

KERR TRUCKING, INC.

Phone 909-823-8559
Fax 909-823-8535

ICC MC 262488
CA 23783

14820 Washington Dr.
Fontana, CA 92335-6284

APPLICATION FOR COMPANY DRIVING POSITIONS

(Answer all questions - Please Print)

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, or non-job related disability, or sexual orientation.

Date of Application: _____
Name: _____ Social Security No. _____

Current Address: _____
Last First Middle Street City State Zip

Phone No.: () _____ Date of Birth ____/____/____

Have you worked for this company before? _____ What Location _____

Dates: ____/____/____ to ____/____/____

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

Do you have the legal right to work in the United States? Yes _____ No _____

Who referred you? _____ Rate of pay expected _____

List your addresses of residency for the past 3 years.

Previous Address: _____
Street City State Zip
Phone No.: _____ How long? _____

Previous Address: _____
Street City State Zip
Phone No.: _____ How long? _____

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Street City State Zip
Phone No.: _____ How long? _____

Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the attached job description)?

If yes, explain if you wish.

EMPLOYMENT HISTORY

All driver applicants to drive in intrastate or interstate commerce must provide the following information on all employers during the past (10) years. List complete mailing address, street number, city, state and zip code and all phone numbers.

(Incomplete applications will not be considered)

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

Do we have permission to contact your "current employer?" Yes No Comments: _____

CURRENT EMPLOYER: Company _____ Reason for leaving _____

Dates of Employment _____ Address _____

From: _____ City _____ State _____ Zip _____ Type of Trailer(s) Pulled: _____

Month/year _____ Telephone (____) _____ States you drove in _____

To: _____ Supervisor _____ Full or part-time _____

Month/year _____ Position Held _____ Number of Motor Vehicle Accidents _____

NEXT EMPLOYER: Company _____ Reason for leaving _____

Dates of Employment _____ Address _____

From: _____ City _____ State _____ Zip _____ Type of Trailer(s) Pulled: _____

Month/year _____ Telephone (____) _____ States you drove in _____

To: _____ Supervisor _____ Full or part-time _____

Month/year _____ Position Held _____ Number of Motor Vehicle Accidents _____

NEXT EMPLOYER: Company _____ Reason for leaving _____

Dates of Employment _____ Address _____

From: _____ City _____ State _____ Zip _____ Type of Trailer(s) Pulled: _____

Month/year _____ Telephone (____) _____ States You Drove In _____

To: _____ Supervisor _____ Full or part-time _____

Month/year _____ Position Held _____ Number of Motor Vehicle Accidents _____

NEXT EMPLOYER: Company _____ Reason for leaving _____

Dates of Employment _____ Address _____

From: _____ City _____ State _____ Zip _____ Type of Trailer(s) Pulled: _____

Month/year _____ Telephone (____) _____ States you drove in _____

To: _____ Supervisor _____ Full or part-time _____

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From: _____ City _____ State _____ Zip _____ Type of Trailer(s) Pulled: _____

Month/year _____ Telephone (____) _____ States you drove in _____

To: _____ Supervisor _____ Full or part-time _____

Month/year _____ Position Held _____ Number of Motor Vehicle Accidents _____

IF NECESSARY, ATTACH AN ADDITIONAL SHEET TO SHOW EMPLOYMENT FOR LAST 10 YEARS.

If unemployed during the past five (5) years give dates of the unemployment and explain why you were unemployed and provide references who can verify such unemployment

NAME: _____ Ph: (____) _____

NAME: _____ Ph: (____) _____

Have you ever been discharged from any job? If yes, please list name of companies and reason for discharge: _____

List any companies you applied and/or took a pre-employment or pre driving drug and/or alcohol test during the past two years that is not already listed above:

Company Name: _____ Date Applied: ____/____/____ Phone: (____) _____

Company Name: _____ Date Applied: ____/____/____ Phone: (____) _____

ACCIDENT RECORD FOR PAST 5 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED) IF NONE, WRITE NONE

DATES	NATURE OF ACCIDENT (Head-on, rear-end, upset, etc.)	FATALITIES	INJURIES

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE NONE

DATE	LOCATION (STATE)	VIOLATION	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

EXPERIENCE AND QUALIFICATIONS - DRIVERS

DRIVERS LICENSES (LIST) ALL DRIVERS LICENSE IN PAST (5) YEARS

STATE	LICENSE NO.	CLASS	ENDORSEMENTS	EXPIRATION DATE

- A. Have you ever had any type of motor vehicle license suspended or revoked, or even been denied a license, permit of privilege to operate a motor vehicle? Yes _____ No _____?
- B. Do you have a pending charge or past conviction for driving while intoxicated? Yes _____ No _____
- C. Do you have a pending charge or past conviction for possession of a controlled substance? Yes _____ No _____
- D. Have you ever been refused auto liability insurance? Yes _____ No _____
- E. Do you have a pending charge or conviction for any misdemeanor or felony offense? Yes _____ No _____
 (The fact of a charge and/or conviction, does not automatically disqualify an applicant from employment.)
 If the answer to either A, B, C, D or E is yes, state all circumstance and dates.

EQUIPMENT EXPERIENCE

DATES

CLASS OF EQUIPMENT	DATES		APPROXIMATE NUMBER OF MILES
	FROM	TO	
TRACTOR - CONTAINERS			
TRACTOR - DOUBLE FLATBEDS			
TRACTOR - 48' FLATBEDS			
TRACTOR - LOWBOYS-EX. HEAVY EQUIPMENT			
TRACTOR - 48 OR 53' DRY VANS			
TRACTOR - END DUMP 30-36'			
TRACTOR - BELLY DUMP -DOUBLES			
TRACTOR - TRANSFER			
TRACTOR - TANKER			
TRACTOR - LOG TRAILER			

DRIVING EXPERIENCE

How many years have you driven a commercial motor vehicle? _____

List States operated in for 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. _____

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Fax of Verbal

REQUEST FOR DRUG/ALCOHOL INFORMATION FROM PREVIOUS EMPLOYER

Fax Return to: (909)823-8535

I hereby authorize the following information to Kerr Trucking, Inc. for the purpose of investigation as required by Section 391.23 of the Federal Motor Safety Regulations. You are released from any and all liability which may result from furnishing such information.

APPLICANT SIGNATURE: _____ DATE: _____
APPLICANT DO NOT WRITE BELOW LINE

TO: Company: _____
Contact: _____

Dear Sir or Madam:

The below named individual has made an application to this company for a position as a/an _____ and states that he/she was employed by you as a/an _____ from _____ to _____. We appreciate your time in completing, in confidence, the information requested below. Thank you for your courtesy.

Sincerely,
Kerr Trucking Inc.

Name of Employee: _____

Social Security Number: _____

1. Employed from _____ to _____ as _____ at wage or salary of _____.
2. Did he/she drive a motor vehicle for you?
Straight Truck _____ Tractor/Semitrailer _____ Bus _____
Other (Specify) _____
3. Was he/she a safe and efficient driver? _____
4. Reason for leaving your employ: _____
Discharged: _____ Resignation: _____ Lay-off: _____ Military Duty: _____
5. Was his/her general conduct satisfactory? _____
6. Please advise history of past driving record if available for past three years _____

CONFIDENTIAL REPORT OF PERSONAL REFERENCE

Please indicate your opinion by placing a check in the appropriate column.

<u>CHARACTERISTICS</u>	<u>EXCELLENT</u>	<u>GOOD</u>	<u>FAIR</u>	<u>POOR</u>
Disposition, Tact, Ability to get along with others	_____	_____	_____	_____
Initiative, Resource- Fullness	_____	_____	_____	_____
Safety Habits	_____	_____	_____	_____
Attitude	_____	_____	_____	_____
Loyalty	_____	_____	_____	_____

Any Other Remarks: _____

FORMER COMPANY'S DRUG/ALCOHOL INFORMATION RESPONSE:

_____ Yes, this former employee was involved in our company's DOT Drug/Alcohol Testing Program during his/her employment with our company.

_____ This individual tested negative on all drug and alcohol tests during his/her employment with our company.

_____ This individual tested "positive" while engaged in our drug/alcohol program. Please contact us for any further information of discussion.

_____ This individual refused to undertake a drug or alcohol test when requested.

_____ This company did not have a drug or alcohol program at the time of this driver's employment.

Signature: _____

Title: _____

Date: _____

TO BE READ AND SIGNED BY APPLICANT

This certifies that I completed this application, and that all entries on it and information in it are true and complete to 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 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.

Employee Signature

Date