the Clearinghouse, K B S, Inc. must prohibit me from performing safety-sensitive functions, including driving a commercial motor vehicle, as required by FMCSA's drug and alcohol program regulations.

_____ _____

Applicant / Employee Signature Date

PO Box 7, Thomasville, PA 17364

Phone 717-792-1800 • Fax 717-792-9171