

# DRIVER'S APPLICATION FOR EMPLOYMENT

Applicant Name \_\_\_\_\_ Date of Application \_\_\_\_\_  
(print)

Company The bones Co.  
Address 3557 Hwy 59  
City Ottawa State KS Zip 66067

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, 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, also, that I am required to abide by all rules and regulations of the Company.

I understand that information I provide regarding current and/or previous employers may be used, and those employer(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 I have the right 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 \_\_\_\_\_

## FOR COMPANY USE

APPLICANT HIRED _____	REJECTED _____
DATE EMPLOYED _____	POINT EMPLOYED _____
DEPARTMENT _____	CLASSIFICATION _____
(IF REJECTED, SUMMARY REPORT OF REASONS SHOULD BE PLACED IN FILE)	
SIGNATURE OF INTERVIEWING OFFICER _____	

DATE TERMINATED \_\_\_\_\_ DEPARTMENT RELEASED FROM \_\_\_\_\_

DISMISSED \_\_\_\_\_ VOLUNTARILY QUIT \_\_\_\_\_ OTHER \_\_\_\_\_

TERMINATION REPORT PLACED IN FILE \_\_\_\_\_ SUPERVISOR \_\_\_\_\_

This form is made available with the understanding that J. J. Keller & Associates, Inc. is not engaged in rendering legal, accounting, or other professional services. J. J. Keller & Associates, Inc. assumes no responsibility for the use of this form, or any decision made by an employer which may violate local, state, or federal law.

# APPLICANT TO COMPLETE

(answer all questions - please print)

Position(s) Applied for \_\_\_\_\_

Name \_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Social Security No. \_\_\_\_\_

List your addresses of residency for the past 3 years.

Current Address \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ Phone \_\_\_\_\_ How Long? \_\_\_\_\_ yr./mo.

Previous Addresses \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ City \_\_\_\_\_ State & Zip Code \_\_\_\_\_ How Long? \_\_\_\_\_ yr./mo.

\_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State & Zip Code \_\_\_\_\_ How Long? \_\_\_\_\_ yr./mo.

\_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State & Zip Code \_\_\_\_\_ How Long? \_\_\_\_\_ yr./mo.

\_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State & Zip Code \_\_\_\_\_ How Long? \_\_\_\_\_ yr./mo.

\_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State & Zip Code \_\_\_\_\_ How Long? \_\_\_\_\_ yr./mo.

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

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Can you provide proof of age? \_\_\_\_\_  
(Required for Commercial Drivers)

Have you worked for this company before? \_\_\_\_\_ Where? \_\_\_\_\_

Dates: From \_\_\_\_\_ To \_\_\_\_\_ Rate of Pay \_\_\_\_\_ Position \_\_\_\_\_

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

Are you now employed? \_\_\_\_\_ If not, how long since leaving last employment? \_\_\_\_\_

Who referred you? \_\_\_\_\_ Rate of pay expected \_\_\_\_\_

Have you ever been bonded? \_\_\_\_\_ Name of bonding company \_\_\_\_\_  
(Answer only if a job requirement)

Have you ever 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.

Is there any reason you might be unable to perform the functions of the job for which you have applied [as described in the attached job description]?

If yes, explain if you wish.

## 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 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		SALARY/WAGE		
CONTACT PERSON		REASON FOR LEAVING		
STATE ZIP		PHONE NUMBER		
WERE YOU SUBJECT TO THE FMCSRS <sup>†</sup> 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 THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO				

**EMPLOYMENT HISTORY (continued)**

<b>EMPLOYER</b>		<b>DATE</b>	
NAME	FROM MO.	TO MO.	YR.
ADDRESS	POSITION HELD		YR.
CITY	STATE	ZIP	SALARY/WAGE
CONTACT PERSON	PHONE NUMBER		REASON FOR LEAVING
WERE YOU SUBJECT TO THE FMCSRs <sup>†</sup> 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 THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO			

<b>EMPLOYER</b>		<b>DATE</b>	
NAME	FROM MO.	TO MO.	YR.
ADDRESS	POSITION HELD		YR.
CITY	STATE	ZIP	SALARY/WAGE
CONTACT PERSON	PHONE NUMBER		REASON FOR LEAVING
WERE YOU SUBJECT TO THE FMCSRs <sup>†</sup> 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 THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO			

<b>EMPLOYER</b>		<b>DATE</b>	
NAME	FROM MO.	TO MO.	YR.
ADDRESS	POSITION HELD		YR.
CITY	STATE	ZIP	SALARY/WAGE
CONTACT PERSON	PHONE NUMBER		REASON FOR LEAVING
WERE YOU SUBJECT TO THE FMCSRs <sup>†</sup> 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 THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO			

<b>EMPLOYER</b>		<b>DATE</b>	
NAME	FROM MO.	TO MO.	YR.
ADDRESS	POSITION HELD		YR.
CITY	STATE	ZIP	SALARY/WAGE
CONTACT PERSON	PHONE NUMBER		REASON FOR LEAVING
WERE YOU SUBJECT TO THE FMCSRs <sup>†</sup> 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 THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO			

<b>EMPLOYER</b>		<b>DATE</b>	
NAME	FROM MO.	TO MO.	YR.
ADDRESS	POSITION HELD		YR.
CITY	STATE	ZIP	SALARY/WAGE
CONTACT PERSON	PHONE NUMBER		REASON FOR LEAVING
WERE YOU SUBJECT TO THE FMCSRs <sup>†</sup> 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 THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO			

\*Includes vehicles 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.

**ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED) IF NONE, WRITE NONE**

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, 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)  
**EXPERIENCE AND QUALIFICATIONS - DRIVER**

List all driver licenses or permits held in the past 3 years

STATE	LICENSE NO.	TYPE	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 THE ANSWER TO EITHER A OR B IS YES, GIVE DETAILS \_\_\_\_\_

**DRIVING EXPERIENCE CHECK YES OR NO**

CLASS OF EQUIPMENT	CIRCLE TYPE OF EQUIPMENT	DATES FROM (M/Y) TO (M/Y)	APPROX. NO. OF MILES (TOTAL)
STRAIGHT TRUCK	<input type="checkbox"/> YES <input type="checkbox"/> NO (VAN, TANK, FLAT, DUMP, REFER)		
TRACTOR AND SEMI-TRAILER	<input type="checkbox"/> YES <input type="checkbox"/> NO (VAN, TANK, FLAT, DUMP, REFER)		
TRACTOR - TWO TRAILERS	<input type="checkbox"/> YES <input type="checkbox"/> NO (VAN, TANK, FLAT, DUMP, REFER)		
TRACTOR - THREE TRAILERS	<input type="checkbox"/> YES <input type="checkbox"/> NO (VAN, TANK, FLAT, DUMP, REFER)		
MOTORCOACH - SCHOOL BUS	<input type="checkbox"/> YES <input type="checkbox"/> NO <small>More than 8 passengers</small>		
MOTORCOACH - SCHOOL BUS	<input type="checkbox"/> YES <input type="checkbox"/> NO <small>More than 15 passengers</small>		
OTHER _____			

LIST STATES OPERATED IN FOR 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? \_\_\_\_\_

**EXPERIENCE AND QUALIFICATIONS - OTHER**

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY \_\_\_\_\_

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION \_\_\_\_\_

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWN) \_\_\_\_\_

**EDUCATION**

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 HIGH SCHOOL: 1 2 3 4 COLLEGE: 1 2 3 4  
LAST SCHOOL ATTENDED (NAME) \_\_\_\_\_ (CITY, STATE)

**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.

\* Signature: \_\_\_\_\_

\* Date: \_\_\_\_\_

## FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT

In accordance with the provisions of §604(b)(2)A) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I, of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on you for employment purposes. These reports are required by §382.413, §391.23, and §391.25 of the Federal Motor Carrier Safety Regulations.

Applicants Signature: \_\_\_\_\_ \*Date: \_\_\_\_\_

Print name: \_\_\_\_\_ \* Social Security Number: \_\_\_\_\_

### IMPORTANT NOTICE REGARDING BACKGROUND REPORTS

*In connection with your application for employment with **The Bones Company**, it may obtain one or more reports regarding your credit, driving, and/or criminal background history from a consumer reporting agency and/or other sources. If we use any information from a background report in a decision to not hire you or to make any other adverse employment decision regarding you, we 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 a background report, we will notify you that the action has been taken and that the background report was the reason for the action. We cannot obtain background reports from the consumer reporting agencies or other sources regarding you unless you consent in writing. If you agree that we may obtain such background reports, please read the following and sign below:*

I authorize **The Bones Company** to contact any organization or individual that I have listed on my employment application or resume or mentioned in job interviews and obtain from them any relevant information about my job qualifications, including my experience, skills, and abilities. I understand that I am consenting to the release of safety performance information including crash data from the previous five years and inspection history from the previous three years, as well as any reference-related information about me held or known by my former employers, supervisors, and co-workers. In addition, I consent to the release of any information about my education, experience, abilities, or work-related characteristics or traits held or known by other organizations or individuals, including schools and educational institutions, professional or business associates, and friends and acquaintances that **The Bones Company** might contact in the course of conducting a reference check or background investigation of my suitability for employment.

I understand and acknowledge that this release of information can involve my qualifications, performance, credentials, or the characteristics or factors affecting my suitability for employment with **The Bones Company**. Specifically, I am authorizing the release of any information about my performance, experience, capability, attitude, specific events or other work-related characteristics that currently are in the possession of the requested organizations or their managers or representatives.

In exchange for **The Bones Company's** consideration of my employment application, I agree not to file or pursue any complaints, claims, or legal actions of any kind against any organization or individual that provides work-related information about me to **The Bones Company** or its agents in accordance with the terms and intent of this release. I also agree not to file or pursue any complaints, claims, or legal actions against **The Bones Company** or any of its employees, representatives, or against arising out of their efforts to obtain work-related information about me.

I have read the above Notice Regarding Background Reports provided to me by **The Bones Company** and I understand that if I sign this consent form, **The Bones Company** and/or any entity it retains to obtain such background reports may obtain reports of my credit, driving, and/or criminal background history in addition to information regarding my background, references, education, specific events, and past employment.

I hereby authorize **The Bones Company** and its employees, agents, and affiliates to obtain the information authorized above.

Date: \_\_\_\_\_

\* Signature

\* Name (Please Print)

# PREVIOUS PRE-EMPLOYMENT EMPLOYEE ALCOHOL AND DRUG TEST STATEMENT

§40.25(J) As the employer, you must also ask the employee whether he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two (2) years. If the employee admits that he or she had a positive test or a refusal to test, you must not use the employee to perform safety-sensitive functions for you, until and unless the employee documents successful completion of the return-to-duty process (see §40.25(b)(5) and (e)).

**The Bones Company**  
**3557 Highway 59**  
**Ottawa, KS 66067**

\* Prospective Employee's name (please print): \_\_\_\_\_

\* Social Security Number: \_\_\_\_\_

The prospective employee is required by §40.25(j) to respond to the following questions:

- 1) Have you ever tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two (2) years?

Check one: \_\_\_\_\_ Yes \_\_\_\_\_ No

- 2) If you answered yes, can you provide/obtain proof that you've successfully completed the DOT return-to-duty requirements?

Check one: \_\_\_\_\_ Yes \_\_\_\_\_ No

\* Prospective Employee's Signature: \_\_\_\_\_ \* Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**INQUIRY INTO SAFETY PERFORMANCE HISTORY DATA**

**AUTHORIZATION/SPECIFIC WRITTEN CONSENT BY APPLICANT**

I, (print name) \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_

*hereby authorize:*

Previous Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_

Street: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Fax Number: \_\_\_\_\_

*to release and forward information requested within this document concerning my Alcohol & Drug Testing records under 29 CFR Part 40 and any possible accident history within 3 years from* \_\_\_\_\_  
(date of employment application)

To:  
Prospective Employer: **The Bones Company**  
Address: **3557 HWY 59-Ottawa, KS 66067**  
Telephone: **(785)-242-3070**

Attention: \_\_\_\_\_

Date sent to former employer: \_\_\_\_\_ Name of person contacted: \_\_\_\_\_

This form was:

- \_\_\_\_ Faxed, Date: \_\_\_\_\_
- \_\_\_\_ Mailed, Date: \_\_\_\_\_
- \_\_\_\_ Emailed, Date: \_\_\_\_\_
- \_\_\_\_ Other, Date: \_\_\_\_\_

In compliance with §40.25(g) and §391.23(h), release of this information must be made in a written form that ensures confidentiality (i.e., fax, email, or letter).

Prospective Employer's confidential fax number: **(785)-242-7437**

\* Applicant's Signature: \_\_\_\_\_ \* Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## SAFETY PERFORMANCE HISTORY DATA

Previous employers must complete the following three (3) areas and return within 30 days of receipt in accordance with 49 CFR §391.23(g).

If there is no Safety Performance History to report, check here \_\_\_\_\_ and return.

### 1. EMPLOYMENT VERIFICATION

Was or is the above-mentioned applicant employed\* with your motor carrier? Yes \_\_\_\_\_ No \_\_\_\_\_  
(\*Employed may be taken to mean utilized under your USDOT number, even though he/she was not an employee under other agency definitions such as IRS or DOL.)

Job title: \_\_\_\_\_ Dates employed: From (m/y) \_\_\_\_\_ to (m/y) \_\_\_\_\_  
Did he/she operate a commercial motor vehicle for you? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, indicate type(s):  
Straight truck \_\_\_\_\_ Tractor-Semitrailer \_\_\_\_\_ Bus \_\_\_\_\_ Cargo Tank \_\_\_\_\_ Doubles/Triples \_\_\_\_\_  
Other (please list) \_\_\_\_\_

Reason for leaving employment:

Discharged \_\_\_\_\_ Resignation \_\_\_\_\_ Lay-off \_\_\_\_\_ Military duty \_\_\_\_\_

Would you re-employ? Yes \_\_\_\_\_ No \_\_\_\_\_

Comments:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### 2. ACCIDENT HISTORY

Please list any accidents included on your motor carrier's accident register (§390.15(b)) that involved the applicant. They must reflect all accidents three (3) years prior to the date of application indicated on page 1.

Date	Location	No. of Injuries	No. of fatalities	Hazmat spill
1) _____	_____	_____	_____	_____
2) _____	_____	_____	_____	_____
3) _____	_____	_____	_____	_____

Check here \_\_\_\_\_ if there is no accident register data for this applicant.

Please provide information concerning any other accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### 3. DOT DRUG & ALCOHOL TESTING HISTORY

If the applicant was not subject to DOT testing requirements under 49 CFR Part 40 while employed with you, check here \_\_\_\_\_ and return.

In the three (3) years prior to the date of the application, for DOT-regulated testing:

- 1) Did the employee have alcohol tests with a result of 0.04 or higher? Yes \_\_\_\_\_ No \_\_\_\_\_
- 2) Did the employee have verified positive drug tests? Yes \_\_\_\_\_ No \_\_\_\_\_
- 3) Did the employee refuse to be tested? Yes \_\_\_\_\_ No \_\_\_\_\_
- 4) Did the employee have other violations of DOT agency drug and alcohol testing regulations?  
Yes \_\_\_\_\_ No \_\_\_\_\_
- 5) Did a previous employer report a drug and alcohol rule violation to you? Yes \_\_\_\_\_ No \_\_\_\_\_
- 6) If you answered "yes" to any of the above items, did the employee complete the return-to-duty process?  
N/A \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

**NOTE:** If you answered "yes" to item 5, you must provide the previous employer's report. If you answer "yes" to item 6, you must also transmit the appropriate return-to-duty documentation (e.g., SAP reports(s), follow-up testing record).

Inquiry into safety performance history data completed by: (please print) \_\_\_\_\_

Company: \_\_\_\_\_

Street: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Signature/Title: \_\_\_\_\_

Date: \_\_\_\_\_

### PROSPECTIVE EMPLOYER DOCUMENTATION-OFFICE USE ONLY

Method and date sent to former employer: \_\_\_\_\_  
Received by prospective employer on: \_\_\_\_\_

# REQUEST FOR INFORMATION

## From Previous Employer

I hereby authorize you to release the following information to The Bones Company for the purpose of investigation as required by §391.23 and allowed by §383.35 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information.

**Applicant's Signature:** \_\_\_\_\_ \*Date: \_\_\_\_\_

**Witness Signature:** \_\_\_\_\_ Date: \_\_\_\_\_

Previous Employer: \_\_\_\_\_

The below named individual has applied to this company for a position as a part-time/full-time truck driver and states that he/she was employed by you as a(n) \_\_\_\_\_ from (m/y) \_\_\_\_\_ to (m/y) \_\_\_\_\_. We appreciate your time in completing this form! Thank you for your courtesy. ☺

Sincerely, \_\_\_\_\_

-----  
Name of Applicant: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

1. Was he/she a safe and efficient driver? \_\_\_\_\_
2. Employed from \_\_\_\_\_ to \_\_\_\_\_ as a(n) \_\_\_\_\_
3. Did he/she drive a motor vehicle for you? \_\_\_\_\_ Straight Truck? \_\_\_\_\_ Tractor-Semitrailer? \_\_\_\_\_  
Bus? \_\_\_\_\_ Other (specify) \_\_\_\_\_
4. Commodities transported: \_\_\_\_\_
5. Reason for leaving employment: Discharged \_\_\_\_\_ Resignation \_\_\_\_\_ Lay-off \_\_\_\_\_ Military Duty  
\_\_\_\_\_ Other \_\_\_\_\_ (please explain if other): \_\_\_\_\_
6. Was his/her general conduct satisfactory? \_\_\_\_\_
7. Did he/she tear up equipment? \_\_\_\_\_
8. Deliveries made on time? \_\_\_\_\_
9. Would you re-hire he/she? \_\_\_\_\_ If no, please explain: \_\_\_\_\_
10. Additional comments: (any problems with customer relations, supervision, or abuse of equipment, good traits) \_\_\_\_\_

# CONFIDENTIAL REPORT OF PERSONAL REFERENCE

Please indicate your opinion by placing a check (✓) in the appropriate column.

<u>CHARACTERISTICS</u>	<u>EXCELLENT</u>	<u>GOOD</u>	<u>FAIR</u>	<u>POOR</u>
Dispositions, Tact, Ability to get along with others				
Initiative, Resourcefulness				
Safety Habits				
Attitude				
Loyalty				

Any other remarks:

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Signature/Title: \_\_\_\_\_ Date: \_\_\_\_\_

Thank you again!! ☺

## PROSPECTIVE EMPLOYER DOCUMENTATION-OFFICE USE ONLY

Method and date sent to former employer: \_\_\_\_\_  
Received by prospective employer on: \_\_\_\_\_