

KeyStops LLC.

376 Reasonover Dr., Franklin, Kentucky 42135 270-776-7852

Application ID: 1714010829

Job Applied For *		First Name *	Middle	Last Nar	ne *	Social Security No. *
Date of Birth *	Mobile	Mobile Phone No. *		Email Address *		
Present Address *	Address 2*	City *	State/Province *	ZIP *	County	Yrs at this address *
Previous Address	*If at current addr	ess less than 7 years, lis	t below most recent addre	sses for the	past 7 years.	Yrs at this address
ow did you hear abo	ut us?:					
	y one of our drivers, r	name of driver.:				
f you were referred b						

		Comm	ercial Driver's Lie	cense				
Name - Exactly as it	appears on your dri	ver's license *	Maiden	or other name	used			
CDL Type *		Endorsements	Endorsements (check all that apply)			License Expiration Date *		
O A O B	C O None	H T	N X	P				
Air Brake Restriction? *		Automatic Trar	Automatic Transmission Restriction *		Years of CDL Experience			
◯ Yes ◯ No		Yes	Yes No					
Current Driver's Lice	nse Number * Issu	ing State/Province *	Ves		Card *	DOT Medical C	ard Expiration Date	
		Drivir	ng/Hauling Experie	ence				
Equipment	Yrs Exp	Equipment	Yrs Exp	Equipment Yrs Ex		Yrs Exp		
Dry van		Doubles		Flatbed				
Tanker		Reefer:		Switching	(yard tracto	r)		
Dump		CDL B						

	Diploma/Certification

	Additional Licenses				
	List ALL add	litional licenses l	neld in the past 5 years.		
. ,					
State/Province	License no.	Class	Endorsement(s)	Expiration date	
🔍 Yes 🔍 No - Has ang	y license, permit, or privilege	e ever been suspe	ended, revoked, or denied? *		
	ou over been convicted for d	riving under the i	nfluence of drugs or alcohol? *		
Yes No - Have yo					
Ves No					
 Yes No Have you ever tested positive 	e or refused to test on any p	re-employment d	rug and / or alcohol test adminis portation work covered by DOT a	tered by an	
employer to which you applied and alcohol testing rules durin	d for but did not obtain safet ng the past 2 years? *	y sensitive trans	portation work covered by DOT a	gency drug	
🔍 Yes 🔍 No - Have yo	ou ever been convicted of a	felony or misden	neanor? *		
L					

Accident Review For Past 5 Years If no Accidents to report, you must check this box. No Accidents to report. Click on the Plus sign to add additional Accidents. Dates (head-on, rear-end, overturn, etc.) Fatalities Injuries Vehicle Type Last Accident Image: Commercial Operational Operational Operational Operational

Traffic Convictions & Forfeitures For Past 5 Years

If no Traffic Convictions or Forfeitures to report, you must check this box.

No Traffic Convictions or Forfeitures to report.

Click on the Plus sign to add additional Traffic Convictions or Forfeitures.

EMPLOYER #1 Company * Supervisor's Name Supervisor Phone Salary Street Address City State/Province 'Position Held * From Date (mm/yy) * To Date (mm/yy) * 'Position Held * From Date (mm/yy) * To Date (mm/yy) * 'Position Held * From Date (mm/yy) * To Date (mm/yy) * 'Position Held * From Date (mm/yy) * To Date (mm/yy) * 'Position For Leaving *	ocation	Date	Charge(other Than Parking Violat	ions) Penalty
			Employment History	
ut verifying employment. If you need to list additional employers, click 'Add Another Employer' below. EMPLOYER # Company * Supervisor's Name Supervisor Phone Salary Street Address City State/Province Street Address City State/Province Driving/Hauling Experience With This Employer Leason For Leaving * Driving/Hauling Experience With This Employer Lauling What? Number of Months: Equipment Were you subject to the FMCSRs while employed by this employer? * Yes No Employment Gap Employment Gap Leaription of Gap (What were you doing during this gap?) * From Date (mm/yy) * Date (mm/yy) * Composition of Gap (What were you doing during this gap?) * Meteore and the salary sensitive function in any DOT regulated mode subject to alcohol and controlled substances Employment Gap Leaription of Gap (What were you doing during this gap?) * Meteore and the salary * Meteore and the salary * Composition of Gap (What were you doing during this gap?) * No Authorization Authorization				
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f employed, any falsified statements on this application shall be grounds for dismissal. Under the provisions of the Fair Credit Reporti				
ne 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.

I understand that consumer reports which may contain public record information may be requested, at the discretion of my prospective employer, which may include names, dates of employment, reason for termination, work experience, traffic records, workers compensation claims, etc. I have the right, under the provisions of the Fair Credit Reporting Act and the Drivers Privacy Protection Act to request all such information from the reporting agency, upon proper identification, and to request the nature and substance of all information; and the receipt of any reports on me, which the reporting agency has, or will, furnish for the two preceding years. I am also entitled to a copy of my consumer rights under the Fair Credit Reporting Act. I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the forgoing, unless it is in writing and signed by an authorized company representative.

*I hereby agree and consent to completing this application and background investigation process electronically. I understand that I will be signing this application and all forms related to this application electronically and that the electronic signatures appearing on these documents are the same as my handwritten signature for the purposes of validity, enforceability and admissibility.

You have the right to withdraw your consent to sign electronically at any time by calling the number listed at the top of this page. You can print and retain a copy of any electronically signed documents by clicking on the PDF symbol in the top right corner of that document.

I hereby agree and consent to receiving SMS text messages requesting additional information and/or providing additional instructions regarding the application process, onboarding and/or my employment, if applicable.

You have the right to withdraw your consent to receiving SMS text messages at any time by texting "STOP" in reply to any message you receive or by calling 888-209-7427.

As part of the application process we require that the following standard consent forms be completed. You do not have to fill these forms out. They will be automatically completed using the information you provided above. Please review each form in its entirety. After reading each form check the box next to it indicating your intention to sign and submit it along with your application.

- Inquiry to Previous Employer
- * Previous Employer Inquiry For Driving History & Safety Performance
- PSP Consent Form
- Consent for Release of Info Form
- Disclosure and Authorization Form
- Pre-Employment Controlled Substance Consent Form
- Fair Credit Reporting Act Consumer Rights
- * Drivers Rights Pertaining to Release of Information under Regulation 391.23

This certifies that this application was completed by me and that all entries and the information herein are true and complete to the best of my knowledge.

Print Name*

Signature*

2024-04-25 02:07:09

Date