



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 Addresses, If Less Than Three Years (36 months) At Current Address 1. \_\_\_\_\_ How Long? \_\_\_\_\_ (months)

2. \_\_\_\_\_ How Long? \_\_\_\_\_ (months)

3. \_\_\_\_\_ How Long? \_\_\_\_\_ (months)

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 Driver's Licenses Held In The Past Three Years 1. License # \_\_\_\_\_ State \_\_\_\_\_ Surrendered?  YES  NO

2. License # \_\_\_\_\_ State \_\_\_\_\_ Surrendered?  YES  NO

3. License # \_\_\_\_\_ State \_\_\_\_\_ Surrendered?  YES  NO



## 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.

- 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?: \_\_\_\_\_
- 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"/> 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 \_\_\_\_\_



