DRIVER'S APPLICATION FOR EMPLOYMENT

Applicant Name			
Applicant Name(print)		Date of App	olication
Compar	ny		
Address			
City		_ State Zip	
_			
are consi	arce with Federal and State equal emplered for all positions without regard to atus, veteran status, non-job related disa	race, color, religion, sex, pat	tional origin age
	TO BE READ AND SIG	NED BY APPLICANT	2
regarding medical hist I hereby release empl inquiries and releasing	e such investigations and inquiries of thers as may be necessary in arriv dry will be made only if and after a oyers, schools, health care provide information in connection with my a	ring at an employment de a conditional offer of emplors rs and other persons from application.	ecision. (Generally, inquiries oyment has been extended.) all liability in responding to
In the event of employ view(s) may result in the Company.	ment, I understand that false or matching in the discharge. I understand, also, that	isleading information give I am required to abide by	n in my application or inter- all rules and regulations of
employer(s) will be col	mation I provide regarding current tacted, for the purpose of investigation. I understand that I have the right to	ating my safety performand	rs may be used, and those ce history as required by 49
 Review information p 	ovided by previous employers;		
 Have errors in the information 	ormation corrected by previous empto to the prospective employer; and	oloyers and for those previo	ous employers to re-send the
Have a rebuttal state cannot agree on the	ment attached to the alleged erro	oneous information, if the	previous employer(s) and I
Signature		Date_	
	FOR COMPA		
	PROCESS F	IECORD	
APPLICANT HIRED		_ REJECTED	
			1
DEPARTMENT			
SIGNATURE OF INTERVIEWIN	G OFFICER		
	TERMINATION OF	EMPLOYMENT	
OATE TERMINATED	DEPART	MENT RELEASED FROM	
DISMISSED	VOLUNTARILY QUIT	OTHER	
1	ED IN FILE SUPE		
This form is made available with the J. J. Keller & Associates, Inc.® assur	ne understanding that J. J. Keller & Associates, Inc.	® is not engaged in rendering legal, at	ccounting, or other professional services.

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APPLICANT TO COMPLETE

(answer all questions - please print)

Position(s) App	olied for							
Name							Market Control of the	
Last			First	Midd	Social Secur	ity No		
List your addre	sses of reside	ency for the past 3 ye	ars.					
Current Addres	Street							
	Sireet				City			· · · · · · · · · · · · · · · · · · ·
Б	State		Zip Code	Pho	ne	H	low Long?	
Previous Addresses			zip oode				-	yr./mo.
	Street		City		State & Zip Code	F	low Long?	yr./mo.
					тр обаб			• 60 00000
	Street		City		State & Zip Code	F	low Long?	yr./mo.
	Street		City			H	low Long?	
Do you have the le		ricin the United Otal Co			State & Zip Code		g	yr./mo.
Doto of Dist	egai right to wo	in the United States?						
Date of Birth (Required for Com	nmercial Drivers	(5)	Can yo	ou provide prod	of of age?			
Have you worke	d for this com	pany before?	Whore	2				
Dates: From		To	vvneie	7:				
Beacon for looui		То	Kat	te of Pay	Po	osition		
neason for leavi	ng							
Are you now em	ployed?	If not, how lor	g since leaving las	st employmer	nt?			
Who referred you	u?				Rate of pay ex	pected		-
Have you ever be (Answer only if a job r	en bonded?				Name of bond	ing company	,	
Is there any rea attached job desc	ason you mig cription]?	ht be unable to pe	rform the function	ns of the job	o for which you ha	ave applied	[as descr	ibed in the
If yes, explain if	vou wich							
in you, explain in	you wisit.							

							-	
			EMPLOYMENT	FUICTORY		The state of the s		
PoC 100								
All driver ap	plicants to eding 3 yea	drive in interstate rs. List complete r	e commerce mu nailing address,	ust provide street num	the following in the	nformation	on all e	mployers
Applicants to	drive a co	mmercial motor ve	ehicle* in intrast	tate or inte	retata commoro	a aball ala		
, and a day of 11	INDITIONING !	JII UIUGE EIIII JII WEI	S HILL WILLIAM TOO !	annuant at	makada a cala cal			an addı-
(NOTE: List em	ployers in re	everse order starti	ng with the mos	t recent. Ac	d another sheet	as necess	ary.)	
		prop a series				1		
ALABAT		EMPLO	JYER				DATE	
NAME						FROM MO. YR.	TO MO.	YR.
ADDRESS				-		POSITION HELD	,	
CITY		S.	TATE ZII	Р		SALARY/WAGE		
CONTACT PERSOI		_		NUMBER		REASON FOR LI	EAVING	
		ICSRs [†] WHILE EMPLO						
WAS YOUR JOB DI TESTING REQUIRE	ESIGNATED AS EMENTS OF 48	S A SAFETY-SENSITIV D CFR PART 40? ☐ YE	E FUNCTION IN AN'	Y DOT-REGUL	ATED MODE SUBJE	CT TO THE D	RUG AND A	ALCOHOL

USE THIS SHEET FOR ADDITIONAL EMPLOYMENT HISTORY INFORMATION (NOTE: LIST EMPLOYERS IN REVERSE ORDER STARTING WITH THE MOST RECENT)

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state and zip code.

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 vehicle. (NOTE: List employers in reverse order starting with the most recent.)

ADDRESS			FROM MO. YI	TO R. MO.	
ADDRESS					YR.
			POSITION HE		114
CITY	STATE	ZIP	SALARY/WAGE		
CONTACT PERSON		PHONE NUMBER	REASON FOR	LEAVING	
WERE YOU SUBJECT TO THE FM					
WAS YOUR JOB DESIGNATED AS TESTING REQUIREMENTS OF 45	S A SAFETY-SENSITIVE FUNCTIO OCFR PART 40? ☐ YES ☐ NO	ON IN ANY DOT-REGULATED M	ODE SUBJECT TO THE	DRUG AND) ALCOHO
	EMPLOYER	:		DATE	
NAME			FROM	ТО	
ADDRESS			MO. YR POSITION HEL		YR.
CITY	STATE	ZIP	SALARY/WAGE		
CONTACT PERSON	The state of the s	PHONE NUMBER	REASON FOR	LEAVING	
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WAS YOUR JOB DESIGNATED AS TESTING REQUIREMENTS OF 49	A SAFETY-SENSITIVE FUNCTION		ODE SUBJECT TO THE	DRUG AND	ALCOHO
	EMPLOYER			DATE	
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CITY	STATE	ZIP	SALARY/WAGE		
CONTACT PERSON		PHONE NUMBER	REASON FOR L	EAVING	-
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CALTACT DEDOCAL	PI	HONE NUMBER	REASON FOR LE	EAVING	
CONTACT PERSON VERE YOU SUBJECT TO THE FMC					

EMPLOYMENT HISTORY (continued)

	EMPLOYER	DATE
NAME		DATE FROM TO
ADDRESS		MO. YR. MO. YR. POSITION HELD
CITY	STATE ZIP	SALARY/WAGE
CONTACT PERSON	PHONE NUMBER	REASON FOR LEAVING
WERE YOU SUBJECT TO T	HE FMCSRs [†] WHILE EMPLOYED? YES NO	
WAS YOUR JOB DESIGNAT	TED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED IS OF 49 CFR PART 40? YES NO	MODE SUBJECT TO THE DRUG AND ALCOHO
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CITY	STATE ZIP	SALARY/WAGE
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ncludes vehicles having	g a GVWR of 26,001 lbs. or more, vehicles designed by size vehicle used to transport hazardous materials in a	to transport 16 or more passengers

[†]The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport more than 8 passengers (including the driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

							IONE
DATES		NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)		FATALITIES		INJURIES	HAZARDOUS MATERIAL SPILI
LAST ACCIDENT	T						
NEXT PREVIOU	S						
NEXT PREVIOU	S						
TRAFFIC CONVIC	TIONS AND FO	PRFEITURES FOR THE F	PAST 3 YEARS (OTHER	R THAN PARKI	NG VIOLATIC	NS) IE NONE	WRITE NONE
	LOCATIO		DATE	CHARG		NO) II NONE	PENALTY
				Wall.			i but William i i
			H SHEET IF MORE SP.				
Di	STATE	LICENSE NO.	CLASS				EVENEZATIONE
Driver licenses or		STOERVOL IVO.	CLAGG	CLASS ENDORSEMENT()	EXPIRATION DATE
permits held							
in the past							
3 years							
		license, permit or privilege		hicle?		YES	NO
		vilege ever been suspende					NO
IF THE ANSW	ER TO EITHER	A OR B IS YES, GIVE DI	ETAILS				

DRIVING EXPER	RIENCE CHEC	K YES OR NO					
	OF EQUIPMENT		CIRCLE TYPE OF	EQUIPMENT	DAT	ES (110)	APPROX. NO. OF MILE
					FROW (W/Y)	TO (M/Y)	(TOTAL)
STRAIGHT TRUC		YES NO	(VAN, TANK, FLAT, I				
TRACTOR AND SEMI-TRAILER YES NO			(VAN, TANK, FLAT, DUMP, REFER) (VAN, TANK, FLAT, DUMP, REFER)				
		(VAN, IANK, FLAI, I	(VAN, TANK, FLAT, DUMP, REFER)				
	EE TRAIL EDG	TYES THO	WAN TANK ELAT	TIME DECENT	1		
TRACTOR - THRI	1	YES NO More than	8	DUMP, REFER)	and the same of th		
TRACTOR - THRI MOTORCOACH -	SCHOOL BUS	☐YES ☐ NO More than passengers	8	DUMP, REFER)			
TRACTOR - THRI MOTORCOACH - MOTORCOACH -	SCHOOL BUS	☐YES ☐ NO More than passengers	8	DUMP, REFER)			
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TRACTOR - THRI MOTORCOACH - MOTORCOACH - OTHER	SCHOOL BUS	☐YES ☐ NO More than passengers	8				
TRACTOR - THRI MOTORCOACH - MOTORCOACH - OTHER	SCHOOL BUS SCHOOL BUS RATED IN FOR	☐ YES ☐ NO passengers ☐ YES ☐ NO passengers More than passengers ACT FIVE YEARS:	8 15 8				
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REQUEST FOR CHECK OF DRIVING RECORD

NOTE TO MOTOR CARRIER: SEE BACK SIDE FOR STATES THAT ACCEPT THIS FORM.

			a market a market and a market market to the pro-	2 1 A 1 5 2 3 4
I hereby authorize you to release	ase the following information	on to		
for purposes of investigation a released from any and all liabi	as required by Sections 39 ility which may result from	91.23 and 391.25 of the furnishing such inform	(Prospective Emple Federal Motor Carrientation.	oloyer) r Safety Regulations. You are
	(Applicant's Signature)			(Date)
3. The information reque will be used for no other. 4. The information being 5. Before taking an advent.	ant) has authorized in writ ant) has been informed in ant) has been informed in s; ested below will be used for er purpose; obtained will not be used rse action based in whole the summary of consumer	otitle D, Chapter 1, of Fing the procurement of a separate written distor a "permissible purpoin violation of any feder or in part on the report rights as provided withove applicant's release Driver's Privacy Protesting	Public Law 104-208), I he fithis report; sclosure that a consume ose" (i.e., information for eral or state equal opport the consumer (applicate the report by the consumer police meet the definer.	Law 91-508, as amended by ereby certify the following: er report may be obtained for remployment purposes) and rtunity law or regulation; and ant) will receive a copy of the umer reporting agency.
DEAR SIR/MADAM: The following named perso	In accordanc	e with Section 391.23	Federal Department of	Transportation Regulations,
please furnish the undersig	ined with the applicant's d	riving record for the pa	ast three years.	
The following named perso please furnish the undersig NAME OF APPLICANT/DRIVE ADDRESS	. In accordance in the land with the employee's dependent of the land of the l	e with Section 391.25, Iriving record for the pa	Federal Department of ast year.	Transportation Regulations,
(Numbe FORMER ADDRESS(Numbe		(City)	(State)	(Zip Code)
(Numbe		(City)	(State) LICENSE NO	(Zip Code)
	F	REQUESTED BY		
(Name of (Company)		(Typed Nam	ne)
(Addr	ress)	and the second s	(Title)	
(City) O Copyright 2011 J. J. KELLER & ASSOCIATES, INC	(State) C.®, Neenah, WI • USA • (800) 327-6868 • jjl	keller.com • Printed in the United State	(Signature	16-F 729 (Rev. 1/11)

Company N	ame		
FAIR	REDIT REPORTING ACT DISCLO	SURE STATEM	ENT
Subtitle D, Chapte verifying your prev driving record may	the provisions of Section 604(b)(2)(A) as amended by the Consumer Credit I I I, of Public Law 104-208), you are being the section of Public Law 104-208, you are being the section of Pu	Reporting Act of 19 ng informed that 1 lcohol test results	996 (Title II, reports , and your
Applicant's signatu	ire	Date	
Print name		ID number	