

DRIVER'S APPLICATION FOR EMPLOYMENT

Company	KB Transportation, LLC		
Address	804 N Upton Street		
City	Sterling	State VA	Zip 20164

(answer all questions- please print)

In accordance 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, or non-job related disability.

Position(s) Applied for	Driver
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Last Name	First Name	MI
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Social Security Number	
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List your addresses of residency for the past 3 years.

Current Address

Street	City	State	Zip
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Phone	How Long?
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Previous Address

Street	City	State	Zip
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Phone	How Long?
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Street	City	State	Zip
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Phone	How Long?
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Street	City	State	Zip
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Phone	How Long?
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Do you have the legal right to work in the United States?

Date of Birth:	Can you provide proof of age?	YES	NO	
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Have you worked for this company before? YES NO	Where?
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Dates: From: To:	Salary:	Position:
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Reason for leaving

Are you now employed?	If not, how long since leaving last employment?
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Who referred you?	Rate of pay expected
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Is there any reason you might be unable to perform the functions of the job for which you have applied?

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 10 years. List complete mailing address, street number, city, state and zip code. Background check will be performed for the previous 3 years.

(NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary.)

EMPLOYER				DATE	
NAME				FROM MO YR	TO MO YR
ADDRESS				POSITION HELD	
CITY	STATE	ZIP		SALARY/WAGE	
CONTACT PERSON			PHONE NUMBER		
Subject to FMCSR's while employed?	YES	NO	Was this job designated as safety-sensitive in any DOT regulated mode subject to alcohol & controlled substances testing?	YES	NO

EMPLOYER				DATE	
NAME				FROM MO YR	TO MO YR
ADDRESS				POSITION HELD	
CITY	STATE	ZIP		SALARY/WAGE	
CONTACT PERSON			PHONE NUMBER		
Subject to FMCSR's while employed?	YES	NO	Was this job designated as safety-sensitive in any DOT regulated mode subject to alcohol & controlled substances testing?	YES	NO

EMPLOYER				DATE	
NAME				FROM MO YR	TO MO YR
ADDRESS				POSITION HELD	
CITY	STATE	ZIP		SALARY/WAGE	
CONTACT PERSON			PHONE NUMBER		
Subject to FMCSR's while employed?	YES	NO	Was this job designated as safety-sensitive in any DOT regulated mode subject to alcohol & controlled substances testing?	YES	NO

EMPLOYER				DATE	
NAME				FROM MO YR	TO MO YR
ADDRESS				POSITION HELD	
CITY	STATE	ZIP		SALARY/WAGE	
CONTACT PERSON			PHONE NUMBER		
Subject to FMCSR's while employed?	YES	NO	Was this job designated as safety-sensitive in any DOT regulated mode subject to alcohol & controlled substances testing?	YES	NO

ACCIDENT HISTORY

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED) IF NONE, WRITE NONE

DATES	NATURE OF ACCIDENT (head-On, Rear-End, etc.)	INJURIES	
LAST ACCIDENT			
NEXT PREVIOUS			
NEXT PREVIOUS			

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

LOCATION	DATE	CHARGE		

ATTACH SHEET IF MORE SPACE IS NEEDED

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 HIGH SCHOOL: 1 2 3 4 COLLEGE: 1 2 3 4

LAST SCHOOL ATTENDED: NAME:

EXPERIENCE AND QUALIFICATIONS

DRIVER LICENSES	STATE	LICENSE NO.	TYPE	EXPIRATION DATE	

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**

IF THE ANSWER TO EITHER A OR B IS YES, ATTACH STATEMENT GIVING DETAILS

DRIVING EXPERIENCE IF NONE, WRITE NONE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES	APPROX. # MILES	
		FROM		TOTAL
STRAIGHT TRUCK				
TRACTOR/ SEMI-TRAILER				
TRACTOR/ TWO TRAILERS				
MOTORCOACH/SCHOOL BUS				
OTHER				

LIST **ALL** STATES WHERE YOU HELD A CDL LICENSE OR CDL PERMIT IN THE PAST THREE YEARS:

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM?

EXPERIENCE AND QUALIFICATIONS - OTHER

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER DRIVING EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN ALREADY SHOWN)

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. 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. This includes contacting previous employers for the purpose of investigating my safety performance history as required in 391.23. I realize I have the following rights: The right to review information provided by my previous employers. The right to have errors in the information corrected by the previous employers. The right to have a rebuttal statement attached to the alleged erroneous information if the previous employer and I cannot agree on the accuracy of the information. (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.

Date	Applicant's Signature
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PROCESS RECORD

APPLICANT HIRED	REJECTED
DATE EMPLOYED	POINT EMPLOYED
DEPARTMENT	CLASSIFICATION

(IF REJECTED, SUMMARY REPORT OF REASONS SHOULD BE PLACED IN FILE)

THIS SECTION TO BE FILLED IN BY RESPONSIBLE OFFICER OR COMPANY REPRESENTATIVE

	SUPERIOR	GOOD	FAIR	BELOW AVERAGE	WRITTEN RECORD ON FILE
1. APPLICATION					
2. INTERVIEW					
3. PAST EMPLOYMENT					
4. WRITTEN EXAM					
5. ROAD TEST					
6. CRIMINAL AND					
7. TRAFFIC CONVICTIONS					

SIGNATURE OF INTERVIEWING OFFICER

TRANSFERS

FROM:	TO:	FROM:	TO:
DATE:		DATE:	
REASON FOR TRANSFER:		REASON FOR TRANSFER:	

FROM:	TO:	FROM:	TO:
DATE:		DATE:	
REASON FOR TRANSFER:		REASON FOR TRANSFER:	

TERMINATION

DATE TERMINATED:	DEPARTMENT RELEASED FROM:	
DISMISSED:	VOLUNTARILY QUIT	OTHER:
TERMINATION REPORT PLACED IN FILE	SUPERVISOR:	