



# KERR TRUCKING, INC.

PHONE 909-823-8559

MC 262488  
MC 843186 -B

P.O. Box 2041  
Temecula, CA 92593-2041

## 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)

Email Address: \_\_\_\_\_

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 \_\_\_\_\_

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 \_\_\_\_\_

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 \_\_\_\_\_

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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 \_\_\_\_\_

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

**KERR TRUCKING, INC.**

PHONE 909-823-8559  
FAX 909-823-8535

MC 262488  
MC 843186 -B

14796 WASHINGTON DRIVE  
FONTANA, CA 92335-6284

**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:

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**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: \_\_\_\_\_