

ARRIS KOLLMAN TRUCKING, INC.
DBA/LITTLE CREEK ROCK QUARRY
PO BOX 106
ABERDEEN WA 98520

Telephone (360) 432-8330
Telephone (360) 532-0351
Fax (360) 532-0424

DRIVERS APPLICATION FORM

TO BE READ AND SIGNED BY APPLICANT

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.

"I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

- Review information provided by current and/or previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information."

Signature _____ Date: _____

Applicant's Name (first, middle, last) _____

Address _____ How long at present address? _____

Date of Birth _____ Social Security Number _____

Phone Number: _____ Message/Cell Number: _____

PAST ADDRESSES

	STREET	CITY	STATE & ZIP	HOW LONG?
1				
2				
3				
4				

(ATTACH SHEET IF MORE SPACE IS NECESSARY)

EMPLOYMENT RECORD (attach sheet if more space is necessary)

Note: DOT requires that employment for at least 3 years and/or Commercial Driving experience for the past 10 years be shown.

Last Employer Name _____

Address _____

Position Held _____ From _____ To _____

Reason for Leaving _____

Were you subject to Federal Motor Carrier Safety Regulations while employed? ____ Yes ____ 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 40? ____ Yes ____ No

ARRIS KOLLMAN TRUCKING, INC.
DBA/LITTLE CREEK ROCK QUARRY
PO BOX 106
ABERDEEN WA 98520

Telephone (360) 432-8330
Telephone (360) 532-0351
Fax (360) 532-0424

Second Last Employer Name _____

Address _____

Position Held _____ From _____ To _____

Reason for Leaving _____

Were you subject to Federal Motor Carrier Safety Regulations while employed? ____ Yes _____ 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 40? ____ Yes _____ No

Third Last Employer Name _____

Address _____

Position Held _____ From _____ To _____

Reason for Leaving _____

Were you subject to Federal Motor Carrier Safety Regulations while employed? ____ Yes _____ 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 40? ____ Yes _____ No

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC)	DATES		APPROX. # OF MILES
		FROM	TO	
STRAIGHT TRUCK				
TRACTOR/SEMI-TRAILER				
TRACTOR/2 TRAILERS				
OTHER				

ACCIDENT HISTORY (3 YEARS)

If no accidents in last 3 years-check here _____

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	NUMBER OF FATALITIES	NUMBER OF INJURIES	HAZARDOUS MATERIAL SPILL	
				YES	NO
				YES	NO
				YES	NO
				YES	NO
				YES	NO

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

If no traffic convictions and/or forfeitures in last 3 years-check here _____

DATE CONVICTED	VIOLATION	STATE OF VIOLATION	PENALTY

ARRIS KOLLMAN TRUCKING, INC.
DBA/LITTLE CREEK ROCK QUARRY
PO BOX 106
ABERDEEN WA 98520

Telephone (360) 432-8330
Telephone (360) 532-0351
Fax (360) 532-0424

LICENSE INFORMATION

Section 383.21 FMCSR states "No person who operates a commercial vehicle shall at any time have more than one driver's license". I certify that I don't have more than one motor vehicle license, the information for which I have listed below.

State	License Number	Expiration Date
A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? If yes, give details. _____	Yes _____	No _____
B. Has any license, permit or privilege ever been suspended or revoked? If yes, give details. _____	Yes _____	No _____

APPLICANT CERTIFICATION

This certifies that this application was completed by me, and that all entries on it are true and complete to the best of my knowledge.

Applicant's Signature _____ **Date** _____

Have you ever been convicted of a felony? Yes No

If yes, please give the following information:

Date(s) of Conviction(s): _____

Place(s) of Conviction(s): _____

Offense: _____

Outcome: _____

Previous convictions do not necessarily disqualify an applicant from employment.