

Keeter Enterprises, LLC
PO Box 19097
Boulder, CO 80308
6379 Valmont Road
Boulder, CO 80301



COMMERCIAL DRIVER APPLICATION

Date _____

Personal Details

First Name _____ Last Name _____

Home Phone _____ Cell Phone _____

Address For Past 3 Years (please use back if you have had more than 2 addresses in the past 3 years)

Street _____ City _____ State _____ Zip _____

Street _____ City _____ State _____ Zip _____

Birth Date _____ SSN _____ Are you authorized to work in the US? _____

Drivers License # _____ State Issued _____ Class _____ Exp _____

Emergency Contact Name _____ Emergency Contact # _____

Have you worked for this company before? _____ If yes what year? _____

Is there any reason you may not be able to fully perform the duties of the position you are applying for? _____

If yes please explain. _____

Legal Questions Please note that a conviction is not an automatic bar to employment. All circumstances will be considered.

Do you have or have you ever had any Felony/Misdemeanor Convictions? _____

If yes please list convictions and year of convictions.

Have you ever violated any of the DOT rules and or regulations on drug or alcohol use? _____

If yes please list violation and year of violation.

Accident/Ticket History

How many traffic violations in the past 3 years? _____

How many accidents and/or incidents in the past 3 years? _____

Do you have any DWI's, DUI's or any alcohol related incidents? _____

Has any license or permit privilege ever been suspended or revoked? _____

If yes please explain _____

Have you ever been denied a license or permit to operate a motor vehicle? _____

If applicable, list all traffic violations, tickets and accidents:

Nature of accident or ticket	Year	Nature of accident or ticket	Year
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Education/Experience/Qualification

Highest grade completed _____ School Name _____

Driving school attended _____ City _____ State _____

What year did you graduate driving school? _____

List States driven in last 5 years _____

Have you driven: SOLO TEAM BOTH

If currently a TEAM DRIVER, name of your partner _____

What type of equipment have you driven? Circle all that applies.

Straight Truck Tractor & Semi Trailer Tractor-Two Trailers Van Tank Reefer

Tow Bus Flat 40' 42' 45' 48' 53' 57' Other _____

How many years have you been driving? _____

What endorsements do you have on your license? _____

Employment History

*You must provide the following information on all employers for the past 10 years. Application may be considered incomplete if you do not list complete addresses and phone numbers. Ask for use a phone book or call information if necessary.

1

From - To
Month/Year **Employer** **Full Mailing Address**

Position Held **If Driver, Type of vehicle driven**

Phone # **Salary/Wage** **Reason for leaving**

Were you subject to the FMCSRs while employed? Yes No (Check one)

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? Yes No (Check one)

2

From - To
Month/Year **Employer** **Full Mailing Address**

Position Held **If Driver, Type of vehicle driven**

Phone # **Salary/Wage** **Reason for leaving**

Were you subject to the FMCSRs while employed? Yes No (Check one)

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? Yes No (Check one)

3

From - To
Month/Year **Employer** **Full Mailing Address**

Position Held **If Driver, Type of vehicle driven**

Phone # **Salary/Wage** **Reason for leaving**

Were you subject to the FMCSRs while employed? Yes No (Check one)

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? Yes No (Check one)

2

From - To
Month/Year Employer Full Mailing Address

Position Held If Driver, Type of vehicle driven

Phone # Salary/Wage Reason for leaving

Were you subject to the FMCSRs while employed? Yes No (Check one)
 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? Yes No (Check one)

3

From - To
Month/Year Employer Full Mailing Address

Position Held If Driver, Type of vehicle driven

Phone # Salary/Wage Reason for leaving

Were you subject to the FMCSRs while employed? Yes No (Check one)
 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? Yes No (Check one)

4

From - To
Month/Year Employer Full Mailing Address

Position Held If Driver, Type of vehicle driven

Phone # Salary/Wage Reason for leaving

Were you subject to the FMCSRs while employed? Yes No (Check one)
 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? Yes No (Check one)

7

From - To
Month/Year Employer Full Mailing Address

Position Held If Driver, Type of vehicle driven

Phone # Salary/Wage Reason for leaving

Were you subject to the FMCSRs while employed? Yes No (Check one)
 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? Yes No (Check one)

8

From - To
Month/Year Employer Full Mailing Address

Position Held If Driver, Type of vehicle driven

Phone # Salary/Wage Reason for leaving

Were you subject to the FMCSRs while employed? Yes No (Check one)
 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? Yes No (Check one)

9

From - To
Month/Year Employer Full Mailing Address

Position Held If Driver, Type of vehicle driven

Phone # Salary/Wage Reason for leaving

Were you subject to the FMCSRs while employed? Yes No (Check one)
 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? Yes No (Check one)

References

Include only individuals familiar with your work ability. Do not include relatives.

NAME	PHONE & YEARS KNOWN

TO BE READ AND SIGNED BY THE APPLICANT

This certifies 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 and belief. I understand that any false information, omissions, or misrepresentations of the facts called for in this application may result in rejection of my application or discharge at any time during my employment. I authorize the company and/or its agents, including consumer reporting bureaus, to investigate and inquiry of my personal, employment, financial or medial history and other related matters as may be necessary in arriving at an employment decision. I authorize all former employers, persons, schools, companies, health care providers and law enforcement authorities to release any information concerning my background and hereby release any said person, schools, companies, health care providers and law enforcement authorities from any liability for any damage whatsoever for issuing this information.

Signature _____ Date _____

YOUR COMPLETED APPLICATION WILL REMAIN ACTIVE FOR 60 DAYS.

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status

INQUIRY TO PAST EMPLOYERS

To: _____ Date: _____

Phone #: _____ Fax #: _____

This Form was sent via _____ on _____

From: **Keeter Enterprises, LLC** Phone **303-415-1869**
P.O. Box 19097 Fax **303-443-9277**
Boulder, Colorado 80308 paul@keeter.biz

**Applicant
fill out
this part**

Name of Applicant: _____ Social Security #: _____

Signature: _____ Date: _____

Job Applied For: _____

I, the above mentioned signed, hereby authorize that my previous employer(s) within the past three years from above date may release and forward all information on my Alcohol and Controlled Substances Testing/Training Records.

The person name below has applied to Keeter Enterprises, LLC for employment. In accordance with Section 391.23, we are obligated to request the information below from all previous employers of the applicant that employed him/her to operate a commercial motor vehicle within the past 3 years. Please complete the information below and return to us within 30 days, as required by Section 391.23. You may return the information by telephone, fax, mail or email.

Driver Identification

1. What are the dates that the applicant worked for your company: _____
2. What kind(s) of work did the applicant do? _____
3. Are you aware of any physical or mental limitations that could impair this individual's performance of the particular job applied for? _____ If yes please explain: _____
4. Did the applicant pose either repeated and/or severe disciplinary problems? _____
If yes please explain: _____

Safety Performance History

1. If employed as a driver please indicate type of equipment driven: _____
2. Why did this employee leave your company? _____
3. Is this employee re-hirable? _____ If no please explain: _____

Accidents (DOT Regulation 391.23-Three years DOT reportable Accident History)

1. Number of reportable and/or preventable accidents: _____ Please provide date and explanation of any DOT or non-DOT recordable accidents:

Date	City/State	#Injured	#Fatalities	Hazmat?	Description of Accident
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

2. To your knowledge was this persons Drivers license suspended while employed with you? _____

Drug & Alcohol (DOT Regulation 391.23-Three Year Drug & Alcohol Testing and Test Result History)

1. Has this person ever tested positive for a controlled substance in the last three years? _____
2. Has this person ever tested positive for an alcohol breath test? _____
3. Has this person ever refused a required test for drugs or alcohol in the last three years? _____
4. Has this person violated any other DOT drug and alcohol testing regulation? _____
5. If the answer to any of these questions is yes has this person completed a SAP program? _____
If yes please provide contact information for the SAP provider _____

Name of person supplying information: _____ Title: _____

Name and address of Former Employer: _____

Signature: _____ Date: _____

**CONSENT TO RELEASE INFORMATION/
CONSENT OF DRUG / PHYSICAL SCREEN & RELEASE**

I authorize all former employers, persons, schools, companies and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies and law enforcement authorities from any liability for any damage whatsoever for issuing this information.

I hereby authorize Keeter Enterprises, LLC to contact their agent to release any past knowledge of my Workman's Compensation claims, Motor Vehicle Operation history, and/or Criminal History.

I hereby acknowledge and agree to give a sample of my urine, blood and/or saliva for an alcohol/drug-screening test at the request of Keeter Enterprises, LLC with the results provided to the same. I understand the results will remain confidential and will be used only for the purpose of determining my suitability for employment or fitness for duty with the Company. I further understand that determining such suitability or fitness is within the sole discretion of the company and that a positive test result may result in disqualification from further consideration for employment.

I hereby release the Company and its officers, contractors, agents and employees from any and all claims or actions or potential claims or actions arising out of this testing, including but not limited to those relating to rights of privacy or confidentiality.

My signature below acknowledges that I have read and understand the foregoing statements and understand that I have the right to receive a copy of this acknowledgement.

My signature below acknowledges that I have read and understand the foregoing statements.

Signature _____ **Date:** _____

Print Name _____

MANDATORY USE FOR ALL MONTHLY ACCOUNT HOLDERS

IMPORTANT NOTICE

REGARDING BACKGROUND REPORTS FROM THE PSP Online Service

1. In connection with your application for employment with _____ (“Prospective Employer”), it may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

When the application for employment is submitted in person, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer 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, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report.

When the application for employment is submitted by mail, telephone, computer, or other similar means, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer must provide you within three business days of taking adverse action oral, written or electronic notification: that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

The Prospective Employer cannot obtain background reports from FMCSA unless you consent in writing.

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

2. I authorize _____ (“Prospective Employer”) 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 the Prospective Employer to make a determination regarding my suitability as an employee.

3. I further understand that neither the Prospective Employer 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://dataqs.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.

4. Please note: Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

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

Date: _____

Signature

Name (Please Print)

NOTICE: This form is made available to monthly account holders by NICT on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain a driver’s written or electronic consent prior to accessing the driver’s PSP report. Further, account holders are required by FMCSA to use the language provided in paragraphs 1-4 of this document to obtain a prospective driver’s consent. The language must be used in whole, exactly as provided. **The language may be included with other consent forms or language at the discretion of the account holder, provided the four paragraphs remain intact and the language is unchanged.**