**DRIVER EMPLOYMENT APPLICATION**

[BMK Logistics LLC

4336 Cross Creek Dr

Liverpool, NY 13090]
An Equal Opportunity Employer

COMPLETE IN FULL OR IT WILL NOT BE CONSIDERED.

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| **APPLICANT INFORMATION** |
| FIRST NAME |   | MIDDLE NAME |   | LAST NAME |   |
| PHONE |   | EMAIL |   |
| DATE OF BIRTH |   | SOCIAL SECURITY # |   |
| DATE OF APPLICATION |   | POSITION APPLIED FOR |   | DATE AVAILABLE FOR WORK |   |

Do you have legal right to work in the United States? ☐ YES ☐ NO

How did you hear about this position (employee referral, ad, web positing, etc.?)

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Will you now or in the future require sponsorship by this Company to attain or maintain your employment status? ☐ YES ☐ NO

Note: If hired, you must complete Section 1 on Form I-9 required by the U.S. Immigration and Naturalization Service no later than first day of work and provide the documentation required by Section 2 no later than three (3) business days after you start work. A copy of the back of Form I-9, listing acceptable documentation, is available.

Type of work sought? Full Time \_\_\_\_ Part Time \_\_\_\_ Temporary \_\_\_\_

\* \* \*

Thank you for your interest in employment with this Company. The Company is committed to a policy of Equal Employment Opportunity and will not discriminate against an applicant on the basis of age, sex, sexual orientation, gender, gender identity or expression, race, color, creed, religion, ethnicity, national origin, alienage or citizenship, disability, marital status, familial status, genetic information, uniform service or veteran status or any other legally protected basis under applicable federal, state or local laws, regulations or ordinances. The Company will provide reasonable accommodations to allow an applicant to participate in the application and hiring process if requested. Please inform us if you need assistance completing any forms or to otherwise participate in the application process.

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| **Availability (Shifts Start as early as 4am and End as late as 4:30pm)** |
| Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |
| Example: | Open – Close | Open – Close | Open – Close | OFF | Open – Close | Open -Close |

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| **PREVIOUS THREE YEARS RESIDENCY** |
| *Attach additional sheet if more space is needed* |
|   | STREET | CITY | STATE | ZIP CODE | # OF YEARS AT ADDRESS |
| CURRENT |   |   |   |   |   |
| MAILING |   |   |   |   |   |
| PREVIOUS |   |   |   |   |   |
| PREVIOUS |   |   |   |   |   |
| PREVIOUS |   |   |   |   |   |

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| **LICENSE INFORMATION** |
| No person who operates a commercial motor vehicle shall at any time have more than one driver’s license (49 CFR 383.21). I certify that I do not have more than one motor vehicle license, the information for which is listed below. Include all licenses held for the past 3 years; attach additional sheets if needed. |
| STATE | LICENSE # | TYPE/CLASS | ENDORSEMENTS | EXPIRATION DATE |
|   |   |   |   |   |
| PREVOIUSLY HELD LICENSES |
|   |   |   |   |   |
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| **DRIVING EXPERIENCE** |
| CLASS OF EQUIPMENT | TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.) | DATE FROM | DATE TO | APPROX # OF MILES (TOTAL) |
| STRAIGHT TRUCK |   |   |   |   |
| TRACTOR & SEMI-TRAILER |   |   |   |   |
| TRACTOR & 2 TRAILERS |   |   |   |   |
| TRACTOR & TANKER |   |   |   |   |
| OTHER |   |   |   |   |

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| **ACCIDENT RECORD FOR THE PAST 3 YEARS** |
| *Attach additional sheet if more space is needed. Check this box if none* ☐ |
| DATES(List most recent first) | NATURE OF ACCIDENT (Head-on, rear-end, upset, etc.) | # FATALITIES | # INJURIES | CHEMICAL SPILLS (Y/N) |
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| **TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)** |
| *Attach additional sheet if more space is needed. Check this box if none* ☐ |
| DATE CONVICTED (Month/Year) | VIOLATION | STATE OF VIOLATION | PENALTY (Forfeited bond, collateral and/or points) |
|   |   |   |   |
|   |   |   |   |
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Have you ever been denied a license, permit, or privilege to operate a motor vehicle? ☐ YES ☐ NO

If yes, explain:

Has any license, permit, or privilege ever been suspended or revoked? ☐ YES ☐ NO

If yes, explain:

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| **EMPLOYMENT HISTORY** |

The Federal Motor Carrier Safety Regulations (49 CFR 391.21) require that all applicants wishing to drive a commercial vehicle list all employment for the last three (3) years. ***In addition, if you have driven a commercial vehicle previously, you must provide employment history for an additional seven (7) years (for a total of ten (10) years). Any gaps in employment in excess of one (1) month must be explained.***

Start with the last or current position, including any military experience, and work backwards (attach separate sheets if necessary). You are required to list the complete mailing address, including street number, city, state, zip; and complete all other information.

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| **MOST RECENT) EMPLOYER** |   |
| NAME |   | PHONE |   |   |
| ADDRESS |   |   |
| POSITION HELD |   | FROM MO/YR |   | TO MO/YR |   |   |
| REASON FOR LEAVING |   | SALARY |   |   |
| EXPLAIN ANY GAPS IN EMPLOYMENT (Include month/year & reason) |   |   |
| While employed here, were you subject to the Federal Motor Carrier Safety Regulations? ☐ YESWas the job designated as a safety-sensitive function in any Department of Transportation-regulatedmode subject to alcohol and controlled substances testing as required by 49 CFR, part 40? ☐ YES | ☐ NO☐ NO |

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| **SECOND (MOST RECENT) EMPLOYER** |   |
| NAME |   | PHONE |   |   |
| ADDRESS |   |   |
| POSITION HELD |   | FROM MO/YR |   | TO MO/YR |   |   |
| REASON FOR LEAVING |   | SALARY |   |   |
| EXPLAIN ANY GAPS IN EMPLOYMENT (Include month/year & reason) |   |   |
| While employed here, were you subject to the Federal Motor Carrier Safety Regulations? ☐ YESWas the job designated as a safety-sensitive function in any Department of Transportation-regulatedmode subject to alcohol and controlled substances testing as required by 49 CFR, part 40? ☐ YES | ☐ NO☐ NO |

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| **THIRD (MOST RECENT) EMPLOYER** |   |
| NAME |   | PHONE |   |   |
| ADDRESS |   |   |
| POSITION HELD |   | FROM MO/YR |   | TO MO/YR |   |   |
| REASON FOR LEAVING |   | SALARY |   |   |
| EXPLAIN ANY GAPS IN EMPLOYMENT (Include month/year & reason) |   |   |
| While employed here, were you subject to the Federal Motor Carrier Safety Regulations? ☐ YESWas the job designated as a safety-sensitive function in any Department of Transportation-regulatedmode subject to alcohol and controlled substances testing as required by 49 CFR, part 40? ☐ YES | ☐ NO[] NO |

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| **EDUCATION**  |
| SCHOOL | NAME & LOCATION | COURSE OF STUDY | YEARS COMPLETED | GRADUATEY N | DETAILS |
| High School |   |   |   | [] | [] |   |
| College |   |   |   | [] | [] |   |
| Other |   |   |   | [] | [] |   |

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| **OTHER QUALIFICATIONS** |

Please list any other qualifications that you have and which you believe should be considered.

**APPLICANT CERTIFICATION**

**CERTIFICATION - *PLEASE READ CAREFULLY BEFORE SIGNING***

I consent to and authorize the Company to contact my former employers, and any and all other persons and organizations for information bearing upon my qualifications for employment. Unless I noted otherwise, I further authorize the listed employers, schools, and personal references to give the Company (without further notice to me) any and all information about my previous employment and education, along with other pertinent information they may have and hereby waive any actions which I may have against either party/parties for providing a reference as part of this application process. I understand that any employment or offer of employment arising from this Application for Employment will be subject to satisfactory verification of all job qualifications and information contained in this Application for Employment, which may include academic credentials, licenses, professional designations, references, credit and employment history, motor vehicles and other background checks, to the extent permitted by and in accordance with applicable law.

 \_\_\_\_\_\_\_\_ (Please initial here to indicate that you have read and understand the above paragraph.)

**I expressly agree and understand that completion of this application is a preliminary step to employment. It does not obligate the Company to offer me employment or for me to accept employment. I further agree and understand that in the event I am employed by the Company, my employment with the Company will be “at will.”** This means that my employment is not for a specified term and that it may be terminated by the Company or me at any time, for any reason, with or without cause or notice.  **I understand that no document or any statement of any employee of the Company constitutes a contract of employment between me and the Company that in any way alters or changes my employment at will status.** I further understand that the at-will nature of my employment cannot be changed, on an individual or collective basis, except by a formal written contract, stating it is a contract of employment, signed by the President/CEO of the Company. I understand that this Application for Employment does not constitute an agreement or contract for employment between me and the Company.

 \_\_\_\_\_\_\_\_ (Please initial here to indicate that you have read and understand the above paragraph.)

In the event I am employed by the Company, I understand that I will be expected to comply with all rules and regulations as set forth in the Company’s policies and in any communications made to me. I understand that while the company makes every effort to accommodate individual preferences, business needs may make the following necessary: overtime; shift work; a rotating work schedule; a work schedule that includes weekend work.

 \_\_\_\_\_\_\_\_ (Please initial here to indicate that you have read and understand the above paragraph.)

**By my signature below, I certify under penalty of perjury that all of the foregoing information is true and complete, and I understand that any falsification or omission of information may result in denial of employment; or, if I am employed by the Company, may result in termination regardless of the time lapse before discovery.**

I understand that the information I provide regarding my current and/or prior 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. I understand that I have the right to:

* Review information provided by current/previous employers;
* Have errors in the information corrected by previous employers, and for those previous employers to resend the corrected information to the prospective employer; and
* 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.

This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge. Note: A motor carrier may require an applicant to provide more information than that required by the Federal Motor Carrier Safety Regulations.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_