



Please email application to

trucking@makttrans.com

or call

(678) 978-5220

For further questions.

Looking forward to have you on board.

This is an example driver employment application. Carriers do not need to use this exact form, but must have a completed and signed employment application for all drivers that contains the information listed in [49 CFR 391.21](#).

DRIVER EMPLOYMENT APPLICATION

Makt-Trans LLC

3400 Peachtree NE, Atlanta, GA 30326

COMPLETE IN FULL OR IT WILL NOT BE CONSIDERED.

APPLICANT INFORMATION					
FIRST NAME		MIDDLE NAME		LAST NAME	
PHONE		EMAIL			
DATE OF BIRTH		SOCIAL SECURITY #			
DATE OF APPLICATION		POSITION APPLIED FOR		DATE AVAILABLE FOR WORK	

Do you have legal right to work in the United States? ☐ YES ☐ NO

PREVIOUS THREE YEARS RESIDENCY					
<i>Attach additional sheet if more space is needed</i>					
	STREET	CITY	STATE	ZIP CODE	# OF YEARS AT ADDRESS
CURRENT					
MAILING					
PREVIOUS					
PREVIOUS					
PREVIOUS					

LICENSE INFORMATION				
No person who operates a commercial motor vehicle shall at any time have more than one driver's license (49 CFR 383.21). I certify that I do not have more than one motor vehicle license, the information for which is listed below. Include all licenses held for the past 3 years; attach additional sheets if needed.				
STATE	LICENSE #	TYPE/CLASS	ENDORSEMENTS	EXPIRATION DATE
PREVIOUSLY HELD LICENSES				

DRIVING EXPERIENCE				
CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATE FROM	DATE TO	APPROX # OF MILES (TOTAL)
STRAIGHT TRUCK				
TRACTOR & SEMI-TRAILER				
TRACTOR & 2 TRAILERS				
TRACTOR & TANKER				
OTHER				

ACCIDENT RECORD FOR THE PAST 3 YEARS

Attach additional sheet if more space is needed. Check this box if none ☐

DATES (List most recent first)	NATURE OF ACCIDENT (Head-on, rear-end, upset, etc.)	# FATALITIES	# INJURIES	CHEMICAL SPILLS (Y/N)

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

Attach additional sheet if more space is needed. Check this box if none ☐

DATE CONVICTED (Month/Year)	VIOLATION	STATE OF VIOLATION	PENALTY (Forfeited bond, collateral and/or points)

Have you ever been denied a license, permit, or privilege to operate a motor vehicle?

☐ YES ☐ NO

If yes, explain

Has any license, permit, or privilege ever been suspended or revoked?

☐ YES ☐ NO

If yes, explain

EMPLOYMENT HISTORY

The Federal Motor Carrier Safety Regulations (49 CFR 391.21) require that all applicants wishing to drive a commercial vehicle list all employment for the last three (3) years. ***In addition, if you have driven a commercial vehicle previously, you must provide employment history for an additional seven (7) years (for a total of ten (10) years). Any gaps in employment in excess of one (1) month must be explained.***

Start with the last or current position, including any military experience, and work backwards (attach separate sheets if necessary). You are required to list the complete mailing address, including street number, city, state, zip; and complete all other information.

CURRENT (MOST RECENT) EMPLOYER					
NAME				PHONE	
ADDRESS					
POSITION HELD		FROM MO/YR		TO MO/YR	
REASON FOR LEAVING				SALARY	
EXPLAIN ANY GAPS IN EMPLOYMENT (Include month/year & reason)					

While employed here, were you subject to the Federal Motor Carrier Safety Regulations? ☐ YES ☐ NO

Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40? ☐ YES ☐ NO

SECOND (MOST RECENT) EMPLOYER

NAME				PHONE		
ADDRESS						
POSITION HELD		FROM MO/YR		TO MO/YR		
REASON FOR LEAVING				SALARY		
EXPLAIN ANY GAPS IN EMPLOYMENT (Include month/year & reason)						
While employed here, were you subject to the Federal Motor Carrier Safety Regulations? <input type="checkbox"/> YES <input type="checkbox"/> NO						
Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40? <input type="checkbox"/> YES <input type="checkbox"/> NO						

THIRD (MOST RECENT) EMPLOYER

NAME				PHONE		
ADDRESS						
POSITION HELD		FROM MO/YR		TO MO/YR		
REASON FOR LEAVING				SALARY		
EXPLAIN ANY GAPS IN EMPLOYMENT (Include month/year & reason)						
While employed here, were you subject to the Federal Motor Carrier Safety Regulations? <input type="checkbox"/> YES <input type="checkbox"/> NO						
Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40? <input type="checkbox"/> YES <input type="checkbox"/> NO						

EDUCATION

SCHOOL	NAME & LOCATION	COURSE OF STUDY	YEARS COMPLETED	GRADUATE Y N		DETAILS
High School				<input type="checkbox"/>	<input type="checkbox"/>	
College				<input type="checkbox"/>	<input type="checkbox"/>	
Other				<input type="checkbox"/>	<input type="checkbox"/>	

OTHER QUALIFICATIONS

Please list any other qualifications that you have and which you believe should be considered.

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make investigations (including contacting current and prior employers) into my personal, employment, financial, medical history, and other related matters as may be necessary in arriving at an employment decision. 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 interview(s) may result in discharge. I also understand that I am required to abide by all rules and regulations of the Company.

I understand that the information I provide regarding my current and/or prior 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. I understand that I have the right to:

- Review information provided by current/prior employers;
- Have errors in the information corrected by previous employers, and for those previous employers to resend 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.

This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge. Note: A motor carrier may require an applicant to provide more information than that required by the Federal Motor Carrier Safety Regulations.

Applicant Signature		Date	
Applicant Name (printed)			

Makt-Trans LLC

300 Peachtree Rd. NE
Suite 800
Atlanta, GA 30326

Consent and Release Form for Drug Screen and Background Check

Drug Screen

I hereby give my consent and express my willingness to undergo a drug test as requested by Tellworks Communications, LLC. I also consent to the release of the results of the test to Tellworks Communications, LLC. I am also consenting to the collection of a urine sample from me by a selected physician or testing representative of which is sent to a laboratory selected by my potential employer. I understand that this laboratory conducts screening tests on this urine sample to detect the presence of illegal narcotics, including marijuana and other drugs, as well as signs of abuse of legal drugs. I understand that all samples are subject to careful testing procedures with mandatory confirmation of any preliminary positive results.

I understand that a positive result on a drug test can result in revocation of my employment with Tellworks Communications, LLC. I agree to release and discharge to Tellworks Communications, LLC and any of its designated medical personnel, agents, or authorized testing laboratories from any claims or potential liability arising out of or related to any physical or medical examination or the results of such examinations or tests that I have been asked to undergo by Tellworks Communications, LLC.

Background Check

I authorize Tellworks Communications, LLC to conduct a background check that will include a criminal background investigation, and also verification of my job qualifications, employment history, academic credentials, licenses, professional designations, and driving record if I am required to drive on company business. I understand that employment is contingent upon a satisfactory background check. In addition, misrepresentations and/or omission of any facts on the Employment Application and/or resume are sufficient cause for summary dismissal when it is discovered.

In exchange for Tellworks Communications, LLC's consideration of my employment application, I agree not to file or pursue any complaints, claims, or legal actions of any kind against any organization or individual that provides work-related information about me to Tellworks Communications, LLC or its agents in accordance with the terms and intent of this release. I also agree not to file or pursue any complaints, claims, or legal actions against Tellworks Communications, LLC or any of its employees, representatives, affiliates, or agents arising out of their efforts to obtain work-related information about me.

Printed Name _____

(Signed) _____

Date _____

**Authorization for the Social Security Administration (SSA)
To Release Social Security Number (SSN) Verification**

Printed Name:	Date of Birth:	Social Security Number:
---------------	----------------	-------------------------

I want this information released because i am conducting the following business transaction:

Employment

Reason (s) for using CBSV: (Please select all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Mortgage Service | <input type="checkbox"/> Banking Service |
| <input checked="" type="checkbox"/> Background Check | <input type="checkbox"/> License Requirement |
| <input type="checkbox"/> Credit Check | <input type="checkbox"/> Other |

with the following company ("the Company"):

Company Name: _____

Company Address: _____

I authorize the Social Security Administration to verify my name and SSN to the Company and/or the Company's Agent, if applicable, for the purpose I identified.

The name and address of the Company's Agent is:

HireRight, LLC
14002 E. 21st Street, Suite 1200, Tulsa, OK 74134

I am the individual to whom the Social Security number was issued or the parent or legal guardian of a minor, or the legal guardian of a legally incompetent adult. I declare and affirm under the penalty of perjury that the information contained herein is true and correct. I acknowledge that if I make any representation that I know is false to obtain information from Social Security records, I could be found guilty of a misdemeanor and fined up to \$5,000.

This consent is valid only for 90 days from the date signed, unless indicated otherwise by the individual named above. If you wish to change this timeframe, fill in the following:

This consent is valid for _____ days from the date signed. _____ (Please initial.)

Signature:	Date Signed:
------------	--------------

Relationship (if not the individual to whom the SSN was issued): _____

Contact information of individual signing authorization:

Address: _____

City/State/ZIP: _____

Phone Number: _____

Privacy Act Statement Collection and Use of Personal Information

Sections 205(a) and 1106 of the Social Security Act, as amended, allow us to collect this information. Furnishing us this information is voluntary. However, failing to provide all or part of the information may prevent us from releasing information to a designated company or company's agent.

We will use the information to verify your name and Social Security number (SSN). In addition, we may share this information in accordance with the Privacy Act and other Federal laws. For example, where authorized, we may use and disclose this information in computer matching programs, in which our records are compared with other records to establish or verify a person's eligibility for Federal benefit programs and for repayment of incorrect or delinquent debts under these programs.

A list of routine uses is available in our Privacy Act System of Records Notice (SORN) 60-0058, entitled Master Files of SSN Holders and SSN Applications. Additional information and a full listing of all our SORNs are available on our website at www.socialsecurity.gov/foia/bluebook.

Paperwork Reduction Act Statement - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 3 minutes to complete the form. You may send comments on our time estimate above to: SSA, 6401 Security Blvd., Baltimore, MD 21235-6401. ***Send to this address only comments relating to our time estimate, not the completed form.***

-----TEAR OFF-----

NOTICE TO NUMBER HOLDER

The Company and/or its Agent have entered into an agreement with SSA that, among other things, includes restrictions on the further use and disclosure of SSA's verification of your SSN. To view a copy of the entire model agreement, visit <http://www.ssa.gov/cbsv/docs/SampleUserAgreement.pdf>.



A more human resource.™



ADP-SBS-EI002

Employee Information Form

* Denotes required field

First Name *

MI

Last Name *

Address 1 *

Gender *

Male

Female

Address 2

City *

State *

Zip *

Social Security Number *

Date of Birth *

Date of Hire *

Email Address

Pay Rate (check one) *

Hourly

Salary

Amount *

Tax Status (check one) *

W-2

1099

Pay Frequency (check one) *

Weekly

Bi-weekly

Semi-monthly

Monthly

Quarterly

Federal Filing Status (check one) *

Single

Married

Married - at Higher Single Rate

Allowances

Additional Federal Withholdings (check one) *

Additional Amount Withheld

Flat \$ Amount

Additional % Withheld

Flat % Amount

State Filing Status (check one) *

Same as Federal

Single

Married

Married - at Higher Single Rate

Allowances

Additional State Withholdings (check one) *

Additional Amount Withheld

Flat \$ Amount

Additional % Withheld

Flat % Amount

Direct Deposit Information

Bank Routing # *

Bank Routing #

Bank Account # *

Bank Account #

Account Type (check one) *

Checking

Savings

Checking

Savings

Deposit Amount (check one) *

Full Amount

Partial \$

Partial %

Remainder

Partial \$

Partial %

Rev 11/2016

ADP-SBS-EI002