DRIVER'S APPLICATION FOR EMPLOYMENT

| Applicant Name (print) | | | [| Date of Application |
|---------------------------------|--|---|----------------------|--|
| (| Company | | | |
| | Address | | | |
| - | City | | State | Zip |
| | are considered for all | | race, color, religio | y laws, qualified applicants n, sex, national origin, age, protected group status. |
| | | TO BE READ AND SIGN | IED BY APPLICA | ANT |
| employer(s) | will be contacted, for | rovide regarding current the purpose of investiga nd that I have the right to | ating my safety p | s employers may be used, and those performance history as required by 49 |
| Review info | ormation provided by | previous employers; | | |
| | | orrected by previous emp spective employer; and | loyers and for the | ose previous employers to re-send the |
| | outtal statement atta ee on the accuracy of | | oneous informati | on, if the previous employer(s) and I |
| Signature | | | | Date |
| | | | | |
| | | FOR COMPA | ANY USE | |
| | | PROCESS F | RECORD | |
| APPLICANT HIR | ED | | _ REJECTED | |
| DATE EMPLOYE | ED | | POINT EMPLOYE | 0 |
| DEPARTMENT _ (IF REJECTED, S | UMMARY REPORT OF REASON | IS SHOULD BE PLACED IN FILE) | CLASSIFICATION | |
| SIGNATURE OF | INTERVIEWING OFFICER _ | | | |
| | | | | |
| | | TERMINATION OF | EMPLOYMENT | |
| DATE TERMINATI | ED | DEPAR | TMENT RELEASED F | ROM |
| DISMISSED | | VOLUNTARILY QUIT | OTH | IER |
| TERMINATION RE | EPORT PLACED IN FILE _ | SUP | ERVISOR | |

This form is made available with the understanding that J. J. Keller & Associates, Inc. is not engaged in rendering legal, accounting, or other professional services. J. J. Keller & Associates, Inc. assumes no responsibility for the use of this form, or any decision made by an employer which may violate local, state, or federal law.

APPLICANT TO COMPLETE

(answer all questions - please print)

| Name Last First Middle Social Security No. Last First Middle State Security No. Last First Middle Security No. State Speaks. Current Addresses of residency for the past 3 years. Current Addresses Street Sip Code Phone How Long? Previous State & Zip Code Phone How Long? Street City State & Zip Code How Long? Street City State & Zip Code How Long? Tyr./mo. Street City State & Zip Code How Long? Tyr./mo. Do you have the legal right to work in the United States? Date of Birth / Can you provide proof of age? Date of Birth / Can you provide proof of age? Dates: From To Rate of Pay Position Reason for leaving Who referred you? Rate of pay expected Have you were been bonded? (Aveword only if a job requirement) Can you perform, with or without reasonable accommodation, the essential functions of the job (as described in the attached joi description)? Tyrs No 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.) EMPLOYER DATE NAME ADDRESS THE ZIP DATE REASON FOILEWING WAS YOUR JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION IN ANY DOTREGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL WAS YOUR JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION IN ANY DOTREGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL WAS YOUR JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION IN ANY DOTREGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL WAS YOUR JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION IN ANY DOTREGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL | Position(s) App | lied for | | | | | | |
|--|--|--|-------------------------------------|-----------------------------------|--|----------------------|---|--|
| Last vour addresses of residency for the past 3 years. Current Address Street | Name | | | | Social Security N | lo. | | |
| Street City Previous Addresses State Zip Code Phone How Long? Yr./mo. | | | | Mid | dle | | | |
| Previous State Zip Code Phone How Long? yr./mo. | | | 3 years. | | | | | |
| Previous State Zip Code Phone How Long? yr./mo. | Current Addres | SS | | | | | | |
| Addresses Street City State & Zip Code How Long? yr./mo. Yr./mo | | Street | | | • | | | |
| Addresses Street City State & Zip Code How Long? yr./mo. | | State | Zin Cor | Ph | one | How Long? | 1 /r /ra a | |
| Street City State & Zip Code How Long? Street City State & Zip Code How Long? Tyt/mo. Street City State & Zip Code How Long? Tyt/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 Who referred you? Have you ever been bonded? (Answer only it alpo trequirement) Can you perform, with or without reasonable accommodation, the essential functions of the job [as described in the attached joi description]? YES NO 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.) EMPLOYER DATE PRIMO VR. POSITION HELD CONTACT PERSON PHONE NUMBER WEREYOU SUBJECT TO THE FMCSRs* WHILE EMPLOYED? YES NO | C. COLOROS SOPONOS CONTRA | | p | | | , | | |
| Street City State & Zip Code How Long? Street City State & Zip Code How Long? | Addresses | Street | City | у | 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? | | | | | | | - | |
| 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 | | Street | City | у | State & Zip Code | riow 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 | | Ctroot | | | | How Long?_ | | |
| Date of Birth | | | • | | | | yr./mo. | |
| Have you worked for this company before? | Do you have th | e legal right to work in the Un | ited States? | | | | | |
| Have you worked for this company before? | Date of Birth_ | // | · (| Can you provide | proof of age? | | | |
| Dates: From | (Required for C | commercial Drivers) | | | | | ······································ | |
| Dates: From | Have you worke | ed for this company before? _ | 1 | Where? | | | | |
| Who referred you? | | | | | | | | |
| Who referred you? | | | | | | | | |
| Have you ever been bonded? | rieason for leav | 7111g | | | | | | |
| Can you perform, with or without reasonable accommodation, the essential functions of the job [as described in the attached job description]? | Who referred yo | ou? | · | | Rate of pay exped | cted | | |
| 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.) EMPLOYER DATE NAME ADDRESS CITY STATE ZIP CONTACT PERSON PHONE NUMBER WERE YOU SUBJECT TO THE FMCSRs [†] WHILE EMPLOYED? □YES □NO | Have you ever I (Answer only if a job | been bonded? o requirement) | , | - | Name of bonding | company | *************************************** | |
| 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.) EMPLOYER DATE NAME ADDRESS CITY STATE ZIP CONTACT PERSON PHONE NUMBER WERE YOU SUBJECT TO THE FMCSRs† WHILE EMPLOYED? YES NO | Can you perford description]? | rm, with or without reasonab]YES □ NO | le accommodation | n, the essential | functions of the job [as | described in the a | attached job | |
| 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.) EMPLOYER DATE NAME ADDRESS CITY STATE ZIP CONTACT PERSON PHONE NUMBER WERE YOU SUBJECT TO THE FMCSRs† WHILE EMPLOYED? YES NO | | | | | | | | |
| 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.) EMPLOYER DATE NAME ADDRESS CITY STATE ZIP CONTACT PERSON PHONE NUMBER WERE YOU SUBJECT TO THE FMCSRs† WHILE EMPLOYED? PYES NO | | | EMPLOY | MENT HISTOR | RY | | | |
| 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.) DATE | All driver a during the pre | applicants to drive in inte | erstate commer olete mailing add | ce must provi dress, street ni | de the following info | ormation on all | employers | |
| Itorial 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.) EMPLOYER | | | | | | | | |
| EMPLOYER NAME ADDRESS CITY STATE CONTACT PERSON PHONE NUMBER EMPLOYER DATE TO MO. YR. TO MO. YR. MO. YR. TO MO. YR. REASON FOR LEAVING PHONE NUMBER WERE YOU SUBJECT TO THE FMCSRs [†] WHILE EMPLOYED? YES NO | tional 7 years | to drive a commercial made information on those em | otor vehicle* in | intrastate or in | nterstate commerce : | shall also provide | e an addi- | |
| EMPLOYER DATE NAME FROM MO. YR. MO. YR. MO. YR. TO MO. YR. MO. YR. ADDRESS POSITION HELD YR. CITY STATE ZIP ZIP CONTACT PERSON PHONE NUMBER WERE YOU SUBJECT TO THE FMCSRs [†] WHILE EMPLOYED? □YES □NO | (NOTE: List e | mployers in reverse order | starting with the | n me applican e most recent | i operated such venic Add another sheet a | ole. s nacessary) | | |
| NAME ADDRESS CITY STATE ZIP CONTACT PERSON PHONE NUMBER WERE YOU SUBJECT TO THE FMCSRs [†] WHILE EMPLOYED? YES NO | | | 3 | | rica anomor oncor a | o necessary. | | |
| NAME ADDRESS CITY STATE ZIP CONTACT PERSON PHONE NUMBER WERE YOU SUBJECT TO THE FMCSRs [†] WHILE EMPLOYED? YES NO | | | EMPLOYER | | | DATE | | |
| ADDRESS CITY STATE ZIP CONTACT PERSON PHONE NUMBER WERE YOU SUBJECT TO THE FMCSRs [†] WHILE EMPLOYED? YES NO | NAME | | | | | ROM TO | | |
| CITY STATE ZIP REASON FOR LEAVING CONTACT PERSON WERE YOU SUBJECT TO THE FMCSRs [†] WHILE EMPLOYED? YES NO | ADDRESS | | | | | | YR. | |
| CONTACT PERSON PHONE NUMBER WERE YOU SUBJECT TO THE FMCSRs [†] WHILE EMPLOYED? TYES NO | | | STATE | 710 | R | EASON FOR LEAVING | | |
| WERE YOU SUBJECT TO THE FMCSRs [†] WHILE EMPLOYED? | · · · · · · · · · · · · · · · · · · · | SON | | | | | | |
| | | | | | | | · · · · · · · · · · · · · · · · · · · | |
| | | | | | GIII ATED MODE SUB ITO | T TO THE DOLLO AND | . Al OCUO: | |

EMPLOYMENT HISTORY (continued)

| | EMPLOYER | | D | ATE | |
|--|--|-----------------------------------|-----------------|-----------|---------------|
| NAME | - The second | | FROM MO. YR. | TO MO. | YR. |
| ADDRESS | | | POSITION HELD | | |
| CITY | STATE | ZIP | REASON FOR LEAV | NG | |
| CONTACT PERSON | | PHONE NUMBER | | | |
| WERE YOU SUBJECT TO THE FMCS | Rs [†] WHILE EMPLOYED? | YES NO | | | |
| WAS YOUR JOB DESIGNATED AS A TESTING REQUIREMENTS OF 49 CF | | ON IN ANY DOT-REGULATED MODE SUB. | JECT TO THE DRU | JG AND A | rcohor |
| | EMPLOYER | | D | ATE | |
| NAME | | | FROM MO. YR. | TO MO. | YR. |
| ADDRESS | | | POSITION HELD | 1 1110. | 711. |
| CITY | STATE | ZIP | REASON FOR LEAV | ING | |
| CONTACT PERSON | | PHONE NUMBER | | | |
| WERE YOU SUBJECT TO THE FMCS | Rs [†] WHILE EMPLOYED? | YES NO | | | |
| WAS YOUR JOB DESIGNATED AS A TESTING REQUIREMENTS OF 49 CI | | ON IN ANY DOT-REGULATED MODE SUB. | JECT TO THE DRU | JG AND A | ALCOHOL |
| | EMPLOYER | | D | ATE | |
| NAME | | | FROM MO. YR. | TO MO. | YR. |
| ADDRESS | | | POSITION HELD | | |
| CITY | STATE | ZIP | REASON FOR LEAV | ING | |
| CONTACT PERSON | | PHONE NUMBER | | | |
| WERE YOU SUBJECT TO THE FMCS | Rs [†] WHILE EMPLOYED? □ | YES NO | | | |
| WAS YOUR JOB DESIGNATED AS A TESTING REQUIREMENTS OF 49 C | | ON IN ANY DOT-REGULATED MODE SUB | JECT TO THE DRU | JG AND A | ALCOHOL |
| | EMPLOYER | | D | ATE | |
| NAME | | | FROM MO. YR. | TO MO. | YR. |
| ADDRESS | | | POSITION HELD | 1 | |
| CITY | STATE | ZIP | REASON FOR LEAV | ING | |
| CONTACT PERSON | | PHONE NUMBER | | | |
| WERE YOU SUBJECT TO THE FMCS | Rs [†] WHILE EMPLOYED? □ | YES NO | | | - May - Miles |
| WAS YOUR JOB DESIGNATED AS A TESTING REQUIREMENTS OF 49 C | | ION IN ANY DOT-REGULATED MODE SUB | JECT TO THE DRI | JG AND A | ALCOHOL |
| | EMPLOYER | | П | ATE | |
| NAME | | | FROM MO. YR. | TO MO. | YR. |
| ADDRESS | | | POSITION HELD | 1 | |
| CITY | STATE | ZIP | REASON FOR LEAV | ING | |
| CONTACT PERSON | | PHONE NUMBER | | | |
| WERE YOU SUBJECT TO THE FMCS | Rs [†] WHILE EMPLOYED? | YES NO | | | |
| WAS YOUR JOB DESIGNATED AS A TESTING REQUIREMENTS OF 49 C | SAFETY-SENSITIVE FUNCTI FR PART 40? ☐ YES ☐ NO | ION IN ANY DOT-REGULATED MODE SUB | JECT TO THE DRU | JG AND A | ALCOHOL |
| | | | | | |

*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.

| DATES NATURE OF (HEAD-ON, REAR-E | | $\vdash \Delta \mid \Delta \mid \perp $ | | ES INJURIES | | HAZARDOUS MATERIAL SPILL | | |
|---|---|---|--|--|--|-----------------------------|------------------------------------|--|
| LAST ACCIDEN | Т | | | | | | | |
| NEXT PREVIOU | JS | | | | | | | |
| NEXT PREVIOU | | | | | | | | |
| | | RFEITURES FOR THE PAS | T 2 VEADS (OTHE | | VIOLATIONS | EVIE NONE | WDITE NONE | |
| AFFIC CONVI | LOCATION | | DATE | CHARGE | VIOLATIONS | S) IF NONE | PENALTY | |
| | LOCATION | | DATE | OTATIOL | | | TENALTI | |
| | | | | | | | | |
| | 7 = | | | | | | | |
| | Week and the second | | | PACE IS NEEDED) | FR | | | |
| Oriver | STATE | LICENSE NO. | CLASS | | EMENT(S) | | EXPIRATION DATE | |
| icenses or | | | | | | | | |
| permits held | | | | | | | **** | |
| n the past | | | | | | | | |
| 3 years | | | | | | - | | |
| Llava | or book denied = ' | icense, permit or privilege t | o oporato o materi | vohiolo? | V | EQ | NO | |
| | | ilege ever been suspended | | venicie? | | | NO | |
| | 1.5 | A OR B IS YES, GIVE DET | | | | | NO | |
| II THE /IIIO | WEIT TO EITHEIT | 7. 011 5 10 120, 011 2 | 71120 | | | | | |
| | | | | | | | | |
| RIVING EXPE | CLASS OF EQ | | CIRCLE TYPE (| OF EQUIPMENT | DATE ROM (M/Y) | | APPROX. NO. OF MIL | |
| | | | | | NOIVI (IVI/ I) | TO (M/Y) | (TOTAL) | |
| STRAIGHT TRU | | YES NO | | T, DUMP, REFER) | | | | |
| | SEMI-TRAILER | | | (VAN, TANK, FLAT, DUMP, REFER) (VAN, TANK, FLAT, DUMP, REFER) | | | | |
| TRACTOR - TW | | ☐ YES ☐ NO ☐ YES ☐ NO | | T, DUMP, REFER) | | | | |
| | REE TRAILERS | YES NO More than 8 passengers | (VAIN, IAINK, FLA | — | | | | |
| MOTORCOACE | - SCHOOL BUS | YES NO passengers More than 18 passengers | 5 _ | _ | | | | |
| | | | | | | | | |
| | | | | | | | | |
| IST STATES OP | ERATED IN FOR | LAST FIVE YEARS: | | | | | | |
| LIOW CDECIAL | COURSES OR T | RAINING THAT WILL HELF | | | | | | |
| | | DO YOU HOLD AND FROM | | | | | | |
| I IIOI I O/II L DI | iiviiva / iiv/ii ibo | | | ICATIONS - OTH | | | | |
| | 0.0010 TD 1110D | | | | | | 4DANIV | |
| LIOM ANY TOU | | JRIAHON OR OTHER EX | PERIENCE I HALL | | WORK FOR | THIS CON | MEANT | |
| HOW ANY TRU | CKING, TRANSP | 1 | a service production of the service of | WAT FIELD IN 100H | | | | |
| SHOW ANY TRU | | | | | | | 2 22 | |
| | | OTHER THAN SHOWN ELS | | APPLICATION | | | | |
| IST COURSES | AND TRAINING C | OTHER THAN SHOWN ELS | SEWHERE IN THIS | APPLICATION | | | | |
| IST COURSES | AND TRAINING C | | SEWHERE IN THIS | APPLICATION | | | WN) | |
| IST COURSES | AND TRAINING C | OTHER THAN SHOWN ELS | SEWHERE IN THIS DU CAN WORK WI EDUCATION | APPLICATION TH (OTHER THAN T | ΓHOSE ALR | EADY SHO | WN) | |
| IST COURSES IST SPECIAL E | AND TRAINING C QUIPMENT OR T | ECHNICAL MATERIALS YOU | DU CAN WORK WI EDUCATION 7 8 HIGH | APPLICATION TH (OTHER THAN TO THE OTHER THAN THE OTHER THAN TO THE OTHER THAN THE OTHER THE OTHER THAN THE OTHER | THOSE ALR | EADY SHO | WN) E: 1 2 3 4 | |
| IST COURSES IST SPECIAL E | AND TRAINING C QUIPMENT OR T | ECHNICAL MATERIALS YOU LETED: 1 2 3 4 5 6 | DU CAN WORK WI EDUCATION 7 8 HIGH | APPLICATION TH (OTHER THAN TO THE CONTEST OF THE C | THOSE ALR | EADY SHO | WN) E: 1 2 3 4 | |
| IST COURSES IST SPECIAL E CIRCLE HIGHES AST SCHOOL A | AND TRAINING C QUIPMENT OR T ST GRADE COMPATTENDED _(NAM) S that this app | ECHNICAL MATERIALS YOU PLETED: 1 2 3 4 5 6 TO BE REA | EDUCATION TO SERVICE OF THE SERVICE OF T | APPLICATION TH (OTHER THAN TO THE CONTENT OF THE C | THOSE ALR 3 4 TY, STATE) | EADY SHO | WN) E: 1 2 3 4 | |
| IST COURSES IST SPECIAL E CIRCLE HIGHES AST SCHOOL A | AND TRAINING COMPATTENDED (NAME) that this apple to the best of | ECHNICAL MATERIALS YOU LETED: 1 2 3 4 5 6 | EDUCATION TO BE THE STATE OF TH | APPLICATION TH (OTHER THAN TO THE CONTENT OF THE C | THOSE ALR 3 4 TY, STATE) NNT ies on it | COLLEG | WN) E: 1 2 3 4 rmation in it are t | |