

APPLICATION FOR EMPLOYMENT

Notice: Substance and Alcohol Testing is required of applicant driver Date _____

Company _____ Street Address _____

City _____ State _____ Zip Code _____

Name _____
(First) (Middle) (Last)

Addresses _____ How Long _____

Date of Birth _____ Social Security Number _____

Addresses for Past Three Years

	Dates _____
	Dates _____
(Street) (City) (State) (Zip)	(From) (To)

(ATTACH SHEET IF MORE SPACE IS NEEDED)

EXPERIENCE AND QUALIFICATIONS-DRIVERS

Drivers License _____
(State) (License Number) (Expiration Date)

Traffic Convictions and Forfeitures for the past three years (Other than Parking Violations)

(Location)	(Date)	(Charge)	(Penalty)

Have you ever been denied a license, permit or privilege to operate a motor vehicle Yes _____ No _____

Has any license, permit or privilege ever been suspended or revoked? Yes _____ No _____

(If the answer is yes to either of the two previous questions, attach statement-giving details)

DRIVING EXPERIENCE

Class of Equipment	Type of Equipment (Van Tank Flat Etc)	Dates From To	Approximate Number of Miles (Total)
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Straight Truck _____

Tractor & Semi Trailer _____

Other _____

ACCIDENT RECORD FOR THE PAST THREE YEARS OR MORE

Date	Nature of the Accident (Head-on Rear-end Upset Etc)	Fatality	Injury	Non-Injury
Last Accident _____				
Next Previous _____				
Next Previous _____				

Employment History

All drivers applying to drive in intrastate or interstate commerce must provide the following information on employers during the **preceding three years**. List mailing address, street number, city, state and zip code.

Applicants applying to drive a "**commercial motor vehicle**" as defined by Part 383, in intrastate or interstate commerce shall also provide an additional seven years information on those employers for whom the applicant driver operated such vehicle.

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

Employer			Date		
Name	From: Month	Year	To: Month	Year	
Address		Position Held			
City	State	Zip Code	Salary/Wages		
Contact Person			Phone Number (include area code)		
Reason for leaving					
Were You Subject To The FMCSR's While Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No					
**Was Your Job Designated As A Safety-Sensitive Function In Any DOT-Regulated Mode Subject To The Drug And Alcohol Testing Requirements Of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No					

Employer			Date		
Name	From: Month	Year	To: Month	Year	
Address		Position Held			
City	State	Zip Code	Salary/Wages		
Contact Person			Phone Number (include area code)		
Reason for leaving					
Were You Subject To The FMCSR's While Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No					
**Was Your Job Designated As A Safety-Sensitive Function In Any DOT-Regulated Mode Subject To The Drug And Alcohol Testing Requirements Of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No					

(ATTACH SHEET IF MORE SPACE IS NEEDED FOR EMPLOYMENT HISTORY)

TO BE READ AND SIGNED BY APPLICANT

This certifies that this application was completed by me, and that all entries on 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, 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 understand, also that I am required to abide by all rules and regulations of the company.

Date

Applicant's Signature

Division of Vehicles
300 SW 29th Street
PO Box 2505
Topeka KS 66601-2505



Vehicle Services: 785-296-3621
Driver Solutions: 785-296-3671

www.ksrevenue.org

Mark A. Burghart, Secretary

Laura Kelly, Governor

Request for Access to Vehicle Records

I. Requester's Information: (Providing daytime phone number is optional)

Requester's Name: _____ E-Mail: _____
Organization (if applicable): _____ Title: _____
Address: _____ Daytime Phone #: _____
City: _____ State: _____ Zip: _____

II. Record you are requesting: Provide as much information as possible. (See page two, instruction number 2.)

- ☐ Vehicle registration/title information ☐ Driver's License information

Name: _____
Address: _____
City: _____ State: _____
Make/Model: _____
Year: _____ Plate No: _____
VIN: _____

Name: _____
Address: _____
City: _____ State: _____
DL No: _____
Date of Birth: _____

III. Fees: Please submit your payment with this form. (Include a check or money order.)

	(FEE)		(FEE)
<input type="checkbox"/> Vehicle Registration Record	\$10.00	<input type="checkbox"/> Motor Vehicle Record	\$10.00
<input type="checkbox"/> Vehicle Title History (microfilm review)	\$25.00	<input type="checkbox"/> Certified Motor Vehicle Record	\$15.00
<input type="checkbox"/> Certified Title History (microfilm review)	\$30.00	<input type="checkbox"/> Clearance Letters	\$15.00
<input type="checkbox"/> Vehicle Information for Dealers	\$1.00 per page	<input type="checkbox"/> Drivers License Folders	\$20.00
		<input type="checkbox"/> Certified Driver's License Folders	\$25.00

IV. Verification of your eligibility to receive the requested records.

Please review the exceptions listed on the back of this form and fill in the code that corresponds with your request.

Code: _____

If you have selected code "J", indicate the second code that would make you eligible to receive this information. (A licensed private investigative agency or security service can obtain DMV records as long as the request falls within one of the other exceptions listed.)

Second Code: _____

If you have selected code "M", indicate the intended use of the requested record(s). (Anyone can obtain DMV records if the intended use is specifically authorized by Kansas law and is related to the operation of a motor vehicle or public safety.)

V. Signature - Before signing this document, read this section carefully.

Under the Drivers' Privacy Protection Act of 1994, as amended (18 U.S.C. § 2721), personal information obtained by the Kansas Department of Revenue cannot be released unless the request for information falls within one of the exceptions in the Act. Those exceptions are listed on the back of this form.

It is unlawful for personal information to be used for any purpose not permitted under these exceptions. Furthermore, it is unlawful for any person to make false representation in order to obtain personal information from DMV records.

Civil action may be brought against you by the owner of the personal information released. Should this happen, the court may award the following: actual damages of not less than \$2,500.00, punitive damages, reasonable attorney fees, other litigation costs and other preliminary and equitable relief as the court determines to be appropriate.

In addition, Kansas law (K.S.A. 21-3914 and K.S.A. 45-220(c)(2)) prohibits any list of names and addresses derived from public records to be sold, given or received for the purpose of selling or offering for sale any property or service.

I declare that I am eligible and have the express authority to sign for and receive the requested information pursuant to the Federal Drivers' Privacy Protection Act of 1994, as amended. I further declare that any personal information I receive will not be used to sell or offer for sale any property or service.

Requester's Signature: _____ Date: _____

Instructions:

1. Complete this form including signature and date. (You may make copies of this form.)
2. The department will provide records upon a direct match. If you have not provided enough information to establish a direct match, the department will contact you requesting additional information.
3. Provide a completed form for each request. (You may make copies of this form.)
4. Submit the required payment, see front page for fee amounts, by check or money order along with this form to:

For vehicle registration title records:
Kansas Department of Revenue
Titles and Registration
P.O. Box 2505
Topeka, KS 66601-2505
Phone: (785) 296-3621

OR

Walk In Service Only:
Kansas Vehicle Title
Services Company, LLC
2127 SW 37th St.
Topeka, KS 66611
Phone: (785) 215-8430

For apportioned vehicle records:
Kansas Department of Revenue
Motor Carrier Services
P.O. Box 12003
Topeka, KS 66601
Phone: (785) 296-6541

For driver's license records:
Kansas Department of Revenue
Driver Solutions
P.O. Box 2021
Topeka, KS 66601-2021
Phone: (785) 296-3671

5. Make check or money order payable to "Kansas Department of Revenue." Cash or Credit Card services only at Kansas Vehicle Title Services Company, LLC; *additional fees may apply.* No refunds for requests made in error, or requests for records not on file.

Exception codes for completion of section IV on the first page of this form.

- A. I am requesting my own record.
- B. I have written consent from the individual to whom the requested information pertains, to obtain records on their behalf. (Please attach form TR/DL 301.)
- C. I work for or am acting on the behalf of a government agency and am requesting this information to fulfill the functions of that agency.
- D. I am requesting this information in connection with matters of: motor vehicle or driver safety and theft; motor vehicle emissions; motor vehicle product alterations, recalls, or advisories; performance monitoring of motor vehicles, motor vehicle parts and dealers; motor vehicle market research activities, including survey research; and removal of non-owner records from the original owner records of motor vehicle manufacturers.
- E. I am an employee, agent or contractor of a legitimate business. I am requesting record information in order to verify the accuracy of personal information submitted by the individual in question. If the information I have is incorrect, I am requesting to obtain corrected information. This information will be used to pursue legal remedies against or recover on a debt or security interest against the individual in question.
- F. I am going to use this information in connection with a civil, criminal, administrative, or arbitral proceeding in a Federal, State, or local court or agency or before a self-regulatory body. This may include the service of process, investigation in anticipation of litigation, and the execution or enforcement of judgments and orders, or pursuant to an order of a Federal, State, or local court.
- G. I am involved in a research project to produce statistical reports. The personal information obtained will not be published, re-disclosed or used to contact the individual in question.
- H. I am an agent, employee or contractor for an insurer, an insurance support organization or I am self-insured. The information requested will be used in connection with a claims investigation, antifraud activities, rating or underwriting.
- I. I am requesting record information to provide notice to owners of towed or impounded vehicles.
- J. I work for a licensed private investigative agency or a licensed security service. (See section IV on the front of this form.)
- K. I am an employer or an agent or insurer working on the behalf of an employer of licensed commercial drivers. I am requesting records information in order to obtain or verify information relating to a holder of a commercial driver's license.
- L. I am requesting records of individuals who have given the state the express consent to release personal information by "opting in" their records.
- M. I will use the information requested in a manner that is specifically authorized by Kansas law and is related to the operation of a motor vehicle or public safety. (See section VI on the front of this form.)

DRIVER'S TIME RECORD (150 air-mile radius)

Driver's Name (print) _____ Employee No _____ Month _____ Year _____

DRIVERS MAY PREPARE THIS REPORT INSTEAD OF "DRIVERS DAILY LOG" IF THE FOLLOWING APPLIES.

- *Operates within 150 air-mile radius of the normal work reporting location.
- *Returns to normal work reporting location and is released from work within 14 consecutive hours.
- *At least 10 consecutive hours off duty separates each 14 hours on duty.

INTERMITTENT DRIVERS

Shall complete this form for 7 days preceding any day driving is performed. This includes the preceding month.

Date	Start Time	End Time	Total Hours	Truck Number	Trip Information TO - FROM
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					

To be prepared monthly by each DOT certified driver unless time record is exclusively kept on Driver's Daily Log. Indicate "days off." Check box if no driving is performed during this month and the first 7 days of the following month. Mail this report to your Division Manager of Administration.