MANDATORY DOCCUMENTS TO BE SUBMITTED WITH APPLICATION:

**** Valid Driver's License**
**** Valid Medical DOT Card**
**** OSHA 10 Certificate**
**** Driving Record from RMV**
(not older than 30 Days of the date of this application)

K5 CORPORATION

APPLICATION FOR EMPLOYMENT

Position applying for: Laborer Driver Shop

DATE_____ EMAIL: _____

NAME_____ **CELLPHONE: (**_____**)** _____ **Provider** _____

ADDRESS: _____

DATE OF BIRTH_____ **SOCIAL SECURITY #**_____

PREVIOUS THREE YEARS ADDRESSES:

_____FROM_____TO_____
_____FROM_____TO_____
_____FROM_____TO_____

HAVE YOU WORKED FOR THIS COMPANY BEFORE? _____Yes _____No If yes, give dates: From_____ To_____
Reason for leaving? _____

EDUCATION HISTORY: Please circle the highest grade completed: Grade school: 1 2 3 4 5 6 7 8 9 10 11 12 College: 1 2 3 4
TYPE OF DRIVERS LICENSE (Cirlce) A B C D List all Endorsements: _____

DRIVING EXPERIENCE

Class of Equipment	From	To	Approximate Number of Miles
Straight Truck			
Tractor & Semi-trailer			
Tractor & two trailers			
Tractor & triple trailers			
Other			

Can you drive a Standard Truck? ____Yes ____No List All States you have operated in:_____

Accident Record for past three (3) years: (attach sheet if more space is needed):

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

Traffic Convictions and Forfeitures for the last three (3) years (other than parking violations)to include Certificate of Violations:

Date	Location	Charge	Penalty

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
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
It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability.
If the answers to any questions listed above are "yes", give details_____
Have you ever been disqualified for Violations of the FMCSR's? _____ Yes _____No

All New Hires will be subject to Pre-Employment Drug Test: Do you have any issues with this? _____Yes _____No

MECHANICAL EXPERIENCE:_____ DATE AVAILBLE TO WORK: _____

EMPLOYMENT HISTORY:

Give a COMPLETE RECORD of all employment for the past three (3) years, including any unemployment or self employment periods, and all commercial driving experience for the past ten (10) years.

Mo/Yr Mo/Yr Present or Last Employer
From________________To_______________ Name____
Position Held____Address____
Reason for leaving____Company phone (______) _______________________
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
Were you Subject to the FMCSR's while employed? ______________Yes ______________No

Mo/Yr Mo/Yr Present or Last Employer
From________________To_______________ Name____
Position Held____Address____
Reason for leaving____Company phone (______) _______________________
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
Were you Subject to the FMCSR's while employed? ______________Yes ______________No

Mo/Yr Mo/Yr Present or Last Employer
From________________To_______________ Name____
Position Held____Address____
Reason for leaving____Company phone (______) _______________________
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
Were you Subject to the FMCSR's while employed? ______________Yes ______________No

Job References

List three (3) persons for references, other than family members, who have knowledge of your safety habits.

Name__________________________________Occupation________________________________Phone_______________

Name__________________________________Occupation________________________________Phone_______________

Name__________________________________Occupation________________________________Phone_______________

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 the motor carrier or his agents may investigate the applicant's background to obtain any and all information of concern to applicant's record, whether same is of record or not, and applicant releases employers and person 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 the motor carrier 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.

Applicant Signature____Date________________________

How did you hear about us?
____Friend, ____Criagslist, ____Indeed.com, ____Out on Jobsite, ____Truck ____Newspaper, ____________Other

If referred by K5 Corp employee please give name: ________________________________

Remarks: (For office use only)
____
____
____

K5 CORPORATION
9 Rockview Way
Rockland, MA 02370

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____, authorize all corporation, educational institutions, person, law enforcement agencies, military services, personal references and former employers to release any and all information they may have about me, including but not limited to records and information regarding my employment history (including reason for termination), criminal records, civil records, driving history, educational records and any other public record information. I release all such parties from any liability or responsibility for releasing such information. I further agree to hold K5 CORPORATION and any third-party reporting agencies, and any of their agents harmless regarding any information that is obtained during the background inquiry.

Applicant's Name: _____

Street address: _____

City/State/Zip: _____

Social Security Number: _____

Driver's License Number: _____

Signature: _____

Date:_____

R. F. JONES
INVESTIGATIONS

66 GREEN STREET, FAIRHAVEN, MASSACHUSETTS 02719 ·
TEL. 508- 9947684 Cellphone: 508-509-2671 Email: rfjonesy@comcast.net

BACKGROUND INFORMATION REQUEST AND WAIVER

PERSONAL DATA

NAME: _____
LAST FIRST MIDDLE

RESIDENTIAL ADDRESS:_____
_
NUMBER STREET CITY/STATE ZIP CODE

HAVE YOU EVER RESIDED IN ANOTHER STATE? IF YES, WHICH STATE(S)?
_____

SOCIAL SECURITY NUMBER _____/_____/_____ SEX __M__F__

DRIVER'S LICENSE NUMBER _____

I, hereby release, discharge, and exonerate R. F. JONES INVESTIGATIONS, it's agents and representatives, and any person so furnishing information, for any and all liability of every nature and kind arising out of the furnishing of inspection of such documents, records and other information of the investigations.

I further understand that R. F. JONES INVESTIGATIONS will conduct a background investigation which may include a check with any past employers, a criminal records check with the local police department, the State Police, Federal Law Enforcement Agencies, the Registry of Motor Vehicles, financial records, credit reports and interviews with my character references.

SIGNATURE:_____DATE_____