



B & K Shipping Logistics LLC.

DRIVER/CONTRACTOR APPLICATION FORM

Terminal: ☐ Atlanta ☐ Savannah ☐ Charleston ☐ Jacksonville ☐ Others ☐ Hire Date:

Position for which you are applying: ☐ Driver ☐ Owner Operator ☐ Driver for Owner Operator

GENERAL INFORMATION

Today's Date:

Name
First M Last

Present Address Telephone # How Long (Months)
Street, City, State, Zip Code

List Addresses for Past 3 Years: How Long (Months)
Street, City, State, Zip Code

How Long (Months)
Street, City, State, Zip Code

Social Security # Date of Birth Drivers License #

Class A ☐ B ☐ C ☐ State Expiration Date Endorsements

EDUCATION AND SKILLS

Circle Highest Grade Completed:

☐ First through Ninth Grade
1 2 3 4 5 6 7 8 9

☐ High School
10 11 12

☐ College
1 2 3 4

☐ Graduate School
1 2 3 4 5 6

Type of School	Name and City/State	From Month/Year	To Month/Year	Did You Graduate?	Type of School	Name and City/State	From Month/Year	To Month/Year	Did you Graduate?
High School	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	College	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Specialized Training	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

DRIVER PAST RECORD

Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes ☐ No ☐

Have you ever been disqualified for violation(s) of the Federal Motor Carrier Safety Regulations? Yes ☐ No ☐

Has any license, permit or privilege ever been suspended or revoked? Yes ☐ No ☐

Describe:

Do you have a CDL? Yes ☐ No ☐ Do you have driving Experience? Yes ☐ No ☐

Type of Equipment	Dates From/To	Type of Equipment	Dates From/To	Type of Equipment	Dates From/To
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please list any other relevant experience:

Please list all states and provinces you have operated a commercial motor vehicle during the past 5 years:

Please list any safe driving awards you have received:

ACCIDENTS AND INCIDENTS

Have you been involved in an accident in the past 3 years? (If yes, please complete the information below.) Yes ☐ No ☐

Date of Accident Location (City/State) Fine (if any) \$

Describe the Accident

No. of Injuries No. of Fatalities Was HazMat (other than fuel from tanks) released? ☐ Yes ☐ No ☐

Type of Vehicle Operated DOT Regulation Cited

Date of Accident Location (City/State) Fine (if any) \$

Describe the Accident

No. of Injuries No. of Fatalities Was HazMat (other than fuel from tanks) released? ☐ Yes ☐ No ☐

Type of Vehicle Operated DOT Regulation Cited

Have you been involved in forfeiture in the past 3 years? (If yes, please complete the information below.) Yes ☐ No ☐

Date of Incident Location (City/State) Fine (if any) \$

Describe the Incident DOT Regulation Cited

No. of Injuries No. of Fatalities Was HazMat (other than fuel) released? ☐ Yes ☐ No ☐

Date of Incident Location (City/State) Fine (if any) \$

Describe the Incident DOT Regulation Cited

EMPLOYMENT INFORMATION

List all periods of employment and unemployment in reverse order starting with the most recent. CFR § 391.51(b) requires 3 years history to be verified and 7 subsequent years to be recorded for a total of 10 years employment history, or to the extent of which the applicant has worked. (If additional space is needed, please use Employment Information Attachment.)

Employer Name Telephone # - Facsimile # -

Address Position

(Street, City, State, Zip Code)

Supervisor's Name Employed From / To / Reason for Leaving Ending Salary

(month/year) (month/year)

CDL Required? Yes ☐ No ☐ Were you subject to the FMCSR's while employed? Yes ☐ No ☐ Was the job designated as a safety sensitive function in any DOT regulated mode subject to alcohol & controlled substance testing required by 49 CFR Part 40? Yes ☐ No ☐

If gap between employers, indicate reason: ☐ Unemployed ☐ Attending School ☐ Self-Employed ☐ Other

Employer Name Telephone # - Facsimile # -

Address Position

(Street, City, State, Zip Code)

Supervisor's Name Employed From / To / Reason for Leaving Ending Salary

(month/year) (month/year)

CDL Required? Yes ☐ No ☐ Were you subject to the FMCSR's while employed? Yes ☐ No ☐ Was the job designated as a safety sensitive function in any DOT regulated mode subject to alcohol & controlled substance testing required by 49 CFR Part 40? Yes ☐ No ☐

If gap between employers, indicate reason: ☐ Unemployed ☐ Attending School ☐ Self-Employed ☐ Other

Employer Name Telephone # - Facsimile # -

Address Position

(Street, City, State, Zip Code)

Supervisor's Name Employed From / To / Reason for Leaving Ending Salary

(month/year) (month/year)

CDL Required? Yes ☐ No ☐ Were you subject to the FMCSR's while employed? Yes ☐ No ☐ Was the job designated as a safety sensitive function in any DOT regulated mode subject to alcohol & controlled substance testing required by 49 CFR Part 40? Yes ☐ No ☐

If gap between employers, indicate reason: ☐ Unemployed ☐ Attending School ☐ Self-Employed ☐ Other

EMPLOYMENT INFORMATION (CONT.)

Employer Name	<input type="text"/>	Telephone #	(<input type="text"/>) <input type="text"/> - <input type="text"/>	Facsimile #	(<input type="text"/>) <input type="text"/> - <input type="text"/>
Address	<input type="text"/>			Position	<input type="text"/>
(Street, City, State, Zip Code)					
Supervisor's Name	<input type="text"/>	Employed From	<input type="text"/> / <input type="text"/>	To	<input type="text"/> / <input type="text"/>
		(month/year)		Reason for Leaving	<input type="text"/>
		(month/year)		Ending Salary	<input type="text"/>
CDL Required?	Were you subject to the FMCSR's while	Was the job designated as a safety sensitive function in any DOT regulated mode subject to			
Yes <input type="checkbox"/> No <input type="checkbox"/>	employed? Yes <input type="checkbox"/> No <input type="checkbox"/>	alcohol & controlled substance testing required by 49 CFR Part 40? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If gap between employers, indicate reason: <input type="checkbox"/> Unemployed <input type="checkbox"/> Attending School <input type="checkbox"/> Self-Employed <input type="checkbox"/> Other <input type="text"/>					

Employer Name	<input type="text"/>	Telephone #	(<input type="text"/>) <input type="text"/> - <input type="text"/>	Facsimile #	(<input type="text"/>) <input type="text"/> - <input type="text"/>
Address	<input type="text"/>			Position	<input type="text"/>
(Street, City, State, Zip Code)					
Supervisor's Name	<input type="text"/>	Employed From	<input type="text"/> / <input type="text"/>	To	<input type="text"/> / <input type="text"/>
		(month/year)		Reason for Leaving	<input type="text"/>
		(month/year)		Ending Salary	<input type="text"/>
CDL Required?	Were you subject to the FMCSR's while	Was the job designated as a safety sensitive function in any DOT regulated mode subject to			
Yes <input type="checkbox"/> No <input type="checkbox"/>	employed? Yes <input type="checkbox"/> No <input type="checkbox"/>	alcohol & controlled substance testing required by 49 CFR Part 40? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If gap between employers, indicate reason: <input type="checkbox"/> Unemployed <input type="checkbox"/> Attending School <input type="checkbox"/> Self-Employed <input type="checkbox"/> Other <input type="text"/>					

Employer Name	<input type="text"/>	Telephone #	(<input type="text"/>) <input type="text"/> - <input type="text"/>	Facsimile #	(<input type="text"/>) <input type="text"/> - <input type="text"/>
Address	<input type="text"/>			Position	<input type="text"/>
(Street, City, State, Zip Code)					
Supervisor's Name	<input type="text"/>	Employed From	<input type="text"/> / <input type="text"/>	To	<input type="text"/> / <input type="text"/>
		(month/year)		Reason for Leaving	<input type="text"/>
		(month/year)		Ending Salary	<input type="text"/>
CDL Required?	Were you subject to the FMCSR's while	Was the job designated as a safety sensitive function in any DOT regulated mode subject to			
Yes <input type="checkbox"/> No <input type="checkbox"/>	employed? Yes <input type="checkbox"/> No <input type="checkbox"/>	alcohol & controlled substance testing required by 49 CFR Part 40? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If gap between employers, indicate reason: <input type="checkbox"/> Unemployed <input type="checkbox"/> Attending School <input type="checkbox"/> Self-Employed <input type="checkbox"/> Other <input type="text"/>					

Employer Name	<input type="text"/>	Telephone #	(<input type="text"/>) <input type="text"/> - <input type="text"/>	Facsimile #	(<input type="text"/>) <input type="text"/> - <input type="text"/>
Address	<input type="text"/>			Position	<input type="text"/>
(Street, City, State, Zip Code)					
Supervisor's Name	<input type="text"/>	Employed From	<input type="text"/> / <input type="text"/>	To	<input type="text"/> / <input type="text"/>
		(month/year)		Reason for Leaving	<input type="text"/>
		(month/year)		Ending Salary	<input type="text"/>
CDL Required?	Were you subject to the FMCSR's while	Was the job designated as a safety sensitive function in any DOT regulated mode subject to			
Yes <input type="checkbox"/> No <input type="checkbox"/>	employed? Yes <input type="checkbox"/> No <input type="checkbox"/>	alcohol & controlled substance testing required by 49 CFR Part 40? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If gap between employers, indicate reason: <input type="checkbox"/> Unemployed <input type="checkbox"/> Attending School <input type="checkbox"/> Self-Employed <input type="checkbox"/> Other <input type="text"/>					

Employer Name	<input type="text"/>	Telephone #	(<input type="text"/>) <input type="text"/> - <input type="text"/>	Facsimile #	(<input type="text"/>) <input type="text"/> - <input type="text"/>
Address	<input type="text"/>			Position	<input type="text"/>
(Street, City, State, Zip Code)					
Supervisor's Name	<input type="text"/>	Employed From	<input type="text"/> / <input type="text"/>	To	<input type="text"/> / <input type="text"/>
		(month/year)		Reason for Leaving	<input type="text"/>
		(month/year)		Ending Salary	<input type="text"/>
CDL Required?	Were you subject to the FMCSR's while	Was the job designated as a safety sensitive function in any DOT regulated mode subject to			
Yes <input type="checkbox"/> No <input type="checkbox"/>	employed? Yes <input type="checkbox"/> No <input type="checkbox"/>	alcohol & controlled substance testing required by 49 CFR Part 40? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If gap between employers, indicate reason: <input type="checkbox"/> Unemployed <input type="checkbox"/> Attending School <input type="checkbox"/> Self-Employed <input type="checkbox"/> Other <input type="text"/>					

Applicant Certification

By signing this statement I certify that:

- ☐ This application for employment/contract was completed by me and that all entries on it and the information contained within it are true and correct to the best of my knowledge.
- ☐ As required by § 383.21 of the FMCSR's, I only have one motor vehicle operator's license.

Furthermore, I authorize you (the company or agencies) 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/contract decision. I hereby release any and all of; the employers, the schools, the health care providers, B & K Shipping Logistics, LLC. and their subsidiaries, as well as the other persons associated with this application for employment/contract and the subsequent processes and procedures from all liability in response to inquiries and the releasing of information in connection with my application. In the event of employment/contract, I understand that false or misleading information given in my application or interview(s) may be considered fraud and could be construed as criminal, and may be grounds for termination and permanent discharge from this company. I understand that I am required to abide by all rules and regulations of the company as outlined in the company policies and statements.

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR § 391.23(d) and (e). 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 those previous employers to resend the corrected information to the 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.

Applicant's Signature _____ Date

B & K Shipping Logistics, LLC. is an equal opportunity employer. B & K Shipping does not discriminate on the basis of race, color, religion, gender, age, sexual orientation, national origin or ancestry, physical or mental disability, marital status, pregnancy, veteran status, medical condition, or any other protected status as defined by law.

For Completion by B & K Shipping Logistics, LLC. Representative

Reviewed by: **Date:**

[illegible]



RELEASE OF CDL HOLDER'S REPORTED
POSITIVE ALCOHOL OR CONTROLLED
SUBSTANCE TEST RESULTS

Use this form to obtain the CDL holder's reported positive alcohol or controlled substance test results information.

This form should ONLY be used if you wish to inquire whether or not a prospective driver (CDL Holder) has had a positive alcohol or controlled substance test result reported to the Georgia Department of Public Safety in compliance with state law.

**THIS FORM IS NOT REQUIRED FOR REPORTING A POSITIVE
ALCOHOL OR CONTROLLED SUBSTANCE TEST.**

1. This form must be completed in full and include the driver's original signature.
2. Deliver or mail the completed form to:

I, ,
Print Name of CDL Holder

of ,
Print Address of CDL Holder

authorize release of the CDL holder's reported positive alcohol or controlled substance test results reported under state law

to ,
Print Name

of ,
Print Address

Driver License Number: State: Date of Birth:

Signature of Driver:

Date:

DO NOT SEND THIS FORM BY FACSIMILE

B & K Shipping Logistics, LLC.

2251 Sylvan Road Suite C East Point, GA 30344

404-767-8690 Phone

404-767-3151 Fax

REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYERS

By signing below, I acknowledge and authorize the release of the following information for the purpose of investigation to B & K Shipping Logistics, LLC., as required by § 391.23 and allowed by § 383.35 of the Federal Motor Carrier Safety Regulations. I fully understand and do hereby give my consent to obtain the information required by 49 CFR § 382.413. You are released from any and all liability that may result from furnishing such information.

Printed Name _____ Date: _____

Signature: _____ SSN: _____

TO BE COMPLETED BY B & K Shipping Logistics, LLC REPRESENTATIVE**PREVIOUS EMPLOYER INFORMATION:**

Company Name: _____ Telephone #: _____
Supervisor Name: _____ Facsimile #: _____
Address: _____
Street City State Zip

TO BE COMPLETED BY PREVIOUS EMPLOYER - R REQUIRED BY FMCSR § 391.23 AND § 40.25**Accident History**

The applicant named above was employed by us. Yes ☐ No ☐
Position Held: _____ From (mm/yyyy): _____ To (mm/yyyy): _____
Did he/she drive motor vehicles for you? Yes ☐ No ☐ If yes, what type? Straight Truck ☐ Tractor-Trailer ☐ Bus ☐
Cargo Tank ☐ Doubles/Triples ☐ Other (specify) _____
Reason for leaving? ☐ Resignation ☐ Discharge ☐ Lay-Off ☐ Military Duty ☐ Other ☐ _____
If there is no safety performance history to report, check here, ☐ sign below and return.

Accidents: Complete the following for any accidents included on your accident register that involved the applicant or check here if there is no accident register data for this person.

Date	Location	No. of Injuries	No. of Fatalities	HazMat Spill
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please provide information concerning any other accidents involving the applicant that were reported to government agencies, insurers or retained under company policy. _____

Drug and Alcohol History

If the driver was **not** subject to Dept of Transportation testing requirements while employed by you, please check here .

Driver was subject to DOT testing requirements from _____ to _____. ☐ Yes ☐ No

1. Has this person had an alcohol test with a result of 0.04 or higher alcohol concentration?
2. Has this person tested positive or adulterated or substituted a test specimen for controlled substance?
3. Has this person refused to submit to a post-accident random, reasonable suspicion, or follow-up alcohol or controlled substance test?
4. Has this person committed other violations of Subpart B of Part 382, or Part 40?
5. If this person violated a drug and alcohol regulation, did this person complete a SAP-prescribed rehabilitation program in your employ, including return-to-duty and follow-up tests? If yes, please send documentation back with this form.
6. For a driver who successfully completed a SAP's rehabilitation referral and remained in your employ, did this driver subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test or a refusal to be tested?

In answering these questions, include any required DOT drug or alcohol testing information obtained from prior previous employers in the previous 3 years. Indicate their contact information below:

Company Name/Address _____ Tel. # _____

Completed by: _____ Date: _____



2251 Sylvan Road Ste c East POint GA 30344

Request for Check of Driving Record

I hereby authorize B & K Shipping Logistics, LLC. to generate a Motor Vehicle Report for the purpose of investigation as required by § 391.23 and 391.25 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability that may result from furnishing such information.

<hr/>	<hr/>
Applicant's Signature	Date
<hr/>	<hr/>
Printed Name	Date of Birth
<hr/>	<hr/>
Driver's License Number and State of Issuance	Date of Expiration

Fair Credit Reporting Act Disclosure Statement

In accordance with the FAIR CREDIT REPORTING ACT (Public Law 91-508), as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I, of Public Law 104-208), you are being informed that consumer reports verifying your previous employment, drug and alcohol test results, and driving record may be obtained on you for employment purposes.

I acknowledge the receipt of the above disclosure and authorize B & K Shipping Logistics, LLC. to obtain consumer reports on me for employment purposes. The authorization is ongoing in the event such a report is needed in the future.

<hr/>	<hr/>
Applicant's Signature	Date



2251 Sylvan Road Ste C East Point GA 30344

Pre-Employment/Contract Drug & Alcohol Statement

FMCSR §40.25(j) As the employer; you must also ask the employee whether he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past three years. If the employee admits that he or she had a positive test or a refusal to test, you must not use the employee to perform safety-sensitive functions for you until and unless the employee documents successful completion of the return-to-duty process. (See §40.25(b)(5) and (e).)

Prospective Employee/Contractor Name (please print):

Social Security Number: Date of Birth:

The prospective employee/contractor is required by §40.25(j) to respond to the following questions.

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

Check one: ☐ Yes ☐ No

- 2.) If you answered yes, can you provide/obtain proof that you've successfully completed the DOT return-to-duty requirements?

Prospective
Employee/Contractor: _____
(Signature)

Date:

Witnessed By: _____
(Signature)

Date: