



KERR TRUCKING, INC.

PHONE 909-823-8559
FAX 909-575-6675

MC 262488
MC 843186 -B

14796 WASHINGTON DRIVE
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, non-job related disability, or sexual orientation.

Date of Application ____ / ____ / ____

Name: _____ Social Security No. _____
(Last) (First) (Middle)

Current Address: _____
(Street) (City) (State) (Zip)

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

Have you worked for this company before? _____

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

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

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

Are you 18 years of age or older? _____

Who referred you? _____

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? _____

Previous address: _____
(Street) (City) (State) (Zip)

Phone No. (____) _____ How long? _____

Is there any reason why 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. Please 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 if 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 _____

To: ___/___/___ Telephone (____) _____ States you drove in _____

Supervisor _____ Full or part-time _____

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 _____

To: ___/___/___ Telephone (____) _____ States you drove in _____

Supervisor _____ Full or part-time _____

Position Held _____ Number of Motor Vehicle Accidents _____

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Dates of employment Address _____

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

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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 discharged: _____

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: ___/___/___ Ph: (____) _____

Company Name: _____ Date Applied: ___/___/___ Ph: (____) _____

DRIVING EXPERIENCE

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

List States operated in for the last (5) years. _____

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

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

IF YOU ARE APPLYING FOR A FLATBED DRIVING POSITION, PLEASE FILL OUT THE BOXES BELOW:

DO YOU HAVE EXPERIENCE WITH:	YES	NO
Chains & Binders		
Straps		
Lumber Tarps (8-Foot drops)		
Steel Tarps (flat)		
Multiple Tarps		
Use of Coil Racks		
Over-Dimensional Cargo		
Heavy Haul Loads w/Spec. Equip.		
Vehicle Ramps		
DO YOU HAVE:		
Twic Card		
Tanker Endorsements: doubles		
triples		
Hazmat Endorsement		
Other: (Please Describe)		
HAVE YOU EVER HAULED:	YES	NO
Coiled Steel		
Sheet Steel		
Bars/Rods		
Reels of Cable		
Wallboard/Sheetrock		
Lumber		
Steel Pipe		
Plastic Pipe		
Vehicles		
Machinery		
Automobiles		
Earth-moving Equipment		
Trusses		
Rolled Roofing		
Farm Equipment		
Steel or Concrete Beams		
Glass		
Steel I-Beams		
Cement Block (barriers)		
Other: (Please Describe)		

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 investigation 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

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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.

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 she/he 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, Resourcefulness	_____	_____	_____	_____
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 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: _____