



PO Box 369, St. Croix Falls, WI 54024

DRIVER'S APPLICATION FOR QUALIFICATION

DRIVER'S RIGHTS TO REVIEW BACKGROUND CHECK. Pursuant to FMCSR 391.21(d), the information you provide for work history may be used, and your prior employers may be contacted, for the purpose of investigating your safety performance history information. You also have the following due process rights specified in FMCSR 391.23(i): (i) The right to review information provided by previous employers; (ii) The right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to the prospective employer; (iii) The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information. If you have previous Department of Transportation regulated employment history in the preceding three years and wish to review the previous employer-provided investigative information, you must submit a written request to CKK Transport, LLC within 30 days of a certification decision. CKK Transport, LLC must provide this information to you within five (5) business days of receiving the written request. If CKK Transport, LLC has not yet received the requested information from the previous employer(s), then the five-business days deadline will begin when CKK Transport, LLC receives the requested safety performance history information. If you have not arranged to pick up or receive the requested records within thirty (30) days of CKK Transport, LLC making them available, then CKK Transport, LLC may consider you to have waived your request to review the records.

Applicant Signature: _____

Date: _____

Personal Information:

Name: _____ SSN/SIN: _____
Last Middle First

Date of Birth: _____ Primary Phone: _____

Current Address: _____
Street City State Zip Duration

Email Address: _____

IF AT THE ABOVE ADDRESS FOR LESS THAN 3 YEARS, LIST ADDRESS FOR THE PAST 3 YEARS BELOW

Current Address: _____
Street City State Zip Duration

Current Address: _____
Street City State Zip Duration

Have you ever applied for certification with CKK Transport, LLC before? _____ When? _____

Have you ever provided driver services to CKK Transport, LLC before? _____ When? _____

How did you hear about CKK Transport, LLC? _____



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Are you currently employed? _____ If not, how long since leaving last employment? _____

Have you ever been convicted of a crime? _____ Are there any pending charges against you? _____
 (A conviction does not automatically bar you from employment)

If you answered yes to either of the two preceding questions, state for each conviction and/or charge: (1) The date of the conviction or upcoming hearing, and (2) State and County where convicted/charged. _____

EDUCATION:

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| CIRCLE HIGHEST GRADE COMPLETED: 2 3 4 5 6 7 8 HIGH SCHOOL 1 2 3 4 COLLEGE 1 2 3 4 Last School Attended: _____ <div style="display: flex; justify-content: space-between; width: 100%;"> (Name) (City/State) </div> |
|--|

WORK HISTORY:

| WORK HISTORY | | |
|--|-----------------------|---------------------|
| All driver applicants must provide the following information on <u>all</u> employers during the preceding 3 years. Driver applicants must also show commercial driver history for 7 years. <i>(NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary.) (Account for any gaps in employment between employers.)</i> | | |
| EMPLOYER | DATE | |
| Name: | From: Mo. __ Yr __ | To: Mo. __ Yr __ |
| Address: | Position Held | |
| City/State/Zip: | | |
| Contact Person: | Phone: | Reason for Leaving: |
| Were you regulated by the FMCSRs ^t during this job? <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 | | |
| EMPLOYER | DATE | |
| Name: | From: Mo. __ Yr __ | To: Mo. __ Yr __ |
| Address: | Position | |
| City/State/Zip: | Salary | |
| Contact Person: | Phone: | Reason for Leaving: |
| Were you subject to the FMCSRs ^t while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |



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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

| EMPLOYER | | DATE | |
|-----------------|--------|-----------------------|---------------------|
| Name: | | From: Mo. __ Yr __ | To: Mo. __ Yr __ |
| Address: | | Position | |
| City/State/Zip: | | Salary | |
| Contact Person: | Phone: | Reason for Leaving: | |

Were you subject to the FMCSRs¹ 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 Part 40? Yes No

| EMPLOYER | | DATE | |
|-----------------|--------|-----------------------|---------------------|
| Name: | | From: Mo. __ Yr __ | To: Mo. __ Yr __ |
| Address: | | Position | |
| City/State/Zip: | | Salary | |
| Contact Person: | Phone: | Reason for Leaving: | |

Were you subject to the FMCSRs¹ 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 Part 40? Yes No

| EMPLOYER | | DATE | |
|-----------------|--------|-----------------------|---------------------|
| Name: | | From: Mo. __ Yr __ | To: Mo. __ Yr __ |
| Address: | | Position | |
| City/State/Zip: | | Salary | |
| Contact Person: | Phone: | Reason for Leaving: | |

Were you subject to the FMCSRs¹ 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 Part 40? Yes No



| EMPLOYER | | DATE | |
|-----------------|--------|-----------------------|---------------------|
| Name: | | From: Mo. __ Yr __ | To: Mo. __ Yr __ |
| Address: | | Position | |
| City/State/Zip: | | Salary | |
| Contact Person: | Phone: | Reason for Leaving: | |

Were you subject to the FMCSRs¹ 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 Part 40? Yes No

| EMPLOYER | | DATE | |
|-----------------|--------|-----------------------|---------------------|
| Name: | | From: Mo. __ Yr __ | To: Mo. __ Yr __ |
| Address: | | Position | |
| City/State/Zip: | | Salary | |
| Contact Person: | Phone: | Reason for Leaving: | |

Were you subject to the FMCSRs¹ 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 Part 40? Yes No

*Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 6 or more passengers (including the driver), or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

The Federal Motor Carrier Safety Regulations (FMCRS) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport more than 8 passengers (including the driver, OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

DRIVER EXPERIENCE & QUALIFICATION:

LICENSES: List all licenses held in the last 3 years.

| State | License No. | Class | Endorsements | Expiration Date |
|-------|-------------|-------|--------------|-----------------|
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Do you currently hold more than one valid license? Yes No
 Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes No
 Has any license, permit or privilege ever been suspended or revoked? Yes No
 Have you ever been disqualified for violations of the Federal Motor Carrier Safety Regulations? Yes No
 If you answered yes to any of the above questions, please give details: _____

IDENTIFY ANY MOTOR VEHICLE ACCIDENTS IN PAST 3 YEARS (If none, write none. Attach additional sheet if needed.)

| <u>Date</u> | <u>City, State</u> | <u># Fatalities</u> | <u># Injuries</u> | <u>Accident Description</u> |
|-------------|--------------------|---------------------|-------------------|-----------------------------|
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IDENTIFY ANY TRAFFIC LAWS & ORDINANCES YOU WERE CHARGED WITH IN THE PAST 3 YEARS (If none, write none)

| <u>Location</u> | <u>Date</u> | <u>Charge</u> | <u>Penalty</u> |
|-----------------|-------------|---------------|----------------|
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DESCRIBE YOUR DRIVING EXPERIENCE

| <u>Class of Equipment</u> | <u>Type (Van, Tank, etc.)</u> | <u>Dates From/To</u> | <u>Approx. # of Miles</u> |
|---------------------------|-------------------------------|----------------------|---------------------------|
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**READ AND SIGN BEFORE SUBMITTING THIS
DRIVER APPLICATION FOR QUALIFICATION**

It is agreed and understood that any misrepresentation given on this application shall be considered an act of dishonesty and reason for non-consideration or subsequent dismissal if hired or denial of authorization to drive if an independent contractor. It is also agreed and understood that the motor carrier and his 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/her furnishing such information.

I authorize the motor carrier to access the FMCSA Pre-Employment Screening Program (PSP) to seek information regarding my commercial driving record and information regarding my safety inspection history. I understand that I am consenting to the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years.

I understand that nothing contained in this application or in the granting of any interview or road test is intended to create an employment contract between this company and myself, for either employment, authorization to drive as an independent contractor, or for the providing of benefits. I agree to furnish such additional information that may be necessary and complete such examinations as may be required to complete my application file including but not limited to a pre-certification negative urine test and successful completion of a human performance evaluation including a Department of Transportation Physical. No promises regarding employment or authorization to drive as an independent contractor have been made to me, and no such promises exist unless specifically made by CKK Transport, LLC in writing. It is agreed and understood that if qualified and hired or contracted, 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.

Printed Name: _____ Signature: _____

Date: _____



DISCLOSURE STATEMENT

Driver Applicant: Read and sign BEFORE submitting this Application

The undersigned understands that a consumer report, including an investigative report containing information as to my character, general reputation, personal characteristics, driving record, and mode of living may be obtained as part of CKK Transport, LLC's background investigation in the driver qualification process. Should an investigative consumer report be requested, I understand that I have the right to demand a complete and accurate disclosure of the nature and scope of the investigation and a written summary of my rights under the Fair Credit Reporting Act.

By signing below and submitting my application for qualification I grant CKK Transport, LLC permission to obtain a MVR, DAC report, consumer report and background check.

Printed Name: _____ Signature: _____

Date: _____