

Since 1934

KELENY TOP SOIL, INC.

7486 Valley View Rd Verona, WI 53593
email: info@kelenytopsoil.com fax (608) 829-0004

Please complete the following:

1. Driver's Application for Employment (4 pages)
(attach additional sheets if necessary)
2. Request for Driver's Safety Performance History Information from DOT
Regulated Previous Employer(s) (2 pages for each request)
(please complete 1 for each of employer you had in the last 3 years)
3. Previous Pre-employment Employee Alcohol and Drug Testing
Statement (1 page)

Please return these to us by mail, email or fax.

Thank you

DRIVER'S APPLICATION FOR EMPLOYMENT

with

KELENY TOP SOIL, INC

7486 VALLEY VIEW RD VERONA, WI 53593

email: info@kelenytopsoil.com

fax (608) 829-0004

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, 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 _____.

To Be Completed By Applicant

Name _____
Last First Middle

Social Security No. _____ Phone Number _____.

E-mail _____.

List your addresses of residency for the past 3 years.

Current Address _____ How Long _____.
Street City State Zip

Previous Address _____ How Long _____.
Street City State Zip

Previous Address _____ How Long _____.
Street City State Zip

To Be Completed By Applicant

Date of Birth _____ Can you provide proof of Date of Birth? _____
(Required for Commercial Motor Vehicle Drivers)

Have you ever filed an application with us before? Yes No
If Yes, give date _____.

Have you ever been employed with us before? Yes No
If Yes, give date _____.

Are you currently employed? Yes No
If not, how long since leaving last employment? _____.

On what date would you be available for work? _____.

Who referred you? _____ Rate of pay expected _____.

Have you ever been convicted of a felony? Yes No

Have you ever been convicted of a misdemeanor? Yes No

If Yes, please explain fully on a separate sheet of paper. Conviction 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?

_____.

If yes, explain if you wish. _____.

_____.

_____.

EXPERIENCE AND QUALIFICATIONS – DRIVER

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

State	License Number	Type, class endorsements, restrictions	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 _____.

_____.

_____.

EMPLOYMENT HISTORY

All driver applicants 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 if necessary.)

(FMCSRs is an abbreviation for Federal Motor Carrier Safety Regulations)

CURRENT OR LAST EMPLOYER:

Name _____ Phone Number _____.

Street Address _____.

City _____ State _____ Zip _____.

Contact Person _____ Salary/Wage _____.

Position Held _____ From _____ to _____.

Reason for Leaving _____.

Were you subject to the FMCSRs while employed? 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 40? Yes No

SECOND LAST EMPLOYER:

Name _____ Phone Number _____.

Street Address _____.

City _____ State _____ Zip _____.

Contact Person _____ Salary/Wage _____.

Position Held _____ From _____ to _____.

Reason for Leaving _____.

Were you subject to the FMCSRs while employed? 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 40? Yes No

THIRD LAST EMPLOYER:

Name _____ Phone Number _____.

Street Address _____.

City _____ State _____ Zip _____.

Contact Person _____ Salary/Wage _____.

Position Held _____ From _____ to _____.

Reason for Leaving _____.

Were you subject to the FMCSRs while employed? 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 40? Yes No

FOURTH LAST EMPLOYER:

Name _____ Phone Number _____.

Street Address _____.

City _____ State _____ Zip _____.

Contact Person _____ Salary/Wage _____.

Position Held _____ From _____ to _____.

Reason for Leaving _____.

Were you subject to the FMCSRs while employed? 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 40? Yes No

ACCIDENT REGISTER (3 years)

If no accidents within the last 3 years – check here

Date	Nature of Accident (head-on, rear-end, upset, etc)	# of Fatalities	# of Injuries	Hazardous Material Spill
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

(Attach sheet if more space is needed)

TRAFFIC CONVICTIONS & FORFEITURES (3 years)

If no traffic convictions and/or forfeitures within the last 3 years – check here

Date	Violation (Other than violations involving parking only)	Location	Penalty
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(Attach sheet if more space is needed)

DRIVING EXPERIENCE

If no driving experience – check here

Class Equipment	Type of Equipment (Dump, Van, Tank, Flat, Reefer, Etc.)	Dates		Approximate No. of Miles
		From	To	
Straight Truck	_____	_____	_____	_____
Tractor & Semi	_____	_____	_____	_____
Other	_____	_____	_____	_____

EXPERIENCE AND QUALIFICATIONS – OTHER

List 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.

EDUCATION

Circle Highest Grade Completed 1 2 3 4 5 6 7 8 High School 1 2 3 4 College 1 2 3 4

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 _____

Section 3:

To Be Completed By Previous Employer

ACCIDENT HISTORY

Please provide the following information as required by 391.23(d)(2) on any accidents, as defined by 390.5 and/or from your Accident Register (FMCSR 390.05(b)) that involved the applicant in the past 3 years. Previous employers may include additional detailed information on minor accidents or incidents at their discretion.

If there is no accident information for this driver, please check here.

Date	Location (Please give city, town, most near, and State)	Any Vehicles Towed	# of Injuries	# of Fatalities	HazMat Spill

Section 4:

To Be Completed By Previous Employer

DRUG AND ALCOHOL HISTORY

Please provide the following drug and alcohol information as required by FMCSR Part 391.23 & 40.25 for the previous 3 years from the date shown on side 1. In answering these questions, include any required DOT drug or alcohol testing information obtained from prior previous employers in the previous 3 years prior to the date shown on side 1.

If no drug and alcohol information is available on the applicant, check here.

	Yes	No
1. Any alcohol test with a result of 0.04 or higher alcohol concentration?	<input type="checkbox"/>	<input type="checkbox"/>
2. Any verified positive drug test?	<input type="checkbox"/>	<input type="checkbox"/>
3. Any refusals to be tested (including verified adulterated or substituted drug test results)?	<input type="checkbox"/>	<input type="checkbox"/>
4. Any other violations of DOT agency drug and alcohol testing regulations (Part 382 or Part 40)?	<input type="checkbox"/>	<input type="checkbox"/>
5. If this person has violated a DOT drug and alcohol testing regulation, did this person complete a SAP-prescribed rehabilitation program in your employ, including return-to-duty and follow-up tests? If yes, please send documentation back with this form.	<input type="checkbox"/>	<input type="checkbox"/>
6. If this person did successfully complete a SAP rehabilitation referral and remained in your employ, did he/she have any subsequent violations for: an alcohol test result of 0.04 or greater, a verified positive drug test or refusal to be tested (including a verified adulterated or substituted drug test result)?	<input type="checkbox"/>	<input type="checkbox"/>

Section 5:

To Be Completed By Previous Employer

Please sign and date

Please print name

Title

Signature

Date

Section 3:

To Be Completed By Previous Employer

ACCIDENT HISTORY

Please provide the following information as required by 391.23(d)(2) on any accidents, as defined by 390.5 and/or from your Accident Register (FMCSR 390.05(b)) that involved the applicant in the past 3 years. Previous employers may include additional detailed information on minor accidents or incidents at their discretion.

If there is no accident information for this driver, please check here.

Date	Location (Please give city, town, most near, and State)	Any Vehicles Towed	# of Injuries	# of Fatalities	HazMat Spill

Section 4:

To Be Completed By Previous Employer

DRUG AND ALCOHOL HISTORY

Please provide the following drug and alcohol information as required by FMCSR Part 391.23 & 40.25 for the previous 3 years from the date shown on side 1. In answering these questions, include any required DOT drug or alcohol testing information obtained from prior previous employers in the previous 3 years prior to the date shown on side 1.

If no drug and alcohol information is available on the applicant, check here.

	Yes	No
1. Any alcohol test with a result of 0.04 or higher alcohol concentration?	<input type="checkbox"/>	<input type="checkbox"/>
2. Any verified positive drug test?	<input type="checkbox"/>	<input type="checkbox"/>
3. Any refusals to be tested (including verified adulterated or substituted drug test results)?	<input type="checkbox"/>	<input type="checkbox"/>
4. Any other violations of DOT agency drug and alcohol testing regulations (Part 382 or Part 40)?	<input type="checkbox"/>	<input type="checkbox"/>
5. If this person has violated a DOT drug and alcohol testing regulation, did this person complete a SAP-prescribed rehabilitation program in your employ, including return-to-duty and follow-up tests? If yes, please send documentation back with this form.	<input type="checkbox"/>	<input type="checkbox"/>
6. If this person did successfully complete a SAP rehabilitation referral and remained in your employ, did he/she have any subsequent violations for: an alcohol test result of 0.04 or greater, a verified positive drug test or refusal to be tested (including a verified adulterated or substituted drug test result)?	<input type="checkbox"/>	<input type="checkbox"/>

Section 5:

To Be Completed By Previous Employer

Please sign and date

Please print name

Title

Signature

Date

Previous Pre-employment Employee
Alcohol and Drug Test Statement

Sec. 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 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 paragraphs (b)(5) and (e) of this section).

Prospective Employee Printed Name: _____

Prospective Employee SS or ID Number: _____

The prospective employee is required by Sec. 40.25(j) to respond to the following questions.

1. Have you 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 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

I certify that the information provided on this document is true and correct.

Prospective Employee Signature: _____ Date: _____

Witness Signature: _____ Date: _____