

## **K&C Trucking**

720 E. Joe Orr Rd., Chicago Heights, IL 60411 708-758-5090

**Application ID:** 1713977881

		Application	For Class A CDL Driver			
lob Applied For *		First Name *	Middle	Last Nan	ne *	Social Security No.
Date of Birth *	Mo	obile Phone No. *	Other Phone No.	Email Ad	ldress *	
Present Address *	Address 2*	City *	State/Province *	ZIP *	County	Yrs at this address *
	*If at current a	nddress less than 7 years,	list below most recent add	resses for the	past 7 years.	
Previous Address	Address 2	City	State/Province	ZIP	County	Yrs at this address
		Comme	rcial Driver's License			
-	ppears on your dr	iver's license *	Maiden or other na			
·		iver's license *			Expiration Da	ıte *
CDL Type *	C None	Endorsements (	Maiden or other nacheck all that apply)  N X P  smission Restriction *	License I	Expiration Da	
CDL Type *  Air Brake Restriction?  Yes No	C None	Endorsements (	Maiden or other nacheck all that apply)  N X P  smission Restriction *	License I Years of	CDL Experien	nce
CDL Type *  Air Brake Restriction?  Yes No	C None	Endorsements (  H  Automatic Trans  Yes  Suing State/Province *	Maiden or other na check all that apply)  N X P smission Restriction * No Current DOT Medic	License I Years of	CDL Experien	nce
CDL Type *  Air Brake Restriction?  Yes No	C None	Endorsements (  H  Automatic Trans  Yes  Suing State/Province *	Maiden or other na check all that apply)  N X P smission Restriction * No Current DOT Medic	Years of	CDL Experien	nce
Air Brake Restriction?  Yes No  Current Driver's Licens	C None  *  se Number * Iss	Endorsements (  H T  Automatic Trans  Yes N  Priving	Maiden or other na check all that apply)  N X P smission Restriction * No Current DOT Media Yes No	Years of cal Card *	CDL Experien	nce ical Card Expiration Da
CDL Type *  Air Brake Restriction?  Yes No  Current Driver's License	C None  *  se Number * Iss	Endorsements (  H T  Automatic Trans  Yes N  Priving  Equipment	Maiden or other na check all that apply)  N X P smission Restriction * No  Current DOT Medi Yes No g/Hauling Experience  Yrs Exp Equip	Years of cal Card *	DOT Med	nce ical Card Expiration Da

## Education **Years Attended Diploma/Certification** Name and Location of School High school

ist driving awards held an	d who presented them:				
		Additional Licer	nses		
	List ALL	additional licenses held	in the past 3 years.		
State/Province	License no.	Class	Endorsement(s)	Ехр	piration date
Yes No - Has	s any license, permit, or privi	lege ever been suspend	ed, revoked, or denied?	*	
9 100 9 110	ve you ever been convicted f				
nu alconol testing rules (	<u> </u>				
	re you ever been convicted c		nor? * ast 3 Years		
Yes No - Have No - Have No Accidents to report	re you ever been convicted c	of a felony or misdemean	nor? * ast 3 Years		
Yes No - Have No Accidents to report ick on the Plus sign to ad	re you ever been convicted of the young ever been convicted of the	of a felony or misdemean	nor? * ast 3 Years	Injuries	Vehicle Type
No Accidents to report ick on the Plus sign to ad	re you ever been convicted of the young ever been convicted of the	Accident Review For P	ast 3 Years ust check this box.	Injuries	Vehicle Type  Personal Commercial
Yes No - Have No Accidents to report ick on the Plus sign to ad	re you ever been convicted of the young ever been convicted of the	Accident Review For P	ast 3 Years ust check this box.	Injuries	Personal
Yes No - Have No Accidents to report ick on the Plus sign to ad	If no Act. d additional Accidents. ates (head-on, rear-e	Accident Review For P	ast 3 Years  ust check this box.  Fatalities	Injuries	Personal
No Accidents to report lick on the Plus sign to ad D  Last Accident	If no Act. d additional Accidents. ates (head-on, rear-e	Accident Review For Pecidents to report, you mend, overturn, etc.)	ast 3 Years ust check this box.  Fatalities es For Past 3 Years		Personal

Name and Location of School

**Years Attended** 

Diploma/Certification

ou currently working?	Yes O No			
EMPLOYER #1				
Company *	Supervisor's Name	Supervisor Phone	e	Salary
Street Address		City		State/Province
Position Held *		From Date (mm/y	/y) *	To Date (mm/yy) *
Reason For Leaving *				
	Driving/Hauli	ng Experience With This Emp	oloyer	
Hauling What?	Number of	Months:	Equipmen	t
Were you subject to the FM0	CSRs while employed by this	employer? *		
○ Yes ● No				
Was your job designated as testing requirements as by 4	a safety sensitive function in	any DOT regulated mode su	bject to alcohol	and controlled substances
○ Yes • No				
		Employment Gap		
	ere you doing during this gap	?) * From Date (mm/y	/y) *	To Date (mm/yy) *
Description of Gap (What we				
Description of Gap (What we				
Description of Gap (What we				
Description of Gap (What we				

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## Authorization

By clicking "Send" below, I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, any falsified statements on this application shall be grounds for dismissal. Under the provisions of the Fair Credit Reporting Act, the Americans With Disabilities Act, the Drivers Privacy Protection Act and all other applicable federal, state, and local laws I authorize investigation of all statements contained herein as well as authorize the references and employers listed to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise.

I hereby release and hold harmless any person, firm, or entity that discloses information in accordance with this authorization, as well as my prospective employer, and its agents, from any liability that may otherwise result from the request for, use of, or disclosure of, any or all of the foregoing information. The above-mentioned investigations may include, but are not limited to, information as to my character, general reputation, work history, or lifestyle, discerned through employment and education verifications; personal references; personal interviews; my personal credit history based on reports from any credit bureau; my driving history, including any traffic citations; a social security number verification; present and former addresses; criminal and civil history records; or any other public record.

which may include names, dates of employment have the right, under the provisions of the Fair Cr	contain public record information may be requeste t, reason for termination, work experience, traffic re- redit Reporting Act and the Drivers Privacy Protect	ecords, workers compensation claims, etc. I tion Act to request all such information from
which the reporting agency has, or will, furnish for Credit Reporting Act. I also understand and agre	and to request the nature and substance of all info or the two preceding years. I am also entitled to a one that no representative of the company has any a to make any agreement contrary to the forgoing, u	copy of my consumer rights under the Fair authority to enter into any agreement for
signing this application and all forms related to t	is application and background investigation proce this application electronically and that the electron e purposes of validity, enforceability and admissib	nic signatures appearing on these documents
	sign electronically at any time by calling the numb ocuments by clicking on the PDF symbol in the to	
regarding the application process, onboarding ar	I/IS text messages requesting additional information and/or my employment, if applicable.  receiving SMS text messages at any time by texting the second control of the second c	
They will be automatically completed using the i	at the following standard consent forms be comple nformation you provided above. Please review eac to sign and submit it along with your application.	
* Inquiry to Previous Employer		
* Previous Employer Inquiry For Driving His	tory & Safety Performance	
* PSP Consent Form		
* Consent for Release of Info Form		
* Pre-Employment Controlled Substance Co	onsent Form	
* Drivers Rights Pertaining to Release of Inf	formation under Regulation 391.23	
This certifies that this application was completed knowledge.	l by me and that all entries and the information here	ein are true and complete to the best of my
Print Name*	Signature*	Date
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