

DRIVER APPLICATION

DATE: _____

Terminal Use Only

MVR Requested _____

Drug Test Conducted _____ Results Received _____

PERSONAL DATA	NAME: _____					
		First _____	Middle _____	Last _____		
	ADDRESS:	Street _____	City _____	State _____	Zip _____	HOW LONG? _____
	LIST ADDRESSES FOR THE PAST THREE YEARS	Street _____	City _____	State _____	Zip _____	HOW LONG? _____
		Street _____	City _____	State _____	Zip _____	HOW LONG? _____
	PHONE: (_____) _____	SOC. SEC. # _____	DATE OF BIRTH _____			
	IN CASE OF EMERGENCY, NOTIFY: _____					
	Name	Relationship	Phone No.			
HOW WERE YOU REFERRED TO OUR COMPANY? _____						
CDL	NOTE: The D.O.T. requires that no driver possess more than one license. That license must be issued by the state in which you reside. List all CDL information for licenses issued in the past 3 years.					
	STATE	LICENSE NUMER	TYPE	ENDORSEMENTS	DATE ISSUED	EXPIRATION DATE
	_____	_____	_____	_____	_____	_____
HAVE YOU EVER HAD A DRIVER'S LICENSE REVOKED OR SUSPENDED YES <input type="checkbox"/> NO <input type="checkbox"/>						
IF YES, WHEN & REASON: _____						
INFORMATION	LIST ALL CONVICTIONS, MOVING VIOLATIONS, TRAFFIC CITATIONS, ACCIDENTS and/or DISQUALIFICATIONS IN PAST 5 YEARS (attach additional sheet if necessary);					
	Date Of Violation	Type Of Violations	Location	Violation/Accident Description	Penalty/ Fine	
	_____	_____	_____	_____	_____	
	_____	_____	_____	_____	_____	
	Are you familiar with D.O.T. Safety Regulations as they apply to drivers of commercial vehicles and agree to comply with these Regulations upon hire? YES <input type="checkbox"/> NO <input type="checkbox"/>					
Have you ever been disqualified by a carrier for violating the D.O.T. Safety Regulations YES <input type="checkbox"/> NO <input type="checkbox"/>						
If yes, Please explain: _____						
Have you ever been convicted of a felony charge? YES <input type="checkbox"/> NO <input type="checkbox"/>						
If yes, please explain: _____						
In the past 3 years have you ever tested positive or refused a test on any drug and/or alcohol test? (Including companies applied to, but not worked for) YES <input type="checkbox"/> NO <input type="checkbox"/>						
EXPERIENCE	Types of cargo you have hauled?					
	Liquid <input type="checkbox"/> General <input type="checkbox"/> Refrigerated <input type="checkbox"/> Hanging Meat <input type="checkbox"/> Steel <input type="checkbox"/> Other _____					
	Have you ever hauled Hazardous Materials? YES <input type="checkbox"/> No <input type="checkbox"/> Type _____					
	If so, when were you last certified? _____					
	Type of equipment operated?					
Tanker <input type="checkbox"/> Tractor/Trailer <input type="checkbox"/> Van <input type="checkbox"/> Flat <input type="checkbox"/> Straight Truck <input type="checkbox"/> Heavy Equipment <input type="checkbox"/> Other _____						
List any special courses and/or training you have completed that will help you as a driver: _____						

****Attention all Driver Applicants:** All applicants must provide the following information for all companies in which they have been employed/leased to **within the last 10 years**. Failure to provide this information in its entirety may result in either a failure to complete or a delay in completing the qualification process due to our inability to verify previous employment as required by regulation. (Attach separate sheet if necessary)

Please list work history in reverse order, beginning with most recent. **Note: ALL DATES IN THE LAST 10 YEARS MUST BE LISTED.** If any time is missing, this application will be considered incomplete. If self employed, list type of work performed and any and all carriers leased to during that time, If self-employed or unemployed for any period of time, you will be required to furnish documentation.

PRESENT EMPLOYER:	May we contact? <input type="checkbox"/> YES <input type="checkbox"/> No If no, why?
Address: _____ City _____ State _____ Zip _____ Contact Person: _____ Phone: _____ Any accidents with this company? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, describe: _____	To: MO ____ YR ____ From: MO ____ YR ____ _____ Position Held: _____
Equipment Use: Tractor/Trailer <input type="checkbox"/> YES <input type="checkbox"/> NO? Tanker _____ Flatbed _____ Van _____ Were you subject to the FMCSRs (Federal Motor Carrier Safety Regulations) while employed/leased? <input type="checkbox"/> YES <input type="checkbox"/> NO Was your job designated as a safety-sensitive function in any DOT regulated mode subject to drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> YES <input type="checkbox"/> NO	Salary/Wage: _____ Reason for Leaving: _____
EMPLOYER:	
Address: _____ City _____ State _____ Zip _____ Contact Person: _____ Phone: _____ Any accidents with this company? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, describe: _____	To: MO ____ YR ____ From: MO ____ YR ____ _____ Position Held: _____
Equipment Use: Tractor/Trailer <input type="checkbox"/> YES <input type="checkbox"/> NO? Tanker _____ Flatbed _____ Van _____ Were you subject to the FMCSRs (Federal Motor Carrier Safety Regulations) while employed/leased? <input type="checkbox"/> YES <input type="checkbox"/> NO Was your job designated as a safety-sensitive function in any DOT regulated mode subject to drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> YES <input type="checkbox"/> NO	Salary/Wage: _____ Reason for Leaving: _____
EMPLOYER:	
Address: _____ City _____ State _____ Zip _____ Contact Person: _____ Phone: _____ Any accidents with this company? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, describe: _____	To: MO ____ YR ____ From: MO ____ YR ____ _____ Position Held: _____
Equipment Use: Tractor/Trailer <input type="checkbox"/> YES <input type="checkbox"/> NO? Tanker _____ Flatbed _____ Van _____ Were you subject to the FMCSRs (Federal Motor Carrier Safety Regulations) while employed/leased? <input type="checkbox"/> YES <input type="checkbox"/> NO Was your job designated as a safety-sensitive function in any DOT regulated mode subject to drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> YES <input type="checkbox"/> NO	Salary/Wage: _____ Reason for Leaving: _____
EMPLOYER:	
Address: _____ City _____ State _____ Zip _____ Contact Person: _____ Phone: _____ Any accidents with this company? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, describe: _____	To: MO ____ YR ____ From: MO ____ YR ____ _____ Position Held: _____
Equipment Use: Tractor/Trailer <input type="checkbox"/> YES <input type="checkbox"/> NO? Tanker _____ Flatbed _____ Van _____ Were you subject to the FMCSRs (Federal Motor Carrier Safety Regulations) while employed/leased? <input type="checkbox"/> YES <input type="checkbox"/> NO Was your job designated as a safety-sensitive function in any DOT regulated mode subject to drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> YES <input type="checkbox"/> NO	Salary/Wage: _____ Reason for Leaving: _____

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 further certify that I am currently qualified (and will maintain qualification) as a commercial vehicle driver, in accordance with all FMCSR regulations. I authorize the prospective carrier to perform any investigation pertinent to the position for which I am applying for (including any information required in parts 382 and 391 of the FMCSR Title 49 Code of Federal Regulations and any Federal and State criminal records). I hereby release all schools, persons, and companies listed above harmless from any and all liability or damages for providing requested information.

Applicant Signature: _____ Date: _____

EMPLOYMENT HISTORY CON'T

EMPLOYER:	
Address: _____ City _____ State _____ Zip _____ Contact Person: _____ Phone: _____ Any accidents with this company? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, describe: _____	To: MO ____ YR ____ From: MO ____ YR ____ _____ Position Held: _____ _____ Salary/Wage: _____ Reason for Leaving: _____
Equipment Use: Tractor/Trailer <input type="checkbox"/> YES <input type="checkbox"/> NO? Tanker _____ Flatbed _____ Van _____ Were you subject to the FMCSRs (Federal Motor Carrier Safety Regulations) while employed/leased? <input type="checkbox"/> YES <input type="checkbox"/> NO Was your job designated as a safety-sensitive function in any DOT regulated mode subject to drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> YES <input type="checkbox"/> NO	

EMPLOYER:	
Address: _____ City _____ State _____ Zip _____ Contact Person: _____ Phone: _____ Any accidents with this company? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, describe: _____	To: MO ____ YR ____ From: MO ____ YR ____ _____ Position Held: _____ _____ Salary/Wage: _____ Reason for Leaving: _____
Equipment Use: Tractor/Trailer <input type="checkbox"/> YES <input type="checkbox"/> NO? Tanker _____ Flatbed _____ Van _____ Were you subject to the FMCSRs (Federal Motor Carrier Safety Regulations) while employed/leased? <input type="checkbox"/> YES <input type="checkbox"/> NO Was your job designated as a safety-sensitive function in any DOT regulated mode subject to drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> YES <input type="checkbox"/> NO	

EMPLOYER:	
Address: _____ City _____ State _____ Zip _____ Contact Person: _____ Phone: _____ Any accidents with this company? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, describe: _____	To: MO ____ YR ____ From: MO ____ YR ____ _____ Position Held: _____ _____ Salary/Wage: _____ Reason for Leaving: _____
Equipment Use: Tractor/Trailer <input type="checkbox"/> YES <input type="checkbox"/> NO? Tanker _____ Flatbed _____ Van _____ Were you subject to the FMCSRs (Federal Motor Carrier Safety Regulations) while employed/leased? <input type="checkbox"/> YES <input type="checkbox"/> NO Was your job designated as a safety-sensitive function in any DOT regulated mode subject to drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> YES <input type="checkbox"/> NO	

EMPLOYER:	
Address: _____ City _____ State _____ Zip _____ Contact Person: _____ Phone: _____ Any accidents with this company? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, describe: _____	To: MO ____ YR ____ From: MO ____ YR ____ _____ Position Held: _____ _____ Salary/Wage: _____ Reason for Leaving: _____
Equipment Use: Tractor/Trailer <input type="checkbox"/> YES <input type="checkbox"/> NO? Tanker _____ Flatbed _____ Van _____ Were you subject to the FMCSRs (Federal Motor Carrier Safety Regulations) while employed/leased? <input type="checkbox"/> YES <input type="checkbox"/> NO Was your job designated as a safety-sensitive function in any DOT regulated mode subject to drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> YES <input type="checkbox"/> NO	

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 further certify that I am currently qualified (and will maintain qualification) as a commercial vehicle driver, in accordance with all FMCSR regulations. I authorize the prospective carrier to perform any investigation pertinent to the position for which I am applying for (including any information required in parts 382 and 391 of the FMCSR Title 49 Code of Federal Regulations and any Federal and State criminal records). I hereby release all schools, persons, and companies listed above harmless from any and all liability or damages for providing requested information.

Applicant Signature: _____ Date: _____

EMPLOYMENT HISTORY CON'T

EMPLOYER:	
Address: _____ City _____ State _____ Zip _____ Contact Person: _____ Phone: _____ Any accidents with this company? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, describe: _____ _____ Equipment Use: Tractor/Trailer <input type="checkbox"/> YES <input type="checkbox"/> NO? Tanker _____ Flatbed _____ Van _____ Were you subject to the FMCSRs (Federal Motor Carrier Safety Regulations) while employed/leased? <input type="checkbox"/> YES <input type="checkbox"/> NO Was your job designated as a safety-sensitive function in any DOT regulated mode subject to drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> YES <input type="checkbox"/> NO	To: MO ____ YR ____ From: MO ____ YR ____ _____ Position Held: _____ _____ Salary/Wage: _____ Reason for Leaving: _____ _____

EMPLOYER:	
Address: _____ City _____ State _____ Zip _____ Contact Person: _____ Phone: _____ Any accidents with this company? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, describe: _____ _____ Equipment Use: Tractor/Trailer <input type="checkbox"/> YES <input type="checkbox"/> NO? Tanker _____ Flatbed _____ Van _____ Were you subject to the FMCSRs (Federal Motor Carrier Safety Regulations) while employed/leased? <input type="checkbox"/> YES <input type="checkbox"/> NO Was your job designated as a safety-sensitive function in any DOT regulated mode subject to drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> YES <input type="checkbox"/> NO	To: MO ____ YR ____ From: MO ____ YR ____ _____ Position Held: _____ _____ Salary/Wage: _____ Reason for Leaving: _____ _____

EMPLOYER:	
Address: _____ City _____ State _____ Zip _____ Contact Person: _____ Phone: _____ Any accidents with this company? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, describe: _____ _____ Equipment Use: Tractor/Trailer <input type="checkbox"/> YES <input type="checkbox"/> NO? Tanker _____ Flatbed _____ Van _____ Were you subject to the FMCSRs (Federal Motor Carrier Safety Regulations) while employed/leased? <input type="checkbox"/> YES <input type="checkbox"/> NO Was your job designated as a safety-sensitive function in any DOT regulated mode subject to drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> YES <input type="checkbox"/> NO	To: MO ____ YR ____ From: MO ____ YR ____ _____ Position Held: _____ _____ Salary/Wage: _____ Reason for Leaving: _____ _____

EMPLOYMENT GAPS

Please write in the dates and explanation for any periods that you were not working during the past 10 years.

Applicant Signature: _____ Date: _____

DITTO TRANSPORT LLC

INQUIRY TO PAST EMPLOYERS

To (Previous / Current employer): _____ Date: _____

Applicant Name: _____ SSN: _____

The person named above has applied to this company for employment. Your firm is listed by the applicant as a past employer. Please complete the following items. Please fax the information to:

815-366-8314

KA Bulk Transport, LLC
d/b/a Klemm Tank Lines Representative _____ **Title:** _____

Dates employed/leased: From: _____ **To:** _____ **Position:** _____

Drug & Alcohol Inquiry

If the above applicant was employed/leased as a driver with your company, Dept. of Transportation regulation 391.21 and 382.405 requires that you provide the following information:

In the past three years, has the above individual ever: **Yes** **No**

Had an alcohol test result with a breath alcohol concentration of 0.04 or greater? _____

Tested positive for a controlled substances test? _____

Refused to submit for an alcohol or controlled substances test? _____

If any of the above questions were answered yes, please provide the following:

Substance Abuse Professional (SAP) Name _____ Telephone Number _____ Date Referred _____

Address _____ City _____ State _____ Zip Code _____

If employed/leased as a driver, what type of equipment was operated: Tractor Trailer _____ Straight Truck _____ Bus _____
Other (specify): _____

Number of accidents: _____ Number preventable: _____ Dates/Details: _____

Was this employee's/lessee's conduct: Satisfactory _____ Average _____ Below Average _____ Poor _____

Why did this employee/lessee leave your company? Resigned _____ Discharged _____ Laid Off _____

Would you re-employ this person? Yes _____ No _____ Please explain: _____

DOT Number: _____

Remarks: _____

Signature of person supplying information _____

Title/Date _____

APPLICANT CONSENT & RELEASE: I, _____ do hereby authorize my previous employers to release and forward all information regarding my alcohol and controlled substances testing (if I was employed/leased as a driver) and all other records of employment including job performances to KA Bulk Transport, LLC d/b/a Klemm Tank Lines in connection with my application for employment, I hereby release my former employers from any and all liability of any type as a result of the above information.

Applicant Signature/Date _____

Witness Signature/Date _____

***PRE-EMPLOYMENT DRUG/ALCOHOL TESTING
NOTIFICATION AND CONSENT***

I understand as required by Federal Motor Carrier Safety Regulations, 49 CFR Part 382.103, and company policy, all prospective drivers must submit to a controlled substance test involving collection of a urine sample which will be tested for the following controlled substances: marijuana, cocaine, opiates, amphetamines and phencyclidine (PCP). I understand I am also subject to regulatory alcohol testing and any other Substance Abuse Testing in accordance with the company policy and/or regulatory requirements.

I understand, if I test positive for use of controlled substances, I am not medically qualified to operate a commercial motor vehicle in interstate commerce. I also understand I will be given a reasonable opportunity to confer with the company's Medical Review Officer before any positive test result is reported to the company. I further understand that once a positive test has been confirmed by the Medical Review Officer, I must at my own expense be evaluated by a Substance Abuse Professional (SAP), submit to any required treatment, and obtain a release by the Substance Abuse Professional prior to operating a commercial motor vehicle in the interstate commerce.

The result of any Substance Abuse test will be maintained by the Medical Review Officer for the company who will report whether the test result was negative or positive to the motor carrier. The Medical Review Officer or the company may also release the result to my examining physician in connection with my DOT required physical. The results will only be released to any additional parties in accordance with the regulations.

***I hereby agree to submit to required Substance Abuse Testing
(drug and/or alcohol).***

Print Applicant's Name: _____

Applicant's Signature: _____

Date: _____