

KEPHART TRUCKING

COMPANY DRIVER APPLICATION PACKAGE

Thank you for your interest in Kephart Trucking. Following is a our Company Driver Application Package which includes the following:

- **DRIVER'S APPLICATION** – Please complete the entire application. Be sure to **sign and date** at the bottom of page 3.
- **INQUIRY TO PAST EMPLOYERS** – Please sign at the bottom under “WAIVER” where indicated by an **X**
PUT NO OTHER INFORMATION ON THIS FORM
- **PREVIOUS EMPLOYER ACHOHOL & DRUG TEST INFORMATION** – Please sign and date in the middle of the form where indicated by **X's**
PUT NO OTHER INFORMATION ON THIS FORM
- **DISCLOSURE AND RELEASE** - Please print your name and SSN. Sign and date where indicated by **X's**

To proceed further, you need to return the Driver's Application (**completed**), the attached forms (**completed**) and provide clear copies of the following documents to us:

*Current valid Class A CDL
Current DOT physical card/long form
Social Security Card*

They can be sent via mail or fax to the address or fax number listed on the front of the application. We will contact you to verify we have received you information.

If you have any questions, please contact Recruiting at 888-537-4278. We look forward to hearing from you.

EMPLOYMENT HISTORY

All driver applicants must provide the following information on **all** employers during the past **3 years**. In addition, all employer information must be provided on **all driving positions** as a commercial motor vehicle operator for the past **10 years**. (Includes vehicles having a GVWR of 26,001 lbs. Or more, vehicles designed to transport 15 or more passengers, or any size vehicles used to transport hazardous materials in quantity requiring placards)

(NOTE: List employers starting with the most recent and work backwards. If over 5 additional space on page 4)

| | | |
|----------------|-------|--------------------|
| Employer | From | To |
| Address | | Position |
| City | State | Zip |
| Contact Person | Phone | Reason for leaving |

| | | |
|----------------|-------|--------------------|
| Employer | From | To |
| Address | | Position |
| City | State | Zip |
| Contact Person | Phone | Reason for leaving |

| | | |
|----------------|-------|--------------------|
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| | | |
|----------------|-------|--------------------|
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| | | |
|----------------|-------|--------------------|
| Employer | From | To |
| Address | | Position |
| City | State | Zip |
| Contact Person | Phone | Reason for leaving |

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 of school City

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 THE LAST THREE YEARS. (ATTACH SHEET IF MORE SPACE NEEDED)

| DATES | NATURE OF ACCIDENT (HEAD- ON, REAR-END, ROLLOVER, HIT OBJECT) | FATALITIES | INJURIES |
|-------------------|--|------------|----------|
| Last Accident | | | |
| Previous Accident | | | |
| Previous Accident | | | |

MOVING VIOLATION CONVICTIONS FOR THE PAST THREE YEARS FROM ANY STATE

| LOCATION (Route Number) | STATE | DATE | CHARGE | PENALTY |
|----------------------------|-------|------|--------|---------|
| | | | | |
| | | | | |
| | | | | |

QUALIFICATIONS

| DRIVER LICENSE INFORMATION | STATE | LICENSE NUMBER | CLASS (A,B,C) | ENDORSEMENTS | EXPIRATION DATE |
|----------------------------------|-------|-------------------|------------------|--------------|--------------------|
| | | | | | |
| | | | | | |

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

Has any license, permit or privilege ever been suspended or revoked? Yes No

Explain any "yes" to questions above. _____

DRIVING EXPERIENCE

| CLASS OF EQUIPMENT | TYPE EQUIPMENT (VAN, TANK, FLAT, WALKING FLOOR) | DATES | | APPROX. NO. OF MILES (TOTAL) |
|-----------------------|--|-------|----|---------------------------------|
| | | FROM | TO | |
| TRACTOR/TRAILER | | | | |
| OTHER | | | | |

LIST MAJOR CITIES AND/OR STATES OPERATED IN FOR LAST FIVE YEARS

TO BE READ AND SIGNED BY APPLICANT

This certifies that I completed this application, 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. (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 _____

Signature _____

INQUIRY TO PAST EMPLOYERS

FROM - Prospective Employer

Company _____
 Individual _____
 Street _____
 City _____ State _____ Zip _____

TO - Previous Employer

Company _____
 Name _____
 Street _____
 City _____ State _____ Zip _____

Personnel Manager:

The person named below has applied to this company for employment. Your firm is listed by the applicant as a past employer. Kindly reply to this inquiry respecting this applicant. As you will note from the waiver stated below, **the applicant has waived any claim of liability against your company (and its agents) for information submitted in response to this inquiry.**

For your convenience in replying by return mail, we have enclosed a stamped, self-addressed envelope.

Very Truly Yours,

Name of applicant: _____
 Social Security No. _____
 Job applied for: _____

1. This applicant lists dates of employment with your firm from: _____ to: _____ Is this correct? Yes , No .
 If no, please explain: _____
2. What kind(s) of work did he/she do? Driver (type of vehicle _____); Dock , Office , Shop , Other
 (Specify) _____
3. If employed as a driver, please indicate type of equipment driven. Tractor trailer , Straight truck , Twin -Trailers , Bus ,
 Other (Specify) _____
4. Number or recordable accidents _____, number of accidents in which applicant was ticketed _____, number of accidents in which the applicant was at fault _____ (please explain) _____, Date of each accident _____
5. To your knowledge, was this person's chauffeur/operator's license suspended while in your employ? _____ If so, please explain: _____
6. (Respond only if checked) [] Was this person bonded while with your company? _____ It so, were there any circumstances that were reported to the bonding company? _____
 • Prospective employer - check this question only if bonding is required for this position
7. Is there anything in the applicant's history that could suggest he or she may not be trusted to handle company funds? _____
8. Did the applicant pose either repeated and or severe disciplinary problems? Yes , No It so, please explain _____
9. Why did this employee leave your company? Resigned , Discharged , Laid off
10. Would you re-employ this person? Yes , No Please explain _____
11. Remarks: _____

By: _____ Date _____
 (Signature of person supplying information)

(Detach here for your files)

WAIVER

 (Former Employer) _____
 (Date)

I hereby authorize you to release all information concerning my employment including oral assessments of my job performance, ability, and fitness, to each and every company (or their authorized agents) which may request such information in connection with my application for employment with said company. I hereby release you from any and all liability of any type as a result of providing the above mentioned information to the above mentioned person.

X _____
 (Applicant's signature) _____
 (Witness's signature)

PREVIOUS EMPLOYER ALCOHOL & DRUG TEST INFORMATION

SECTION 1: TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

1, (Print Name) _____
First, M.I., Last _____ Social Security Number _____
hereby authorize that:

Previous Employer: _____
Street: _____ Telephone: _____
City, State, Zip: _____ Fax No.: _____

may release and forward information requested by section 2 (below) of this document concerning my Alcohol and Controlled Substances Testing records to:

Prospective Employer: _____
Attention: _____
Street: _____ Telephone: _____
City, State, Zip: _____ Fax No.: _____

In compliance with §40.25(g), release of this information must be made in a written form that ensures confidentiality, such as fax, e-mail, or letter.

Prospective employer's confidential fax number: _____

Prospective employer's e-mail address: _____

X _____ **X** _____
Applicant's Signature Date

This information is being requested in compliance with §40.25 and §382.405(f) and (h). (See back of form for regulations)

SECTION TO BE COMPLETED BY PREVIOUS EMPLOYER

If driver was not subject to Department of Transportation testing requirements while employed by this employer, please check here , sign below, and return.

Under Department of Transportation testing requirements:

- | | YES | NO |
|---|--------------------------|--------------------------|
| 1. Has this person had an alcohol test with a result of 0.04 or higher alcohol concentration? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Has this person had a verified positive drug test? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Has this person refused to be tested (including verified adulterated or substituted drug test results)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Has this person committed other violations of DOT agency drug and alcohol testing regulations? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. If this person has violated a DOT drug and alcohol regulation, do you have documentation of the employee's successful completion of DOT return-to-duty requirements, including follow-up tests? (Please send this documentation back with this form, if applicable.) | <input type="checkbox"/> | <input type="checkbox"/> |

In answering these questions, include any drug or alcohol testing information obtained from previous employers under §40.25 or other applicable DOT agency regulations.

Name: _____
Company: _____
Street: _____
City, State, Zip: _____ Telephone: _____

Section 2 Completed by (Signature): _____ Date _____

SECTION 3: TO BE COMPLETED BY PROSPECTIVE EMPLOYER

This form was (check one) Faxed to previous employer. Mailed. Date: _____

Complete below when information is obtained.

Information received from: _____

Recorded by: _____ Method: Fax Mail E-mail

Date: _____ Telephoned

DISCLOSURE AND RELEASE

In connection with my application for employment (including contract for services) with you, I understand that consumer reports which may contain public record information may be requested from DAC Services, Tulsa, Oklahoma. These reports may include the following types of information: names and dates of previous employers, reason for termination of employment, work experience, accidents, etc. I further understand that such reports may contain public record information concerning my driving record, workers' compensation claims, credit, bankruptcy proceedings, criminal records, etc., from federal, state and other agencies which maintain such records; as well as information from DAC concerning previous driving record requests made by others from such state agencies, and state provided driving records.

I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY DAC TO FURNISH THE ABOVE-MENTIONED INFORMATION.

I have the right to make a request to DAC, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including the sources of information; and the recipients of any reports on me which DAC has previously furnished within the two year period preceding my request. I hereby consent to your obtaining the above information from DAC, and I agree that such information which DAC has or obtains, and my employment history with you if I am hired, will be supplied by DAC to other companies which subscribe to DAC Services.

I hereby authorize procurement of consumer report(s). If hired (or contracted), this authorization shall remain on file and shall serve as ongoing authorization for you to procure consumer reports at any time during my employment (or contract) period.

X _____
Print Name

X _____
Social Security No.

X _____
Applicant's Signature

X _____
Date