



Prospective Employee, we thank you for your interest in Krebs Trucking, Inc.

Please complete the attached application. Please note it is VERY important the application is filled out completely – We will need dates of employment, contact phone numbers and location of your previous employers! Please only sign and date the highlighted pages!!

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Along with your application for employment we will also need the following:

1. A copy of your Commercial Drivers License (front and back)
2. A copy of your Social Security Card
3. A copy of your DOT LONG FORM physical and your physical card.

*** Please be sure to provide a number where we can reach you should we need further information***

General Driver Guidelines

- Driver must have a minimum of 3 years verifiable OTR experience
- Driver must be at least 24 years old. (can only be DOT certified at age 21)
- Any driver over 65 years must pass the DOT physical and eye exam.

UNACCEPTABLE DRIVER FACTORS

These apply when occurring during the latest *three-year* period as a result of business or personal use of a vehicle.

- Two (2) preventable accidents, regardless of payment.
- More than (4) moving violations.
- Combination of one (1) preventable accident and four (4) moving violations.
- More than three (3) moving violations in latest twelve (12) month period.
- Conviction of reckless, careless or negligent driving.
- Conviction of driving under the influence (DUI), driving while intoxicated (DWI) of drugs or alcohol. (An “open Container” conviction also falls into this category.)
- Illegal possession.
- Refusing a drug or alcohol test.
- Driving while impaired.
- Participating in a racing contest
- Operating after license has been denied.
- Misrepresentation to avoid arrest.
- Misrepresentation to obtain a drivers license.
- Traffic violation resulting in death.
- Conviction of leaving the scene of an accident (hit and run).
- Conviction of using a vehicle to elude an officer.
- Current license is under suspension or revocation.
- Revocation for any reason.
- Operating while license is revoked or suspended.
- Vehicle used in connection with a felony.
- Other serious violations (i.e. speed in excess of 15 mph over the speed limit.

Hatch Agency, Inc
6121 Baker Road, Ste# 102
Minnetonka, MN. 55345
800-328-8451
Fax: 952-933-8040

Attn: Barb

I am requesting a Motor Vehicle Report (MVR) for the following applicant or employee:

Name: _____

DOB: _____

Drivers License: _____

State: _____

Years of Experience: _____

I understand that driving is a part of the job for which I am applying for and I hereby give permission to Hatch Agency, Inc. to access my Motor Vehicle Report (MVR) and provide a copy to Krebs Trucking, INC.

Signature: _____ Date: _____

*******Please return MVR via fax to Barb at 262-644-8249 ASAP.
Thank you for your prompt assistance.*******

APPLICATION FOR EMPLOYMENT

• ALL QUESTIONS MUST BE COMPLETED - PLEASE PRINT •

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, or non-job related disability.

Date of Application _____ Date of Birth: _____

Name _____ Social Security No. _____
Last First Middle

Address _____
Street City

State Zip Phone _____
Cell Phone: _____

ADDRESS	_____	_____	_____	How Long? _____
FOR PAST	Street	City	State & Zip Code	_____
THREE	_____	_____	_____	How Long? _____
YEARS	Street	City	State & Zip Code	_____

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

Are you over the age 18? _____ If no, can you provide proof of age? _____

Have you ever been leased to or employed by this company before? _____

Date: 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: _____

Is there any reason you might be unable to perform the functions of the job for which you have applied?

If yes, you may explain if you wish. _____

Have you ever been convicted of a felony? _____ If yes, state nature of crime(s), how many convictions, when and where convicted, and disposition of each offense:

Employment History

Provide employment information for the past 10 years. Attach a sheet if more space is needed.

EMPLOYER	DATE
NAME:	FROM : TO:
ADDRESS:	POSITION HELD:
CITY: STATE: ZIP:	SALARY/WAGE:
CONTACT PERSON: PHONE NUMBER:	REASON FOR LEAVING:
WERE YOU SUBJECT TO THE FMCSRs REGULATIONS* WHILE EMPLOYED HERE?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No

EMPLOYER	DATE
NAME:	FROM : TO:
ADDRESS:	POSITION HELD:
CITY: STATE: ZIP:	SALARY/WAGE:
CONTACT PERSON: PHONE NUMBER:	REASON FOR LEAVING:
WERE YOU SUBJECT TO THE FMCSRs REGULATIONS* WHILE EMPLOYED HERE?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No

EMPLOYER	DATE
NAME:	FROM : TO:
ADDRESS:	POSITION HELD:
CITY: STATE: ZIP:	SALARY/WAGE:
CONTACT PERSON: PHONE NUMBER:	REASON FOR LEAVING:
WERE YOU SUBJECT TO THE FMCSRs REGULATIONS* WHILE EMPLOYED HERE?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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EMPLOYER	DATE
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EMPLOYER	DATE
NAME:	FROM : TO:
ADDRESS:	POSITION HELD:
CITY: STATE: ZIP:	SALARY/WAGE:
CONTACT PERSON: PHONE NUMBER:	REASON FOR LEAVING:
WERE YOU SUBJECT TO THE FMCSRs REGULATIONS* WHILE EMPLOYED HERE?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No

MILITARY STATUS

Have you served in the U.S. Armed Forces? _____ Branch _____

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) _____ (CITY)

EXPERIENCE AND QUALIFICATIONS - DRIVER

DRIVER LICENSES	STATE	LICENSE NO.	TYPE WITH ENDORSEMENTS	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 ever been suspended or revoked? YES _____ NO _____

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

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (Van, Tank, Flat, Etc.)	DATE		APPROX. NO. of MILES (TOTAL)
		From:	To:	
STRAIGHT TRUCK				
TRACTOR AND SEMI-TRAILER				
TRACTOR - MULTIPLE TRAILERS				

LIST STATES OPERATED IN FOR LAST FIVE YEARS _____

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

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM? _____

ACCIDENT RECORD FOR PAST 3 YEARS

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC)	FATAL or INJURY	PREVENTABLE?
Last Accident _____	_____	_____	_____
Next Previous _____	_____	_____	_____
Next Previous _____	_____	_____	_____

**TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 5 YEARS
(OTHER THAN PARKING VIOLATIONS)**

LOCATION	DATE	CHARGE	PENALTY

EXPERIENCE & QUALIFICATIONS - PLATFORM

LIST TYPES OF EQUIPMENT OPERATED AND YEARS OF EACH: _____

LIST PLATFORM EQUIPMENT YOU CAN OPERATE (LIFT TRUCK, ETC.): _____

SHOW COURSES OR TRAINING IN RELATED WORK: _____

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 Krebs Trucking, Inc. to make such investigations and inquiries of my personal, employment, financial or medical history, criminal investigation 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 employer, 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 _____

COMPANY DRIVERS PLEASE FILL IN BELOW

<p>IN WHICH STATE ARE YOU LICENSED? _____</p> <p>LICENSE NUMBER: _____</p> <p>ISSUE DATE: _____ EXPIRATION DATE: _____</p> <p>LAST NAME: _____</p> <p>FIRST NAME: _____ MIDDLE INITIAL: _____ (IF NO MIDDLE INITIAL WRITE "N/A")</p> <p>DATE OF BIRTH: _____</p> <p>BIRTH NAME IF DIFFERENT THAN ABOVE: _____</p> <p align="center">**VERY IMPORTANT PLEASE PRINT OR TYPE**</p>
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Please Fax Back to 262-644-8249

****PLEASE FAX BACK COMPLETED FORM TO 262-644-8249****

REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER

I hereby authorize you to release the following information to KREBS TRUCKING, INC. for purposes of investigation as required by Sections 391.23, 391.89, and 382.413 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability that may result from furnishing such information. You have the right to review the information obtained from previous employers, to correct errors in that information, and rebut perceived incorrect information. The previous employer will have 15 days to respond to a driver request for a correction of erroneous information. If the driver chooses to submit a rebuttal, the previous employer has five days to forward the rebuttal to the prospective employer and to append a copy of the rebuttal to the driver's permanent safety performance history.

Date :

Applicant Signature (sign only):

PAST EMPLOYMENT INFORMATION

Company name _____

Applicant's name _____ Social Security # _____

Employment dates _____ to _____

Position held _____

What type of motor vehicle did he/she operate for you? Straight truck Tractor/trailer Tractor/dump trailer

Other _____ Type of driving Local Over-the-road

Was he/she a safe and efficient driver? Yes No

Did he/she have any accidents while working for you? Yes No If yes, describe briefly _____

Reason for leaving employer? Discharged Resignation Layoff Other _____

Was his/her conduct satisfactory? Yes No If no, please explain _____

Did he/she get along with co-workers? Yes No With supervisors? Yes No

Did this driver have log problems? Yes No Late deliveries? Yes No

Would you rehire this driver? Yes No Upon review If no, why not? _____

While employed, was he/she subject to FMCSA Regulations? Yes No

While employed, was the job designated as a safety-sensitive function in any DOT-regulated mode subject to drug/alcohol testing? Yes No

PAST DRUG/ALCOHOL RESULTS

1. Has this person tested positive for a controlled substance in the last three years? Yes No
2. Has this person had an alcohol test with a breath alcohol concentration of 0.04 or greater in the past three years? Yes No
3. Has this person refused a required test for drugs or alcohol in the last three years? (Including verified adulterated or substituted drug test results.) Yes No
4. Has this individual violated any other DOT drug/alcohol regulation? Yes No
5. Have you received verification from any previous employers of this person that he/she violated DOT drug and/or alcohol regulations? (If yes, see below.) Yes No

If you answered yes to questions 1-4, please list the SAP (Substance Abuse Professional) for further reference.

Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

If you answered yes to question 5, list past employer's name and phone number and which regulation was violated.

Name _____ Phone _____

Regulation violated _____

Signature _____ Print name _____

Title _____ Date _____

NOTE: Failure to furnish information as required by 49 CFR 382.405 and 382.413 is a violation of the Department of Transportation's regulations and may result in a fine and/or civil liability.

**Previous Pre-Employment Employee
Alcohol and Drug Test Statement**



Prospective Employee Name: _____ Social Security#: _____
(Print)

1) 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: Yes No

2) If you answered yes, can you obtain/provide proof that you have successfully completed the DOT return-to-duty requirements?

Check One: Yes No

Prospective Employee Signature: _____ Date: _____

Reviewed By: _____ Date: _____
(Signature)