



APPLICATION FOR DRIVER POSITION

Date of application ___/___/___

Equal access to programs, services and employment is available to all persons. Those applicants requiring accommodation to the application and/or interview process should contact a representative of the Human Resources Department. A resume may be attached as a supplement, however this application must be fully completed. Please print all information legibly.

Referral Source Advertisement Employee Relative Other _____

Government Employment Agency Private Employment Agency

Name of Source (if applicable) _____

PERSONAL INFORMATION

Name _____
Last First Middle

List your addresses of residency for the past 3 years:

Street	City	State	Zip Code	How Long?
Current _____				
Previous _____				
Previous _____				

Social Security Number _____ - _____ - _____ Date of Birth ___/___/___ (required for drivers under CFR 391.21(2))

Telephone Number () _____ E-mail Address _____

Best time to contact you _____ : _____ am/pm At what number () _____

GENERAL INFORMATION

Have you ever filed an application or been employed here before? Yes No If yes, give dates _____

Are you legally eligible to work in the United States? Yes No

Do you have a family or personal relationship with a current employee of this company? Yes No

If yes, explain _____

Have you been convicted of a crime that has not been expunged* or sealed by the court? Yes No

(Please note that the presence of a criminal record is not a bar to employment)

If yes, please explain _____

* means to remove every reference to it from the court file

EMPLOYMENT PREFERENCES

Type of employment desired? Full-Time Part-Time Temporary

Are you on lay-off and subject to recall? Yes No Will you travel if job requires it? Yes No

Will you relocate if job requires it? Yes No Are you willing to work irregular or excess hours if required? Yes No

EDUCATION

School	Degree/Diploma/ Certificate Received	If Yes, Type Received	Course of Study
High School	Yes No		
College	Yes No		
College	Yes No		
Other	Yes No		

List any foreign language(s) you know and check the boxes that describe your skill level.

Language	Speak Some	Speak Fluently	Read	Write

REFERENCES

List name and telephone numbers of three business/work references who are not related to you and are not previous supervisors. If not applicable, list three school or personal references who are not related to you.

Name	Telephone	Years Known
	Area Code ()	
	Area Code ()	
	Area Code ()	

LICENSES, CERTIFICATES

List professional, trade, business, or civic association and any offices held. (Exclude memberships which would reveal gender, race, religion, national origin, age, color, disability or other protected status.)

Organization	Offices Held

List special accomplishments, publications, awards (exclude information which would reveal gender, race, religion, national origin, age, color, disability or other protected status.)

TRAINING/SKILLS

Skills & Qualifications - Summarize any special training, skills, licenses, certificates and/or characteristics of yourself that may qualify you as being able to perform job related functions for the position which you are applying.

DRIVER'S LICENSES

List each valid operator's license or permit that you have been issued.

Issuing State	Number:	Type:	Expiration Date:

ACCIDENT RECORD

Have you been involved in any motor vehicle accidents during the past three years? (Check one)

No

Yes (If yes, provide details below)

Date	Nature of Accident (e.g., head-on, rear-end, etc.)	Injury or Fatality

TRAFFIC CONVICTIONS

Have you been convicted or plead guilty or forfeited bond or collateral for any violations of motor vehicle laws or ordinances (other than parking violations) during the past three years? (Check one)

No

Yes (If yes, provide details below)

Date	Violation	Location	Vehicle Operated

LOSS OF OPERATING PRIVILEGES

Have you ever had any license, permit or privilege to operate a motor vehicle suspended or revoked or denied? (Check one)

No

Yes (If yes, provide details below)

Date	Violation	Provide Details

PRE-EMPLOYMENT DRUG AND ALCOHOL STATEMENT

Have you tested positive, or refused to test on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years? (Check one)

No

Yes (If yes, identify the employer in Employment History)

EMPLOYMENT HISTORY

List all employers for the **five years** preceding the date of this application. If you have operated a commercial motor vehicle¹ for any employer beyond the five years listed, you must also list an additional five years of employment history, for a total of ten years. **List employers in reverse order starting with the most recent employer.** Any gaps in employment (e.g., unemployed) must be explained in writing below. If you need additional space for employers, photocopy this page prior to completing any information on it.

MOST RECENT EMPLOYER			
Employer	Telephone	()	Dates Employed
Address			
Job Title	Immediate Supervisor		From:
Contact Person	Phone Number		MM__ YR__
Base Salary	Overtime	Bonus	To:
Reason for Leaving			MM__ YR__
Were you subject to the FMCSR's ² while employed?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Was your job designated as a safety-sensitive function in a DOT-regulated mode subject to the drug and alcohol requirements of 49 CFR Part 40?			<input type="checkbox"/> Yes <input type="checkbox"/> No
PREVIOUS EMPLOYER			
Employer	Telephone	()	Dates Employed
Address			
Job Title	Immediate Supervisor		From:
Contact Person	Phone Number		MM__ YR__
Base Salary	Overtime	Bonus	To:
Reason for Leaving			MM__ YR__
Were you subject to the FMCSR's ² while employed?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Was your job designated as a safety-sensitive function in a DOT-regulated mode subject to the drug and alcohol requirements of 49 CFR Part 40?			<input type="checkbox"/> Yes <input type="checkbox"/> No
PREVIOUS EMPLOYER			
Employer	Telephone	()	Dates Employed
Address			
Job Title	Immediate Supervisor		From:
Contact Person	Phone Number		MM__ YR__
Base Salary	Overtime	Bonus	To:
Reason for Leaving			MM__ YR__
Were you subject to the FMCSR's ² while employed?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Was your job designated as a safety-sensitive function in a DOT-regulated mode subject to the drug and alcohol requirements of 49 CFR Part 40?			<input type="checkbox"/> Yes <input type="checkbox"/> No

¹ Includes vehicles having a GVWR of 26,001 or more pounds, vehicles designed to transport 15 or more passengers, or any size used to transport hazardous min a quantity requiring placarding.

² 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 to transport 9 or more passengers. OR 3) is of any size and is used to transport hazardous materials in a quantity requiring placarding

EMPLOYMENT HISTORY (CONTINUED)

PREVIOUS EMPLOYER			
Employer	Telephone	()	Dates Employed
Address			
Job Title	Immediate Supervisor		From:
Contact Person	Phone Number		MM__ YR__
Base Salary	Overtime	Bonus	To:
Reason for Leaving			MM__ YR__
Were you subject to the FMCSR's ² while employed?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Was your job designated as a safety-sensitive function in a DOT-regulated mode subject to the drug and alcohol requirements of 49 CFR Part 40?			<input type="checkbox"/> Yes <input type="checkbox"/> No

PREVIOUS EMPLOYER			
Employer	Telephone	()	Dates Employed
Address			
Job Title	Immediate Supervisor		From:
Contact Person	Phone Number		MM__ YR__
Base Salary	Overtime	Bonus	To:
Reason for Leaving			MM__ YR__
Were you subject to the FMCSR's ² while employed?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Was your job designated as a safety-sensitive function in a DOT-regulated mode subject to the drug and alcohol requirements of 49 CFR Part 40?			<input type="checkbox"/> Yes <input type="checkbox"/> No

DRIVING EXPERIENCE

List the nature and extent of your experience in the operation of motor vehicles (e.g., buses, straight trucks, tractors, semi-trailers, etc.): ***If none check box here.***

List states operated in for the last five years: _____

Class of Equipment	Type of Equipment <i>(e.g., box, tank, flat, dump)</i>	Dates		Approx No. of Miles (Total)
		From MM/YY	To MM/YY	
Straight Truck <input type="checkbox"/> Yes <input type="checkbox"/> No				
Tractor & Semi-Trailer <input type="checkbox"/> Yes <input type="checkbox"/> No				
Tractor – Two trailers <input type="checkbox"/> Yes <input type="checkbox"/> No				
Tractor – Three Trailers <input type="checkbox"/> Yes <input type="checkbox"/> No				
Motor Coach - School Bus <input type="checkbox"/> Yes <input type="checkbox"/> No				
Other (List):				

IMPORTANT INFORMATION REGARDING THIS APPLICATION

- Kohl Building Product's (hereafter referred to as "KBP") is an equal opportunity employer. KBP does not discriminate in employment and no question contained on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state, or federal law.
- I understand it is KBP policy not to refuse to hire a qualified individual with a disability because of this person's need for accommodation that would be required by the ADA.
- Employment offers are contingent upon satisfactory compliance with the requirements of the Immigration Reform & Control Act of 1986, successful completion of a medical and psychological examination (if required), a background investigation, and drug testing.
- I understand this application is valid for 60 days. At the conclusion of that time, if I have not heard from KBP and still wish to be considered for employment, it will be necessary to submit a new application.
- I understand that I am required to sign and return a Disclosure / Authorization / Release document in order to verify the information in connection with this application.
- I understand that use of illegal drugs is prohibited during employment. I am willing to submit to drug and/or alcohol testing in accordance with company policy prior to and during employment.
- I understand that all the 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 I have the right to 1) Review information provided by previous employer; 2) 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 3) 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.
- If hired, I agree to abide by all applicable rules, regulations, policies and procedures.
- **THIS IS NOT AN EMPLOYMENT CONTRACT. IF HIRED, I UNDERSTAND THAT I WILL BE AN AT-WILL EMPLOYEE AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT CAUSE. I UNDERSTAND THAT NO ORAL REPRESENTATIONS MADE TO ME DURING THE PROCESSING OF THIS APPLICATION OR AFTER MY HIRE AND NOTHING CONTAINED IN ANY MANUAL, HANDBOOK, POLICY STATEMENT OR WORK RULE CONSTITUTES A CONTRACT OF EMPLOYMENT OR AGREEMENT FOR DEFINITE TERM OR CONDITION OF EMPLOYMENT (INCLUDING BUT NOT LIMITED TO WAGES AND BENEFITS).**
- Any misrepresentation or omission of fact on this application, any documents completed or submitted in connection with this application, or false or misleading statements during any interviews will be grounds for terminating the application process or, if discovered after employment, termination of employment.

By my signature below, I affirm that I have read and understood the above statements. I certify that this application was completed by me and that all entries on it are true and complete to the best of my knowledge.

Applicant's Signature

Date