

APPLICATION INSTRUCTIONS

Dear Driver:

Thank you for your interest in driving for our Company.

As an experienced driver, you are aware of the renewed emphasis placed on carriers by the DOT to have a complete and accurate employment history of the driver. **To help us expedite your application, please follow the instructions as outlined below.**

1. The application must be printed in ink and in your own hand writing. **Please Print Legibly.**
Read and follow all instructions carefully on the application.
2. Fill in all blanks, except for those marked "For Employers Use Only."
3. If a particular question does not apply to you place a "N.A." (not applicable) in the blank. DO NOT leave any questions blank.
4. **VERY IMPORTANT!** The section entitled "**Employment Record**" must be filled in correctly. You must list all employers, schools, military service, and all periods of self-employment or unemployment for a full five years. List all previous commercial driving experience up to a maximum of 10 years. NOTE: Dates, phone numbers, and addresses must be correct with no gaps in employment history.
5. In the section entitled "**License**" list all licenses held in the past 5 years. In the section entitled "**Moving Traffic Convictions**" and "**Accident Report**" list all tickets and forfeitures and all accidents for the past five years. List all accidents regardless of fault, severity, or motor vehicle type. We will check your motor vehicle report for the past five years, so please be accurate.
6. The "**Request for Employment Information**" form on the reverse side of this letter must be signed. DO NOT fill in any information on this form, ONLY place your signature in the shaded box.
7. Be sure to **sign and date the application**.
8. If you are offered a conditional offer of employment you will have to successfully pass a Company written test, Company road test, DOT physical and drug screen, and DOT hazmat written test.

DRIVER PRE-EMPLOYMENT APPLICATION

QUALIFIED APPLICANTS ARE CONSIDERED WITHOUT REGARD TO RACE, COLOR, SEX, NATIONAL ORIGIN, AGE, MARITAL STATUS, RELIGION, SEXUAL ORIENTATION, VETERAN'S STATUS

APPLICANT: You are advised that the information you provide on this application may be used, and your prior employer will be contacted, for the purpose of investigating your background as required by D.O.T. Regulation, Part 391.23. Applications will be kept on file for 60 days.

NOTE: ANSWER ALL QUESTIONS - WRITE LEGIBLY - THIS APPLICATION WILL NOT BE CONSIDERED UNLESS FULLY COMPLETED

FOR EMPLOYER USE ONLY - DO NOT WRITE IN THIS AREA

INTERVIEWED

DATE ____/____/____ TIME ____

D.O.T. PHYSICAL

DATE ____/____/____ TIME ____

ROAD TEST

DATE ____/____/____ TIME ____

WRITTEN TEST

RECRUITER _____

BACKGROUND CHECKS COMPLETED

DATE ____/____/____ TIME ____

DATE ____/____/____

BY _____

THIS APPLICATION MUST BE COMPLETED IN INK AND IN APPLICANT'S OWN HANDWRITING

Date of Application ____/____/____

Social Security No.

--	--	--	--	--	--

Name _____ FIRST _____ MIDDLE _____ LAST _____ Phone No. (____) _____

*Current Address _____ STREET _____ CITY _____ STATE _____ ZIP _____

*If at the above address less than three years, list below all addresses for the past three years. FMCSR 391.21(3)

Address _____ STREET _____ CITY _____ STATE _____ ZIP _____

Address _____ STREET _____ CITY _____ STATE _____ ZIP _____

Date of Birth FMCSR 391.21(2) ____/____/____ How did you find out about us? _____

Have you worked for this Company before? ☐ Yes ☐ No If yes, dates of employment: From ____/____/____ To ____/____/____

Where? _____ Rate of pay? _____ Position? _____

Have you ever worked for this Company under another name? ☐ Yes ☐ No If yes, what name? _____

Names of any relatives employed by this Company? _____

If hired, can you present evidence of your U.S. Citizenship or proof of your legal right to live and work in this country? ☐ Yes ☐ No

Do you speak, write and understand any foreign language? ☐ Yes ☐ No Language? _____

Position applying for: _____ Are you able to perform the essential functions and duties of the job, as contained in the job description with or without reasonable accommodation? ☐ Yes ☐ No

EMERGENCY CONTACT

Name _____ Relationship _____

Address _____ Phone Number (____) _____

EDUCATION

Circle highest grade completed: Grade School: 1 2 3 4 5 6 7 8 High School: 9 10 11 12 College: 1 2 3 4

List any other training or schools _____ Date completed: ____/____/____

List driving awards held and who awards were presented by _____

MILITARY STATUS

Have you served in the U.S. Armed Forces? ☐ Yes ☐ No Branch? _____ From ____/____/____ To ____/____/____

Duties: _____

GENERAL

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 been suspended or revoked?

☐ Yes ☐ No

C. Have you ever been arrested for driving while intoxicated?

☐ Yes ☐ No

D. Have you ever been convicted for possession, sale, or use of a narcotic drug, amphetamine, or a derivative thereof?

☐ Yes ☐ No

E. Have you ever been convicted of a criminal offense?
(a conviction will not necessarily disqualify you from employment)

☐ Yes ☐ No

F. Have you ever used any illegal drugs (including marijuana)?

If yes, when was the last time? _____ ☐ Yes ☐ No

If yes to any of the above questions, state circumstances and dates: _____

The Company will make reasonable accommodations to place smokers with smokers and non-smokers with non-smokers. Do you smoke? _____

EMPLOYMENT RECORD

The U.S. Department of Transportation requires that driver applications show all employment for the past three years. They must also show commercial driver employment for the seven years immediately preceding this three year period. FMCSR 391.21 (b) (10)(11). Applicants must list all full and part time employment including military service, self-employment, and periods of unemployment. Start with last or current employer. Use additional sheet of paper if required.

LAST/CURRENT EMPLOYER

From ____/____/____ To ____/____/____

Phone No. (____) _____

Supervisor _____

Rate of Pay _____

Type of Equip. Driven _____

Name _____

Address _____

Street

City

State

Zip

Position Held _____

Reason for Leaving _____

PREVIOUS EMPLOYER

From ____/____/____ To ____/____/____

Phone No. (____) _____

Supervisor _____

Rate of Pay _____

Type of Equip. Driven _____

Name _____

Address _____

Street

City

State

Zip

Position Held _____

Reason for Leaving _____

PREVIOUS EMPLOYER

From ____/____/____ To ____/____/____

Phone No. (____) _____

Supervisor _____

Rate of Pay _____

Type of Equip. Driven _____

Name _____

Address _____

Street

City

State

Zip

Position Held _____

Reason for Leaving _____

PREVIOUS EMPLOYER

From ____/____/____ To ____/____/____

Phone No. (____) _____

Supervisor _____

Rate of Pay _____

Type of Equip. Driven _____

Name _____

Address _____

Street

City

State

Zip

Position Held _____

Reason for Leaving _____

USE SEPARATE SHEET FOR ADDITIONAL EMPLOYMENT HISTORY

DRIVING EXPERIENCE**TYPES OF EQUIPMENT DRIVEN:**

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT: (VAN, TANK, FLAT, ETC.)	DATES		APPROXIMATE TOTAL MILES
		FROM	TO	
STRAIGHT TRUCK				
TRACTOR/SEMI-TRAILER				
TRACTOR/TWO PUPS				
OTHER				

LICENSES: LIST ALL DRIVERS LICENSES HELD IN THE PAST FIVE YEARS (NOTE: a copy of your valid drivers license or CDL must be attached)

STATE	LICENSE NUMBER	TYPE	ENDORSEMENTS	EXPIRATION DATE

MOVING TRAFFIC CONVICTIONS & FORFEITURES: LIST FOR PAST FIVE (5) YEARS. IF NONE WRITE "NONE".

DATE	LOCATION (STATE)	CHARGE	PENALTY

ACCIDENT RECORD: LIST FOR PAST FIVE (5) YEARS. IF NONE WRITE "NONE".

LIST ALL COMMERCIAL & PERSONAL PREVENTABLE AND NON-PREVENTABLE ACCIDENTS - INCLUDING PROPERTY DAMAGE.

DATE	TYPE OF VEHICLE	NATURE OF ACCIDENT (HEAD-ON, REAR-END, OVERTURN, ETC.)	INDICATE PREVENTABLE OR NON-PREVENTABLE	FATALITIES	INJURIES	AMOUNT OF DAMAGE

LIST STATES IN WHICH YOU HAVE OPERATED A CLASS-A MOTOR VEHICLE IN THE PAST FIVE (5) YEARS:

REFERENCE

Name _____ Relationship _____
Address _____ Phone Number (____) _____

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of any material fact on this pre-application or any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

I hereby authorize the Company to thoroughly investigate my references, work record, education, and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the Company any and all letters, reports, and other information related to my work records, without giving me prior notice to such disclosure. In addition, I hereby release the Company, my former employers and all other persons, corporations, partnerships, and associations from any and all claims, demands, or liabilities arising out of or in any way related to such investigation or disclosure.

I hereby authorize any law enforcement agency or court to furnish information concerning Motor Vehicle Record or felony or misdemeanor convictions.

I hereby agree to submit to binding arbitration in all disputes and claims arising out of the submission of this application. I further agree, in the event that I am offered employment by the Company, as a condition to that employment, all disputes that cannot be resolved by informal resolution which might arise out of my employment with the Company, whether during or after that employment, will be submitted to binding arbitration in lieu of any Federal or State investigative, administrative or legal proceeding. I agree that such arbitration shall be conducted under the rules of the American Arbitration Association. This application contains the entire agreement between the parties with regard to dispute resolution, and there are not other agreements as to dispute resolution, either oral or written.

I hereby agree to submit to an Alcohol and Controlled Substance Testing/Screening for pre-employment medical qualification and thereafter as warranted by Company policy and Federal regulations.

I understand that nothing contained in the application or conveyed during any interview which may be granted, is intended to create an employment contract between me and the Company. I further understand and acknowledge that my employment relationship is of an "at-will" nature, which means that I may resign at any time and the Company may discharge me at any time with or without cause or advance notice. It is further understood that this "at-will" employment relationship may not be changed by any verbal or other conduct unless such change is specifically acknowledged in writing by KAL Services, Inc. I further acknowledge that no specific promises relating to a condition of employment have been made to me. No promises or representations contrary to the specific provisions of this paragraph are binding on the Company unless made in writing and signed by me and the Company's designated representative.

Date _____ Applicant's Signature _____
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.

KAL Services, Inc.

906 W 9th
Pella, IA 50219
888.428.2610

REQUEST FOR EMPLOYMENT INFORMATION AND DRIVER DRUG AND ALCOHOL TEST RESULTS

APPLICANT: PLEASE DO NOT COMPLETE THIS FORM.

FILL OUT TOP BOX ONLY

I, _____ understand that as a condition of employment with KAL Services, Inc. I must give written authorization to obtain the results of all DOT required drug and/or alcohol testing (including refusals to be tested) from all companies for which I have worked as a driver, or for which I have taken a pre-employment drug and/or alcohol test, during the past twenty-four (24) months, per FMCSR 382.405 (f)(h) of the Federal Department of Transportation. I also give you authorization to give the above named company all information regarding my services, character, and conduct while in your employ, and you are released from any liability which may result from giving such information.

Print Name _____

Applicant's Signature _____ Date _____

Name of Current or Former Employer _____

Street _____ City _____ State _____ Zip Code _____

Position Held _____ Name of Supervisor _____

Period of Employment: From ____/____/____ To ____/____/____ Social Security Number: _____

THE INFORMATION REQUESTED IS REQUIRED BY THE U.S. DEPARTMENT OF TRANSPORTATION - FMCSR, PART 391.23

Does the above information match with your records in regards to dates of employment and Social Security Number? ☐ Yes ☐ No

If no, comments as to why _____

Why did applicant leave your employ? _____

If company policy permits, would you rehire? ☐ Yes ☐ No If no, why not? _____

If a driver, type of equipment driven: ☐ Straight ☐ Tractor-Trailer ☐ Tanker ☐ Flatbed ☐ Dry Van - singles ☐ Dry Van - doubles ☐ Bottom Dump ☐ End Dump
☐ Bus ☐ Car Hauler ☐ Dry Bulk ☐ Cattle Hauler ☐ Other _____

Total Number of Accidents: _____ Preventable: _____ Non-Preventable: _____

Total Number of Cargo Claims: _____ Preventable: _____ Non-Preventable: _____

Total Number of Customer Complaints: _____ Number of Service Failures: _____

Was applicant's drivers license or CDL ever revoked or suspended? ☐ Yes ☐ No If yes, why? _____

Any moving violations listed in applicant's file? ☐ Yes ☐ No If yes, type? _____

Drivers license number listed in your file? _____ State? _____ Expires? ____/____/____

Quality of work? ☐ Excellent ☐ Good ☐ Fair ☐ Poor

Cooperation with others? ☐ Excellent ☐ Good ☐ Fair ☐ Poor

Safety habits? ☐ Excellent ☐ Good ☐ Fair ☐ Poor

Personal habits? ☐ Excellent ☐ Good ☐ Fair ☐ Poor

Driving skills? ☐ Excellent ☐ Good ☐ Fair ☐ Poor

Attendance record? ☐ Excellent ☐ Good ☐ Fair ☐ Poor

Needed supervision? ☐ Seldom ☐ Occasionally ☐ Frequently ☐ Constantly

DRIVER PAST DRUG & ALCOHOL TEST RESULTS

The above named individual has advised us that he/she worked for your company as a driver, or that he/she applied to your company for work as a driver, during the previous two (2) years.

Regulations of the FMCSR 382.413 (a)(b)(c)(e)(f) require us to obtain from your company, and require your company to provide us, information concerning the above named driver's past drug and alcohol test results (including refusals to be tested).

In accordance with FMCSR, we have provided you with the driver's written authorization requesting your company to provide us with the following information concerning this driver:

1. Has this person tested positive for a controlled substance in the last two (2) years? ☐ Yes ☐ No
2. Has this person had an alcohol test with a Breath Alcohol Concentration of 0.04 or greater in the last two (2) years? ☐ Yes ☐ No
3. Has this person refused a required test for drugs in the last two (2) years? ☐ Yes ☐ No

Signature of Employer: _____ Date: _____