



The Kaplan Trucking Company, Inc.
 8777 Rockside Road Cleveland, OH 44125
 800-352-2848, ext. 188 | 216-803-3580 fax
 applications@kaplantrucking.com

CONTRACTOR APPLICATION

In compliance with Federal and State laws, qualified applicants are considered without regard to race, color, religion, sex, national origin, age, marital status, or the presence of a non-job related medical condition or handicap.

First Name: Last Name: Initial: Date of Birth:

Social Security Number: Telephone Number:

Cell Phone Number: Email:

ADDRESS(ES) FROM LAST THREE YEARS:

Street City State ZIP

Street City State ZIP

Street City State ZIP

IN CASE OF EMERGENCY PLEASE NOTIFY:

First Name: Last Name: Relationship:

Street City State ZIP

Telephone Number: Cell Phone Number: Email:

APPLYING TO KAPLAN

How were you referred to KAPLAN?

Have you ever been a qualified driver with KAPLAN? Yes No If YES, please give the dates & reason for leaving:

After qualification, can you submit evidence that you are at least 23 years of age? Yes No

Is there any reason you might be unable to perform the functions of the job for which you have applied? Yes No

DRIVING EXPERIENCE/RECORD: (List all driver licenses held during the last 3 years.)

STATE	LICENSE #	ENDORSEMENTS	EXPIRATION DATE

All applicants to drive in intra/interstate commerce must provide the following information on all companies worked for **during the preceding 10 years.** (Use the second sheet provided as necessary.)

Employer Name:	Date From:	To:
Address:	Telephone:	
Position:	Supervisor:	
Description of Duties:		
Commodity Hauled:	Reason for Leaving:	
Were you subject to FMCSR's?	Yes	No
Was this job safety sensitive subject to drug and alcohol testing?	Yes	No

Employer Name:	Date From:	To:
Address:	Telephone:	
Position:	Supervisor:	
Description of Duties:		
Commodity Hauled:	Reason for Leaving:	
Were you subject to FMCSR's?	Yes	No
Was this job safety sensitive subject to drug and alcohol testing?	Yes	No

Employer Name:	Date From:	To:
Address:	Telephone:	
Position:	Supervisor:	
Description of Duties:		
Commodity Hauled:	Reason for Leaving:	
Were you subject to FMCSR's?	Yes	No
Was this job safety sensitive subject to drug and alcohol testing?	Yes	No

Employer Name:	Date From:	To:
Address:	Telephone:	
Position:	Supervisor:	
Description of Duties:		
Commodity Hauled:	Reason for Leaving:	
Were you subject to FMCSR's?	Yes	No
Was this job safety sensitive subject to drug and alcohol testing?	Yes	No

Employer Name:	Date From:	To:
Address:	Telephone:	
Position:	Supervisor:	
Description of Duties:		
Commodity Hauled:	Reason for Leaving:	
Were you subject to FMCSR's?	Yes	No
Was this job safety sensitive subject to drug and alcohol testing?	Yes	No

Employer Name:	Date From:	To:
Address:	Telephone:	
Position:	Supervisor:	
Description of Duties:		
Commodity Hauled:	Reason for Leaving:	
Were you subject to FMCSR's?	Yes	No
Was this job safety sensitive subject to drug and alcohol testing?	Yes	No

All applicants to drive in intra/interstate commerce must provide the following information on all companies worked for **during the preceding 10 years**. If this sheet is left empty, I acknowledge my employment record is complete on the previous sheet:

Employer Name:			Date From:	To:		
Address:			Telephone:			
Position::			Supervisor:			
Description of Duties:						
Commodity Hauled:			Reason for Leaving:			
Were you subject to FMCSR's?	Yes	No	Was this job safety sensitive subject to drug and alcohol testing?	Yes	No	

Employer Name:			Date From:	To:		
Address:			Telephone:			
Position::			Supervisor:			
Description of Duties:						
Commodity Hauled:			Reason for Leaving:			
Were you subject to FMCSR's?	Yes	No	Was this job safety sensitive subject to drug and alcohol testing?	Yes	No	

Employer Name:			Date From:	To:		
Address:			Telephone:			
Position::			Supervisor:			
Description of Duties:						
Commodity Hauled:			Reason for Leaving:			
Were you subject to FMCSR's?	Yes	No	Was this job safety sensitive subject to drug and alcohol testing?	Yes	No	

Employer Name:			Date From:	To:		
Address:			Telephone:			
Position::			Supervisor:			
Description of Duties:						
Commodity Hauled:			Reason for Leaving:			
Were you subject to FMCSR's?	Yes	No	Was this job safety sensitive subject to drug and alcohol testing?	Yes	No	

Employer Name:			Date From:	To:		
Address:			Telephone:			
Position::			Supervisor:			
Description of Duties:						
Commodity Hauled:			Reason for Leaving:			
Were you subject to FMCSR's?	Yes	No	Was this job safety sensitive subject to drug and alcohol testing?	Yes	No	

Employer Name:			Date From:	To:		
Address:			Telephone:			
Position::			Supervisor:			
Description of Duties:						
Commodity Hauled:			Reason for Leaving:			
Were you subject to FMCSR's?	Yes	No	Was this job safety sensitive subject to drug and alcohol testing?	Yes	No	

PREVIOUS 3 YEARS DRIVING RECORD (391.27)

Have you had any accidents in any vehicle in the prior 3 years? Yes No If yes, list below:

Month/Year	Type of Accident	Type of Vehicle	Injuries or Fatalities

TRAFFIC CONVICTIONS & FORFEITURES

Have you incurred convictions or forfeitures (other than parking violations) in the prior 3 years? Yes No If yes, list below:

Month/Year	Location	Charge	Penalty

Has your license been revoked or suspended during the previous 3 years? Yes No If yes, give circumstances:

EDUCATION & MILITARY STATUS:

Check Highest Grade Completed: 1 2 3 4 5 6 7 8 High School: 1 2 3 4 or GED College/Trade: 1 2 3 4

Have you served in the U.S. Armed Forces? Yes No Branch:

Dates: From: _____ To: _____ Reserve Status: _____ Rank at Discharge: _____

ADDITIONAL INFORMATION & EDUCATION:

Add any additional information you regard as pertinent to the position for which you have applied:

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT	DATES: From:	To:	APPROX # OF MILES
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Tractor & Trailer				
Tractor & Doubles				
Light Weight				
Other				

CFR 49 PART 382.413

This information will be verified with all previous employers for the prior three years, in accordance with Department of Transportation regulations:

Have you ever tested positive for controlled substances?	Yes	No
Have you ever tested at .02 or higher alcohol concentration?	Yes	No
Have you ever refused to submit to a controlled substance or alcohol test?	Yes	No
Have you ever tested positive or refused a pre-employment drug or alcohol test?	Yes	No

If you have answered YES to any of the above questions, please provide documentation from the Substance Abuse Professional of your release.

HAVE YOU EVER BEEN CONVICTED OF, FORFEITED BOND OR COLLABORATED UPON, ANY OF THE FOLLOWING CHARGES:

A felony? (If YES, explain in detail, giving dates, etc.)	Yes	No
A misdemeanor? (If YES, explain in detail, giving dates, etc.)	Yes	No
A felony, the commission of which involved the use of a motor vehicle?	Yes	No
A crime involving the manufacturing, knowing transportation, possession, sale or habitual use of amphetamines, a narcotic drug, a formulation of an amphetamine, or a derivative of a narcotic drug?	Yes	No
Operating a motor vehicle under the influence of drugs or alcohol?	Yes	No
Leaving the scene of an accident resulting in personal injury or death?	Yes	No

If the answer to any of the above is "YES", explain in detail, giving dates, etc.:

TO BE READ AND SIGNED BY THE APPLICANT:

I authorize **THE KAPLAN TRUCKING COMPANY** (including DAC, PSP and Bureau of Motor Vehicles) to make such investigations and inquiries of my personal, work, financial driving and medical history and other related matters as may be necessary in arriving at a leading decision. I hereby authorize employers, schools or persons to release all records of employment including assessments of my job performance, ability, fitness, driving history alcohol testing and controlled substance history to each and every company or authorized agent which may request such information in connection with my application with said company. I hereby release employers, schools or persons from all liability in responding to inquiries in connection with my application.

By signing below, I acknowledge that I can read, speak and understand the English language sufficiently as required by 49 CFR 391.11(b)(2). Further, I acknowledge that if English is my secondary language and I don't understand have difficulty understanding any information contained in this application or the remaining application materials or manuals, I will contact **Kaplan** and request a translation or interpreter.

Further, by signing below, I acknowledge that I have received the disclosure titled "Important Disclosure Regarding Background Reports from the PSP Online Service." I understand that this disclosure and authorization is not generated or created by **The Kaplan Trucking Company** and any references to employment relationship including, but not limited to the terms prospective employer, employee, and employment are not to be construed as creating an employer/employee relationship between an Operator/Driver and **The Kaplan Trucking Company**. I also understand that **The Kaplan Trucking Company** does not employ drivers, but contracts with Owner-Operators and Third-Party Fleet Drivers who provide driving services to **The Kaplan Trucking Company** pursuant to an Equipment Lease and Service Agreement.

In the event of qualification, I understand that false or misleading information given in this application or interview(s) may result in disqualification and or cancellation of my lease agreement. I further understand that I am required to abide by all rules and regulations of the Company and Department of Transportation as permitted by law.

In accordance with DOT regulations 391.23 the driver has the right to review information provided by previous employers; the right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information; the right to have a rebuttal statement attached to the alleged erroneous information. This must be requested in writing within 30 days of contracting or denial of contracting.

This certifies the application above, was completed by myself, and that all entries within are true and complete to the best of my knowledge. I further recognize that any fraudulent or intentionally false entries or statements on any application, certificate, report, or record is strictly prohibited by the Federal Regulations. (49 CFR 390.35).

This application for an Independent Contractor Position: with **THE KAPLAN TRUCKING COMPANY** is pending the results of my Motor Vehicle Report, results of any Controlled Substance/Alcohol testing and inquiries to previous employers.

Date Contractor / Applicant's Signature

IMPORTANT DISCLOSURE – REGARDING BACKGROUND REPORTS FROM THE PSP (ONLINE SERVICE)

In connection with your application for employment with **THE KAPLAN TRUCKING COMPANY** (“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 **THE KAPLAN TRUCKING COMPANY** (“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.

DRIVER SIGNATURE

Signed:

Date Signed:

Name

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

To: _____

FROM: KAPLAN TRUCKING COMPANY
8777 ROCKSIDE ROAD
CLEVELAND, OH 44125
PHONE: 800-352-2848 EXT. 188 FAX:
216-803-3580
EMAIL: applications@kaplantrucking.com

Dear Personnel Manager,
The individual named below has applied at Kaplan Trucking to be qualified as a commercial motor vehicle driver. Your firm is listed by the applicant as a previous employer or State entity holding licensing information. Please reply to this inquiry regarding the mentioned applicant. As you will note from the waiver stated below, all liability of you and your company has been released by the applicant. Please return by fax to **216-803-3580** or email to **applications@kaplantrucking.com** as soon as possible or if mailing, to the above address. Thank you in advance for your cooperation!
-- KAPLAN TRUCKING COMPANY

APPLICANT

Name: _____ Social Security #: _____
Date of Birth: _____ CDL license #: _____ State of license: _____

REFERENCE DETAILS

Please provide this individuals dates of employment: FROM: _____ TO: _____

Was this individual a Commercial Motor Vehicle Driver while with your Company? Yes No

What kind of equipment was driven: Tractor Trailer Straight Truck Other: _____

Trailer Type: Flatbed Container Van Reefer Other: _____ Trailer size: _____

What type of commodities were transported? Steel Coils Other: _____

Was he/she qualified as: Owner/Operator Driver for an Independent Contractor Company Driver

Other: Full Time Part Time Casual

Were there any accidents? Yes No

If so, how many were preventable? _____

Date and description: _____

Is this driver knowledgeable of DOT Regulations? Yes No Hazardous Materials? Yes No

Were there any repeated or severe Company Policy Violations? Yes No

Were there hours of service or logging violations? Yes No

Reason for leaving: Discharged Resigned Lay off Other: _____

Is he/she eligible for rehire? Yes No If NO, please explain: _____

In accordance with 391.23(e), please provide the following Controlled Substance/Alcohol information for any driver qualified within the previous three years:

Has this driver/applicant ever tested positive for controlled substances? Yes No

Has this driver/applicant ever tested at a 0.02 or higher alcohol concentration level? Yes No

Has this driver/applicant ever refused a controlled substance or alcohol test Yes No

If yes to any of the above, was this driver referred to a Substance Abuse Professional? Yes No

REFERENCE SIGNATURE

Name of person supplying information: _____ Date: _____

Signature: _____ Title: _____

AUTHORIZATION

I hereby authorize the above listed company (including DAC and Bureau of Motor Vehicles) to release all records of employment, including assessments of my job performance, ability, fitness, driving history, alcohol testing history and controlled substance history, including pre-employment testing (40.321(b)) (40.25(b)), to each and every company (or authorized agent) which may request such information in connection with my application with said company. I hereby release above listed company from any and all liability of any type as result of providing the above information for the undersigned. In accordance with DOT regulations 391.23 the driver has the right to review information provided by previous employers; the right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information; the right to have a rebuttal statement attached to the alleged erroneous information. This must be requested in writing within 30 days of contracting or denial of contracting. By signing below, I acknowledge that any fraudulent or intentionally false entries or statements on any application, certificate, report, or record is strictly prohibited by Federal Regulations. (49 CFR 390.35)

Applicant's Signature: _____ Date Signed: _____ Witness' Signature: _____