



Partners In Excellence

Butler Transport, Inc.

Driver Recruiting

347 North James Street

Kansas City, KS 66118-1140

Toll Free: 800-KC-TRUCK

(800-528-7825)

Fax: 913-321-2367

e-mail: recruiting@butlertransport.com

Application For Employment

The purpose of this application is to determine whether the applicant is qualified to operate a Commercial Motor Vehicle according to the requirements of the Federal Motor Carrier Safety Regulations and/or Butler Transport, Inc. company policy. Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation in the application and/or interview process should notify a company representative. All applicants must meet the Department of Transportation and Butler Transport, Inc. physical qualification requirements, and be able to perform essential job functions. Butler Transport, Inc.'s hiring criteria and application process may be changed at any time, at its discretion, without prior notice. All information supplied by applicant will be treated confidentially. Print clearly as incomplete or illegible applications may not be processed.

Applying For: Company Driver: Solo Team (with) _____
 Independent Contractor (IC): Solo Team (with) _____
 Lease Driver / Driver of IC: Solo Team (with) _____

Are you currently employed? Yes No Date Available For Orientation: ____/____/20__

Have you ever, applied for work at, or worked for Butler? Yes No If Yes, when ____/____/____

Name: Last _____ First _____ Middle _____

Current Street Address _____ How Long? _____ (months)

City _____ State _____ ZIP _____

List All Previous 1. _____ How Long? _____ (months)

Addresses, If 2. _____ How Long? _____ (months)

Less Than Three 3. _____ How Long? _____ (months)

Years (36 months) At Current Address

Phone (____) _____ Mobile (____) _____ Pager (____) _____

E-Mail Address _____

Date Of Birth ____/____/19____ Birth Name, If Different From Name Given Above _____

Social Security No. _____ - _____ - _____ Marital Status? Married Single Divorced

Spouse (if applicable) _____ Phone (____) _____ # Of Dependents _____

Are you authorized to work in the United States of America? YES NO

Commercial Driver's License No. _____ State _____ Expiration Date ____/____/20__

Class A? Yes No Endorsements (list) _____

List All Previous 1. License # _____ State _____ Surrendered? YES NO

Driver's Licenses 2. License # _____ State _____ Surrendered? YES NO

Held In The 3. License # _____ State _____ Surrendered? YES NO

Past Three Years

Employment History - Continued

Next Previous Employer	Dates of Employment
Name:	From:
Address:	To:
City: State: ZIP:	Contact:
Reason For Separation:	Phone:
Did You Drive A Vehicle Requiring A CDL? <input type="checkbox"/> Yes <input type="checkbox"/> No	Fax:

Next Previous Employer	Dates of Employment
Name:	From:
Address:	To:
City: State: ZIP:	Contact:
Reason For Separation:	Phone:
Did You Drive A Vehicle Requiring A CDL? <input type="checkbox"/> Yes <input type="checkbox"/> No	Fax:

Next Previous Employer	Dates of Employment
Name:	From:
Address:	To:
City: State: ZIP:	Contact:
Reason For Separation:	Phone:
Did You Drive A Vehicle Requiring A CDL? <input type="checkbox"/> Yes <input type="checkbox"/> No	Fax:

Next Previous Employer	Dates of Employment
Name:	From:
Address:	To:
City: State: ZIP:	Contact:
Reason For Separation:	Phone:
Did You Drive A Vehicle Requiring A CDL? <input type="checkbox"/> Yes <input type="checkbox"/> No	Fax:

Next Previous Employer	Dates of Employment
Name:	From:
Address:	To:
City: State: ZIP:	Contact:
Reason For Separation:	Phone:
Did You Drive A Vehicle Requiring A CDL? <input type="checkbox"/> Yes <input type="checkbox"/> No	Fax:

Next Previous Employer	Dates of Employment
Name:	From:
Address:	To:
City: State: ZIP:	Contact:
Reason For Separation:	Phone:
Did You Drive A Vehicle Requiring A CDL? <input type="checkbox"/> Yes <input type="checkbox"/> No	Fax:

Next Previous Employer	Dates of Employment
Name:	From:
Address:	To:
City: State: ZIP:	Contact:
Reason For Separation:	Phone:
Did You Drive A Vehicle Requiring A CDL? <input type="checkbox"/> Yes <input type="checkbox"/> No	Fax:

Before proceeding with the application, please verify that all employment for the past THREE (3) years, including any unemployed, self-employed or military service period has been accounted for. There should not be any period in the past THREE (3) years where you have not provided an explanation as to what your employment status was. Additionally, please verify that you have listed all employers where you have driven commercially over the past TEN (10) years. Attach additional sheet if more space is required.

Self-Employment Verification

The following information is needed only to verify periods of Self-Employment. If you do NOT have any periods of Self-Employment contained within your Employment History you may proceed to the next section.

Please note that W-2's, 1099's, tax forms or log sheets may be helpful in accounting for Self-Employed periods.

Dates in Business: From: _____ To: _____
Company Name/DBA: _____ Business License: _____
Address: _____ Type of Business: _____
City: _____ State: _____ Zip: _____ Was Business Home Based?: Yes No
Bank: _____ Is This A Business Account?: Yes No
Bank Telephone: _____ Bank Contact: _____
Partner's Name: _____ Telephone: _____
Vendor's Name: _____ Telephone: _____
Vendor's Name: _____ Telephone: _____
Customer's Name: _____ Telephone: _____
Customer's Name: _____ Telephone: _____

Affidavit of Unemployment History

The following information is needed only to verify periods of Unemployment. If you do NOT have any periods of Unemployment contained within your Employment History you may proceed to the next section.

All Applicants with one or more periods of unemployment for more than ONE (1) month, during the past THREE (3) years, MUST complete the following Affidavit of Unemployment History.

I, (Print Name) _____, Social Security No. _____, do hereby affirm the following dates as periods of unemployment within the past three (3) years .

1. From: _____ To: _____
2. From: _____ To: _____
3. From: _____ To: _____
4. From: _____ To: _____
5. From: _____ To: _____
6. From: _____ To: _____

Applicant's Signature _____ Date _____

Certification of Unemployment Periods

Applicant: Please have TWO (2) personal references (Non-Relatives) complete the following Certification of Unemployment.

1. To the best of my knowledge, the Unemployment Information provided by the applicant above is true and accurate.
Reference Name: _____ Occupation: _____
Reference's Signature: _____ Telephone: _____
Relationship to Applicant: _____ No. of years you have known applicant?: _____
2. To the best of my knowledge, the Unemployment Information provided by the applicant above is true and accurate.
Reference Name: _____ Occupation: _____
Reference's Signature: _____ Telephone: _____
Relationship to Applicant: _____ No. of years you have known applicant?: _____

Background Information Questionnaire

- | | | |
|--|-----|----|
| A. Have you ever had your license or privilege to operate a motor vehicle suspended or revoked? | Yes | No |
| B. Have you ever been denied a license or privilege to operate a motor vehicle? | Yes | No |
| C. Have you ever been convicted of a felony involving the use of a motor vehicle? | Yes | No |
| D. Have you ever been convicted of any drug related offense? | Yes | No |
| E. Have you ever been convicted of a felony or have a pending charge? | Yes | No |
| F. Have you ever been convicted of reckless or careless and imprudent driving? | Yes | No |
| G. Have you ever been convicted of leaving the scene of an accident? | Yes | No |
| H. Have you ever been convicted of vehicular homicide? | Yes | No |
| I. Have you ever been convicted of speeding 15 mph or more over the posted speed limit? | Yes | No |
| J. Have you ever been convicted of DWI/DUI or refused to take a drug or alcohol test? | Yes | No |
| K. Are you currently participating in a "deferred" or similar program with a pending charge? | Yes | No |
| L. Have you ever been convicted of driving while suspended, revoked or while disqualified? | Yes | No |
| M. Have you ever been the defendant in a civil action for an intentional tort in the judicial system? | Yes | No |
| N. Have you ever tested positive for a controlled substance on a D.O.T. required drug test? | Yes | No |
| O. Have you ever tested with a blood alcohol concentration of 0.04 or greater on a required D.O.T. test? | Yes | No |
| P. Have you ever refused to take a D.O.T. required drug or alcohol test? | Yes | No |
| Q. Have you ever been discharged by an employer because of drug or alcohol use? | Yes | No |
| R. Do you take any medications that could affect your driving? | Yes | No |

If YES to any of the above, please give details _____

Attach additional sheet if more space is required. _____

In Case of Emergency Please List Three People To Notify	1. Name _____	Phone (____) _____	Mobile (____) _____
	2. Name _____	Phone (____) _____	Mobile (____) _____
	3. Name _____	Phone (____) _____	Mobile (____) _____

List Three Personal References Who Are Not Relatives	1. Name _____	Phone (____) _____	Mobile (____) _____
	2. Name _____	Phone (____) _____	Mobile (____) _____
	3. Name _____	Phone (____) _____	Mobile (____) _____

How Did You Learn About Us?	<input type="checkbox"/> Newspaper (list) _____			<input type="checkbox"/> Magazine (list) _____		<input type="checkbox"/> Decal
	<input type="checkbox"/> Company Newsletter	<input type="checkbox"/> Post Card	<input type="checkbox"/> Truck Recognition	<input type="checkbox"/> Previous Employment		
	<input type="checkbox"/> Driver Referral (name) _____		Unit # _____	<input type="checkbox"/> Other (list) _____		

Authorization And Release From Liability

By completing and submitting this application for employment (including contract for services) the undersigned applicant:

Authorizes Butler Transport, Inc. (Employer/Lessor) its subsidiaries, affiliates or its agents to investigate the background, character, general reputation, record of convictions, deferred prosecutions, pending charges, and prior employment record to ascertain any and all information of concern to applicant's record, whether same is of record or not, by contacting employers, references, or any other individuals or agencies and to otherwise verify the accuracy of the information contained within this application;

Authorizes Butler Transport, Inc., pursuant to Federal Motor Carrier Safety Regulations part 382, to obtain all records regarding prior controlled substance and/or alcohol tests, including any refusals, from any company for which applicant performed a safety sensitive function or for which applicant took a pre-employment controlled substance and/or alcohol test during the preceding three (3) years;

Authorizes and releases Butler Transport, Inc. its subsidiaries, affiliates or its agents for seeking, gathering and using such information as part of its evaluation process and all prior employers, references, individuals or agencies for furnishing information they may have regarding the applicant and absolve those parties who provide information from any and all liability related to their doing so;

Acknowledges that this application in no way obligates Butler Transport, Inc. to employ the applicant and in no way constitutes an agreement or contract for employment. It is agreed and understood that the employment being offered is not for any specified period or definite duration of time, and that applicant is free to resign, or employment may be terminated by Butler Transport, Inc., at any time, with or without cause and without prior notice, except as may be required by law. It is further understood that the only manner in which the "at will" nature of employment may be changed is through a written agreement which is specifically intended to do so, and which is signed by a duly authorized officer of the company;

Acknowledges that as a condition to pre-employment medical qualification and thereafter as warranted by Butler Transport, Inc. company policy and/or Federal Motor Carrier Safety Regulations that applicant must submit to physical examinations and controlled substance and alcohol use testing. Applicant does hereby release and hold harmless Butler Transport, Inc. its officers, directors, agents and shareholders from any and all claims and causes of action howsoever and wheresoever occurring from submitting to such examinations and/or controlled substance and alcohol use testing and authorize the release of test results to Butler Transport, Inc. and Butler Transport, Inc.'s use of those results as part of its evaluation process in deciding whether employment should be offered or continued if employed;

Acknowledges and agrees that evidence of illegal alcohol or controlled substance use will be grounds for immediate termination of employment (or contract) without notice and without recourse;

Acknowledges the foregoing has been carefully read and fully understood and employment is sought under these conditions. Applicant's signature certifies that that this application was completed by applicant, and that all entries and information on and contained within this application and/or supplemental documents are true and complete to the best of applicant's knowledge;

Agrees that if any of the information provided in this application and/or supplemental documents changes, whether before or after employment, applicant will immediately provide Butler Transport, Inc. with new and updated information;

Agrees that not updating, providing false, misleading or incomplete statements or material omissions in this application and/or supplemental documents or in connection with Butler Transport, Inc.'s evaluation of applicant as a candidate for employment shall be considered an act of dishonesty and will be sufficient cause for cancellation of this application or immediate termination of employment (or contract), regardless of when such information is discovered.

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.

Print Applicant's Name _____ Social Security No. _____ - _____ - _____

Applicant's Signature _____ Date _____

Butler Transport, Inc.'s hiring/leasing criteria and application process may be changed at any time at its discretion without prior notice.

Conditional Employment Pre-Training Agreement

I understand that should a conditional employment offer be extended to me, that while I am receiving training or traveling to/from the Butler Transport, Inc. training facility, I am not yet an employee of Butler Transport, Inc. or its subsidiaries. Therefore, if I become injured or ill during the course of training, Butler Transport, Inc. has no legal obligation to pay for my medical treatment. However, at its discretion, Butler Transport, Inc. may pay a limited amount of any initial emergency medical treatment rendered to me. After that initial emergency treatment, I will make my own arrangement to pay for my medical treatment.

Print Applicant's Name _____ Social Security No. _____ - _____ - _____

Applicant's Signature _____ Date _____

Investigative Consumer Report Disclosure And Authorization

In accordance with the provisions of Section 604(b)(2)(A) of the **Fair Credit Reporting Act**, (Public Law 91-508), as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I, of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on you for employment purposes. These reports are required by Sections 382.413, 391.23 and 391.25 of the Federal Motor Carrier Safety Regulations.

In connection with your employment or application for employment (including contract for services), an investigative consumer report and consumer reports, ("Consumer Reports"), which may contain public record information, may be requested from USIS Commercial Services ("USIS") and/or other consumer reporting agencies, ("Agencies"). These Consumer Reports may include the following types of information: names and dates of previous employers, reason for termination of employment, work experience, accidents, academic history, professional credentials, drugs/alcohol use, information relating to your character, general reputation, personal characteristics, mode of living, educational background, or any other information about you which may reflect upon your potential for employment gathered from any individual, organization, entity, agency, or other source which may have knowledge concerning any such items of information. Such Consumer Reports may contain public record information concerning your driving record, workers' compensation claims, credit, bankruptcy proceedings, criminal records, etc., from federal, state and other agencies which maintain such records; as well as information from Agencies concerning previous driving record requests made by others from such state agencies.

In connection with my employment or application for employment (including contract for services), I hereby authorize Butler Transport, Inc. to obtain consumer reports and/or investigative consumer reports, ("Consumer Reports"), from any appropriate consumer reporting agency and understand that such consumer reports may be used by Butler Transport, Inc. in the determination of whether or not to offer employment or lease agreement.

I understand that I have the right to receive, upon my written request within a reasonable period of time, (not to exceed 30 days) a complete and accurate disclosure of the nature and scope of the investigation requested. You have the right to make a request to USIS Commercial Services ("USIS") and/or other consumer reporting agencies ("Agencies"), upon proper identification, to request the nature and substance of all information in its files on you at the time of your request, including the sources of information, and the recipients of any reports on you that these Agencies have previously furnished within the two-year period proceeding your request. (Butler Transport, Inc may be contacted by mail at 347 N. James St., Kansas City, KS 66118, or by phone at (800) 528-7825. USIS may be contacted by mail at PO Box 33181, Tulsa, OK 74153, or by phone at (800) 381-0645.)

I hereby consent to allowing Butler Transport, Inc. to obtain such Consumer Reports from any and all appropriate consumer reporting agencies and agree that such information maintained by such consumer reporting agencies will be supplied by Butler Transport, Inc. and/or any other companies which subscribe to said services. Additionally, I hereby consent, without reservation, that Butler Transport, Inc. may, upon receipt of a properly executed release, supply information pertinent to my employment that it may possess in its files.

I hereby acknowledge receipt of this Investigative Consumer Report Disclosure, summary of my rights under the Fair Credit Reporting Act (FCRA) and authorize procurement of consumer report(s) by Butler Transport, Inc. If hired (or contracted), this authorization shall remain on file and shall serve as ongoing authorization for Butler Transport, Inc. to procure Investigative Consumer Reports at any time during my employment (or contract) period (this consent can be provided verbally as well).

Print Applicant's Name _____ Social Security No. _____ - _____ - _____

Applicant's Signature _____ Date _____

Attached to this disclosure is a written summary of your rights under the Fair Credit Reporting Act (FCRA) as prepared by the Federal Trade Commission.

Notice to California Applicants

Under California law, the consumer reports we order on you for employment purposes within the State of California are defined as investigative consumer reports. These reports may contain information on your character, personal characteristics and mode of living.

Under section 1786.22 of the California Civil Code, you may view the file maintained on you by USIS during normal business hours. You may also obtain a copy of this file upon submitting proper identification and paying the costs of duplication services, by appearing at USIS in person, by mail, or by telephone. The agency is required to have a personnel available to explain your file to you and the agency must explain to you any coded information appearing in your file. If you appear in person, a person of your choice may accompany you, provided that this person furnishes proper identification.

I request to receive a free copy of any investigative consumer report ordered on me by checking this box. (California applicants only)

Oklahoma and Minnesota Applicants

Oklahoma Applicants Only: I request a copy of any credit report requested on me by checking this box.

Minnesota Applicants Only: I request a copy of any consumer report requested on me by checking this box.

Request for National Driver Register File Check on Current or Prospective Employee (ACCT# 1757)

Current or Prospective Employer to Receive the NDR Search Results: <input checked="" type="checkbox"/> Driver Employer <input type="checkbox"/> Railroad Company	
Employer or Agency Name Butler Transport, Inc.	
Security Access Code: B1800024	
To the specific attention of: Driver Services	Business Telephone Area Code Number (913) 321-0047
Mailing Address (Number and Street) 347 North James Street	
City, State and Zip Code Kansas City, Kansas 66118-1140	

Type or Print Plainly (Avoid delays. Inquiries that cannot be read will not be processed.)

Driver's Full Legal Name (First, Middle, and Last)				
Other Names Used (Maiden, Prior Name, Nickname, Professional Name, Other)				
Mailing Address (Number and Street with Apartment Number if any or Rural Route/Carrier and Box Number)			Home Telephone (Optional) Area Code Number ()	
City, State and Zip Code			Work Telephone (Optional) Area Code Number ()	
Driver License Number and State			Social Security Number	
Month, Day, and Year of Birth	Sex	Color of Eyes	Height	Weight

EMPLOYEE UNDERSTANDING: I understand that the National Driver Register (NDR) search will result in a printed report which will be sent only to the employer or regulatory agency listed above on this form. The report will indicate either (1) that the NDR does not contain a record matching my identification or (2) that the NDR has a probable identification (match) from one state (or more) which will be named on the report. A separate check of state files would be required (1) to verify the identification or (2) to obtain the driving record. It is the responsibility of the listed employer to obtain the state driver records and to determine or verify records which apply to me. Under the Privacy Act, I have the right to request record(s) pertaining to me from the NDR. I also understand that if convictions, suspensions or revocations of mine are found which I have not shown on my applications or interviews, I might not be hired as a driver or could lose my job as a driver, and the State where I am licensed may also take action on my driver license including suspension, cancellation, or revocation. I hereby, with my signature, authorize a one-time file search of the NDR and any resulting reports to be sent to the employer or agency named on this form.

Driver's Signature	Date
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Official Use Only			NOTARIZATION	
			Required only if the NDR File Check Request is not made in person by the current or prospective operator.	
Date Received	Date Sent	Internal Control	Sworn to and ascribed before me	Notary Public Seal or Stamp
			this _____ day of _____	
			20_____ in the city/county of _____	
			State of _____	
TYPE OF IDENTIFICATION: Ⓡ Valid Photo Driver License Ⓡ State-issued Photo ID Ⓡ Birth Certificate Ⓡ Valid Passport Ⓡ Valid Military ID Ⓡ Military Discharge Papers Ⓡ Other (specify) _____				
Employee Verifying Applicant Identification (Print Name)		Signature		