DRIVER'S APPLICATION FOR EMPLOYMENT

				Date of Application	
(print)	Company				
	Address				
	City		State	Zip	
	are considered for	all positions without regard	to race, color,	ortunity laws, qualified applicants religion, sex, national origin, age other protected group status.	
		TO BE READ AND SI	GNED BY AP	PLICANT	
employer(s)	will be contacted,		igating my sa	evious employers may be use afety performance history as re	
Review infe	ormation provided	by previous employers;			
		n corrected by previous er prospective employer; and		for those previous employers	to re-send the
		attached to the alleged e y of the information.	rroneous info	ormation, if the previous emp	loyer(s) and I
Signature				Date	
		FOR COM	PANY USE		
		PROCESS	S RECORD		
APPLICANT HIF	RED		REJECTED)	_
DATE EMPLOY	ED		POINT EM	PLOYED	
DEPARTMENT . (IF REJECTED, S	SUMMARY REPORT OF REA	ASONS SHOULD BE PLACED IN FILE)	CLASSIFIC	ATION	
SIGNATURE OF	INTERVIEWING OFFICE	ER			
		TERMINATION C	F EMPLOYM	ENT	
DATE TERMINAT	ED	DEPA	ARTMENT RELE	ASED FROM	
DISMISSED		VOLUNTARILY QUIT		OTHER	
TERMINATION RI	EPORT PLACED IN FIL	E SI	UPERVISOR		

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.

APPLICANT TO COMPLETE

(answer all questions - please print)

Position(s) Applied for _____

Name Las	t	First		Middle	Social Security	No	
List your addr	esses of residency for th						
Current Addre	-						
Ourient Addre	Street				City		
				Phone		How Long	g?
Previous	State	Zi	p Code				
Addresses	Street		City		State & Zip Code	How Long	g?
	Sileei		City				
	Street		City		State & Zip Code	How Long	g? yr./mo.
			•				-
	Street		City		State & Zip Code	How Long	yr./mo.
Do you have t	he legal authority to wor	in the United State	s?				
Date of Rirth	/	/					
(Required for	Commercial Drivers)	,					
Have you wor	ked for this company bef	ore?	Where?				
Dates: From		Го	Position	l			
Reason for lea	aving						
Who referred	you?				Rate of pay exp	ected	
Have you ever (Answer only if a j	r been bonded?				Name of bondin	g company	
	orm, with or without real \square YES \square NO	isonable accommod	dation, the ess	entiai tunc	ctions of the Job (a	is described in th	ie attached jor
		ЕМР	PLOYMENT H	ISTORY			
م ماسان م	ampliaanta ta duiva				Ale e fellessines in	f	سور دو اور دور ال
	applicants to drive receding 3 years. Lis						ali employers
Applicants	s to drive a commerc	ial motor vehicle	* in intrastate	e or inter	rstate commerce	shall also prov	vide an addi:
tional 7 year	rs' information on tho employers in reverse	se employers for	whom the app	plicant op	perated such veh	icle.	riae air adai
		EMPLOYER	<u> </u>			DAT	 E
NAME							ГО MO. YR.
ADDRESS						POSITION HELD	
CITY		STATE	ZIP			REASON FOR LEAVING	
CONTACT PE	RSON		PHONE NU	MBER			
WERE YOU SI	UBJECT TO THE FMCSRs [†]	WHILE EMPLOYED?	□YES □NO		-		
	DB DESIGNATED AS A SA QUIREMENTS OF 49 CFR			OOT-REGUL	LATED MODE SUBJE	CT TO THE DRUG	AND ALCOHOL

EMPLOYMENT HISTORY (continued)

EMPLOYER		DA	TE	
NAME		FROM MO. YR.	TO MO.	YR.
ADDRESS		POSITION HELD		
CITY STATE	ZIP	REASON FOR LEAVIN	IG	
CONTACT PERSON PHO	ONE NUMBER			
WERE YOU SUBJECT TO THE FMCSRs [†] WHILE EMPLOYED? ☐ YES	□NO			
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION INTESTING REQUIREMENTS OF 49 CFR PART 40? ☐ YES ☐ NO	N ANY DOT-REGULATED MODE SUBJE	ECT TO THE DRUG	3 AND AL	COHOL
EMPLOYER		DA	TE	
NAME		FROM MO. YR.	TO MO.	YR.
ADDRESS		POSITION HELD		
CITY STATE	ZIP	REASON FOR LEAVIN	IG	
CONTACT PERSON PHO	ONE NUMBER			
WERE YOU SUBJECT TO THE FMCSRs † WHILE EMPLOYED? \square YES	\square NO			
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN TESTING REQUIREMENTS OF 49 CFR PART 40? ☐ YES ☐ NO	N ANY DOT-REGULATED MODE SUBJE	ECT TO THE DRUG	3 AND AL	COHOL
EMPLOYER		DA	TE	
NAME		FROM MO. YR.	TO MO.	YR.
ADDRESS		POSITION HELD		
CITY STATE	ZIP	REASON FOR LEAVIN	IG	
CONTACT PERSON PHO	ONE NUMBER			
WERE YOU SUBJECT TO THE FMCSRs [†] WHILE EMPLOYED? ☐ YES	□NO			
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN TESTING REQUIREMENTS OF 49 CFR PART 40? \square YES \square NO	N ANY DOT-REGULATED MODE SUBJE	ECT TO THE DRUG	3 AND AL	COHOL
EMPLOYER		DA	TF	
NAME		FROM	ТО	VD
ADDRESS		MO. YR. POSITION HELD	MO.	YR.
CITY STATE	ZIP	REASON FOR LEAVIN	IG	
	DNE NUMBER			
WERE YOU SUBJECT TO THE FMCSRs [†] WHILE EMPLOYED? ☐ YES	□NO			
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION II TESTING REQUIREMENTS OF 49 CFR PART 40? ☐ YES ☐ NO	N ANY DOT-REGULATED MODE SUBJE	ECT TO THE DRUG	3 AND AL	COHOL
EMPLOYER		DA	TE	
NAME		FROM MO. YR.	TO MO.	YR.
ADDRESS		POSITION HELD		
CITY STATE	ZIP	REASON FOR LEAVIN	IG	
CONTACT PERSON PHO	ONE NUMBER			
WERE YOU SUBJECT TO THE FMCSRs † WHILE EMPLOYED? \square YES	□NO			
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION II TESTING REQUIREMENTS OF 49 CFR PART 40? \square YES \square NO	N ANY DOT-REGULATED MODE SUBJE	ECT TO THE DRUG	3 AND AL	COHOL

*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.

LAST ACCIDENT NEXT PREVIOUS NEXT PREVIOUS NEXT PREVIOUS RAFFIC 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) EXPERIENCE AND QUALIFICATIONS – DRIVER	DATES		NATURE OF		FATALIT	TIES	INJURIES	HAZARDOUS	
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Driver STATE LICENSE NO. CLASS ENDORSEMENT(S) EXPIRATION DAT icenses or sermits held in the past 3 years Have you ever been denied a license, permit or privilege to operate a motor vehicle? Has any license, permit or privilege ever been suspended or revoked? Has any license, permit or privilege ever been suspended or revoked? YES NO IF THE ANSWER TO EITHER A OR B IS YES, GIVE DETAILS RIVING EXPERIENCE CHECK YES OR NO CLASS OF EQUIPMENT CIRCLE TYPE OF EQUIPMENT CIRCLE TYPE OF EQUIPMENT STRAIGHT TRUCK YES NO (VAN, TANK, FLAT, DUMP, REFER) TRACTOR AND SEMI-TRAILER YES NO (VAN, TANK, FLAT, DUMP, REFER) TRACTOR THALERS YES NO (VAN, TANK, FLAT, DUMP, REFER) TRACTOR - THREE TRAILERS YES NO MOTORCOACH - SCHOOL BUS YES NO MOTORCOACH YES NO MOTORCOACH TO MOTORCOACH			,			,			
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In the past a years Have you were been denied a license, permit or privilege to operate a motor vehicle?									
APPROX. NO									
Have you ever been denied a license, permit or privilege to operate a motor vehicle? Has any license, permit or privilege ever been suspended or revoked? YES NO IF THE ANSWER TO EITHER A OR B IS YES, GIVE DETAILS RIVING EXPERIENCE CHECK YES OR NO CLASS OF EQUIPMENT CLIRCLE TYPE OF EQUIPMENT CIRCLE TYPE OF EQUIPMENT TRACTOR AND SEMI-TRAILER YES NO (VAN. TANK, FLAT, DUMP, REFER) TRACTOR - TWO TRAILERS YES NO (VAN. TANK, FLAT, DUMP, REFER) TRACTOR - TWO TRAILERS YES NO (VAN. TANK, FLAT, DUMP, REFER) WOTORCOACH - SCHOOL BUS YES NO MOTORCOACH - SCHOOL BUS YES NO MOTORCOACH - SCHOOL BUS YES NO PRESENTE TO BEREAD AND SIGNED BY APPLICANT IN YES TO BE READ AND SIGNED BY APPLICANT TO BE READ AND SIGNED BY APPLICANT TO BE READ AND SIGNED BY APPLICANT In It are and complete to the best of my knowledge.	•								
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IRITHE ANSWER TO EITHER A OR B IS YES, GIVE DETAILS PRIVING EXPERIENCE CHECK YES OR NO	. Have you eve	er been denied a l	icense, permit or privilege	to operate a motor	vehicle?		YES	NO	
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CLASS OF EQUIPMENT CIRCLE TYPE OF EQUIPMENT STRAIGHT TRUCK									
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TRACTOR AND SEMI-TRAILER		CLASS OF EQU	JIPMENT	CIRCLE TYPE	OF EQUIPMENT	FROM (M/	() TO (M/Y)		
TRACTOR - TWO TRAILERS	STRAIGHT TRU	ICK	☐YES ☐ NO	(VAN, TANK, FLA	AT, DUMP, REFER)				
TRACTOR - TWO TRAILERS	TRACTOR AND	SEMI-TRAILER	☐YES ☐ NO	(VAN, TANK, FLA	AT, DUMP, REFER)				
MOTORCOACH - SCHOOL BUS				(VAN, TANK, FLA	T, DUMP, REFER)				
MOTORCOACH - SCHOOL BUS	TRACTOR - THE	REE TRAILERS _			AT, DUMP, REFER)				
OTHER	MOTORCOACH	- SCHOOL BUS		-	<u> </u>				
HOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER: WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM? EXPERIENCE AND QUALIFICATIONS – OTHER HOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY IST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION IST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWN) EDUCATION CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 HIGH SCHOOL: 1 2 3 4 COLLEGE: 1 2 3 4 AST SCHOOL ATTENDED (NAME) TO BE READ AND SIGNED BY APPLICANT This certifies that this application was completed by me, and that all entries on it and information in it are and complete to the best of my knowledge.	MOTORCOACH	- SCHOOL BUS	YES NO passengers	-					
IST STATES OPERATED IN FOR LAST FIVE YEARS: HOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER: WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM? EXPERIENCE AND QUALIFICATIONS – OTHER HOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY IST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION IST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWN) EDUCATION CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 HIGH SCHOOL: 1 2 3 4 COLLEGE: 1 2 3 4 AST SCHOOL ATTENDED (NAME) (CITY, STATE) TO BE READ AND SIGNED BY APPLICANT This certifies that this application was completed by me, and that all entries on it and information in it are and complete to the best of my knowledge.	OTHER								
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EDUCATION CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 HIGH SCHOOL: 1 2 3 4 COLLEGE: 1 2 3 4 AST SCHOOL ATTENDED (NAME) (CITY, STATE) TO BE READ AND SIGNED BY APPLICANT This certifies that this application was completed by me, and that all entries on it and information in it are find complete to the best of my knowledge.	IST COURSES A	AND TRAINING O	THER THAN SHOWN EL	SEWHERE IN THIS	APPLICATION				
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