



342 Schuyler Avenue, Kearny, NJ 07032
201.998.4142

Employment Application

Terminal Location: _____

The purpose of this application is to determine whether or not the applicant is qualified to operate Motor Carrier equipment according to the requirements of the FMCSR. Applicants are considered without regard to race, color, creed, age, disability, sex or national origin.

INSTRUCTIONS TO APPLICANT: Please answer all questions.

If the answer to any question is "No" or "None" do not leave item blank, but write in "No" or "None"

1. GENERAL

E-Mail Address: _____

Date: ____/____/20____

Position Applied For: __ Independent Contractor __ Company Driver

Name: _____ Home Phone: (____) _____
(First) (Middle) (Last) (Area Code)

Cell Phone: (____) _____
(Area Code)

Current Address: _____ How Long: _____
(Street) (City) (State) (Zip)

Other Address: _____ How Long: _____
Past 3 Years (Street) (City) (State) (Zip)

Previous Address: _____ How Long: _____
(Street) (City) (State) (Zip)

Are you legally authorized to be employed with us? ___ Yes ___ No

Table with 4 columns: Date of Birth, Social Security #: _____ - _____ - _____ Federal ID#: _____, Height (ft - in), Weight (lbs)

Name of Spouse If Working, Company Name, Business Address (Street, City, State, Zip) Phone No.

2. EDUCATIONAL/MILITARY BACKGROUND

Circle highest grade completed: Grade School 1 2 3 4 5 6 7 8 High School 1 2 3 4 GED ___ Yes ___ No College 1 2 3 4

Last school attended _____ Did you graduate? _____

City _____ State _____

Driving School _____ Phone Graduation Date _____

City _____ State _____

List special courses taken that might help you in the work applied for _____

MILITARY: Branch _____ From _____ To _____ Honorable Discharge? ___ Yes ___ No

DD214 Narrative reason for discharge _____

Copy Attached? ___ Yes ___ No

IN CASE OF EMERGENCY NOTIFY: _____

Street _____ City _____ State _____ Phone No. _____

Relationship _____

Do you have any friends and/or relatives working for us? ___ Yes ___ No Name/Relationship _____

Have you worked here before? ___ Yes ___ No From _____ To _____

Reason for leaving _____

How did you hear about us? Advertising Source _____ Other (Specify) _____

Were you referred by a LJ Kennedy company driver? ___ Yes ___ No Name of Driver _____

3. EMPLOYMENT RECORD FOR PAST 10 YEARS

Begin with your present or most recent job and work backward, listing your employer for at least 10 years including all full and part time employment. If military service is listed, please include a copy of your DD-214 and/or DD-348. Please list all unemployment dates in the section below. **All time must be accounted for including military service, self-employment and periods of unemployment.** Use supplementary sheet if necessary.

Current Or Most Recent Employer: Name _____ Supervisor _____
Are you presently employed? ___ Yes ___ No May we call your present employer? ___ Yes ___ No
Address (St./City/State/Zip) _____ Telephone _____
Position Held From (mo./yr.) _____ To (mo./yr.) _____ Rate of Pay _____
Reason for Leaving _____ No. of states driven in _____

No. of Accidents _____ Please explain _____
Were you subject to FMCR's when 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?
*ACCOUNT FOR PERIOD BETWEEN JOBS - Include dates (month/year) and reason _____

Employer : Name _____ Supervisor _____
Are you presently employed? ___ Yes ___ No May we call your present employer? ___ Yes ___ No
Address (St./City/State/Zip) _____ Telephone _____
Position Held From (mo./yr.) _____ To (mo./yr.) _____ Rate of Pay _____
Reason for Leaving _____ No. of states driven in _____

No. of Accidents _____ Please explain _____
Were you subject to FMCR's when 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?
*ACCOUNT FOR PERIOD BETWEEN JOBS - Include dates (month/year) and reason _____

Employer : Name _____ Supervisor _____
Are you presently employed? ___ Yes ___ No May we call your present employer? ___ Yes ___ No
Address (St./City/State/Zip) _____ Telephone _____
Position Held From (mo./yr.) _____ To (mo./yr.) _____ Rate of Pay _____
Reason for Leaving _____ No. of states driven in _____

No. of Accidents _____ Please explain _____
Were you subject to FMCR's when 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?
*ACCOUNT FOR PERIOD BETWEEN JOBS - Include dates (month/year) and reason _____

Employer : Name _____ Supervisor _____
Are you presently employed? ___ Yes ___ No May we call your present employer? ___ Yes ___ No
Address (St./City/State/Zip) _____ Telephone _____
Position Held From (mo./yr.) _____ To (mo./yr.) _____ Rate of Pay _____
Reason for Leaving _____ No. of states driven in _____

No. of Accidents _____ Please explain _____
Were you subject to FMCR's when 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?
*ACCOUNT FOR PERIOD BETWEEN JOBS - Include dates (month/year) and reason _____

Employer : Name _____ Supervisor _____
Are you presently employed? ___ Yes ___ No May we call your present employer? ___ Yes ___ No
Address (St./City/State/Zip) _____ Telephone _____
Position Held From (mo./yr.) _____ To (mo./yr.) _____ Rate of Pay _____
Reason for Leaving _____ No. of states driven in _____

No. of Accidents _____ Please explain _____
Were you subject to FMCR's when 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?
*ACCOUNT FOR PERIOD BETWEEN JOBS - Include dates (month/year) and reason _____

4. DRIVING RECORD/EXPERIENCE

LICENSE

List all drivers licenses/permits held in the last five (5) years

State	License Number	Type & Endorsements	Expiration Date

Is your current license a CDL? Yes No State _____ Haz-Mat Endorsement? Yes No

TRAFFIC CONVICTIONS/SUSPENSIONS

List all car, truck, etc. moving traffic convictions and suspensions for the past five (5) years **(if none, write none)**

Date	Location (State)	Charge	If Speeding, Mph Over Limit	Penalty

ACCIDENT RECORD

List all car, truck, etc. accidents for the past five (5) years, including preventable and non-preventable. **(if none, write none)**

Date	Type of Vehicle	Nature of Accident (head-on, rear-end, upset, etc.)	Preventable Or Non-Preventable	Fatalities		Injuries		Amount of Property Damage
				Yes	No	Yes	No	

NATURE AND EXTENT OF EXPERIENCE

Type	Trailer Length	Date		Approx # Miles	Region/States Operated In
		From	To		
Tractor with Flatbed					
Tractor with Van					
Tractor with Reefer					
Tractor with Tank					
Straight Truck					
Other (Specify)					

- A. Has any license, permit or privilege ever been denied, revoked or suspended? (In any type vehicle) Yes No
- B. Have you ever been convicted for driving under the influence of alcohol or drugs or have a current charge pending? (In any type vehicle) Yes No
- C. Have you ever been convicted for possession, sale, or use of a narcotic drug, amphetamine, or derivative thereof, or have a current charge pending? Yes No
- D. Have you ever been convicted of a felony and/or misdemeanor? Yes No
- E. Have you ever been refused a security bond? Yes No
- F. Have you ever been disqualified to drive due to federal regulations? Yes No
- G. Have you ever tested positive for controlled substances? Yes No
- H. Have you ever refused a required drug or alcohol test? Yes No

If an answer to any question above is "Yes", state details, circumstances, and dates.



PHYSICAL HISTORY

FEDERAL MOTOR CARRIER SAFETY REGULATIONS SECTION 391.41 provides that a person shall not drive a motor vehicle unless that person is physically qualified to do so. It is an essential function of an over-the-road driver to satisfy the D.O.T. qualifications. Please answer **Yes** or **No** to the following questions that will be asked on the mandatory DOT Physical Examination Form*.

Have you ever received professional help for:

	Yes	No	Date		Yes	No	Date
Heart			_____	High Blood Pressure			_____
Hernia			_____	Cardiovascular Disease			_____
Physical Disorders			_____	Diabetes			_____
Seizures			_____	Any other Nervous Disorders			_____
Convulsions / Fainting			_____	Stroke			_____

If an answer to any question above is "Yes", please explain in detail:

Vision – Do you have at least 20/40 (Snellen) with or without corrective lenses in both eyes? Yes No

List all current medications being taken _____

Time lost from work in the past three years _____

Can you perform the following essential job functions with or without reasonable accommodation?

Exert enough physical force to release 5th wheel pins? Yes No Tarp loads at heights of 13'6" ? Yes No

Exert enough physical force to pull yourself into Tractor and/or climb onto a trailer and load? Yes No Lift and/or maneuver 140 lb tarps as required by job? Yes No

6. AUTHORIZATION

By completing this application, I _____

- Agree and understand that the completion of this application does not constitute that the LJ Kennedy Company has committed or made promise of employment of any nature and/or kind.
- Agree and understand that the completion of this application does not constitute authorization for an applicant to drive, nor does it obligate in anyway, LJ Kennedy Trucking Co. to authorize the application to drive.
- Authorize LJ Kennedy Trucking Co. and its subsidiaries, affiliates or its agents to request information which may contain but is not limited to the following information: Names and dates of previous employers; reason for termination of employment; work experience; accidents; etc.
- Authorize LJ Kennedy Trucking Co. and its subsidiaries, affiliates or its agents to request Driver Information Records from USIS Corp/DAC relating to your previous driver employment, including but not limited to, previous driver employment, previous driver history, Motor Vehicle Record requests, Alcohol and Drug Test results, Criminal History and Insurance Claim Reports. I further understand that such information will include information from various state agencies which maintain records concerning traffic offenses, accidents, etc., as well as other information on file with DAC/USIS.
- Understand and agree that I will be required to submit to and pass a drug test, a physical and other various tests as required as a condition of pre-employment, and thereafter in accordance with LJ Kennedy Trucking Co. policies and procedures and federal regulations.
- Agree that providing false, misleading or incomplete statements in this application and/or supplemental documents in connection with employer's evaluation of me as a candidate for employment is grounds for immediate termination of my employment, regardless of when such information is discovered.
- Understand I have a right to have errors in the information corrected by the previous employer, and for that previous employer to re-send the corrected information to LJ Kennedy Trucking Co.
- Understand I have a right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and I cannot agree on the accuracy of the information.
- Certify 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: _____



Background Investigation Consent

In connection with, and for the duration of my employment, (including testing and contract for services), I hereby authorize L.J. Kennedy Trucking and/or its agents to make an independent investigation of my background, references, character, past employment, education, driving history, criminal or police records, including those maintained by both public and private organizations, and all public records for the purpose of confirming the information contained on my application and/or obtaining other information which may be material to my qualifications for employment.

Further, if hired by L.J. Kennedy Trucking, I understand and authorize that a periodic or updated background investigation may be requested for the duration of my employment, (for purposes including job promotion, changes in job title/responsibilities, transfers, security clearance functions, etc).

I release e-VERIFILE.COM, Inc., Ceridian Corporation, First Advantage Corporation and USIS/DAC SERVICES and/or its agents any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims or lawsuits in regards to the information obtained from any and all of the above reference sources used.

The following is my true and complete legal name and all information is true and correct to the best of my knowledge.

Name: _____

Date: _____

