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APPLICATION FOR EMPLOYMENT

Answer all questions. The application must be complete to be considered for employment. Please print legibly.

PERSONAL INFORMATION

Full Name: Phone:

Email: Birthdate:

Do you have the legal right to work in the United States? Yes No SSN:

Please provide your addresses for the last three years.

Address 1: Street City, State, ZIP

How long at this address? From: To:

Address 2: Street City, State, ZIP

How long at this address? From: To:

Address 3: Street City, State, ZIP

How long at this address? From: To:

Emergency Contact Name:

Address: Phone: Relation:

MILITARY STATUS

Have you served in the US Armed Forces? Yes No Branch:

Dates: From: To: Rank at Discharge:

EDUCATION HISTORY

High School: Years Completed: Degree awarded? Yes No

College: Years Completed: Degree awarded? Yes No

Other Training: Years Completed: Degree awarded? Yes No

PHYSICAL QUALIFICATIONS

Position Applied For: Date:

Are you able drive for long periods of time while staying mentally alert? Yes No

Are you able to perform heavy manual work? Yes No

Is there any reason you might be unable to perform the functions of the job for which you are applying, as explained in the job description? Yes No

If yes, please explain:

EMPLOYMENT HISTORY

Give a **COMPLETE RECORD** of all employment for the past three (3) years, including any unemployment or self-employment periods, and all commercial driving experience for the past ten (10) years.

Most Recent Employer: _____ Dates: *From:* _____ *To:* _____
Address: _____ City, State, ZIP: _____
Position: _____ Job Description: _____
Supervisor: _____ Supervisor Phone: _____ Starting salary: _____
Reason for Leaving: _____ Ending salary: _____
Were you subject to FMCSRs while employed with this company? Yes No Was this job designated as safety sensitive in any DOT-regulated mode subject to drug and alcohol testing? Yes No

Former Employer: _____ Dates: *From:* _____ *To:* _____
Address: _____ City, State, ZIP: _____
Position: _____ Job Description: _____
Supervisor: _____ Supervisor Phone: _____ Starting salary: _____
Reason for Leaving: _____ Ending salary: _____
Were you subject to FMCSRs while employed with this company? Yes No Was this job designated as safety sensitive in any DOT-regulated mode subject to drug and alcohol testing? Yes No

Former Employer: _____ Dates: *From:* _____ *To:* _____
Address: _____ City, State, ZIP: _____
Position: _____ Job Description: _____
Supervisor: _____ Supervisor Phone: _____ Starting salary: _____
Reason for Leaving: _____ Ending salary: _____
Were you subject to FMCSRs while employed with this company? Yes No Was this job designated as safety sensitive in any DOT-regulated mode subject to drug and alcohol testing? Yes No

Former Employer: _____ Dates: *From:* _____ *To:* _____
Address: _____ City, State, ZIP: _____
Position: _____ Job Description: _____
Supervisor: _____ Supervisor Phone: _____ Starting salary: _____
Reason for Leaving: _____ Ending salary: _____
Were you subject to FMCSRs while employed with this company? Yes No Was this job designated as safety sensitive in any DOT-regulated mode subject to drug and alcohol testing? Yes No

Former Employer: _____ Dates: *From:* _____ *To:* _____
Address: _____ City, State, ZIP: _____
Position: _____ Job Description: _____
Supervisor: _____ Supervisor Phone: _____ Starting salary: _____
Reason for Leaving: _____ Ending salary: _____
Were you subject to FMCSRs while employed with this company? Yes No Was this job designated as safety sensitive in any DOT-regulated mode subject to drug and alcohol testing? Yes No

DRIVING EXPERIENCE AND QUALIFICATIONS

LICENSING

Please List all DRIVERS LICENSES for the past 3 (three) years	<i>State</i>	<i>License #</i>	<i>Type</i>	<i>Endorsements</i>	<i>Expiration</i>

Have you ever been denied a license, permit, or privilege to operate a motor vehicle? Yes No

Have you ever had a license, permit, or privilege be suspended or revoked? Yes No

Have you ever been disqualified subject to §391 of the Federal Motor Carrier Safety Regulation? Yes No

If yes, please explain: _____

DRIVING EXPERIENCE –Please include all relevant driving experience.

<i>Class of Equipment</i>	<i>Type of Equipment (Van, Tank, Flat, Etc.)</i>	<i>Date From:</i>	<i>Date To:</i>	<i>Approx total No. of Miles</i>

ACCIDENT REVIEW FOR THE PAST 10 YEARS (Attach sheet if more space is needed)

<i>Date of Accident</i>	<i>Location of Accident</i>	<i>Nature of Accident (head-on, rear-end, upset, etc.)</i>	<i>Fatalities</i>	<i>Injuries</i>

TRAFFIC CONVICTIONS & FORFEITURES FOR THE PAST 10 YEARS (Attach sheet for more space)

<i>Date</i>	<i>Location</i>	<i>Charge</i>	<i>Penalty</i>

List all states operated in for last 5 years: _____

List additional certifications and/or training: _____

List any Safe Driver Driving awards and issuer: _____

REFERENCES

PROFESSIONAL REFERENCES

Reference 1: _____ Relation: _____ Years known: _____

Phone: _____ Email: _____

Reference 2: _____ Relation: _____ Years known: _____

Phone: _____ Email: _____

Reference 3: _____ Relation: _____ Years known: _____

Phone: _____ Email: _____

PERSONAL REFERENCE (Not a relative)

Reference 1: _____ Relation: _____ Years known: _____

Phone: _____ Email: _____

APPLICANT RIGHTS AND RELEASE OF INFORMATION

Your (driver) rights to review previous employer information as required in FMCSR §391.23:

(i)(1)(i) The right to review information provided by previous employers;

(i)(1)(ii) The right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to the prospective employer;

(iii) The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

(i)(2) Drivers who have previous Department of Transportation regulated employment history in the preceding three years, and wish to review previous employer-provided investigative information must submit a written request to the prospective employer, which may be done at any time, including when applying, or as late as 30 days after being employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five (5) business days of receiving the written request. If the prospective employer has not yet received the requested information from the previous employer(s), then the five-business days deadline will begin when the prospective employer receives the requested safety performance history information. If the driver has not arranged to pick up or receive the requested records within thirty (30) days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived his/her request to review the records.

By signing this, I certify 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. 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 that, if hired, I am required to abide by all rules and regulations of KT Transport, Inc.

Signature: _____ Date: _____

In compliance with Federal and State equal opportunity laws, qualified applications are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or non-job related disability.