Application for Employment

Date: _____

In compliance with Federal and State EEOC laws, qualified applicants are considered for all positions regardless to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status.

R & M Driveaway Inc

3020 Upper Lake Rd Thomasville NC 27360

Name _____
(First) (Middle) (Maiden Name, if any) (Last)

Address _____ How Long? _____
(Street) (City) (State & Zip Code)

Telephone # _____ Social Security Number _____

Addresses For Past Three Years _____ How Long? _____
(Street) (City) (State & Zip Code)

_____ How Long? _____
(Street) (City) (State & Zip Code)

_____ How Long? _____
(Street) (City) (State & Zip Code)

(Attach Sheet If More Space Needed)

Position applying for _____ Temporary _____ Part-Time _____ Fulltime _____

Who referred you _____ Rate of pay Expected _____

Have you worked for this company before? _____ If yes what dates To: _____ From _____

Where: _____ Rate of pay _____ Position _____

Are you currently employed? _____ If no, how long since leaving last employer? _____

Have you ever been convicted of a crime? _____ Please explain _____

Were you ever in the United States Armed Forces? _____ Dates _____

If yes, which Branch of Service _____

Have you ever worked for this company under another name? _____ If so, what name _____

TO BE READ AND SIGNED BY ALL APPLICANTS

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. I hereby release employers, schools, health care providers, and their employees from all liability in responding to inquiries and releasing information in connection with my application.

I understand that false or misleading information given in my application or during an interview may result in discharge. I also understand that I am required to abide by all rules and regulations of the company.

Signature_____ Date_____

TO BE READ AND SIGNED BY DRIVER APPLICANT ONLY

I understand that the information I provide regarding current and/or previous employers may be used, and that all employer(s) within the past 3 years will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(a)(2). I understand that I have the right to :

A) Review information provided by previous employers;
B) Have errors in the information corrected by previous employers and for that previous employers to re-send corrected information to prospective employer; and
C) 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_____

The U.S. Department of Transportation requires that all driver applicants give their date of birth (FMCSR 391.21 (b)(2)

Date of Birth (mm/dd/yyyy) _____/_____/_____

Applicant's Statement on Previous Pre-Employment Drug Testing

1 Have you tested positive, or refused to test on any pre-employment drug or alcohol test administered by a perspective employer in which you applied for, but did not obtain, safety-sensitve transportation work covered by the DOT agency drug and alcohol testing rules during the past two years.

Check one: ☐ Yes ☐ No

2 If you answered yes to previous question. Can you provide/obtain proof that you you have successfully completed the DOT return-to-duty requirements?

Check one: ☐ Yes ☐ No

EDUCATION

School	School Name City and State	Year graduated	Degree and Major	# Years completed
High School				
Business, Trade or Technical				
College				

Include any other information which relates to the position for which you are applying, e.g., additional education, seminars, certifications, licensing. _____

MAINTENANCE EXPERIENCE & QUALIFICATION

Indicate training and experience in the following areas:	Formal Training	Years of Experience
Drive Line Components		
Diesel Engines		
Gas Engines		
Tire Service		
Trailer Repair		
Air Conditioning (Cab)		
Refrigeration (Cargo		

Indicate training and experience in the following areas:	Formal Training	Years of Experience
Body Work		
Electrical		
Frame Alignment		
Wheel Alignment		
Brakes		
Cooling System		
Inspections State/Federal		

List courses and training in maintenance work; _____

List Powered Industrial Trucks that you are or have been licensed to operate: _____

Driver Experience and Qualifications

(complete for Driver Positions Only)

License

List all Driver's license(s) held within the last 3 years

License Type	State	Expiration Date	Number

If you have CDL, list CDL endorsements:

Has your license(s) ever been denied renewal, revoked or suspended? ☐ Yes ☐ No

If yes, Please explain:

License Type	Action Taken	Date	Reason

Experience

If no driving experience within last 3 years - check here ☐

Indicate number of years' experience and types of vehicle (trucks, tractors, semi-trailers, buses etc.)

Years	Type of Vehicle

Accidents

If No accidents within the last 3 years - check here ☐

Please indicate all accidents (company and personal during the past 3 years

Date	Nature of Accident (head-on, Rear-end, Sideswipe, etc.)	Injury/Fatalities	Hazardous materials spill
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No

Violations

If no traffic convictions and/or forfeitures in the last 3 years - check here

List all moving violations (company and personal) during the last 3 years (other than parking)

Date	Offense	Location	Fine/Determination

Training

Please indicate driver safety training programs completed:

Date	Location	Course Type / Conducted By

Awards

Please indicate all safe driving awards you've received:

Date	Location	Type of Award	Organization

Employment Record

DOT requires that all applicants wishing to drive a commercial motor vehicle must provide the following information on all previous employers during the proceeding 3 years. You must give the same information for whom you have driven a commercial motor vehicle for an additional 7 years.

You are required to list the complete address: Street number and name, city state and zip code.

Any gaps in employment and/or unemployment must be explained.

Current or Last Employer: Name _____ Telephone _____

Address _____

(Street) (City) (State and Zip Code)

Position Held _____ From _____ To _____ Salary _____

Reason for leaving _____

Were you subject to the Federal Motor Carriers Safety Regulations (FMCSRs)? ☐ 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 Part 40? ☐ Yes ☐ No

Account for time between jobs (month/year) and reason _____

Employment continued

Second Last Employer: Name _____ Telephone _____

Address _____
(Street) (City) (State and Zip Code)

Position Held _____ From _____ To _____ Salary _____

Reason for leaving _____

Were you subject to the Federal Motor Carriers Safety Regulations (FMCSRs)? ☐ 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 Part 40? ☐ Yes ☐ No

Account for time between jobs (month/year) and reason _____

Third Last Employer: Name _____ Telephone _____

Address _____
(Street) (City) (State and Zip Code)

Position Held _____ From _____ To _____ Salary _____

Reason for leaving _____

Were you subject to the Federal Motor Carriers Safety Regulations (FMCSRs)? ☐ 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 Part 40? ☐ Yes ☐ No

Account for time between jobs (month/year) and reason _____

Fourth Last Employer: Name _____ Telephone _____

Address _____
(Street) (City) (State and Zip Code)

Position Held _____ From _____ To _____ Salary _____

Reason for leaving _____

Were you subject to the Federal Motor Carriers Safety Regulations (FMCSRs)? 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 Part 40? ☐ Yes ☐ No

Account for time between jobs (month/year) and reason _____

Fifth Last Employer: Name _____ Telephone _____

Address _____
(Street) (City) (State and Zip Code)

Position Held _____ From _____ To _____ Salary _____

Reason for leaving _____

Were you subject to the Federal Motor Carriers Safety Regulations (FMCSRs)? 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 Part 40? ☐ Yes ☐ No

Account for time between jobs (month/year) and reason _____

APPLICANT MUST READ AND SIGN

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

_____ _____
Applicant signature Date

KELMAR Safety 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.

Release of Information Consent Form

CONFIDENTIAL

I certify and declare under penalty of perjury under relevant state and federal law that the information contained in my employment application and this form is complete, true and accurate. I acknowledge that falsification or omission of information may result in immediate dismissal or retraction of any offer of employment.

In consideration of R&M Driveaway Inc's, review of my application for employment, I hereby voluntarily consent to and authorize R&M Driveaway Inc and or KELMAR Safety Inc (authorized agent), to obtain consumer reports for employment purposes. This may include but not limited to Employment Verifications, Motor Vehicle Reports, References and Criminal reports. This release specifically covers verifying your Education-High Schools, GED, Colleges, Degrees or Technical Schools.

I authorize all persons and organizations that may have information relevant to this research to disclose such information to the requesting R&M Driveaway Inc or Kelmar Safety Inc (authorized agent). I hereby release requesting R&M Driveaway Inc and Kelmar Safety Inc (authorized agent), and all persons and organizations providing information from all claims and liabilities of any nature in connection with this research. Purposes of investigation as required by Section 391.23 and Part 382 and part 40 of the Federal Motor Carrier Safety Regulations also apply. I hereby give specific permission to past employers to release drug and alcohol test results or SAP information. I hereby further authorize that a photocopy of this authorization may be considered as valid as the original.

I understand that I have specific prescribed rights as a consumer under the Federal Fair Credit Reporting Act ('FCRA'), and may have additional rights under relevant state law. I hereby certify that I have been presented with a summary of my rights as a consumer under the Fair Credit Reporting Act.

_____ _____

Print Full Name Date

_____ _____

Signature Date of Birth

_____ _____ _____

Social Security Number Drivers License # State

I understand the information I am providing about date of birth will not be used to determine eligibility for employment, but will be used solely for the purpose of obtaining background check information

Fax or send with application to Kelmar Safety Inc at (Fax): 317-468-1083
KELMAR Safety Inc
P.O. Box 401
Greenfield, IN 46140

DRUG & ALCOHOL CLEARINGHOUSE CONSENT FOR LIMITED QUERIES

NOTICE TO DRIVER: The Commercial Driver's License (CDL) Drug & Alcohol Clearinghouse is a federal database containing information about CDL drivers who have violated the Federal Motor Carrier Safety Administration's (FMCSA's) drug or alcohol regulations in 49 CFR Part 382. Whether you have committed such a violation or not, every motor carrier for whom you drive is required to check if the Clearinghouse has any information about you, both at the time of hire and annually. When conducting an annual inquiry, the motor carrier has the option to request a "limited" report that only discloses whether the Clearinghouse has any information about you; it does not release any violation or testing information. Before a motor carrier may request a limited report, they must have your written consent, per §382.701(b). This authorization may be valid for more than one year. If a limited query ever reveals that the Clearinghouse has information about you, you will be required to log in to the Clearinghouse website within 24 hours to grant electronic consent for the motor carrier to obtain your full Clearinghouse record.

NOTICE TO MOTOR CARRIER: This consent form authorizes you to run a "limited query" to check whether the Clearinghouse has information about the driver identified below. If it does, then you must obtain a full Clearinghouse record within 24 hours, per §382.701(b). This consent form must be retained until 3 years after the date of the last limited query you perform for this driver, based on the authorization below.

AUTHORIZATION

I, _____, hereby authorize KELMAR Safety, on behalf of
(Driver's printed name)

_____
(Company Name)

to conduct limited queries of the FMCSA's Drug & Alcohol Clearinghouse to determine if a Clearinghouse record exists for me. This consent is valid from the date shown below until my employment with the above-named motor carrier ceases or until I am no longer subject to the drug & alcohol testing rules in 49 CFR Part 382 for the above-named carrier.

I understand that if any limited query reveals that the Clearinghouse contains information about me, I must grant electronic consent within 24 hours, via the Clearinghouse website, for the motor carrier to obtain my full Clearinghouse record. Refusal to provide such consent will result in my removal from safety-sensitive duties.

Driver's Signature: _____

Birth Date: _____ Driver's License Number: _____

Driver's License State: _____Date:_____