



DRIVER'S APPLICATION FOR EMPLOYMENT

Our Company is an Equal Opportunity Employer that employs in compliance with all applicable laws. We do not discriminate because of sex, age, race, color, religion, marital status, gender identity, national origin, disability, veteran status, or any other characteristic protected under local, state or federal law.

Personal Information

Date _____

Name _____
Last First M.I.

Street Address _____

City _____ State _____ Zip _____

Telephone _____ Email _____

Are you legally authorized to work in the U.S.? Yes No

Note: you will be required to furnish documents to verify your eligibility for employment in accordance with the Immigration Reform and Control Act and your employment is contingent upon furnishing such documents.

Are you at least 18 years of age? Yes No

Have you ever been convicted of a crime or are there any pending charges against you?

A conviction does not automatically bar you from employment)

Yes No If yes, include details _____

Employment Desired

Position for which you are applying: _____

Full-time Part-time Fill-in Summer

Date of availability: _____ Salary Requirements: _____

If you are an experienced operator of any equipment, please list:

What source or referral led you to make application with us? _____

Is there any reason you might be unable to perform the function of the job for which you have applied (as described in the attached job description)? Yes _____ No _____

If you served in the United States Armed Forces, briefly describe the skills you acquired: _____

Driving Record

List your accident record for the past 3 years or more (Attach sheet if more space is needed) If none, write none

Dates	Nature of Accident (head-on, rear-end, upset, etc.)	Fatalities	Injuries
Last Accident:			
Last Accident:			
Last Accident:			

List your traffic convictions and forfeitures for the past 3 years or more (attach sheet if more space is needed) If none, write none

Location	Date	Charge	Penalty

Driving Licenses

State	License Number	Type	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 a statement giving the details

Driving Experience

Class of Equipment	Type of Equipment (Van, Tank, Flat, etc.)	Dates	Approximate # of Miles (Total)
Straight Truck		From: _____ To: _____	
Tractor and Semi-Trailer		From: _____ To: _____	
Tractor - Two Trailers		From: _____ To: _____	
Motorcoach - School bus		From: _____ To: _____	
Other:		From: _____ To: _____	

List the states you have operated in for the last 5 years _____

List special courses or training that will help you as a driver _____

Which safe driving awards do you hold and from whom? _____

Education

Schools	Name/Location	Circle Last Yr. Completed	Major Courses	Diploma/Degree
High School		7 8 9 10 11 12		
College		1 2 3 4 more		
Business or Trade		Months Attended		

References

Name _____

Occupation _____

Address _____

City, State, Zip _____

Telephone Number _____

Email Address: _____

Name _____

Occupation _____

Address _____

City, State, Zip _____

Telephone Number _____

Email Address: _____

Name _____

Occupation _____

Address _____

City, State, Zip _____

Telephone Number _____

Email Address: _____

Employment History

Please list your complete employment history. List present or most recent employer first. Use an additional page, if necessary.

Employer	Employed (mo./Yr.) From: To:	Type of work performed	Present or last salary	Reason for leaving
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Address/City

Name of Supervisor

Employer	Employed (mo./Yr.) From: To:	Type of work performed	Present or last salary	Reason for leaving
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Address/City

Name of Supervisor

Employer	Employed (mo./Yr.) From: To:	Type of work performed	Present or last salary	Reason for leaving
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Address/City

Name of Supervisor

May we contact your current employer at this time? Yes No

I certify that the answers given by me to the foregoing questions and statements are true and correct to the best of my knowledge without consequential omissions of any kind.

I agree that the Company shall not be held liable in any respect if my employment is rejected or subsequently terminated because of false statements, answers or omissions made by me in this application. I understand that any misleading or incorrect statements may render this application void, and if employed, may lead to employment termination.

I understand that a medical examination based on the requirements of the position for which I am being considered may be required, and drug testing may be included as part of the regular pre-employment physical. I also voluntarily and knowingly authorize the companies, schools or persons named above to give any information requested regarding my former employment, character and qualifications. I hereby voluntarily and knowingly fully release and discharge, absolve, indemnify, and hold harmless said companies, schools or persons from any and all liability for any damages for issuing this information, except for the malicious and willful disclosure of derogatory facts concerning my employment made for the express purpose of preventing me from obtaining employment, which the party disclosing such facts knows to be untrue.

In consideration of my employment, I agree to conform to the rules and regulations of this organization. My employment and compensation can be terminated with or without cause and with or without notice, at any time, at the option of either my employer or myself.

Signature _____ Date _____

Please submit completed applications to the Human Resources Dept. Fair Lawn, NJ by fax (201) 475-2170 or e-mail HR@kuikenbrothers.com. Questions, call the Human Resources Department (201) 796-2082