



**MARTHA VARGA**

Quick Application from KLLM \_\_\_\_\_ Application for Safety Clearance

*Fax 800-561-1364*

Please print all information except signature.

Name \_\_\_\_\_ SS \_\_\_\_\_

Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_

How did you hear about KLLM \_\_\_\_\_

Class A CDL# \_\_\_\_\_ State \_\_\_\_\_

Expiration of CDL Month \_\_\_\_\_ Year \_\_\_\_\_

Do you have the Hazmat Endorsement Yes \_\_\_ No \_\_\_

Does KLLM have permission to check your background

Yes \_\_\_ No \_\_\_ Signature \_\_\_\_\_

List all moving violations within the past 5 years

- 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_
- 4. \_\_\_\_\_ 5. \_\_\_\_\_

List all accidents within the last 5 years

- 1. \_\_\_\_\_ \$ \_\_\_\_\_ DOT reportable Yes \_\_\_ No \_\_\_
- 2. \_\_\_\_\_ \$ \_\_\_\_\_ DOT reportable Yes \_\_\_ No \_\_\_
- 3. \_\_\_\_\_ \$ \_\_\_\_\_ DOT reportable Yes \_\_\_ No \_\_\_

Have you ever  
 Been convicted of driving while under the influence of alcohol or drugs? Yes \_\_\_ No \_\_\_  
 Been convicted for possession, sale or use of a narcotic, drug, amphetamine, or derivative thereof?  
 Yes \_\_\_ No \_\_\_  
 Been convicted of a felony? Yes \_\_\_ No \_\_\_  
 Been convicted of a misdemeanor? Yes \_\_\_ No \_\_\_  
 Failed a controlled substance test? Yes \_\_\_ No \_\_\_

If answer to any question is Yes state details, circumstances, and date: \_\_\_\_\_  
 Page one of two



Work History for the last 5 years for (your name) \_\_\_\_\_

All employers must be listed \_\_\_\_\_ Leave none out \_\_\_\_\_ We verify with DAC

Employer \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Phone \_\_\_\_\_ Dates of employment \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_  
# of accidents \_\_\_\_\_ Explain \_\_\_\_\_

Employer \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Phone \_\_\_\_\_ Dates of employment \_\_\_\_\_  
Reason for leaving \_\_\_\_\_  
# of accidents \_\_\_\_\_ Explain \_\_\_\_\_

Employer \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Phone \_\_\_\_\_ Dates of employment \_\_\_\_\_  
Reason for leaving \_\_\_\_\_  
# of accidents \_\_\_\_\_ Explain \_\_\_\_\_

Employer \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Phone \_\_\_\_\_ Dates of employment \_\_\_\_\_  
Reason for leaving \_\_\_\_\_  
# of accidents \_\_\_\_\_ Explain \_\_\_\_\_

Employer \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Phone \_\_\_\_\_ Dates of employment \_\_\_\_\_  
Reason for leaving \_\_\_\_\_  
# of accidents \_\_\_\_\_ Explain \_\_\_\_\_

Employer \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Phone \_\_\_\_\_ Dates of employment \_\_\_\_\_  
Reason for leaving \_\_\_\_\_  
# of accidents \_\_\_\_\_ Explain \_\_\_\_\_

Employer \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Phone \_\_\_\_\_ Dates of employment \_\_\_\_\_  
Reason for leaving \_\_\_\_\_  
# of accidents \_\_\_\_\_ Explain \_\_\_\_\_

Employer \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Phone \_\_\_\_\_ Dates of employment \_\_\_\_\_  
Reason for leaving \_\_\_\_\_  
# of accidents \_\_\_\_\_ Explain \_\_\_\_\_

Employer \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Phone \_\_\_\_\_ Dates of employment \_\_\_\_\_  
Reason for leaving \_\_\_\_\_  
# of accidents \_\_\_\_\_ Explain \_\_\_\_\_

Please fax back to (recruiters name) **MARTHA VARGA** at 800 561 1364  
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RELEASE / AUTHORIZATION TO OBTAIN INFORMATION



Requesting Employer / Company Name: KLLM TRANSPORT SERVICES

City: RICHLAND

State: MS

Phone #: 800-925-1008

I authorize, per 49 CFR Part 40, the release of information from my DOT regulated drug and alcohol testing records by the carriers (company/school) listed below for the sole purpose of transmitting such records to the above listed employer. I authorize release of the following information concerning DOT drug and alcohol testing violations during the last three years: (i) alcohol tests with a result of 0.04 or higher; (ii) verified positive drug tests; (iii) refusals to be tested (including verified adulterated or substituted results); (iv) other violations of DOT drug and alcohol testing regulations; (v) information obtained from previous employers of a drug and alcohol rule violation(s); and (vi) documents, if any of completion of a return-to-duty process following a rule violation.

The information that I have authorized involves tests required by DOT. If any carrier (company/school) listed below furnishes information concerning items (i) through (vi) above, I also authorize the carrier (company/school) to release and furnish the dates of my negative drug and/or alcohol tests and or tests with results below 0.04 during the three-year period and the name and phone number of any substance abuse professional who evaluated me during the past three years.

COMPANY	CITY	STATE
_____	_____	_____
_____	_____	_____

→ Print Applicant Name: X \_\_\_\_\_ Applicant Signature: X \_\_\_\_\_  
 → Social Security No: X \_\_\_\_\_ Date: X \_\_\_\_\_

FMCSA Notification of Driver Rights

In compliance with 49 CFR Part 391.23, you have certain rights regarding the performance history that will be provided prospective employers. I) You have the right to review information provide by previous employers. II) You have 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 prospective employers; III) You have 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; IV) Drivers who have previous DOT regulated employment history in the preceding three years and wish to review previous employer-provided investigative information must submit a written request to prospective employers. This may be done at any time, including when applying, or as late as 30 days after being employed or being notified of denial of employment. Prospective employers must provide this information within five business days of receiving the written request. If prospective employers have not yet received the requested information from the previous employer, then the five day deadline will being when the requested safety performance history information is received. If you have not arrange to pick up or receive the requested records within 30 days of prospective employers making them available, Prospective employers may consider you to have waived your request to review the record.

PART II - CONSUMER REPORT DISCLOSURE AND RELEASE

In connection with your employment or application for employment (including contract for services), consumer reports may be requested from US Commercial Services ("USIS"). These reports may include the following types of information: names and dates of previous employers, reasons for termination of employment, work experience, accidents, and drug/alcohol use.

You have the right to make a request to USIS, upon proper identification, to request the nature and substance of all information in its files on you at the time of your request, including the sources of information and the recipients of any reports on you that USIS has previously furnished within the two-year period preceding your request. USIS may be contacted by mail at P.O. Box 33181, Tulsa, Oklahoma a. 74153, or by phone at (800)381-0645.

I AUTHORIZE, WITHOUT RESERVATION, USIS, AND ANY PARTY OR AGENCY CONTACTED BY USIS, TO FURNISH THE ABOVE MENTIONED INFORMATION. THIS AUTHORIZATION DOES NOT APPLY TO DRUG AND ALCOHOL INFORMATION OBTAINED UNDER PART I.

I hereby consent to your obtaining the above information from USIS. I hereby authorize procurement of consumer report(s). If hired or contracted, this authorization, for Part II reports only, shall remain on file and shall serve as ongoing authorization for you to procure consumer reports at any time during my employment or contract period.

→ Print Applicant Name: X \_\_\_\_\_ Applicant Signature: X \_\_\_\_\_

Notice to California Applicants

Under California law, the consumer reports we order on you for employment purposes within the State of California are defined as investigative reports. These reports may contain information on your character, general reputation, personal characteristics, and mode of living. Under section 178622 of the California Civil Code, you may view the file maintained on you by USIS during normal business hours. You may also obtain a copy of this file upon submitting proper identification and paying the costs of duplication services, by appearing at USIS in person or by mail. The agency is required to have personnel available to explain your file to you and the agency must explain to you any coded information appearing in your file. If you appear in person, a person of your choice may accompany you, provided that this person furnishes proper identification.

I request to receive a free copy of any investigative consumer report ordered on me by checking this box. (California applicants only.)