



1800 NW Brickyard Rd. Topeka, Kansas 66618 | Phone: (785) 783-8116 | Fax: (785) 232-0078 | Email: arazak@bettiscompanies.com

## APPLICATION FOR EMPLOYMENT

**PLEASE PRINT ALL INFORMATION EXCEPT SIGNATURE.** These instructions must be followed exactly. Fill out application form completely. If questions are not applicable, enter "NA". **DO NOT LEAVE QUESTIONS BLANK.** Be sure to sign when completed. We are an Equal Opportunity Employer and do not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or the provision of services.

**RESUMES WILL NOT BE ACCEPTED IN LIEU OF APPLICATION.**

**FAILURE TO COMPLETELY FILL OUT THIS APPLICATION MAY RESULT IN DISQUALIFICATION FROM CONSIDERATION FOR EMPLOYMENT.**

### HOW DID YOU HEAR ABOUT US?

Social Media  
  Radio  
  Website  
  Newspaper  
  Referral

### PERSONAL DATA

Last Name:		First Name:		Middle Initial:
Social Security No:		Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you legally eligible for employment in this country? <input type="checkbox"/> Yes <input type="checkbox"/> No
Home Phone No:		Email Address:		Cell Phone No:
Current Street Address:		City:	State:	Zip Code:
Commercial Driver's License Type/Classification:	State(s):	License Number(s):		Expiration Date:
Have you ever been denied a license or permit to operate a motor vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No		Has any license or permit ever been revoked or suspended? <input type="checkbox"/> Yes (if yes, please give details here) <input type="checkbox"/> No		

### APPLICATION / EMPLOYMENT STATUS

Date of application:	List any prior dates of employment and positions with affiliated Bettis Companies:
List position and/or type of work for which you are applying:	If referred to this company for employment, who provided the recommendation?
Type of employment desired: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Temporary	Date available for work:
What is your desired salary range or rate of pay?	Are you available to work overtime, if necessary? <input type="checkbox"/> Yes <input type="checkbox"/> No

### EDUCATION / MILITARY HISTORY

Type of School	Name and Location of School	Did You Graduate?	Years Completed	Course of Study	
HIGH SCHOOL		<input type="checkbox"/> Yes <input type="checkbox"/> No			
COLLEGE, GRADUATE & TECHNICAL		<input type="checkbox"/> Yes <input type="checkbox"/> No			
MILITARY	Branch:	Start Date:	End Date:	Discharge Type:	Training/Special Skills:

## EMPLOYMENT HISTORY

PLEASE LIST ALL EMPLOYMENT DURING THE PRIOR 3 YEARS.  
C.M.V.-DRIVERS MUST PROVIDE AN ADDITIONAL 7 YEARS OF EMPLOYMENT HISTORY  
(APPLIES ONLY TO COMPANIES FOR WHOM A C.M.V. WAS DRIVEN.)

NOTE: LIST EMPLOYERS IN REVERSE ORDER BEGINNING WITH YOUR MOST RECENT JOB/POSITION.

From:	To:	Employer:	Phone:	
Immediate Supervisor:	Address:	City:	State:	Zip:
Starting Job Title:	Ending Job Title:	Starting Pay Rate:	Ending Pay Rate:	
Summarize the nature of work performed and your job responsibilities:		Reason for leaving:		
May we contact this employer for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later, not at this time. Please explain:		Were you subject to the FMCSRs while employed? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No				

## EMPLOYMENT HISTORY (PLEASE FILL IN ALL SPACES BELOW OR MARK "N/A")

From:	To:	Employer:	Phone:	
Immediate Supervisor:	Address:	City:	State:	Zip:
Starting Job Title:	Ending Job Title:	Starting Pay Rate:	Ending Pay Rate:	
Summarize the nature of work performed and your job responsibilities:		Reason for leaving:		
May we contact this employer for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later, not at this time. Please explain:		Were you subject to the FMCSRs while employed? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No				

## EMPLOYMENT HISTORY (PLEASE FILL IN ALL SPACES BELOW OR MARK "N/A")

From:	To:	Employer:	Phone:	
Immediate Supervisor:	Address:	City:	State:	Zip:
Starting Job Title:	Ending Job Title:	Starting Pay Rate:	Ending Pay Rate:	
Summarize the nature of work performed and your job responsibilities:		Reason for leaving:		
May we contact this employer for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later, not at this time. Please explain:		Were you subject to the FMCSRs while employed? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No				

**EMPLOYMENT HISTORY (PLEASE FILL IN ALL SPACES BELOW OR MARK "N/A")**

From:	To:	Employer:	Phone:	
Immediate Supervisor:	Address:	City:	State:	Zip:
Starting Job Title:	Ending Job Title:	Starting Pay Rate:	Ending Pay Rate:	
Summarize the nature of work performed and your job responsibilities:		Reason for leaving:		
May we contact this employer for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later, not at this time. Please explain:		Were you subject to the FMCSRs while employed? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No				

**EMPLOYMENT HISTORY (PLEASE FILL IN ALL SPACES BELOW OR MARK "N/A")**

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Immediate Supervisor:	Address:	City:	State:	Zip:
Starting Job Title:	Ending Job Title:	Starting Pay Rate:	Ending Pay Rate:	
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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? <input type="checkbox"/> Yes <input type="checkbox"/> No				

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Immediate Supervisor:	Address:	City:	State:	Zip:
Starting Job Title:	Ending Job Title:	Starting Pay Rate:	Ending Pay Rate:	
Summarize the nature of work performed and your job responsibilities:		Reason for leaving:		
May we contact this employer for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later, not at this time. Please explain:		Were you subject to the FMCSRs while employed? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No				

**EMPLOYMENT HISTORY (PLEASE FILL IN ALL SPACES BELOW OR MARK "N/A")**

From:	To:	Employer:	Phone:	
Immediate Supervisor:	Address:	City:	State:	Zip:
Starting Job Title:	Ending Job Title:	Starting Pay Rate:	Ending Pay Rate:	
Summarize the nature of work performed and your job responsibilities:		Reason for leaving:		
May we contact this employer for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later, not at this time. Please explain:		Were you subject to the FMCSRs while employed? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No				

**EMPLOYMENT HISTORY (PLEASE FILL IN ALL SPACES BELOW OR MARK "N/A")**

From:	To:	Employer:	Phone:	
Immediate Supervisor:	Address:	City:	State:	Zip:
Starting Job Title:	Ending Job Title:	Starting Pay Rate:	Ending Pay Rate:	
Summarize the nature of work performed and your job responsibilities:		Reason for leaving:		
May we contact this employer for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later, not at this time. Please explain:		Were you subject to the FMCSRs while employed? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No				

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Immediate Supervisor:	Address:	City:	State:	Zip:
Starting Job Title:	Ending Job Title:	Starting Pay Rate:	Ending Pay Rate:	
Summarize the nature of work performed and your job responsibilities:		Reason for leaving:		
May we contact this employer for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later, not at this time. Please explain:		Were you subject to the FMCSRs while employed? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No				

**PERIODS OF UNEMPLOYMENT**

Please use this space to provide an explanation of any periods of unemployment:

## ACCIDENT RECORD

For the past 3 years (attach sheet if more space is needed) If none, write "NONE"

DATES	NATURE/DESCRIPTION OF ACCIDENT (head-on, rear-end, roll-over, etc.)	FATALITIES	INJURIES	HAZARDOUS SPILL
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

## TRAFFIC CONVICTIONS

And forfeitures for the past 3 years (other than parking violations) If none, write "NONE"

LOCATION	DATE	CHARGE	PENALTY

## CRIMINAL RECORD

Note: A criminal conviction may not disqualify you from consideration for employment, but failure to accurately complete this section will result in disqualification.

Have you ever been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so please list <u>date</u> and <u>offense(s)</u> :		
Name and location of court:		Disposition of case:	
Name of probation/parole officer:	Phone number:  May we contact him/her? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are there any felony or misdemeanor charges pending against you? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:	

## PERSONAL REFERENCE DATA

Name:	Address or Email:	Phone No:	Relationship:
Name:	Address or Email:	Phone No:	Relationship:
Name:	Address or Email:	Phone No:	Relationship:

## SKILLS AND QUALIFICATIONS

List licenses/degrees you currently hold; list any courses/training applicable to driving a CMV:	Date obtained/completed:

## DRIVING EXPERIENCE

Please list your driving experience in the following areas:

CLASS OF EQUIPMENT (check appropriate box)	TYPE OF EQUIPMENT (check appropriate box)	START DATE	END DATE	APPROX. NUMBER OF MILES DRIVEN
Straight Truck: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> VAN <input type="checkbox"/> TANK <input type="checkbox"/> FLAT <input type="checkbox"/> DUMP <input type="checkbox"/> OTHER			
Tractor/Semi-trailer: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> VAN <input type="checkbox"/> TANK <input type="checkbox"/> FLAT <input type="checkbox"/> DUMP <input type="checkbox"/> OTHER			
Other:				

List any special equipment or technical materials you can work with (unless shown above):

## EQUIPMENT EXPERIENCE

TYPE OF EQUIPMENT OPERATED	YEARS OF EXPERIENCE

## ABOUT THE HIRING PROCESS:

Please review your application to ensure that all questions have been answered to the best of your ability. Failure to completely fill out this Application for Employment may result in disqualification from consideration for employment. Capital Trucking, LLC. (hereinafter referred to as "Company") will be screening applications for completeness, honesty and accuracy. THIS SCREENING PROCESS MAY INCLUDE THE ACQUISITION OF AN "INVESTIGATIVE CONSUMER REPORT" INCLUDING ANY HISTORY OF CRIMINAL CONVICTIONS, JOB SAFETY, EMPLOYMENT HISTORY (INCLUDING ATTENDANCE AND/OR OTHER PERFORMANCE-RELATED ISSUES) AND OTHER INFORMATION DEEMED RELEVANT TO THE APPLICANT SELECTION PROCESS. Attached to this application is a copy of the Federal Fair Credit Reporting Act, as it pertains to application screening and background checks.

## PLEASE READ THE FOLLOWING STATEMENT & SIGN/ACKNOWLEDGE:

I HEREBY AUTHORIZE CAPITAL TRUCKING, LLC., TO REQUEST AND OBTAIN PERTINENT INFORMATION (DETAILED IN THE ABOVE PARAGRAPH) FROM MY FORMER EMPLOYERS. I RELEASE ALL FORMER EMPLOYERS PROVIDING SAID INFORMATION FROM ANY AND ALL LIABILITY THAT MAY ARISE BY THE TRUTHFUL DISCLOSURE OF THE AFOREMENTIONED EMPLOYMENT INFORMATION.

I UNDERSTAND THAT IT IS THE POLICY OF THE COMPANY THAT ALL APPLICANTS OFFERED EMPLOYMENT SUCCESSFULLY COMPLETE A DRUG AND/OR ALCOHOL SCREEN PROVIDING EVIDENCE OF THE ABSENCE OF ILLICIT AND/OR IMPAIRING SUBSTANCES. I ALSO UNDERSTAND THAT A CONFIRMED TEST RESULT FOR THE PRESENCE OF AN ILLICIT AND/OR IMPAIRING SUBSTANCE, OR MY FAILURE TO SUBMIT TO A DRUG SCREEN AS DIRECTED, WILL PRECLUDE ME FROM CONSIDERATION FOR EMPLOYMENT WITH THE COMPANY FOR A PERIOD OF ONE (1) YEAR.

If hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment. I understand that only an authorized Company officer or designee has the authority to make any assurances to the contrary. I also understand that if I am hired, I will be required to provide proof of identity and legal work authorization. The Company is an Equal Opportunity Employer and does not discriminate on the basis of race, color, national origin, gender, sexual preference, religion, age or disability in employment or the provision of services.

I certify that the information contained in this Application for Employment, including any resume or other attachment(s), is true, correct and complete to the best of my knowledge. I understand that any false statements, misrepresentations or omissions I have made on this application or any supplement thereto, will be sufficient grounds for rejection of this application by the Company, or **discharge from employment if already hired.**

My signature acknowledges that I have read and agree to the above statements and affirmations.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

This copy of the Federal *Fair Credit Reporting Act* has been provided in order to inform you of your rights regarding applicant screening and utilization of consumer information. Capital Trucking, LLC. does not typically obtain personal credit information when conducting a background screen. If Capital Trucking, LLC. deems it necessary to obtain personal credit information for any reason whatsoever (ie. security-sensitive job duties), your prior authorization will be attained.

## THE FAIR CREDIT REPORTING ACT

Public Law 91-508 effective April 25, 1971 with Amendments  
(15 U.S.C. § 1681 et seq.)

### § 604. Permissible purposes of reports

"A consumer reporting agency may furnish a consumer report under the following circumstances and no other:

"(1) In response to the order of a court having jurisdiction to issue such an order, or a subpoena issued in connection with proceedings before a Federal grand jury.

"(2) In accordance with the written instructions of the consumer to whom it relates.

"(3) To a person which it has reason to believe-

"(A) Intends to use the information in connection with a credit transaction involving the consumer on whom the information is to be furnished and involving the extension of credit to, or review or collection of an account of, the consumer; or

"(B) Intends to use the information for employment purposes; or

"(C) Intends to use the information in connection with the underwriting of insurance involving the consumer; or

"(D) Intends to use the information in connection with a determination of the consumer's eligibility for a license or other benefit granted by a governmental instrumentality required by law to consider an applicant's financial responsibility or status; or

"(E) Otherwise has a legitimate business need for the information in connection with a business transaction involving the consumer.

### § 606. Disclosure of investigative consumer reports

"(a) A person may not procure or cause to be prepared an investigative consumer report on any consumer unless-

"(1) It is clearly and accurately disclosed to the consumer that an investigative consumer report including information as to his character, general reputation, personal characteristics, and mode of living, whichever are applicable, may be made, and such disclosure (A) is made in a writing mailed, or otherwise delivered, to the consumer, not later than three days after the date on which the report was first requested, and (B) includes a statement informing the consumer of his right to request the additional disclosures provided for under subsection (b) of this section; or

"(2) The report is to be used for employment purposes for which the consumer has not specifically applied.

"(b) Any person who procures or causes to be prepared an investigative consumer report on any consumer shall, upon written request made by the consumer within a reasonable period of time after the receipt by him of the disclosure required by subsection (a)(1), shall make a complete and accurate disclosure of the nature and scope of the investigation requested. This Disclosure shall be made in a writing mailed, or otherwise delivered, to the consumer not later than five days after the date on which the request for such disclosure was received from the consumer or such report was first requested, whichever is the later.

"(c) No person may be held liable for any violation of subsection (a) or (b) of this section if he shows by a preponderance of the evidence that at the time of the violation he maintained reasonable procedures to assure compliance with subsection (a) or (b).

\* For a complete copy of the Fair Credit Reporting Act, or to learn more about your rights you may visit the FCRA website at <http://www.ftc.gov/os/statutes/fcra.htm>

I acknowledge being advised of my rights pursuant to the FCRA.

\_\_\_\_\_  
Applicant's Initials

\_\_\_\_\_  
Date



## BACKGROUND INFORMATION FORM

Fill out this form completely. **PLEASE PRINT ALL INFORMATION EXCEPT SIGNATURE.** Be sure to sign when completed.

### PERSONAL INFORMATION

Last Name:	First Name:	Middle Name:	
Former Last Name #1 (alias, maiden, etc.):		Former Last Name #2:	
Current Address:	City:	State:	Zip:
How long have you lived at the above address?	Social Security No.:		Date of Birth:

### PLEASE LIST THE TWO ADDRESSES MOST PRIOR TO YOUR CURRENT ADDRESS AND HOW LONG YOU HAVE LIVED AT EACH

Prior Address:	City:	State:	Zip:	Length of Time:
Prior Address:	City:	State:	Zip:	Length of Time:

**PLEASE READ AND SIGN THE FOLLOWING STATEMENT:**

I hereby authorize Capital Trucking, LLC. to conduct a comprehensive review of my background, to be used in evaluation of my application for employment. I understand that the scope of the review may include, but is not limited to, the following areas:

<b>VERIFICATION OF SOCIAL SECURITY NUMBER</b>	<b>HISTORY OF CRIMINAL CONVICTIONS</b>
<b>MOTOR VEHICLE RECORDS AND REGISTRATION</b>	<b>EMPLOYMENT HISTORY</b>
<b>OTHER: (IF REQUIRED FOR JOB)</b>	<b>INITIALS:</b>

I hereby release Capital Trucking, LLC. and its agents, representatives or assigned agencies, including officers, employees or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may, at any time, result to me, my heirs, family or associates because of compliance with this authorization.

**A SUMMARY OF MY RIGHTS UNDER THE FEDERAL FAIR CREDIT REPORTING ACT (FCRA), AS IT PERTAINS TO BACKGROUND SCREENING, IS ATTACHED TO THIS APPLICATION PACKET.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



# EMPLOYMENT VERIFICATION: CONFIDENTIAL INQUIRY TO PAST EMPLOYER

TO: \_\_\_\_\_  
(Former Employer Name, City, State)

\_\_\_\_\_ (Date, Time)

**Dear Personnel Manager:**

The individual listed below has applied to this company for employment. The applicant has advised that your firm is a past employer. As you will note from the waiver below, **the applicant has released your company from all legal liability**. You may reply by facsimile to the fax number listed below. Thank you for taking the time to assist us in this process. We will gladly return the favor if the opportunity presents itself.

From: Capital Trucking, LLC.  
Phone: 785-215-8161  
Fax: 785-232-0078  
Email: arazak@bettiscompanies.com

**Name of applicant:** \_\_\_\_\_

**SSN:** \_\_\_\_\_ -- \_\_\_\_\_ -- \_\_\_\_\_

Job applying for: \_\_\_\_\_

What was the applicant's job title/position? \_\_\_\_\_

Hire date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Termination date: \_\_\_\_/\_\_\_\_/\_\_\_\_  Quit  Terminated  Laid Off

Would you re-employ this person?  YES  NO If NO, please explain: \_\_\_\_\_

Was the employee punctual?  YES  NO Did the employee get along well with others?  YES  NO

Was disciplinary action ever taken against the employee?  YES  NO If YES, please explain: \_\_\_\_\_

Did this person ever test positive for drugs or alcohol?  YES  NO  We Don't Test

Did the employee ever have an accident on the job?  YES  NO

If YES, please explain: \_\_\_\_\_

Additional comments: \_\_\_\_\_

Your Name/Title: \_\_\_\_\_ / \_\_\_\_\_ Date: \_\_\_\_\_  
(Person providing the above information)

Company: \_\_\_\_\_

I, the undersigned, hereby authorize this company to release all records of employment, including assessments of my job performance, ability and fitness (including dates of any and all alcohol or drug tests, those confirmed results, and/or my refusal to submit to any alcohol or drug tests and any rehabilitation completed under directions of SAP/MRO) to each and every company (or their authorized agents) which may request such information in connection with my application for employment. I hereby release this company, and its employees, officers, directors and agents from any and all liability of any type as a result of providing the above information.

\_\_\_\_\_  
**(Applicant's Signature, Date)**

\_\_\_\_\_  
**(Witness Signature, Date)**

**SAFETY PERFORMANCE HISTORY RECORDS REQUEST**

If subject to FMCSR only fill in the highlighted sections.

**SECTION I: TO BE COMPLETED BY PROSPECTIVE EMPLOYEE**

I, (Print Name) \_\_\_\_\_

**First, M.I., Last**

**Social Security Number**

herby authorize:

**Date of Birth**

Previous Employer: \_\_\_\_\_

Email: \_\_\_\_\_

Street: \_\_\_\_\_

Telephone: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Fax No.: \_\_\_\_\_

to release and forward the information requested by section 3 of this document concerning my Alcohol and Controlled Substance Testing records within the previous 3 years from \_\_\_\_\_  
(date of employment application)

To: Prospective Employer: Capital Trucking, LLC.  
Attention: Human Resources Telephone: 785-783-8116  
Street: PO Box 1554  
City, State, Zip: Topeka, KS 66601

In compliance with §40.25(g) and 391.23(h), release of this information must be made in written form that ensures confidentiality, such as fax, email or letter.

Prospective employer's confidential fax number: 785-232-0078  
Prospective employer's confidential email address: arazak@bettiscompanies.com

**Applicant's Signature**

**Date**

This information is being requested in compliance with §40.25 and 391.23.

**SECTION 2: TO BE COMPLETED BY PREVIOUS EMPLOYER (ALSO COMPLETE SECTION 3)**

**ACCIDENT HISTORY**

The applicant named above was employed by us as a \_\_\_\_\_ from (m/y) \_\_\_\_\_ to (m/y) \_\_\_\_\_

1. Did he/she drive a motor vehicle for you?  YES  NO If yes, what type?  Straight Truck  Cargo Tank  
 Tractor-Semitrailer  Bus  Doubles/Triples  Other (Specify) \_\_\_\_\_

2. Reason for leaving your employ:  Discharged  Resignation  Lay Off  Military Duty

3. Would you re-employ this person?  YES  NO If NO, please explain \_\_\_\_\_

4. Was this person punctual?  YES  NO

5. Was his/her general conduct satisfactory?  YES  NO If NO, please explain \_\_\_\_\_

**\*If there is no safety performance history to report, check here , sign below and proceed to Section 3.**

**ACCIDENTS:** Complete the following for any accidents included on your accident register (§390.15(b)) that involved the applicant in the 3 years prior to the application date shown above, or check here  if there is no accident register date for this driver.

Date	Location	No. of Injuries	No. of Fatalities	Hazmat Spill
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

Please provide information concerning any other accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies: \_\_\_\_\_

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

**SECTION 3: TO BE COMPLETED BY PREVIOUS EMPLOYER**

Employee Name \_\_\_\_\_

**DRUG AND ALCOHOL HISTORY**

If driver was **not** subject to Department of Transportation testing requirements while employed, please check here  , fill in the dates of employment from \_\_\_\_\_ to \_\_\_\_\_, complete bottom of section 3, sign and return.

Driver was subject to Department of Transportation testing requirements from \_\_\_\_\_ to \_\_\_\_\_.

1. Has this person had an alcohol test with a result of 0.04 or higher alcohol concentration?  YES  NO
2. Has this person tested positive, adulterated or substituted a test specimen for controlled substances?  YES  NO
3. Has this person refused to submit to a post-accident, random, reasonable suspicion or follow-up alcohol or controlled substance test?  YES  NO
4. Has this person committed other violations of Subpart B of Part 382, or Part 40:  YES  NO
5. If this person has violated DOT drug and alcohol regulation, did this person fail to undertake or complete a program prescribed by a Substance Abuse Professional (SAP) in your employ? If yes, please send documentation back with this form.  YES  NO
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 refuse to be tested?  YES  NO

In answering these questions, include any required DOT drug or alcohol testing information obtained from previous employers in the 3 years prior to the application date shown on side 1.

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Street: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

Section 3 Completed by (Signature): \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION 4: TO BE COMPLETED BY PROSPECTIVE EMPLOYER**

This form was (check one):  Faxed to previous employer  Mailed  Emailed  Other \_\_\_\_\_

By: \_\_\_\_\_ Date: \_\_\_\_\_

Complete below when information is obtained.

Information received from: \_\_\_\_\_

Recorded by: \_\_\_\_\_ Date: \_\_\_\_\_



## EQUAL OPPORTUNITY EMPLOYMENT FORM

**THIS FORM IS OPTIONAL** and may be voluntarily completed when your employment application is filled out. The information requested on this form is being collected for the purpose of reporting statistics to federal and state Equal Opportunity Employment agencies. The information collected from this form **WILL NOT BE UTILIZED** during the applicant selection process. This form will be separated from your employment application once it is completed.

### PERSONAL INFORMATION

Last Name:	First Name:	Middle Name:	
Current Address:	City:	State:	Zip:
Sex (check one): <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	Social Security No.:		Date of Birth:

Ethnic Origin:     White/Caucasian     Black/African-American     Hispanic     Asian/Pacific Islander  
 Native American     Mixed or Other: \_\_\_\_\_

Job Category:     Driver     Laborer     Mechanic     Office     Other: \_\_\_\_\_

Special Status\*:     Veteran     Spouse of a Veteran     Orphan of a Veteran     Disabled Veteran  
 Vietnam-Era Veteran     Other Protected Veteran     Newly Separated Veteran

\*As defined by the US Department of Labor, 41 CFR 61 250, and/or Section 38 U.S.C. 3106

How did you find out about the job opening for which you have applied? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Office use only	EEOC Job Category:
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