

# APPLICATION FOR EMPLOYMENT / DRIVER QUALIFICATION

**PHYSICAL ADDRESS**

*JKL ASSOCIATES, INC.  
6855 KING AVE. WEST  
BILLINGS, MT 59106*

**PHONE NUMBERS**

*PHONE: (406) 248-6867  
FAX: (406) 248-6869*

**MAILING ADDRESS**

*JKL ASSOCIATES, INC.  
P.O. BOX 80046  
BILLINGS, MT 59108*

Please answer all questions. If the answer to any question is "No" or "None", do not leave the item blank, but write "No" or "None". PLEASE PRINT CLEARLY.

**PERSONAL INFORMATION**

LAST NAME:	FIRST NAME:	MIDDLE INITIAL	WHAT NAME DO YOU PREFER?
HOME ADDRESS NUMBER AND STREET:	CITY:	STATE:	ZIP:
MAILING ADDRESS NUMBER AND STREET:	CITY:	STATE:	ZIP:
HOME PHONE:	CELL PHONE:	SOCIAL SECURITY NUMBER:	
EMERGENCY CONTACT NAME/RELATIONSHIP:	EMERGENCY CONTACT NUMBER:	DATE OF BIRTH:            /            /	
DRIVERS LICENSE NUMBER:	DRIVERS LICENSE ISSUING STATE:	DRIVERS LICENSE EXPIRATION DATE:	

**EMPLOYMENT DESIRED**

POSITION APPLYING FOR?	SALARY DESIRED?
ARE YOU CURRENTLY EMPLOYED? ( ) YES            ( ) NO	DATE YOU CAN YOU START?
JKL HAS OPPORTUNITIES IN VARIOUS STATES, ARE YOU WILLING TO TEMPORARILY RELOCATE? ( ) YES            ( ) NO    IF YES, HOW FAR FROM YOUR HOME BASE? _____ MILES	

**CURRENT & THREE YEARS PREVIOUS ADDRESSES**

1.	FROM:	TO:
2.	FROM:	TO:
3.	FROM:	TO:

HAVE YOU WORKED FOR JKL ASSOCIATES, INC. BEFORE?     YES     NO

IF YES, GIVE DATES: FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
REASON FOR LEAVING? \_\_\_\_\_

**EDUCATION HISTORY (CIRCLE HIGHEST GRADE COMPLETED)**

GRADE SCHOOL:                            1   2   3   4   5   6   7   8   9   10   11   12  
COLLEGE:            1   2   3   4                            POST-GRADUATE:   1   2   3   4

## EMPLOYMENT HISTORY

The purpose of this section is to determine whether or not the applicant is qualified to operate motor carrier equipment according to the requirements of the Federal Motor Carrier Safety Regulations and JKL Associates, Inc.

Please give a complete record of all employment for the past three years, including any unemployment or self-employment, and all commercial driving experience for the past ten years.

**DO YOU HAVE A MEDICAL CARD?**  No  Yes **If yes, Physical Exam Expiration Date?** \_\_\_\_\_

Present or Last Employer:	From: / /	To: / /
Address:	City:	State: Zip:
Position Held:	Phone: ( )	
Reason for Leaving?		
Were you subject to the FMCSRs* while employed here? <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		

Present or Last Employer:	From: / /	To: / /
Address:	City:	State: Zip:
Position Held:	Phone: ( )	
Reason for Leaving?		
Were you subject to the FMCSRs* while employed here? <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		

Present or Last Employer:	From: / /	To: / /
Address:	City:	State: Zip:
Position Held:	Phone: ( )	
Reason for Leaving?		
Were you subject to the FMCSRs* while employed here? <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		

Present or Last Employer:	From: / /	To: / /
Address:	City:	State: Zip:
Position Held:	Phone: ( )	
Reason for Leaving?		
Were you subject to the FMCSRs* while employed here? <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		

\*The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone who operates a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) Has a GVWR or weighs 10,001 pounds or more, (2) is designed or used to transport nine or more passengers, or (3) is of any size, used to transport hazardous materials in a quantity requiring placarding.

**DRIVING EXPERIENCE**

Class of Equipment	Dates		Approximate Number of Miles (Total)
	From	To	
Straight Truck			
Tractor and Semi-Trailer			
Tractor-two trailers			
Tractor-three trailers (triples)			
Other			

List States operated in, for the last five years: \_\_\_\_\_

List special courses/training completed (PTD/DDC, Haz Mat, etc.): \_\_\_\_\_

List any Safe Driving Awards you hold and from whom: \_\_\_\_\_

**ACCIDENT RECORD FOR PAST THREE YEARS (Attach sheet if more space is needed)**

Date of Accident	Nature of Accident (Head on, rear end, upset, etc.)	Location of Accident	# of Fatalities	# of People Injured

**TRAFFIC CONVICTIONS AND FORFEITURES FOR THE LAST THREE YEARS (Other than parking violations)**

Date	Location	Charge	Penalty

**DRIVER'S LICENSE (List each driver's license held in the past three years)**

State	License Number	Type	Endorsements	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
- C. Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the job description)? .....  Yes  No
- D. Have you ever been convicted of a felony? .....  Yes  No

If the answers to A, B, C or D is "YES", give details:

\_\_\_\_\_

\_\_\_\_\_

### OTHER EQUIPMENT OPERATED

Type	Months of Experience	Approximate Hours Operated
Backhoe		
Plow/Dozer		
Directional Drilling/Bore Rig		

### PERSONAL REFERENCES

List three persons for reference, other than family members, who have knowledge of your work and safety habits.

Name	Address	Phone

### VOLUNTARY SELF-IDENTIFICATION

If you choose not to answer any of these questions, you will not be subject to adverse treatment. However, if you choose not to “self-identify”, we are required under Federal regulations to maintain race, sex and disability information on the basis of visual observation or personal knowledge.

**Ethnic Group:**  White  Black  Hispanic  Asian or Pacific Islander  American Indian or Alaskan Native

**Age 18 or Older:**  Yes  No **Sex:**  Male  Female

**Are you an Eligible Veteran?**  Yes  No If Yes, Vietnam ERA Veteran?  Yes  No

**Are you a Disabled Veteran?**  Yes  No **Do you have a Disability?**  Yes  No If Yes, do you have any limitations due to your disability that may affect your ability to satisfactorily perform the position you are applying?  Yes  No

**Military Status:** Have you ever served in the United States Armed Forces?  No  Yes If Yes,  Active  Inactive  Retired

If yes, please identify affiliation (i.e. Army, Navy, Marines, Reserves, etc.) \_\_\_\_\_

### TO BE READ AND SIGNED BY APPLICANT

It is agreed and understood that any misrepresentation given on this application shall be considered an act of dishonesty.

It is agreed and understood that JKL Associates, Inc. or agents may investigate the applicant’s background to ascertain any and all information of concern to applicant’s record, whether same is of record or not, and applicant releases employers and persons named herein from all liability for any damages on account of his furnishing such information.

It is also agreed and understood that under the Fair Credit Reporting Act, Public Law 91-508; I have been told that this investigation may include an investigating Consumer Report, including information regarding my character, general reputation, personal characteristics, and mode of living.

I agree to furnish such additional information and complete such examinations as may be required to complete my application file.

It is agreed and understood that this Application in no way obligates JKL Associates, Inc. to employ or hire the applicant.

It is agreed and understood that if qualified and hired, I may be on a probationary period during which time I may be disqualified without recourse.

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. I also agree to Wage Amount, Per Diem amount, and job title stated below.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**EMPLOYER/FOREMAN TO COMPLETE:**

Job #:		State of Hire:	
Date Hired:		Full Time	Part Time Temp.
Position/Job Title:			
Rate of Pay (check one of the following):			
<input type="checkbox"/> Hourly      Rate per hour:      Reg. \$ _____      OT \$ _____			
<input type="checkbox"/> Salary      Annual Salary: \$ _____ / 52 weeks Amount Per Week: \$ _____			
Per Diem (check one):	Yes	No	(If Yes) Amount per day \$
Vehicle/Tool Rental (check one):	Yes	No	(If Yes) Rental form Completed?
Special Terms of Employment (if any):			
Rate approved by:		(Corporate Officer)	

Remarks (for office use only)