

Please print out this application, complete it, and fax it back to (865) 546-6111.

**BURKHART ENTERPRISES, INC.**  
P.O. BOX 6131, KNOXVILLE, TN 37914  
865-523-6157  
**EMPLOYMENT APPLICATION**  
(PLEASE PRINT)

In compliance with Federal and State equal opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or non-job related disability

DATE OF APPLICATION: \_\_\_\_\_

POSITION APPLIED FOR: \_\_\_\_\_

NAME: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_  
LAST FIRST MIDDLE

PHONE NUMBER: \_\_\_\_\_

ADDRESS FOR THE PAST THREE YEARS:

STREET CITY STATE/ZIP CODE HOW LONG?

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Are you eligible to work in the United States? YES: \_\_\_\_\_ NO: \_\_\_\_\_

Are you a veteran? YES: \_\_\_\_\_ NO: \_\_\_\_\_ BRANCH OF SERVICE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ CAN YOU PROVIDE PROOF OF AGE?  
YES: \_\_\_\_\_ NO: \_\_\_\_\_ (Required for truck drivers)

HAVE YOU WORKED FOR BURKHART ENTERPRISES, INC. BEFORE? \_\_\_\_\_

DATES FROM: \_\_\_\_\_ TO: \_\_\_\_\_ POSITION: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

ARE YOU NOW EMPLOYED? \_\_\_\_\_ HOW LONG SINCE LEAVING LAST  
EMPLOYMENT? \_\_\_\_\_

REFERRED BY: \_\_\_\_\_ RATE OF PAY EXPECTED: \_\_\_\_\_

Is there any reason you might not be able to perform the functions of the job for which  
you have applied? \_\_\_\_\_

If yes, explain if you wish: \_\_\_\_\_

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### EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years.\*

Applicants to drive a commercial motor vehicle in intrastate or interstate commerce shall also provide an additional 7 years information on those employers for whom the applicant operated such a vehicle.

(Note: List employers in reverse order starting with the most recent. Add another sheet as necessary.)

EMPLOYER			DATE			
NAME			FROM		TO	
			MO.	YR.	MO.	YR.
ADDRESS			POSITION HELD			
CITY	STATE	ZIP	SALARY/WAGE			
CONTACT PERSON			REASON FOR LEAVING			
PHONE						

EMPLOYER			DATE			
NAME			FROM		TO	
			MO.	YR.	MO.	YR.
ADDRESS			POSITION HELD			
CITY	STATE	ZIP	SALARY/WAGE			
CONTACT PERSON			REASON FOR LEAVING			
PHONE						

EMPLOYER			DATE			
NAME			FROM		TO	
			MO.	YR.	MO.	YR.
ADDRESS			POSITION HELD			
CITY	STATE	ZIP	SALARY/WAGE			
CONTACT PERSON			REASON FOR LEAVING			
PHONE						

EMPLOYER			DATE			
NAME			FROM		TO	
			MO.	YR.	MO.	YR.
ADDRESS			POSITION HELD			
CITY	STATE	ZIP	SALARY/WAGE			
CONTACT PERSON			REASON FOR LEAVING			
PHONE						

EMPLOYER			DATE			
NAME			FROM		TO	
			MO.	YR.	MO.	YR.
ADDRESS			POSITION HELD			
CITY	STATE	ZIP	SALARY/WAGE			
CONTACT PERSON			REASON FOR LEAVING			
PHONE						

EMPLOYER			DATE			
NAME			FROM		TO	
			MO.	YR.	MO.	YR.
ADDRESS			POSITION HELD			
CITY	STATE	ZIP	SALARY/WAGE			
CONTACT PERSON			REASON FOR LEAVING			
PHONE						

\* Includes vehicles having a GVWR of 26,001 lbs. Or more, vehicles designed to transport 15 or more passengers, or any size vehicles used to transport hazardous materials in a quantity requiring placarding.

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ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE NEEDED):

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES
LAST ACCIDENT			
NEXT PREVIOUS			
NEXT PREVIOUS			

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

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

**EDUCATION**

Circle highest grade completed: 1 2 3 4 5 6 7 8 High School: 1 2 3 4 College: 1 2 3 4

LAST SCHOOL ATTENDED: \_\_\_\_\_  
(NAME) (CITY)

**EXPERIENCE & QUALIFICATIONS - DRIVER**

DRIVER LICENSE	STATE	LICENSE NUMBER	TYPE	EXPIRATION DATE

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES \_\_\_ NO \_\_\_

B. Has any license, permit or privilege ever been suspended or revoked? YES \_\_\_ NO \_\_\_  
IF THE ANSWER TO EITHER A OR B IS YES, ATTACH STATEMENT GIVING DETAILS.

**DRIVING EXPERIENCE**

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT	FROM	TO	APPROX. # OF MILES (TOTAL)
STRAIGHT TRUCK				
TRACTOR & SEMI-TRAILER				
TRACTOR & TWO TRAILER				
OTHER				

LIST STATES OPERATED IN FOR LAST 5 YEARS: \_\_\_\_\_

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER : \_\_\_\_\_

WHICH SAFE DRIVING AWARD DO YOU HOLD & FROM WHOM: \_\_\_\_\_

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**EXPERIENCE & QUALIFICATIONS – OTHER**

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY \_\_\_\_\_

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION \_\_\_\_\_

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWN) \_\_\_\_\_

**TO BE READ & SIGNED BY 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 authorize you to make such investigations and inquiries of my personal, employment financial, or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.)

I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with this application.

In the event of my employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

\_\_\_\_\_ Date

\_\_\_\_\_ Applicant's Signature

**THIS SECTION TO BE FILLED IN BY RESPONSIBLE OFFICER OF COMPANY REPRESENTATIVE**

	SUPERIOR	GOOD	FAIR	BELOW AVERAGE	POOR	WRITTEN RECORD ON FILE
APPLICATION						
INTERVIEW						
PAST EMPLOYMENT						
WRITTEN EXAM						
ROAD TEST						
CRIMINAL & TRAFFIC CONVICTIONS						

PROCESS RECORD  
APPLICANT HIRED \_\_\_\_\_ REJECTED \_\_\_\_\_

DATE EMPLOYED \_\_\_\_\_ POINT EMPLOYED \_\_\_\_\_

DEPARTMENT \_\_\_\_\_ CLASSIFICATION \_\_\_\_\_  
(IF REJECTED, SUMMARY REPORT OF REASONS SHOULD BE PLACED IN FILE)

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## REQUEST INFORMATION FROM PREVIOUS EMPLOYERS

I hereby authorize you to release the following information to BURKHART ENTERPRISES, INC. for purposes of investigation as required by Section 391.23 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability, which may result from furnishing such information.

\_\_\_\_\_ (Date) \_\_\_\_\_ (Applicant Signature)

To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The following applicant has made application to this company for a position as a driver. Please fill out the short request and fax back to me at 865-546-6111.

Sincerely,

Operations Manager

Applicant Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

### INFORMATION REQUESTED:

Date Employed: \_\_\_\_\_ Equipment Driven: \_\_\_\_\_

Type of Trailers: \_\_\_\_\_

Reason for leaving employment: Discharged: \_\_\_\_\_ Resigned: \_\_\_\_\_

Other: \_\_\_\_\_

Eligible for rehire: \_\_\_\_\_

Was he/she an efficient driver? \_\_\_\_\_

Please advise of driving record while under your employment (accidents)? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Date & Time fax sent: \_\_\_\_\_ Acknowledged: \_\_\_\_\_

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## **Burkhart Enterprises, Inc. Driver Background Check Consent Form**

In connection with your application for employment with Burkhart Enterprises Inc., we may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA). Burkhart Enterprises, Inc. cannot obtain background reports from FMCSA unless you consent in writing. If you agree that Burkhart Enterprises Inc. may obtain such background reports, please read the following and sign below:

I authorized Burkhart Enterprises Inc. 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 consenting to 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 Burkhart Enterprises Inc. to make a determination regarding my suitability as an employee.

I have read the above Notice regarding background reports provided to me by Burkhart Enterprises Inc. and I understand that if I sign this consent form Burkhart Enterprises Inc. may obtain a report of my crash and inspection history. I hereby authorize Burkhart Enterprises Inc. and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Date: \_\_\_\_\_

Signature

\_\_\_\_\_  
Name (Please Print)