

# KEITH DAY COMPANY, INC

1091 MADISON LANE  
SALINAS, CA 93907

## APPLICATION FOR COMPANY DRIVING POSITIONS

(Answer all questions – Please Print)

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, national origin, age, marital status, or non-job related disability.

Date of Application: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Current Address: \_\_\_\_\_  
Street City State Zip

Phone No.: (\_\_\_\_) \_\_\_\_\_

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Can you provide proof of age? \_\_\_\_\_

Are you now employed? \_\_\_\_ If not, how long since leaving last employment? \_\_\_\_\_

Have you worked for this company before? \_\_\_\_\_ What location \_\_\_\_\_

Do you have the legal right to work in the United States? Yes \_\_\_\_ No \_\_\_\_

Who referred you? \_\_\_\_\_ Rate of pay expected \_\_\_\_\_

List your addresses of residency for the past 3 years.

Previous Address: \_\_\_\_\_ How long \_\_\_\_\_  
Street City State / Zip

Previous Address: \_\_\_\_\_ How long \_\_\_\_\_  
Street City State / Zip

Previous Address: \_\_\_\_\_ How long \_\_\_\_\_  
Street City State / Zip

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

## EMPLOYMENT HISTORY

All driver applicants to drive intrastate or interstate commerce must provide the following information on all employers during the past (10) years. List complete mailing address, street number, city, state and zip code and all phone numbers. (Incomplete applications will not be considered).

NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary

Do we have permission to contact your "current employer?" \_\_\_\_\_ YES \_\_\_\_\_ NO      Comments: \_\_\_\_\_

Current Employer:	Company:	Reason for leaving:
Dates of Employment	Address:	Wage / Salary:
From:	City:                      State:                      Zip:	Position Held:
Month / Year	Telephone: (      )	States you drove in:
To:	Supervisor:	Number of Motor Vehicle Accidents:
Month / Year	Types of Trailer(s) Pulled:	Full or Part-time:

NEXT EMPLOYER:	Company:	Reason for leaving:
Dates of Employment	Address:	Wage / Salary:
From:	City:                      State:                      Zip:	Position Held:
Month / Year	Telephone: (      )	States you drove in:
To:	Supervisor:	Number of Motor Vehicle Accidents:
Month / Year	Types of Trailer(s) Pulled:	Full or Part-time:

NEXT EMPLOYER:	Company:	Reason for leaving:
Dates of Employment	Address:	Wage / Salary:
From:	City:                      State:                      Zip:	Position Held:
Month / Year	Telephone: (      )	States you drove in:
To:	Supervisor:	Number of Motor Vehicle Accidents:
Month / Year	Types of Trailer(s) Pulled:	Full or Part-time:

NEXT EMPLOYER:	Company:	Reason for leaving:
Dates of Employment	Address:	Wage / Salary:
From:	City:                      State:                      Zip:	Position Held:
Month / Year	Telephone: (      )	States you drove in:
To:	Supervisor:	Number of Motor Vehicle Accidents:
Month / Year	Types of Trailer(s) Pulled:	Full or Part-time:

NEXT EMPLOYER:	Company:	Reason for leaving:
Dates of Employment	Address:	Wage / Salary:
From:	City:                      State:                      Zip:	Position Held:
Month / Year	Telephone: (      )	States you drove in:
To:	Supervisor:	Number of Motor Vehicle Accidents:
Month / Year	Types of Trailer(s) Pulled:	Full or Part-time:

If necessary, attach an additional sheet to show employment for last 10 years.

If unemployed during the past (5) years give dates of the unemployment and explain why you were unemployed and provide references who can verify such unemployment: NAME: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
 NAME: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Have you ever been discharged from any job? YES \_\_\_ NO \_\_\_ If yes, please list name of companies and reason for discharge:

List any companies you applied and/or took a pre-employment or pre-driving drug and/or alcohol test during the past two years that is not already listed above:

Company Name: \_\_\_\_\_ Date Applied: \_\_\_/\_\_\_/\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
 Company Name: \_\_\_\_\_ Date Applied: \_\_\_/\_\_\_/\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

**ACCIDENT RECORD FOR PAST 5 YEARS: IF NONE, WRITE NONE.**

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES

**TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS: IF NONE, WRITE NONE.**

DATE	LOCATION (STATE)	VIOLATION	PENALTY

**EXPERIENCE AND QUALIFICATIONS - DRIVERS**

**DRIVERS LICENSES (LIST) ALL DRIVERS LICENSE IN PAST (5) YEARS**

STATE	LICENSE NO.	CLASS	ENDORSEMENTS	EXPIRATION DATE

- A. Have you ever had any type of motor vehicle license suspended or revoked, or ever been denied a license, YES \_\_\_ NO \_\_\_  
 Permit of privilege to operate a motor vehicle?
- B. Do you have a pending charge or past conviction for driving while intoxicated? YES \_\_\_ NO \_\_\_
- C. Do you have a pending charge or past conviction for possession of a controlled substance? YES \_\_\_ NO \_\_\_
- D. Have you ever been refused auto liability insurance? YES \_\_\_ NO \_\_\_
- E. Do you have a pending charge or conviction for any misdemeanor or felony offense? YES \_\_\_ NO \_\_\_

(The fact of a charge and / or conviction, does not automatically disqualify an applicant from employment)  
 If the answer to either A, B, C, D, or E is yes, state all circumstance and dates.

EQUIPMENT EXPERIENCE CLASS OF EQUIPMENT	DATES		(IF NONE, WRITE NONE)
	FROM	TO	APPROXIMATE NUMBER OF MILES
TRACTOR - CONTAINER			
TRACTOR – DOUBLE “A” TRAIN			
TRACTOR – DOUBLE “B” TRAIN			
TRACTOR – FLATBED 40-48’			
TRACTOR – LOWBOY – EXTRA-HVY.			
TRACTOR – DRY-VAN			
TRACTOR – REFER-VAN			
TRACTOR – TANKER / PNEUMATIC			
TRACTOR – END-DUMP 30-36’			
TRACTOR – DUMP-TRUCK			
TRACTOR - TRANSFER			
TRACTOR – BELLY-DUMP / DOUBLES			
TRACTOR – LOG TRUCK			
TRACTOR – AUTO-TRANSPORT			
TRACTOR – STRAIGHT TRUCK			
TRACTOR-SPREADER TRUCK			
TRACTOR- SIDE DUMPS			

How many years have you driven a commercial motor vehicle? \_\_\_\_\_

List States operated in for last five years. \_\_\_\_\_

Show special courses or training that will help you as a driver. \_\_\_\_\_

Which safe driving awards do you hold and from whom. \_\_\_\_\_

**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 inquires of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquires 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.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**APPLICANT PROCESS RECORD**

APPLICANT HIRED: \_\_\_\_\_ REJECTED: \_\_\_\_\_

DATE EMPLOYED: \_\_\_\_\_ POINT EMPLOYED: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_ CLASSIFICATION: \_\_\_\_\_

This section to be filled in by responsible officer or company representative:

	Superior	Good	Average	Fair	Poor	Document on file
1. Application						
2. Interview						
3. Past Employment						
4. Road Test						
5. Drug / Alcohol Test						
6. Traffic convictions / Accidents						

Signature of interviewing representative \_\_\_\_\_

**TERMINATION OF EMPLOYMENT**

DATE TERMINATED: \_\_\_\_\_ DEPARTMENT RELEASED FROM: \_\_\_\_\_

DISMISSED: \_\_\_\_\_ VOLUNTARILY QUIT: \_\_\_\_\_ OTHER: \_\_\_\_\_

TERMINATION REPORT PLACED IN FILE: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_