

Application for Employment

Date of Application _____

Company _____

Address _____

City _____ State _____ Zip _____

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

TO BE READ AND SIGNED BY APPLICANT

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 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.

Signature _____ Date _____

DRIVER APPLICANT ONLY

I understand that information I provide regarding current and/or previous 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(d) and (e). I understand that I have the right to:

- Review information provided by previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send 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.

Signature _____ Date _____

The U. S. Department of Transportation requires that driver applicants state their date of birth (§391.21(b)(2)). Date of Birth _____
month / day / year

Applicant Name _____
(print) First Middle Last Social Security No. _____

*Current Address _____ Phone () _____
Street City State Zip Code

*If at the above residence less than three years, list below all residences for the past three years. Attach a separate sheet if necessary.

Street _____ City _____ State _____ Zip Code _____

Street _____ City _____ State _____ Zip Code _____

Position applying for _____ Temporary _____ Part Time _____ Full Time _____

Who referred you? _____ Rate of pay expected? _____

Have you worked for this company before? _____ Dates: From _____ To _____
month/year month/year

Where? _____ Rate of Pay _____ Position _____

Reason for leaving _____

Names of any relatives employed by this company _____

Are you currently employed? _____ If not, how long since leaving last employment? _____

EDUCATION

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 College: 1 2 3 4

Last school attended _____
Name Address

GENERAL

Have you ever been bonded? _____ Name of bonding company _____
(Answer only if a job requirement)

Have you ever been convicted of a felony? _____

If yes, please explain fully on a separate sheet of paper. Conviction of a crime is not an automatic bar to employment—all circumstances will be considered.

Have you ever worked for this company under another name? _____ If so, under what name? _____

This form is made available with the understanding that J. J. Keller & Associates, Inc. is not engaged in rendering legal, accounting, or other professional services. J. J. Keller & Associates, Inc. assumes no responsibility for the use of this form, or any decision made by an employer which may violate local, state, or federal law.

DRIVER EXPERIENCE & QUALIFICATION (cont'd) Answer the questions in this section only if applying for a driver position
LICENSES

| Drivers Licenses held in past 3 years must be shown | State | License No. | Class | Endorsement(s) | 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 you answered "yes" to A or B attach a statement giving details.

DRIVING EXPERIENCE CHECK YES OR NO

| CLASS OF EQUIPMENT | CIRCLE TYPE OF EQUIPMENT | DATES | | APPROX. NO. OF MILES (TOTAL) |
|---|--------------------------------|------------|----------|------------------------------|
| | | FROM (M/Y) | TO (M/Y) | |
| STRAIGHT TRUCK <input type="checkbox"/> YES <input type="checkbox"/> NO | (VAN, TANK, FLAT, DUMP, REFER) | | | |
| TRACTOR AND SEMI-TRAILER <input type="checkbox"/> YES <input type="checkbox"/> NO | (VAN, TANK, FLAT, DUMP, REFER) | | | |
| TRACTOR - TWO TRAILERS <input type="checkbox"/> YES <input type="checkbox"/> NO | (VAN, TANK, FLAT, DUMP, REFER) | | | |
| TRACTOR - THREE TRAILERS <input type="checkbox"/> YES <input type="checkbox"/> NO | (VAN, TANK, FLAT, DUMP, REFER) | | | |
| MOTORCOACH - SCHOOL BUS <input type="checkbox"/> YES <input type="checkbox"/> NO <small>More than 8 passengers</small> | — | | | |
| MOTORCOACH - SCHOOL BUS <input type="checkbox"/> YES <input type="checkbox"/> NO <small>More than 15 passengers</small> | — | | | |
| OTHER _____ | | | | |

List states operated in during last five years: _____

Show special courses or training that will help you as a driver: _____

Which safe driving awards do you hold and from whom? _____

ACCIDENT RECORD for past 3 years (Attach separate sheet of paper if more space is needed)

| Dates | Nature of Accident (Head-On, Rear-End, etc.) | Fatalities | Injuries | Hazardous Material Spill |
|---------------------|--|------------|----------|--------------------------|
| Last Accident _____ | | | | |
| Next Previous _____ | | | | |
| Next Previous _____ | | | | |

TRAFFIC CONVICTIONS AND FORFEITURES for the past 3 years (other than parking violations) if none, write none

| Location | Date | Charge | Penalty |
|----------|------|--------|---------|
| | | | |
| | | | |
| | | | |

(Attach sheet if more space is needed)

EMPLOYMENT HISTORY

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. Add another sheet as necessary.)

| EMPLOYER | | DATE | |
|---|--------------|--------------------|------------|
| NAME | | FROM MO. YR. | TO MO. YR. |
| ADDRESS | | POSITION HELD | |
| CITY | STATE ZIP | SALARY/WAGE | |
| CONTACT PERSON | PHONE NUMBER | REASON FOR LEAVING | |
| WERE YOU SUBJECT TO THE FMCSRs [†] 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 MO. YR. | TO MO. YR. |
| ADDRESS | | POSITION HELD | |
| CITY | STATE ZIP | SALARY/WAGE | |
| CONTACT PERSON | PHONE NUMBER | REASON FOR LEAVING | |
| WERE YOU SUBJECT TO THE FMCSRs [†] 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 | | | |

EMPLOYMENT HISTORY (continued)

| EMPLOYER | | | DATE | |
|---|-------|--------------|---------------|-----|
| NAME | | | FROM MO. | YR. |
| ADDRESS | | | TO MO. YR. | |
| CITY | STATE | ZIP | POSITION HELD | |
| CONTACT PERSON | | PHONE NUMBER | SALARY/WAGE | |
| WERE YOU SUBJECT TO THE FMCSRs [†] 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 MO. | YR. |
| ADDRESS | | | TO MO. YR. | |
| CITY | STATE | ZIP | POSITION HELD | |
| CONTACT PERSON | | PHONE NUMBER | SALARY/WAGE | |
| WERE YOU SUBJECT TO THE FMCSRs [†] 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 | | | | |

*Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 16 or more passengers (including the driver), or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

[†]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.

MAINTENANCE EXPERIENCE & QUALIFICATIONS

List courses and training in maintenance work _____

Job Function

| Indicate training and experience in the following: | Formal Training (Check) | Years of Experience | Area | Formal Training (Check) | Years of Experience |
|--|-------------------------|---------------------|-----------------------------|-------------------------|---------------------|
| Drive Line Components | | | Body Work | | |
| Diesel Engine Tune-up and Rebuild | | | Electrical Repair | | |
| Gas Engine Tune-up and Rebuild | | | Frame and Wheel Alignment | | |
| Tire Service | | | Brakes | | |
| Trailer Repair | | | Cooling System | | |
| Air Conditioning (Cab) | | | Inspections (State/Federal) | | |
| Refrigeration (Cargo) | | | General Car Repair | | |

Shop Equipment

| Indicate training and experience in the following: | Formal Training (Check) | Years of Experience | Area | Formal Training (Check) | Years of Experience |
|--|-------------------------|---------------------|--------------------------------|-------------------------|---------------------|
| Diagnostic Equipment (Type(s)) | | | Tire Servicing | | |
| | | | Wheel & Tire Balancing Machine | | |
| Sheet Metal Equipment | | | Tire Recapping | | |
| Frame & Axle Straightening Equipment | | | Engine Dynamometer | | |
| Engine Rebuilding | | | Chassis Dynamometer | | |
| Diesel Injection Equipment | | | Magnetic Crack Detector | | |
| Electric Welder | | | Engine Analyzer | | |
| Oxyacetylene Welder | | | Noise Measuring Equipment | | |
| Paint Spray Gun | | | Emissions/Smoke Testing | | |
| Air Conditioning (Cab) | | | Inspections (State/Federal) | | |
| Refrigeration (Cargo) | | | General Car Repair | | |
| ASE Certification(s) (Specify) | | | | | |

CLERICAL EXPERIENCE & QUALIFICATIONS

List courses and training in office work _____

| Indicate training and experience in the following: | Formal Training (Check) | Years of Experience | Area | Formal Training (Check) | Years of Experience |
|--|-------------------------|---------------------|--|-------------------------|---------------------|
| Typing (wpm) | | | Dictating Machine | | |
| Shorthand (wpm) | | | Bookkeeping Machine | | |
| Billing | | | Switchboard Equipment (indicate type) | | |
| Filing | | | | | |
| Computers (indicate Software) | | | Tabulator | | |
| Word Processing Equipment | | | Accounting | | |
| Key Punch | | | OS & D | | |
| Calculator | | | Interline | | |
| Adding Machine | | | Claims | | |
| Telecopier | | | Cashier | | |
| Photocopier | | | Dispatcher | | |

Rates (indicate tariffs with which you have worked) _____

PLATFORM EXPERIENCE & QUALIFICATIONS

List types of platform experience and number of years of each _____

List platform equipment you can operate (lift truck, etc.) _____

List courses or training in platform work _____

APPLICANT MUST READ AND SIGN

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.

Applicant's Signature _____

Date _____

FOR OFFICE USE—DO NOT WRITE IN THIS SPACE PROCESS RECORD

Applicant Hired? Yes No

Date of Birth: _____ (month/day/year)*

Date Employed: _____

Point Employed: _____

Department: _____

Classification: _____

(If not hired, summary report of reasons should be placed in file)

IN CASE OF EMERGENCY NOTIFY: _____ Phone: () _____

Address: _____

THIS SECTION TO BE FILLED IN BY RESPONSIBLE OFFICER OR COMPANY REPRESENTATIVE

| | Superior | Good | Fair | Below Average | Poor | Written Record on File |
|------------------------------|----------|------|------|---------------|------|------------------------|
| 1. Application | | | | | | |
| 2. Interview | | | | | | |
| 3. Physical Exam* | | | | | | |
| 4. Past Employment | | | | | | |
| 5. Written Exam | | | | | | |
| 6. Road Test | | | | | | |
| 7. Policy and Traffic Record | | | | | | |

*driver applicants only

Signature of Interviewing Officer: _____ Date: _____

TRANSFERS

From: _____ To: _____ From: _____ To: _____

Date: _____ Date: _____

Reason for Transfer: _____ Reason for Transfer: _____

TERMINATION OF EMPLOYMENT

Date Terminated: _____ Department Release From: _____

Dismissed: _____ Voluntarily Quit: _____ Other: _____

Termination Report Placed in File: _____ Supervisor: _____