

MATERIAL OR OTHER HANDLING EQUIPMENT EXPERIENCE & QUALIFICATIONS

Indicate training and experience in the following:

Trucks	Formal Training (Check)	Years of Experience	Attachments	Formal Training (Check)	Years of Experience
Forklift/tow motor (standard sit-down forklift)			Slipsheet		
Pallet jack (non-rider)			Sideshifters		
Walkie/rider			Container handlers		
Order picker			Carton clamps		
Vehicle-mounted (e.g., piggybacks)			Paper roll handlers		
Rough-terrain forklift			Barrel clamps		
Reach truck			Extending or telescoping forks (e.g., on reach and turret trucks)		
Narrow aisle			Personnel platforms/ man-cage		

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. Past Employment						
4. Written Exam						
5. Road Test						
6. Policy and Traffic Record						

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: _____

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 _____

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

List experience with calculating & quoting rates: _____

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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 FROM (M/Y) TO (M/Y)	APPROX. NO. OF MILES (TOTAL)
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 must include the names of DOT-regulated employers under whose authority they operated as a contract or leased driver.

Applicants to drive a commercial motor vehicle* that requires a CDL 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. 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			

*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 Diagnostics and Rebuild			Electrical Repair		
Gas Engine Diagnostics 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		
Sheet Metal Equipment			Wheel & Tire Balancing Machine		
Frame & Axle Straightening Equipment			Tire Recapping		
Engine Rebuilding			Engine Dynamometer		
Diesel Injection Equipment			Chassis Dynamometer		
Electric Welder			Magnetic Crack Detector		
Oxyacetylene Welder			Engine Analyzer		
Paint Spray Gun			Noise Measuring Equipment		
Air Conditioning (Cab)			Emissions/Smoke Testing		
Refrigeration (Cargo)			Inspections (State/Federal)		
ASE Certification(s) (Specify)			General Car Repair		

Name _____

Company No. _____