

DRIVER APPLICATION

Company Name: Perkins Cinders Inc. / Perkins Aggregates Inc. Location: Region/District/Branch: Show Low, AZ

Company Address: 1950 E Adams Ste C. Show Low, AZ 85901
Street City State Zip

TO BE READ AND SIGNED BY APPLICANT

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/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: _____

Name: _____
Last First Middle

Provide Social Security Number only AFTER hiring! Phone Number Date of Birth Hire Date

Address: _____
Street City State Zip Number of Years

Past 3 Year Residency: _____
Street City State Zip Number of Years

: _____
Street City State Zip Number of Years

Employment History

(Use Additional Employment History Information form if necessary)

All applicants wishing to drive in interstate commerce must provide the following information on all employers during the preceding three years. You must give the same information for all employers for whom you have driven a commercial vehicle seven years prior to the initial three years (total of ten year employment record).

You are required to list the complete mailing address: street number and name, city, state and zip code.

Current or Last Employer Name: _____ Phone #: (_____) _____

Street Address: _____ City: _____ State: _____ Zip: _____

Position Held: _____ From: _____ To: _____
(month/year) (month/year)

Reasons for Leaving: _____

Were you subject to the FMCSRs** 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

*ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month/year) and reason: _____

Second Last Employer Name: _____ Phone #: (_____) _____

Street Address: _____ City: _____ State: _____ Zip: _____

Position Held: _____ From: _____ To: _____
(month/year) (month/year)

Reasons for Leaving: _____

Were you subject to the FMCSRs** 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

*ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month/year) and reason: _____

Third Last Employer Name: _____ Phone #: (_____) _____

Street Address: _____ City: _____ State: _____ Zip: _____

Position Held: _____ From: _____ To: _____
(month/year) (month/year)

Reasons for Leaving: _____

Were you subject to the FMCSRs** 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

*ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month/year) and reason: _____

*Any gaps in employment and/or unemployment must be explained.

*Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 16 or more passengers (including the driver), or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

**The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport 9 or more passengers, OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

PLEASE COMPLETE NEXT PAGE

EXPERIENCE AND QUALIFICATION
Attach separate sheet if more space is needed.

Driving Experience

If no driving experience in the last 3 years, check here:

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT	DATES	
		FROM	TO
Straight Truck	Van Reefer Tank Flat		
Tractor & Semi-Trailer	Van Reefer Tank Flat		
Tractor – Two Trailers	Van Reefer Tank Flat		
Tractor – Three Trailers	Van Reefer Tank Flat		
Motorcoach - School Bus (Greater than 8 passengers)	N/A		
Motorcoach - School Bus (Greater than 15 passengers)	N/A		
Other: _____	Van Reefer Tank Flat		

OR

APPROXIMATE NUMBER OF MILES

Accident History (3 years)

If no accidents in the last 3 years, check here:

DATE (Month/Year)	NATURE OF ACCIDENT (head-on, rear end, upset, etc.)	NUMBER OF FATALITIES	NUMBER OF INJURIES	HAZARDOUS MATERIALS SPILL
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

Traffic Convictions and Forfeitures (3 years)

If no traffic convictions and/or forfeitures in the last 3 years, check here:

DATE CONVICTED (Month/Year)	VIOLATION (other than violations involving parking only)	STATE OF VIOLATION	PENALTY

License Information

	LICENSING AUTHORITY (State/Province/Territory)	LICENSE NO.	CLASS	ENDORSEMENT (S)	EXPIRATION DATE
Driver licenses or permits held in the past 3 years					

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, GIVE DETAILS: _____

Applicant Certification

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.

Applicant's Signature

Date

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