



3402 LINCOLNWAY WEST
SOUTH BEND IN 46628-1455
574-232-9911

EMPLOYMENT APPLICATION

NAME: _____ DATE OF BIRTH: _____ SSN: _____
(FIRST) (MIDDLE) (LAST)

ADDRESS: _____ # OF YEARS: _____
(STREET) (CITY) (STATE & ZIP CODE)

TELEPHONE NUMBER: _____ E-MAIL ADDRESS: _____ DATE AVAILABLE: _____

PREVIOUS THREE YEARS RESIDENCY

ADDRESS: _____ # OF YEARS: _____
(STREET) (CITY) (STATE & ZIP CODE)

ADDRESS: _____ # OF YEARS: _____
(STREET) (CITY) (STATE & ZIP CODE)

ADDRESS: _____ # OF YEARS: _____
(STREET) (CITY) (STATE & ZIP CODE)

(ATTACH SHEET IF MORE SPACE IS NEEDED)

LICENSE INFORMATION

Section 383.21 FMCSR states "No person who operates a commercial motor vehicle shall at any time have more than one driver's license". I certify that I do not have more than one motor vehicle license, the information for which is listed below.

STATE	LICENSE NO.	TYPE	EXPIRATION DATE

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES FROM TO	APPROX. NO. OF MILES (TOTAL)
STRAIGHT TRUCK			
TRACTOR AND SEMI-TRAILER			
BUS			
OTHER:			

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)

DATE	NATURE OF ACCIDENT (head-on, rear-end, etc.)	# OF INJURIES	# OF FATALITIES	CHEMICAL SPILLS
				YES <input type="checkbox"/> NO <input type="checkbox"/>
				YES <input type="checkbox"/> NO <input type="checkbox"/>
				YES <input type="checkbox"/> NO <input type="checkbox"/>

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

DATE CONVICTED (month/year)	VIOLATION	STATE OF VIOLATION LOCATION	PENALTY (forfeited bond, collateral and/or points)

(ATTACH SHEET IF MORE SPACE IS NEEDED)

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES _____ NO _____

If yes, explain: _____

B. Has any license, permit or privilege ever been suspended or revoked? YES _____ NO _____

If yes, explain: _____



EMPLOYMENT RECORD
(ATTACH SHEET IF MORE SPACE IS NEEDED)

Applicants that desire to drive in intrastate/interstate commerce must provide the following information on all employers during the previous three years. You must give the same information for all employers you have driven a commercial motor vehicle for the seven years prior to the initial three years (total of ten years employment record).

Must list the complete mailing address: street number and name, city, state and zip code.

PREVIOUS EMPLOYER NAME: PHONE NUMBER:

ADDRESS: (STREET) (CITY) (STATE & ZIP CODE)

POSITION(S) HELD: SUPERVISORS NAME:

FROM: TO: REASONS FOR LEAVING:

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? (circle one) YES NO

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? (circle one) YES NO

PREVIOUS EMPLOYER NAME: PHONE NUMBER:

ADDRESS: (STREET) (CITY) (STATE & ZIP CODE)

POSITION(S) HELD: SUPERVISORS NAME:

FROM: TO: REASONS FOR LEAVING:

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? (circle one) YES NO

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? (circle one) YES NO

PREVIOUS EMPLOYER NAME: PHONE NUMBER:

ADDRESS: (STREET) (CITY) (STATE & ZIP CODE)

POSITION(S) HELD: SUPERVISORS NAME:

FROM: TO: REASONS FOR LEAVING:

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? (circle one) YES NO

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? (circle one) YES NO

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make sure investigations and inquiries to my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

I understand that information I provide regarding current and/or previous 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(d) and (e). 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 re-send the corrected information to 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. This also certifies that I have read the statements above and consent to the provisions contained within.

DATE

APPLICANT'S SIGNATURE

Note: No consideration for employment will be given to any applicant who does not sign the statement above and complete all portions of the application packet: FMCSA PSP Acknowledgement, Previous Employer Records Request, and Employment Application.



KUERT CONCRETE INC

SAFETY PERFORMANCE HISTORY RECORDS REQUEST

PART 1:	TO BE COMPLETED BY PROSPECTIVE EMPLOYEE
I, (Print Name) _____ <div style="display: flex; justify-content: space-between; margin-left: 20px;"> First M.I. Last Social Security Number </div>	
Hereby authorize: _____ <div style="display: flex; justify-content: flex-end; margin-right: 20px;"> Date of Birth </div>	
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 Substances Testing records within the previous 3 years from _____. <div style="text-align: center;">(employment application date)</div>	
To: Prospective Employer: _____ Kuert Concrete, INC. _____	
Attention: _____ Lynne Boren _____ Telephone: _____ 574.232.9911 _____	
Street: _____ 3402 Lincolnway W _____	
City, State, Zip: _____ South Bend, IN, 46628 _____	
In compliance with §40.25(g) and 391.23(h), release of this information must be made in a written form that ensures confidentiality, such as fax, email, or letter.	
Prospective employer's fax number: _____ 574.232.9977 _____	
Prospective employer's email address: _____ lynne@kuert.com _____	
_____ Applicant's Signature	_____ Date
This information is being requested in compliance with §40.25(g) and 391.23.	

PART 2:	TO BE COMPLETED BY PREVIOUS EMPLOYER
ACCIDENT HISTORY	
The applicant named above was employed by us. Yes <input type="checkbox"/> No <input type="checkbox"/>	
Employed as _____ from (m/y) _____ to (m/y) _____	
1. Did he/she drive motor vehicle for you? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what type? Straight Truck <input type="checkbox"/> Tractor-Semitrailer <input type="checkbox"/> Bus <input type="checkbox"/> Cargo Tank <input type="checkbox"/> Doubles/Triples <input type="checkbox"/> Other (Specify) _____	
2. Reason for leaving your employ: Discharged <input type="checkbox"/> Resignation <input type="checkbox"/> Lay Off <input type="checkbox"/> Military Duty <input type="checkbox"/> If there is no safety performance history to report, check here <input type="checkbox"/> , sign below and return.	
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 <input type="checkbox"/> here if there is no accident register data for this driver.	
Date	Location
# Injuries	# 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: _____	

Any other remarks: _____	

Signature: _____	
Title: _____ Date: _____	



PREVIOUS EMPLOYER – COMPLETE PAGE 2 PART 3

PART 3:	TO BE COMPLETED BY PREVIOUS EMPLOYER
DRUG AND ALCOHOL HISTORY	
<p>If driver was not subject to Department of Transportation testing requirements while employed by this employer, please check here <input type="checkbox"/>, fill in the dates of employment from _____ to _____, complete bottom of Part 3, sign, and return.</p> <p>Driver was subject to Department of Transportation testing requirements from _____ to _____.</p>	
<ol style="list-style-type: none"> 1. Has this person had an alcohol test with the result of 0.04 or higher alcohol concentration? YES <input type="checkbox"/> NO <input type="checkbox"/> 2. Has this person tested positive or adulterated or substituted a test specimen for controlled substances? YES <input type="checkbox"/> NO <input type="checkbox"/> 3. Has this person refused to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test? YES <input type="checkbox"/> NO <input type="checkbox"/> 4. Has this person committed other violations of Subpart B of Part 382, or Part 40? YES <input type="checkbox"/> NO <input type="checkbox"/> 5. If this person has violated a DOT drug and alcohol regulation, did this person complete a SAP-prescribed rehabilitation program in your employ, including return-to-duty and follow-up tests? If yes, please send documentation back with this form. YES <input type="checkbox"/> NO <input type="checkbox"/> 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 <input type="checkbox"/> NO <input type="checkbox"/> 	
<p>In answering these questions, include any required DOT drug or alcohol testing information obtained from prior previous employers in the previous 3 years prior to the application date shown on page 1.</p>	
<p>Name: _____</p> <p>Company: _____</p> <p>Street: _____</p> <p>City, State, Zip: _____ Telephone: _____</p> <p>Part 3 Completed by (Signature): _____ Date: _____</p>	

PART 4a:	TO BE COMPLETED BY PROSPECTIVE EMPLOYER
<p>This form was (check one) <input type="checkbox"/> Faxed to previous employer <input type="checkbox"/> Mailed <input type="checkbox"/> Emailed <input type="checkbox"/> Other _____</p> <p>By: _____ Date: _____</p>	

PART 4b:	TO BE COMPLETED BY PROSPECTIVE EMPLOYER
<p>Complete below when information is obtained.</p> <p>Information received from: _____</p> <p>Recorded by: _____ Method: <input type="checkbox"/> Fax <input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Telephone</p> <p>Date: _____ <input type="checkbox"/> Other _____</p>	

INSTRUCTIONS TO COMPLETE THE SAFETY PERFORMANCE HISTORY RECORDS REQUEST

- PAGE 1 PART 1: Prospective Employee**
 - Complete the information required in this section
 - Sign and date
 - Submit to the Prospective Employer

- PAGE 2 PART 4a: Prospective Employer**
 - Complete the information
 - Send to Previous Employer

- PAGE 1 PART 2: Previous Employer**
 - Complete the information required in this section
 - Sign and date
 - Turn form over to complete SIDE 2 SECTION 3

- PAGE 2 PART 3: Previous Employer**
 - Complete the information required in this section
 - Sign and date
 - Return to Prospective Employer

- PAGE 2 PART 4b: Prospective Employer**
 - Record receipt of the information
 - Retain the form



FMCSA – Pre-Employment Screening Program (PSP) Consent & Acknowledgment Form

In connection with your application for employment with Kuert Concrete, Inc. It may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA). If Kuert Concrete uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, Kuert Concrete, Inc. will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, Kuert Concrete will notify you that the action has been taken and that the action was based in part or in whole on this report. Kuert Concrete cannot obtain background reports from FMCSA unless you consent in writing. If you agree that Kuert Concrete may obtain such background reports, please read the following and sign below:

I authorize Kuert Concrete, Inc. to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am consenting to the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist Kuert Concrete to make a determination regarding my suitability as an employee.

I further understand that neither Kuert Concrete nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://dataas.fmcsa.dot.gov>. If I am challenging crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQS system to the appropriate State for adjudication.

I have read the above Notice Regarding Background Reports provided to me by Kuert Concrete, Inc. and I understand that if I sign this consent from, may obtain a report of my crash and inspection history. I hereby authorize Kuert Concrete, Inc. and its employees, authorized agents, and/or affiliates to obtain the information authorized.

Date: _____

Signature: _____

Name: _____
(please print)