

# Employment Application

## K & B AG SUPPLY, LLC

701 Williams Blvd. / P.O. Box 189  
 Fairfax, IA 52228  
 Phone: (319) 846-2490  
 Confidential Fax: (319) 846-2489  
 Website: kandbag.com



DATE of APPLICATION: \_\_\_\_\_

Desired Position(s): \_\_\_\_\_

### APPLICANT INFORMATION

Name: Last:		First:		Middle:		Suffix:	
Street Address:			Apt. #	Social Security #:			
City, State, Zip:				Date of Birth: (If subject to DOT regulations)			
Mailing Address:			City, State, Zip:				
Previous Address: (within last 3 yrs.)			City State, Zip:				
Previous Address: (within last 3 yrs.)			City State, Zip:				
Previous Address: (within last 3 yrs.)			City State, Zip:				
Cell phone:		Home phone: (If none, please check: ___ )		E-mail Address:			
Are you authorized to work in the U.S.?    Yes            No <i>(Please note: All applicants will be required to provide acceptable documents to establish identity, proof of age and employment authorization. Such documents most commonly include, but are not limited to, a current U.S. Passport, or two of the following: state issued driver's license, government issued ID card, Social Security card, and / or government issued birth certificate. )</i>							
Have you ever worked for this company before?    Yes            No			If yes, dates: From: _____ To: _____				
Reason for leaving:							
Have you ever been convicted of a felony?    Yes            No <i>(A felony conviction does not necessarily bar applicant from employment. Factors such as nature of violation, seriousness and age at time of offense will be taken into account.)</i>			If yes, date of offense: _____ Explanation:				
Have you ever failed or refused a pre-employment drug / alcohol test given by a company where you did NOT accept employment?			Yes            No (If yes, please provide documentation of successful completion of a return-to-duty process.)				

### EDUCATION

High School:		City, State:					
From:	To:	Graduate? Yes            No		Degree?			
College:		City, State:					
From:	To:	Graduate? Yes            No		Degree?			
Other:		City, State:					
From:	To:	Graduate? Yes            No		Degree?			

**EMPLOYMENT / LEASE HISTORY**

FILL IN ALL INFORMATION!

IF NECESSARY, ATTACH A SEPARATE SHEET FOR ADDITIONAL EMPLOYERS.

- All drivers and / or owner-operators must list previous employment or lease for the past 3 years. If you have been driving for more than 3 years, you must list employment for up to 7 additional years ... for vehicles with a GVWR of 26,001 or more, vehicles designed to haul 15 or more passengers or vehicles transporting hazardous materials in quantities requiring placards.

<b>Employer:</b>		From:
Address:		To:
City:	State:	Zip:
Contact Person:	Telephone:	Wage:
Reason for leaving:		
Were you subject to Federal Motor Carrier Safety Regulations? Yes No		
Was this job designated as a "Safety Sensitive Function" subject to the Drug & Alcohol testing requirements of 49 CFR Part 40? Yes No		

<b>Employer:</b>		From:
Address:		To:
City:	State:	Zip:
Contact Person:	Telephone:	Wage:
Reason for leaving:		
Were you subject to Federal Motor Carrier Safety Regulations? Yes No		
Was this job designated as a "Safety Sensitive Function" subject to the Drug & Alcohol testing requirements of 49 CFR Part 40? Yes No		

<b>Employer:</b>		From:
Address:		To:
City:	State:	Zip:
Contact Person:	Telephone:	Wage:
Reason for leaving:		
Were you subject to Federal Motor Carrier Safety Regulations? Yes No		
Was this job designated as a "Safety Sensitive Function" subject to the Drug & Alcohol testing requirements of 49 CFR Part 40? Yes No		

<b>Employer:</b>		From:
Address:		To:
City:	State:	Zip:
Contact Person:	Telephone:	Wage:
Reason for leaving:		
Were you subject to Federal Motor Carrier Safety Regulations? Yes No		
Was this job designated as a "Safety Sensitive Function" subject to the Drug & Alcohol testing requirements of 49 CFR Part 40? Yes No		

- MAKE SURE ALL REQUIRED INFORMATION HAS BEEN PROVIDED ABOVE**

**PERSONAL REFERENCES**

Please list three professional references, not including family members.

Full Name:	Relationship:
Company:	City, State:
Telephone: (bus)	(cell)

**PERSONAL REFERENCES, Cont.**

Full Name:	Relationship:
Company:	City, State:
Telephone: (bus) _____ (cell) _____	

Full Name:	Relationship:
Company:	City, State:
Telephone: (bus) _____ (cell) _____	

**LICENSE / DRIVING INFORMATION**

Driver's License (All licenses used during the past 3 yrs.)

License #	State	Type	Expiration Date
(Current)			

**ACCIDENT HISTORY**

List all accidents in the past 3 years. If none, write "None".

Date	Location (City / Town, State)	# Injuries	# Fatalities	HAZMAT Involved?	
				Yes	No

**TRAFFIC VIOLATIONS**

List all moving violation citations in the past 3 years. If none, write "None".

Date	Violation	State	CMV?		Penalty
			Yes	No	

Have you ever been denied a license to operate a motor vehicle? Yes No (If Yes, give details on a separate sheet.)

Have you ever had your license suspended or revoked? Yes No (If Yes, give details on a separate sheet.)

**DRIVING EXPERIENCE**

Class of Equipment	Type of Equipment (Van, Tank, Flat-bed, etc.)	Dates		Approximate Total Number of Miles
		From	To	

In what states have you operated in the past 3 years?

Any special courses or training taken?

Any safety awards? Yes No From whom?

**ADDITIONAL TRAINING, SKILLS, QUALIFICATIONS & EXPERIENCE**

(Please provide any other experience or training relevant to the position for which you are applying and not previously mentioned; i.e. technical, equipment, fork-lift, mechanical training, certifications, etc.)

**GOALS**

(Given appropriate training & experience, is there any job(s) other than the one you are applying for in which you might have a strong interest, either within the company or outside the company?)

I authorize K & B Ag Supply, LLC to make such investigations and inquiries of my references, personal & professional history, including employment, financial or medical history, including drug & alcohol background checks, motor vehicle driving history (MVR) and other related matters as may be necessary in arriving at an employment decision and whatever is necessary for required periodic investigations such as motor vehicle driving records (MVR). I hereby release from liability K & B Ag Supply, LLC, and its agents for seeking, gathering and using such information and all other persons, corporations or organizations for furnishing such information. (\* NOTE: Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.)

I hereby certify that the answers and other information on this application are true and correct. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I also understand that I am required to abide by all rules and regulations of this company.

I understand nothing contained in this employment application or the granting of an interview is intended to create an employment relationship between K & B Ag Supply, LLC and me. If an employment relationship is established in the future, I understand I may terminate employment at any time and that K & B Ag Supply, LLC has the same right to terminate my employment at any time.

Pre-employment drug screening with a negative test result is required of *all* applicants, regardless of position applied for, before any employment relationship is established.

K & B Ag Supply, LLC is an Equal Opportunity Employer.

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

\_\_\_\_\_  
Date

I understand that the information I have provided in regard to my current employer and / or my previous employers may be used, and those employers will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) & (e).

I understand that I have the right to:

1. Review information provided by previous employers;
2. Have errors in the information corrected by employers and for those previous employers to re-send the corrected information to the prospective employer;
3. Have a rebuttal statement attached to the alleged erroneous information, if the previous employer and I cannot agree on the accuracy of the information.

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

\_\_\_\_\_  
Date

**THE BELOW DISCLOSURE AND AUTHORIZATION LANGUAGE IS FOR MANDATORY USE BY ALL ACCOUNT HOLDERS**

**IMPORTANT DISCLOSURE**

**REGARDING BACKGROUND REPORTS FROM THE *PSP Online Service***

In connection with your application for employment with \_\_\_\_\_ (“Prospective Employer”), Prospective Employer, its employees, agents or contractors 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.

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. You may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If you challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. Your request will be forwarded by the DataQs system to the appropriate State for adjudication.

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 Federal Motor Carrier Safety Regulations (FMCSR) violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

The Prospective Employer cannot obtain background reports from FMCSA without your authorization.

**AUTHORIZATION**

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

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 authorizing 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.

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 challenge 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 understand that any crash or inspection in which I was involved will display on my PSP report. Since the PSP report does not report, or assign, or imply fault, I acknowledge it will include all CMV crashes where I was a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, I understand all inspections, with or without violations, will appear on my PSP report, and State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on my PSP report.

I have read the above Disclosure Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this Disclosure and Authorization, 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 NIC on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain an Applicant's written or electronic consent prior to accessing the Applicant's PSP report. Further, account holders are required by FMCSA to use the language contained in this Disclosure and Authorization form to obtain an Applicant's consent. The language must be used in whole, exactly as provided. Further, the language on this form must exist as one stand-alone document. The language may NOT be included with other consent forms or any other language.

*LAST UPDATED 12/22/2015*



**DRIVER MOTOR VEHICLE RECORD RELEASE**

Name: \_\_\_\_\_  
Driver's License Number: \_\_\_\_\_  
Driver's License State: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_

*Driver's authorization to release information:*

I, \_\_\_\_\_, do hereby authorize any State Department of Motor Vehicles to release any and all information pertaining to my driving record to K & B Ag Supply, LLC, or its designee. This authorization shall remain in effect for the duration of my employment with the above named company.

Signed: \_\_\_\_\_

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