



APPLICATION FOR EMPLOYMENT

PLEASE NOTE: THIS BACKGROUND INFORMATION MUST BE FILLED OUT COMPLETELY OR IT WILL NOT BE PROCESSED

DATE SUBMITTED: _____

GENERAL INFORMATION

NAME _____ PHONE _____ SS# _____

CURRENT ADDRESS: _____ HOW LONG _____

E-MAIL ADDRESS: _____

RESIDENCES IN THE PAST 3 YEARS

If same as address listed above, please write "SAME"

STREET ADDRESS _____ CITY / STATE _____ HOW LONG _____

STREET ADDRESS _____ CITY / STATE _____ HOW LONG _____

STREET ADDRESS _____ CITY / STATE _____ HOW LONG _____

IN-CASE OF EMERGENCY PLEASE NOTIFY: _____ (_____) _____

ARE YOU A U.S. CITIZEN, A LAWFUL PERMANENT RESIDENT, OR OTHERWISE AUTHORIZED TO WORK IN THE UNITED STATES? _____

SERVICES YOU ARE OFFERING KM NEWHOUSE: _____ TEMPORARY OR PERMANENT: _____

HAVE YOU PERFORMED SERVICES FOR THIS COMPANY BEFORE? _____

DATES: FROM: _____ TO _____ WHAT SERVICES WERE PERFORMED? _____

REASON FOR LEAVING: _____

DO YOU HAVE ANY RELATIVES WHO ARE EMPLOYED WITH KM NEWHOUSE? _____

ARE YOU CURRENTLY EMPLOYED? YES ☐ NO ☐ IF NOT, HOW LONG SINCE LEAVING THE LAST POSITION? _____

WHO REFERRED YOU TO KM NEWHOUSE? _____

HAVE YOU EVER BEEN CONVICTED OF ANY CRIME? YES ☐ NO ☐ DATE: _____

ARE THERE CURRENTLY ANY FELONY CHARGES PENDING AGAINST YOU? YES ☐ NO ☐ DATE: _____



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EDUCATION

High School	Name and Address	NUMBER OF FATALITIES	NUMBER OF INJURIES	CHARGEABLE / AT-FAULT?
Undergraduate College				
Graduate/Professional				
Other (Specify)				

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS

(Other than parking violations)

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

DRIVER'S LICENSES AND/OR PERMITS FOR THE PAST 3 YEARS

DRIVER'S LICENSES PAST 3 YEARS	STATE	LICENSE NUMBER	TYPE	EXPIRATION DATE

- A. HAVE YOU EVER BEEN DISQUALIFIED UNDER FEDERAL MOTOR CARRIER SAFETY REGULATIONS GUIDELINES? YES ☐ NO ☐ DATE _____
- B. HAVE YOU EVER BEEN DENIED A LICENSE, PERMIT OR PRIVILEGE TO OPERATE A MOTOR VEHICLE? YES ☐ NO ☐ DATE _____
- C. HAS ANY LICENSE, PERMIT OR PRIVILEGE EVER BEEN SUSPENDED OR REVOKED? YES ☐ NO ☐ DATE _____

IF THE ANSWER TO EITHER A, B, OR C IS "YES", EXPLAIN UNDER COMMENTS SECTION ON PAGE 4

- D. HAVE YOU EVER BEEN CONVICTED, OR ARE ANY CHARGES PENDING FOR DRIVING WHILE UNDER THE INFLUENCE OF ALCOHOL, A NARCOTIC DRUG, OR AMPHETAMINES OR DERIVATIVES THEREOF? YES ☐ NO ☐ DATE _____

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC)	DATES		APPROX NUMBER OF MILES
STRAIGHT TRUCK				
TRACTOR & TRAILER				
TRACTOR & DOUBLES/TRIPLES				
OTHER				



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WORK EXPERIENCE HISTORY

Attach sheet if more space is needed

INFORMATION MUST BE COMPLETE FOR THE APPLICATION PROCESS

List below all present and past employers over the past ten years, starting with your most recent employer. Account for all periods of unemployment. You must complete this section even if attaching a resume. May we contact your current employer? YES ☐ NO ☐

Last Employer or Position: _____ Phone: (____) _____ Supervisor's Name: _____
Address: _____ City/State: _____ Zip Code: _____
Position Held: _____ Date Hired: _____ Date Left: _____
Salary: _____ Reason for Leaving: _____

Essential job functions of final position:

2nd Last Employer or Position: _____ Phone: (____) _____ Supervisor's Name: _____
Address: _____ City/State: _____ Zip Code: _____
Position Held: _____ Date Hired: _____ Date Left: _____
Salary: _____ Reason for Leaving: _____

If you were a **DRIVER**, complete this section

Number of Accidents: _____ **Number of Chargeable:** _____
Vehicle Type: Straight Truck ☐ Semi ☐ Other ☐
Vehicle Make: Kenworth ☐ Volvo ☐ Sterling ☐ Peterbilt ☐ Mack ☐ Western Star ☐ International ☐ Other ☐
Equipment: Reefer ☐ Van ☐ Flatbed ☐ Tanker ☐ Lowboy ☐ Doubles/Triples ☐ Intermodal ☐ Dump ☐ Other ☐
Transmission Type: 9 Speed ☐ 10 Speed ☐ Super 10 ☐ 13 Speed ☐ 15 Speed ☐ 18 Speed ☐ Twin Stick ☐ Auto ☐ Other ☐
Position: Owner/Operator ☐ Fleet Driver ☐ Other ☐
What States did you drive in? AK AL AR AZ CA CO CT DE FL GA IA ID IL IN KS KY LA MA MD ME MI MN MO MS MT NC ND NE NH NJ NM NV NY OH OK
OR PA RI SC SD TN TX UT VA VT WA WI WV – CANADA BC MB NB NL

3rd Last Employer or Position: _____ Phone: (____) _____ Supervisor's Name: _____
Address: _____ City/State: _____ Zip Code: _____
Position Held: _____ Date Hired: _____ Date Left: _____
Salary: _____ Reason for Leaving: _____

If you were a **DRIVER**, complete this section

Number of Accidents: _____ **Number of Chargeable:** _____
Vehicle Type: Straight Truck ☐ Semi ☐ Other ☐
Vehicle Make: Kenworth ☐ Volvo ☐ Sterling ☐ Peterbilt ☐ Mack ☐ Western Star ☐ International ☐ Other ☐
Equipment: Reefer ☐ Van ☐ Flatbed ☐ Tanker ☐ Lowboy ☐ Doubles/Triples ☐ Intermodal ☐ Dump ☐ Other ☐
Transmission Type: 9 Speed ☐ 10 Speed ☐ Super 10 ☐ 13 Speed ☐ 15 Speed ☐ 18 Speed ☐ Twin Stick ☐ Auto ☐ Other ☐
Position: Owner/Operator ☐ Fleet Driver ☐ Other ☐
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4th Last Employer or Position: _____ Phone: (____) _____ Supervisor's Name: _____
Address: _____ City/State: _____ Zip Code: _____
Position Held: _____ Date Hired: _____ Date Left: _____
Salary: _____ Reason for Leaving: _____

If you were a **DRIVER**, complete this section

Number of Accidents: _____ **Number of Chargeable:** _____
Vehicle Type: Straight Truck ☐ Semi ☐ Other ☐
Vehicle Make: Kenworth ☐ Volvo ☐ Sterling ☐ Peterbilt ☐ Mack ☐ Western Star ☐ International ☐ Other ☐
Equipment: Reefer ☐ Van ☐ Flatbed ☐ Tanker ☐ Lowboy ☐ Doubles/Triples ☐ Intermodal ☐ Dump ☐ Other ☐
Transmission Type: 9 Speed ☐ 10 Speed ☐ Super 10 ☐ 13 Speed ☐ 15 Speed ☐ 18 Speed ☐ Twin Stick ☐ Auto ☐ Other ☐
Position: Owner/Operator ☐ Fleet Driver ☐ Other ☐
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5th Last Employer or Position: _____ Phone: (____) _____ Supervisor's Name: _____
Address: _____ City/State: _____ Zip Code: _____
Position Held: _____ Date Hired: _____ Date Left: _____
Salary: _____ Reason for Leaving: _____

If you were a **DRIVER**, complete this section

Number of Accidents: _____ **Number of Chargeable:** _____
Vehicle Type: Straight Truck ☐ Semi ☐ Other ☐
Vehicle Make: Kenworth ☐ Volvo ☐ Sterling ☐ Peterbilt ☐ Mack ☐ Western Star ☐ International ☐ Other ☐
Equipment: Reefer ☐ Van ☐ Flatbed ☐ Tanker ☐ Lowboy ☐ Doubles/Triples ☐ Intermodal ☐ Dump ☐ Other ☐
Transmission Type: 9 Speed ☐ 10 Speed ☐ Super 10 ☐ 13 Speed ☐ 15 Speed ☐ 18 Speed ☐ Twin Stick ☐ Auto ☐ Other ☐
Position: Owner/Operator ☐ Fleet Driver ☐ Other ☐
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6th Last Employer or Position: _____ Phone: (____) _____ Supervisor's Name: _____
Address: _____ City/State: _____ Zip Code: _____
Position Held: _____ Date Hired: _____ Date Left: _____
Salary: _____ Reason for Leaving: _____

If you were a **DRIVER**, complete this section

Number of Accidents: _____ Number of Chargeable: _____
Vehicle Type: Straight Truck ☐ Semi ☐ Other ☐
Vehicle Make: Kenworth ☐ Volvo ☐ Sterling ☐ Peterbilt ☐ Mack ☐ Western Star ☐ International ☐ Other ☐
Equipment: Reefer ☐ Van ☐ Flatbed ☐ Tanker ☐ Lowboy ☐ Doubles/Triples ☐ Intermodal ☐ Dump ☐ Other ☐
Transmission Type: 9 Speed ☐ 10 Speed ☐ Super 10 ☐ 13 Speed ☐ 15 Speed ☐ 18 Speed ☐ Twin Stick ☐ Auto ☐ Other ☐
Position: Owner/Operator ☐ Fleet Driver ☐ Other ☐
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7th Last Employer or Position: _____ Phone: (____) _____ Supervisor's Name: _____
Address: _____ City/State: _____ Zip Code: _____
Position Held: _____ Date Hired: _____ Date Left: _____
Salary: _____ Reason for Leaving: _____

If you were a **DRIVER**, complete this section

Number of Accidents: _____ Number of Chargeable: _____
Vehicle Type: Straight Truck ☐ Semi ☐ Other ☐
Vehicle Make: Kenworth ☐ Volvo ☐ Sterling ☐ Peterbilt ☐ Mack ☐ Western Star ☐ International ☐ Other ☐
Equipment: Reefer ☐ Van ☐ Flatbed ☐ Tanker ☐ Lowboy ☐ Doubles/Triples ☐ Intermodal ☐ Dump ☐ Other ☐
Transmission Type: 9 Speed ☐ 10 Speed ☐ Super 10 ☐ 13 Speed ☐ 15 Speed ☐ 18 Speed ☐ Twin Stick ☐ Auto ☐ Other ☐
Position: Owner/Operator ☐ Fleet Driver ☐ Other ☐
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8th Last Employer or Position: _____ Phone: (____) _____ Supervisor's Name: _____
Address: _____ City/State: _____ Zip Code: _____
Position Held: _____ Date Hired: _____ Date Left: _____
Salary: _____ Reason for Leaving: _____

If you were a **DRIVER**, complete this section

Number of Accidents: _____ Number of Chargeable: _____
Vehicle Type: Straight Truck ☐ Semi ☐ Other ☐
Vehicle Make: Kenworth ☐ Volvo ☐ Sterling ☐ Peterbilt ☐ Mack ☐ Western Star ☐ International ☐ Other ☐
Equipment: Reefer ☐ Van ☐ Flatbed ☐ Tanker ☐ Lowboy ☐ Doubles/Triples ☐ Intermodal ☐ Dump ☐ Other ☐
Transmission Type: 9 Speed ☐ 10 Speed ☐ Super 10 ☐ 13 Speed ☐ 15 Speed ☐ 18 Speed ☐ Twin Stick ☐ Auto ☐ Other ☐
Position: Owner/Operator ☐ Fleet Driver ☐ Other ☐
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9th Last Employer or Position: _____ Phone: (____) _____ Supervisor's Name: _____
Address: _____ City/State: _____ Zip Code: _____
Position Held: _____ Date Hired: _____ Date Left: _____
Salary: _____ Reason for Leaving: _____

If you were a **DRIVER**, complete this section

Number of Accidents: _____ Number of Chargeable: _____
Vehicle Type: Straight Truck ☐ Semi ☐ Other ☐
Vehicle Make: Kenworth ☐ Volvo ☐ Sterling ☐ Peterbilt ☐ Mack ☐ Western Star ☐ International ☐ Other ☐
Equipment: Reefer ☐ Van ☐ Flatbed ☐ Tanker ☐ Lowboy ☐ Doubles/Triples ☐ Intermodal ☐ Dump ☐ Other ☐
Transmission Type: 9 Speed ☐ 10 Speed ☐ Super 10 ☐ 13 Speed ☐ 15 Speed ☐ 18 Speed ☐ Twin Stick ☐ Auto ☐ Other ☐
Position: Owner/Operator ☐ Fleet Driver ☐ Other ☐
What States did you drive in? AK AL AR AZ CA CO CT DE FL GA IA ID IL IN KS KY LA MA MD ME MI MN MO MS MT NC ND NE NH NJ NM NV NY OH OK
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10th Last Employer or Position: _____ Phone: (____) _____ Supervisor's Name: _____
Address: _____ City/State: _____ Zip Code: _____
Position Held: _____ Date Hired: _____ Date Left: _____
Salary: _____ Reason for Leaving: _____

If you were a **DRIVER**, complete this section

Number of Accidents: _____ Number of Chargeable: _____
Vehicle Type: Straight Truck ☐ Semi ☐ Other ☐
Vehicle Make: Kenworth ☐ Volvo ☐ Sterling ☐ Peterbilt ☐ Mack ☐ Western Star ☐ International ☐ Other ☐
Equipment: Reefer ☐ Van ☐ Flatbed ☐ Tanker ☐ Lowboy ☐ Doubles/Triples ☐ Intermodal ☐ Dump ☐ Other ☐
Transmission Type: 9 Speed ☐ 10 Speed ☐ Super 10 ☐ 13 Speed ☐ 15 Speed ☐ 18 Speed ☐ Twin Stick ☐ Auto ☐ Other ☐
Position: Owner/Operator ☐ Fleet Driver ☐ Other ☐
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COMMENTS:

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. I also agree that any false information, misrepresentations, or omissions may disqualify me from further consideration or may result in discharge of existing employment, without regard to either my knowledge of the inaccuracy, the length of my employment with KM Newhouse or the seriousness of the inaccuracy.

I authorize KM Newhouse & Sons, LLC., to conduct such background investigations as it deems necessary in arriving at a decision, I release KM Newhouse & Sons, LLC., and all companies, agencies, schools, and persons contacted from all liability and responsibility for providing, receiving, or acting on such information. I further agree to cooperate in any such investigation.

I hereby give my consent for KM Newhouse & Sons, Inc., through an authorized testing service of its choice, to collect blood, urine, hair, or saliva samples, or other fluid or tissue samples from me and to conduct any other necessary medical tests to determine the presence of alcohol, drugs, or controlled substances, and I hereby release KM Newhouse & Sons, LLC., from any liability arising out of such tests or its results. Further, I give my consent for the release of the test results and other relevant medical information to authorize KM Newhouse & Sons, LLC., management for appropriate review. If KM Newhouse & Sons, Inc., accepts my services, I hereby consent to be tested in the above manner during my services when, in KM Newhouse & Sons, LLC., judgment such testing is appropriate. I acknowledge that remaining free of drug use is a condition of my employment.

Date _____ Signature _____



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DRIVING RECORD (MVR) DISCLOSURE / RELEASE

In connection with my application for employment (or contracted services) with KM Newhouse, I understand that state driving records shall be obtained from the State of Record where I hold my driver's license for all drivers who will be operating a commercial motor vehicle. These records contain public record information pertaining to my driving history. I authorize KM Newhouse to obtain these records as part of the application/hiring process in making a determination for hiring me as a commercial driver (CDL or Non-CDL). I further authorize KM Newhouse to procure these records during the course of my employment.

I authorize, without reservation, any party or agency contacted (State Licensing Departments, Insurance providers, etc.) to furnish the above-mentioned information pertaining to my driving record.

I hereby authorize procurement of driving record report(s). If hired (or contracted), this authorization shall remain on file and in effect throughout my employment (or contract) period with KM Newhouse.

Name

Driver's License #

State

Social Security Number

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 KM NEWHOUSE ("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 KM NEWHOUSE ("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.

NOTICE: The prospective employment concept referenced in this form contemplates the definition of "employee" contained at 49 C.F.R. 383.5.

LAST UPDATED 12/22/2015