

Applicant Name _____ Date of Application _____
(print)

Company _____

Address _____

City _____ State _____ Zip _____

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.

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make such investigations and inquiries of 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 inter- view(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 previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the 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.

Signature _____ Date _____

FOR COMPANY USE

PROCESS RECORD

APPLICANT HIRED _____ REJECTED _____

DATE EMPLOYED _____ POINT EMPLOYED _____

DEPARTMENT _____ CLASSIFICATION _____
(IF REJECTED, SUMMARY REPORT OF REASONS SHOULD BE PLACED IN FILE)

SIGNATURE OF INTERVIEWING OFFICER _____

TERMINATION OF EMPLOYMENT

DATE TERMINATED _____ DEPARTMENT RELEASED FROM _____

DISMISSED _____ VOLUNTARILY QUIT _____ OTHER _____

TERMINATION REPORT PLACED IN FILE _____ SUPERVISOR _____

This form is made available with the understanding that J. J. Keller & Associates, Inc.® is not engaged in rendering legal, accounting, or other professional services. J. J. Keller & Associates, Inc.® assumes no responsibility for the use of this form, or any decision made by an employer which may violate local, state, or federal law.

APPLICANT TO COMPLETE

(answer all questions - please print)

Position(s) Applied for _____

Name _____ Social Security No. _____
Last First Middle

List your addresses of residency for the past 3 years.

Current Address _____
Street City

State _____ Zip Code _____ Phone _____ How Long? _____
yr./mo.

Previous
Addresses

Street _____ City _____ State & Zip Code _____ How Long? _____
yr./mo.

Street _____ City _____ State & Zip Code _____ How Long? _____
yr./mo.

Street _____ City _____ State & Zip Code _____ How Long? _____
yr./mo.

Do you have the legal right to work in the United States? _____

Date of Birth _____ / _____ / _____ Can you provide proof of age? _____
 (Required for Commercial Drivers)

Have you worked for this company before? _____ Where? _____

Dates: From _____ To _____ Rate of Pay _____ Position _____

Reason for leaving _____

Are you now employed? _____ If not, how long since leaving last employment? _____

Who referred you? _____ Rate of pay expected _____

Have you ever been bonded? _____ Name of bonding company _____

(Answer only if a job requirement)

Is there any reason you might be unable to perform the functions of the job for which you have applied [as described in the attached job description]?

If yes, explain if you wish.

EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state and zip code.

Applicants to drive a commercial motor vehicle* in intrastate or interstate commerce shall also provide an additional 7 years' information on those employers for whom the applicant operated such vehicle.

(NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary.)

EMPLOYER			DATE	
NAME			FROM MO.	TO MO.
ADDRESS			YR.	YR.
CITY	STATE	ZIP	POSITION HELD	
CONTACT PERSON	PHONE NUMBER		SALARY/WAGE	
REASON FOR LEAVING				
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 (continued)

EMPLOYER			DATE	
NAME			FROM MO. YR.	TO MO. YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRs ² 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				

EMPLOYER			DATE	
NAME			FROM MO. YR.	TO MO. YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRs ² 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				

EMPLOYER			DATE	
NAME			FROM MO. YR.	TO MO. YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRs ² 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				

EMPLOYER			DATE	
NAME			FROM MO. YR.	TO MO. YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	
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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				

EMPLOYER			DATE	
NAME			FROM MO. YR.	TO MO. YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRs ² 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				

*Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 16 or more passengers (including the driver), or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

²The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport more than 8 passengers (including the driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED) IF NONE, WRITE NONE

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	HAZARDOUS FATALITIES	INJURIES	MATERIAL SPILL
LAST ACCIDENT _____				
NEXT PREVIOUS _____				
NEXT PREVIOUS _____				

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE NONE

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

EXPERIENCE AND QUALIFICATIONS – DRIVER

Driver licenses or permits held in the past 3 years	STATE	LICENSE NO.	CLASS	ENDORSEMENT(S)	EXPIRATION DATE

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

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

IF THE ANSWER TO EITHER A OR B IS YES, GIVE DETAILS _____

DRIVING EXPERIENCE CHECK YES OR NO

CLASS OF EQUIPMENT	CIRCLE TYPE OF EQUIPMENT	DATES		APPROX. NO. OF MILES (TOTAL)
		FROM (M/Y)	TO (M/Y)	
STRAIGHT TRUCK _____ <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)			
TRACTOR AND SEMI-TRAILER _____ <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)			
TRACTOR - TWO TRAILERS _____ <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)			
TRACTOR - THREE TRAILERS _____ <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)			
MOTORCOACH - SCHOOL BUS _____ <input type="checkbox"/> YES <input type="checkbox"/> NO <small>More than 8 passengers</small>	—			
MOTORCOACH - SCHOOL BUS _____ <input type="checkbox"/> YES <input type="checkbox"/> NO <small>More than 15 passengers</small>	—			
OTHER _____				

LIST STATES OPERATED IN FOR LAST FIVE YEARS: _____

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER: _____

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM? _____

EXPERIENCE AND QUALIFICATIONS – OTHER

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWN)

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8

HIGH SCHOOL: 1 2 3 4

COLLEGE: 1 2 3 4

LAST SCHOOL ATTENDED (NAME)

(CITY, STATE)

TO BE READ AND SIGNED BY 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.

Signature: _____ Date: _____

49 CFR Part 40.25: REQUEST FOR INFORMATION FROM FORMER EMPLOYER

TO:

COMPANY NAME _____

NAME Title _____

ADDRESS _____

CITY ST/ZIP _____

PHONE #FAX # _____

FROM:

COMPANY NAME _____

NAME Title _____

ADDRESS _____

CITY ST/ZIP _____

PHONE # FAX # _____

(Mr., Mrs., Ms.) _____ SS# _____ has made an application to our company for a safety-sensitive function as outlined in 49CFR Part 40 and 49 CFR Part 382.

Pursuant to 49CFR Part 40.25: PLEASE COMPLETE THE FOLLOWING:

1. What were the dates of this applicant's employment? From _____ To: _____
2. Was he/she employed in a safety-sensitive function? (Circle one) **Yes/No**
If yes, what position? _____
3. Was this applicant subject to alcohol testing or controlled substance testing pursuant to Part 40? (Circle one) **Yes/No**
4. Did this applicant test positive during the preceding two years for:
 - a. Alcohol concentration of .04 or greater? (Circle one) **Yes/No**
 - b. Verified positive for controlled substances covered under Part 40? (Circle one) **Yes/No**
 - c. Has this applicant any time in the past two years refused a required alcohol or controlled substance test required under Part 382? (Circle one) **Yes/No**
If positive (or refusal) was this applicant referred to a substance abuse professional? (Circle one) **Yes/No**
5. Did this applicant see a substance abuse professional? (Circle one) **Yes/No**
If yes, did the substance abuse professional recommend treatment? (Circle one) **Yes/No**
If treatment was recommended, did applicant complete treatment? (Circle one) **Yes/No**
6. Did applicant undergo a return-to-duty test? (Circle one) **Yes/No**
If yes, did the return-to-duty test indicate a verified negative result? (Circle one) **Yes/No**
7. Did this employee have any other violations of DOT agency drug or alcohol testing regulations? If yes, please give details:

Pursuant to 49 CFR Part 40.25 requires that previous employers must provide this information regarding any violations of 49 CFR Part 40 and Part 382 and transmit the answers back to the company named above.

RELEASE AUTHORIZATION

With my signature below, I am authorizing you to release information in regards to any alcohol and controlled substance testing program to which I was a party to while in your employ, acting as your agent, under contract with you, or acting as your representative in any capacity during the preceding two years from the date listed below.

This request is specific and to be released only to the company whose name appears below. Authorization of this release will expire once the requested information has been sent to the company named below. This authorization may not be used to provide information to any other persons.

Name of Company _____

Date _____

Name of Applicant _____

Signature of Applicant _____

Witness Signature _____

DRIVER'S ROAD TEST EXAMINATION

Driver's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____

The motor carrier, or a person designated by it, shall give the road test. However, another person must give a driver who is a motor carrier the test. A person who is competent to evaluate and determine whether the person who takes the test has demonstrated that he or she is capable of operating the vehicle and associated equipment that the motor carrier intends to assign shall give the test.

Rating of Performance

- _____ The pre-trip inspection (As required by Sec. 392.7)
- _____ Coupling and uncoupling of combination units, if the equipment he or she may drive includes combination units.
- _____ Placing the equipment in operation.
- _____ Use of vehicle's controls and emergency equipment.
- _____ Operating the vehicle in traffic and while passing other vehicles.
- _____ Turning the vehicle.
- _____ Braking, and slowing the vehicle by means other than braking.
- _____ Backing and parking the vehicle.
- _____ Other, Explain: _____

Type of equipment used in giving test: _____

Examiner's Signature: _____

Date: _____

**COMMERCIAL VEHICLE DRIVER APPLICANT Controlled Substance and Alcohol Questionnaire
Pursuant to 49 CFR part 40.25(j)**

.....
Application Date _____
Name _____
First , Middle,
Last
Address _____ Home Telephone _____
City _____ State _____ Zip _____ Cell Telephone _____
Date of Birth _____ Social Security Number _____

49 CFR 40.25(j)

Have you ever tested positive, or refused to test, on any pre –employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years?

YES NO

If YES Have you successfully completed the return to duty process?

YES NO

If YES Documentation MUST BE PROVIDED before any safety sensitive transportation function is performed.

Applicant's Signature Date Signed: _____

TO BE COMPLETED BY EMPLOYER:

Reviewed by: _____

Title: _____ Date: _____

Consent to Background and Reference Check

Applicant Name: _____

Present Address: _____, _____, _____

Social Security Number: _____

I, _____ hereby authorize Smiling Angel Home Care Service, LLc. (the "Company") of 1413 N 35th ST, unit 3, Bismarck, North Dakota 58501, and/or its agents to make investigation of my background, references, character, past employment, consumer reports, education, and criminal history record information which may be in any state or local files, 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. A telephone facsimile (fax) or xerographic copy of this consent shall be considered as valid as the original consent.

I hereby consent to the Company's verification of all the information I have provided on my application form. I also agree to execute as a condition of employment or a condition of continued employment any additional written authorization necessary for the Company to obtain access to and copies of records pertaining to this information. I also hereby authorize the Company's access to any medical histories or records pertaining to me (and any other individuals who due to my employment may be covered by any Company medical or other insurance program). With regard to the foregoing disclosures, I hereby agree to release any person, company, or other entity from any and all causes of action that otherwise might arise from supplying the Company with information it may request pursuant to this release. I understand that any false answers or statements, or misrepresentations by omission, made by me on this application or any related document, will be sufficient for rejection of my application or for my immediate discharge should such falsifications or misrepresentations be discovered after I am employed.

Applicant:

Dated: _____