

KAISER TRANSPORT, INC.

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Driver's Application for Employment

The purpose of this application is to determine whether or not the applicant is qualified to operate motor carrier equipment according to the requirements of the Federal Motor Carrier Safety Regulations (FMCSR) and Kaiser's Policy. Please answer all questions. Do not leave any item blank, but write "No" or "None" This is important!

Name: _____ Home Phone _____ Cell Phone _____

Current Address: _____ City: _____ State/Zip: _____ Date: _____

*If at the above residence for less then 3 years, list below all residences for the past 3 years

Previous Address: _____ City: _____ State/Zip _____ Dates _____

Previous Address: _____ City: _____ State/Zip _____ Dates: _____

Age: _____ Date of Birth: _____ Social Security Number: _____

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

Expiration Date of DOT Physical: _____ Do You currently have or need a medical Waiver per 391.49 of the FMCSR? YES NO Expiration Date of Waiver: _____

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

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

Driver's License *List each driver's license held in the past three years

License Number	State	Type of License	Endorsements	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

C. Have you ever tested positive or refused a DOT drug or alcohol pre-employment test from an employer who did not hire you? Yes No

D. Have you ever been convicted of a felony? Yes No

If any answer to the above questions is "yes", give details: _____

Driving Experience: List all states, Canadian Provinces operated in for past five years:

List any Safe Driving Awards you hold and from whom: _____

List CDL Driving Experience:

Type of Equipment Driven	Dates		Approximate number of Miles (total)
	From	To	
Semi Tractor & Van/Refer			
Semi Tractor & Flatbed/Stepdeck			
Other			

Accidents Record for past Three Years (attach sheet if more space is needed):

Date of Crash	Nature of Crash Head on, turning, etc	Location of Crash	# of Fatalities	# of Injuries

Traffic Convictions & Forfeitures for past Three Years

Date of Ticket	Location	Charge	Penalty

CDL Driver References: List three drivers for references, whom you've worked with in the past, and have knowledge of your work habits:

Name _____ CellPhone _____ Company _____

Name _____ CellPhone _____ Company _____

Name _____ CellPhone _____ Company _____

Employment Record: The U.S. DOT requires that the driver applicant list all employment for the past three (3) years AND they must also list all Commercial Driving Employment for the past ten (10) years. Ss 391.21(b)

1. Current or last Employer: Was this job subject to FMCSR? Yes No
Were you subject to DOT Drug Testing at this job? Yes No

Employer: _____ Phone _____

Address _____ City _____ State/Zip _____

Position Held _____ Dates Employed ___ / ___ / ___ to ___ / ___ / ___

Type of Equipment Driven _____ Reason for Leaving _____

2. Second Last Employer: Was this job subject to FMCSR? Yes No
Were you subject to DOT Drug Testing at this job? Yes No

Employer: _____ Phone _____

Address _____ City _____ State/Zip _____

Position Held _____ Dates Employed ___ / ___ / ___ to ___ / ___ / ___

Type of Equipment Driven _____ Reason for Leaving _____

3. Third Last Employer: Was this job subject to FMCSR? Yes No
Were you subject to DOT Drug Testing at this job? Yes No

Employer: _____ Phone _____

Address _____ City _____ State/Zip _____

Position Held _____ Dates Employed ___ / ___ / ___ to ___ / ___ / ___

Type of Equipment Driven _____ Reason for Leaving _____

4. Fourth Last Employer: Was this job subject to FMCSR? Yes No
Were you subject to DOT Drug Testing at this job? Yes No

Employer: _____ Phone _____

Address _____ City _____ State/Zip _____

Position Held _____ Dates Employed ___ / ___ / ___ to ___ / ___ / ___

Type of Equipment Driven _____ Reason for Leaving _____

5. Fifth Last Employer: Was this job subject to FMCSR? Yes No
Were you subject to DOT Drug Testing at this job? Yes No

Employer: _____ Phone _____
Address _____ City _____ State/Zip _____
Position Held _____ Dates Employed ___ / ___ / ___ to ___ / ___ / ___
Type of Equipment Driven _____ Reason for Leaving _____

6. Sixth Last Employer: Was this job subject to FMCSR? Yes No
Were you subject to DOT Drug Testing at this job? Yes No

Employer: _____ Phone _____
Address _____ City _____ State/Zip _____
Position Held _____ Dates Employed ___ / ___ / ___ to ___ / ___ / ___
Type of Equipment Driven _____ Reason for Leaving _____

7. Seventh Last Employer: Was this job subject to FMCSR? Yes No
Were you subject to DOT Drug Testing at this job? Yes No

Employer: _____ Phone _____
Address _____ City _____ State/Zip _____
Position Held _____ Dates Employed ___ / ___ / ___ to ___ / ___ / ___
Type of Equipment Driven _____ Reason for Leaving _____

8. Eighth Last Employer: Was this job subject to FMCSR? Yes No
Were you subject to DOT Drug Testing at this job? Yes No

Employer: _____ Phone _____
Address _____ City _____ State/Zip _____
Position Held _____ Dates Employed ___ / ___ / ___ to ___ / ___ / ___
Type of Equipment Driven _____ Reason for Leaving _____

9. Ninth Last Employer: Was this job subject to FMCSR? Yes No
Were you subject to DOT Drug Testing at this job? Yes No

Employer: _____ Phone _____

Address _____ City _____ State/Zip _____

Position Held _____ Dates Employed ___ / ___ / ___ to ___ / ___ / ___

Type of Equipment Driven _____ Reason for Leaving _____

10. Tenth Last Employer: Was this job subject to FMCSR? Yes No
Were you subject to DOT Drug Testing at this job? Yes No

Employer: _____ Phone _____

Address _____ City _____ State/Zip _____

Position Held _____ Dates Employed ___ / ___ / ___ to ___ / ___ / ___

Type of Equipment Driven _____ Reason for Leaving _____

11. Eleventh Last Employer: Was this job subject to FMCSR? Yes No
Were you subject to DOT Drug Testing at this job? Yes No

Employer: _____ Phone _____

Address _____ City _____ State/Zip _____

Position Held _____ Dates Employed ___ / ___ / ___ to ___ / ___ / ___

Type of Equipment Driven _____ Reason for Leaving _____

12. Twelfth Last Employer: Was this job subject to FMCSR? Yes No
Were you subject to DOT Drug Testing at this job? Yes No

Employer: _____ Phone _____

Address _____ City _____ State/Zip _____

Position Held _____ Dates Employed ___ / ___ / ___ to ___ / ___ / ___

Type of Equipment Driven _____ Reason for Leaving _____

To Be Read and Signed by Applicant:

I authorize Kaiser 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) shall be considered an act of dishonesty and may result in discharge. I understand, also, that I am required to abide by the rules and regulations of the company.

It is agreed and understood that this application for qualification in no ways obligates Kaiser to employ me, and that if qualified to operate motor carrier equipment, I may be on a probationary period, during which I may be disqualified without recourse. I also understand that any offer of employment is contingent upon the results of the:

1. DOT Pre-employment Drug Test.
2. The Safety Performance History
3. The Post-Offer Assessment
4. Background & Reference Checks

I understand that the 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 in 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 the previous employer 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 and I can not agree on the accuracy of the information.

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.

Signature of Applicant: _____ Date: _____

For Company use Only

Application Received: _____ DAC File Requested: _____ Insurance OK _____

Date of Hire: _____ Rejected: _____ Why: _____

Notes: _____

