DRIVER’S APPLICATION
FOR EMPLOYMENT

Applicant Name _______________________________ Date of Application ____________________________
(print)

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.

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 __________________________

FOR COMPANY USE

PROCESS RECORD

APPLICANT HIRED ____________________ REJECTED __________________

DATE Employed __________________________ POINT EMPLOYED ____________

DEPARTMENT ___________________________ CLASSIFICATION ____________

(If rejected, summary report of reasons should be placed in file)

SIGNATURE OF INTERVIEWING OFFICER __________________________

TERMINATION OF EMPLOYMENT

DATE TERMINATED _____________________ DEPARTMENT RELEASED FROM ____________

DISMISSED ___________________ VOLUNTARILY QUIT ____________ OTHER ____________

TERMINATION REPORT PLACED IN FILE __________________ SUPERVISOR ____________

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Position(s) Applied for ____________________________________________________________

Name __________________________ Social Security No. ____________________________

Last __________ First __________ Middle __________

List your addresses of residency for the past 3 years.

Current Address

Street __________________________ City __________________________
State __________________________ Zip Code __________________________ Phone __________________________ How Long? __________ yr./mo.

Previous Addresses

Street __________________________ City __________________________ State & Zip Code __________________________
How Long? __________ yr./mo.

Street __________________________ City __________________________ State & Zip Code __________________________
How Long? __________ yr./mo.

Street __________________________ City __________________________ State & Zip Code __________________________
How Long? __________ yr./mo.

Do you have the legal right to work in the United States?

Date of Birth __________________________ / __________________________ / __________________________ Can you provide proof of age? __________________________

(Required for Commercial Drivers)

Have you worked for this company before? ________ Where? __________________________

Dates: From __________________________ To __________________________ Rate of Pay __________________________ Position __________________________

Reason for leaving __________________________

Are you now employed? ________ If not, how long since leaving last employment? __________________________

Who referred you? __________________________ Rate of pay expected __________________________

Have you ever been bonded? __________________________ Name of bonding company __________________________

(Answer only if a job requirement)

Have you ever been convicted of a felony? __________________________

If yes, please explain fully on a separate sheet of paper. Conviction of a crime is not an automatic bar to employment— all circumstances will be considered.

Is there any reason 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 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 to drive a commercial motor vehicle* 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.)

<table>
<thead>
<tr>
<th>EMPLOYER NAME</th>
<th>FROM</th>
<th>TO</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>MO</td>
<td>YR</td>
</tr>
<tr>
<td></td>
<td>MO</td>
<td>YR</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ADDRESS</th>
<th>STATE</th>
<th>ZIP</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>CONTACT PERSON</th>
<th>PHONE NUMBER</th>
<th>REASON FOR LEAVING</th>
</tr>
</thead>
</table>

WERE YOU SUBJECT TO THE FMCSRs† WHILE EMPLOYED? □ YES □ 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? □ YES □ NO
EMPLOYMENT HISTORY (continued)

<table>
<thead>
<tr>
<th>EMPLOYER</th>
<th>DATE</th>
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</thead>
<tbody>
<tr>
<td>NAME</td>
<td>FROM MO. YR. TO MO. YR.</td>
</tr>
<tr>
<td>ADDRESS</td>
<td>POSITION HELD</td>
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<tr>
<td>CITY</td>
<td>STATE ZIP</td>
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<tr>
<td>CONTACT PERSON</td>
<td>PHONE NUMBER</td>
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<tr>
<td>SALARY/WAGE</td>
<td>REASON FOR LEAVING</td>
</tr>
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<td>YES NO</td>
</tr>
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<td>YES NO</td>
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*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.
ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED) IF NONE, WRITE NONE

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE NONE

EXPERIENCE AND QUALIFICATIONS – DRIVER

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

DRIVING EXPERIENCE CHECK YES OR NO

CLASS OF EQUIPMENT

<table>
<thead>
<tr>
<th>STRAIGHT TRUCK</th>
<th>TRACTOR AND SEMI-TRAILER</th>
<th>TRACTOR - TWO TRAILERS</th>
<th>TRACTOR - THREE TRAILERS</th>
<th>MOTORCOACH - SCHOOL BUS</th>
<th>MOTORCOACH - SCHOOL BUS</th>
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EDUCATION

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8
LAST SCHOOL ATTENDED (NAME) (CITY, STATE)

TO BE READ AND SIGNED BY APPLICANT

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: ___________________________ Date: ___________________________