

# Application for Employment

Kutzler Express, Inc

12737 60th Street

Kenosha, WI 53144

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Full Name \_\_\_\_\_  
First Middle Last

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

\* If at the above address for less then 3 years, list below all residences for the past 3 years. Attach a separate sheet if necessary

Street City State Zip

Street City State Zip

Position Applying for \_\_\_\_\_ Temporary \_\_\_\_\_ Part Time \_\_\_\_\_ Full Time \_\_\_\_\_

Who Referred you? \_\_\_\_\_ Rate of pay Expected? \_\_\_\_\_

Have you worked for this company before? \_\_\_\_\_ Dates: From: \_\_\_\_\_ To: \_\_\_\_\_  
month/year month/year

Where? \_\_\_\_\_ Rate of Pay \_\_\_\_\_ Position \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

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

## EDUCATION

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 College: 1 2 3 4 Grad School

## GENERAL

Have you ever been bonded? \_\_\_\_\_ Name of bonding company \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_\_

Have you ever been convicted of a crime involving dishonesty? \_\_\_\_\_

Have you failed or refused a drug or alcohol test in the past three years? \_\_\_\_\_

Have you ever been convicted or arrested on any Drug or alcohol related offence? \_\_\_\_\_

If you answered yes to any of the 3 questions above please explain on a separate sheet of paper.

# Drivers Experience and Qualification

Answer the questions in this section only if applying for a driver position

Date of Birth       /      /       The U.S. Department of transportation requires that driver applicants state their date of birth. (391.21(B)(2))  
month / day / year

Social Security No.       -      -      

## LICENSES

All Driver Licenses held in past 3 years must be shown	State	Licenses #	Class	Endorsements	Expiration Date

Have you ever been denied a license, permit or privilege to operate a motor vehicle?

Yes	No
Yes	No
Yes	No

Has any license, permit or privilege ever been suspended or revoked?

Have you ever been disqualified for violations of the Federal Motor Carrier Regulations?

If you answered yes to any of the above attach a statement giving details.

## Driving Experience

	Type of Equipment	From	To	Approximant Miles.
Class of Equipment		/	/	
Straight Truck		/	/	
Tractor and Semi-Trailer		/	/	
Twin Trailer		/	/	
Other		/	/	

List all states operated in during the last five years. \_\_\_\_\_

List special courses or training that will help you as a driver. \_\_\_\_\_  
 List driving awards held and who awards were presented by. \_\_\_\_\_

## Accident Review for past 3 years

Dates	Type of Accident. (Head-on, Rear-end, etc.)	Fatalities	Injuries
Last Accident			
Next Previous			
Next Previous			

## Traffic Convictions and Forfeitures for the past 3 years.

Location	Date	Charge	Penalty

## Employment Record

The U.S. Department of Transportation requires that driver applications show all employment for the past 3 years  
They must also show commercial driver employment for the 7 years immediately preceding this 3 year period.

**S 391.21(b) (10),(11) Start with the last or current position, including military experience, and work back.**

Attach a separate sheet of paper

Current Employer: \_\_\_\_\_ Supervisor's full name \_\_\_\_\_  
Full Address: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
Position Held: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_ Salary: \_\_\_\_\_  
Where you subject to the FMCSRs While Employed at this employer? \_\_\_\_\_  
Was your job designated as a safety-sensitive function in any DOT -Regulated mode subject to the Drug and Alcohol testing requirements of 49CFR Part 40? \_\_\_\_\_

Past Employer: \_\_\_\_\_ Supervisor's full name \_\_\_\_\_  
Full Address: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
Position Held: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_ Salary: \_\_\_\_\_  
Where you subject to the FMCSRs While Employed at this employer? \_\_\_\_\_  
Was your job designated as a safety-sensitive function in any DOT -Regulated mode subject to the Drug and Alcohol testing requirements of 49CFR Part 40? \_\_\_\_\_

Past Employer: \_\_\_\_\_ Supervisor's full name \_\_\_\_\_  
Full Address: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
Position Held: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_ Salary: \_\_\_\_\_  
Where you subject to the FMCSRs While Employed at this employer? \_\_\_\_\_  
Was your job designated as a safety-sensitive function in any DOT -Regulated mode subject to the Drug and Alcohol testing requirements of 49CFR Part 40? \_\_\_\_\_

Past Employer: \_\_\_\_\_ Supervisor's full name \_\_\_\_\_  
Full Address: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
Position Held: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_ Salary: \_\_\_\_\_  
Where you subject to the FMCSRs While Employed at this employer? \_\_\_\_\_  
Was your job designated as a safety-sensitive function in any DOT -Regulated mode subject to the Drug and Alcohol testing requirements of 49CFR Part 40? \_\_\_\_\_

Past Employer: \_\_\_\_\_ Supervisor's full name \_\_\_\_\_  
Full Address: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
Position Held: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_ Salary: \_\_\_\_\_  
Where you subject to the FMCSRs While Employed at this employer? \_\_\_\_\_  
Was your job designated as a safety-sensitive function in any DOT -Regulated mode subject to the Drug and Alcohol testing requirements of 49CFR Part 40? \_\_\_\_\_

Past Employer: \_\_\_\_\_ Supervisor's full name \_\_\_\_\_  
Full Address: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
Position Held: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_ Salary: \_\_\_\_\_  
Where you subject to the FMCSRs While Employed at this employer? \_\_\_\_\_  
Was your job designated as a safety-sensitive function in any DOT -Regulated mode subject to the Drug and Alcohol testing requirements of 49CFR Part 40? \_\_\_\_\_

Past Employer: \_\_\_\_\_ Supervisor's full name \_\_\_\_\_  
Full Address: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
Position Held: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_ Salary: \_\_\_\_\_  
Where you subject to the FMCSRs While Employed at this employer? \_\_\_\_\_  
Was your job designated as a safety-sensitive function in any DOT -Regulated mode subject to the Drug and Alcohol testing requirements of 49CFR Part 40? \_\_\_\_\_

Past Employer: \_\_\_\_\_ Supervisor's full name \_\_\_\_\_  
Full Address: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
Position Held: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_ Salary: \_\_\_\_\_  
Where you subject to the FMCSRs While Employed at this employer? \_\_\_\_\_  
Was your job designated as a safety-sensitive function in any DOT -Regulated mode subject to the Drug and Alcohol testing requirements of 49CFR Part 40? \_\_\_\_\_

Past Employer: \_\_\_\_\_ Supervisor's full name \_\_\_\_\_  
Full Address: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
Position Held: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_ Salary: \_\_\_\_\_  
Where you subject to the FMCSRs While Employed at this employer? \_\_\_\_\_  
Was your job designated as a safety-sensitive function in any DOT -Regulated mode subject to the Drug and Alcohol testing requirements of 49CFR Part 40? \_\_\_\_\_

Past Employer: \_\_\_\_\_ Supervisor's full name \_\_\_\_\_  
Full Address: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
Position Held: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_ Salary: \_\_\_\_\_  
Where you subject to the FMCSRs While Employed at this employer? \_\_\_\_\_  
Was your job designated as a safety-sensitive function in any DOT -Regulated mode subject to the Drug and Alcohol testing requirements of 49CFR Part 40? \_\_\_\_\_

Past Employer: \_\_\_\_\_ Supervisor's full name \_\_\_\_\_  
Full Address: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
Position Held: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_ Salary: \_\_\_\_\_  
Where you subject to the FMCSRs While Employed at this employer? \_\_\_\_\_  
Was your job designated as a safety-sensitive function in any DOT -Regulated mode subject to the Drug and Alcohol testing requirements of 49CFR Part 40? \_\_\_\_\_

**General Question.**

Do you have a current DOT Medical?      Yes                      No

Are you currently under any medical restrictions?      Yes                      No

Can you lift 50 lbs over your head?      Yes                      No

Do you have any relatives currently working for Kutzler Express, Inc?      Yes                      No

If you answered yes to the above question please name the employee. \_\_\_\_\_

What are your expectations of this company? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What do you have to offer this company that makes you more qualified then the next driver?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you able to work a full 14 hour shift if needed?      Yes                      No

Are you able to report to work on short notice?      Yes                      No

Do you have any issues that would prevent you from being here on a daily basis?      Yes                      No

## Maintenance Experience

Please list all Maintenance Experience that you have.

---

---

---

Please list all shop equipment that you can use.

---

---

---

### APPLICANT MUST READ AND SIGN

I certify that I have read and understood all of this employment application. It is agreed and understood that the employer or his agents may investigate my background to ascertain any and all information of concern to my employment history, whether same is of record or not, and I release employers and other persons named herein from all liability for any damages on account of furnishing such information. I understand that, as an applicant for a position with this company, I may be asked to demonstrate that I am capable of performing tasks which are pertinent to the job. I all so understand that if offered a job, it may be conditioned on the results of a physical examination and drug test.

I further certify that I am a genuine applicant for employment and this application is being submitted solely for the purpose of seeking employment with the employer and for no other reason.

It is also understood that under the Fair Credit Reporting Act, Public Law 91-508, I have been told that this investigation may include an investigative Consumer Report, including information regarding my character, general reputation, personal characteristics, and mode of living.

I agree to furnish such additional information and complete such examinations as may be required to complete my employment file.

I also understand that misrepresentation or omission of information or facts may result in my rejection or dismissal

If hired, I agree to abide by all the rules and policies of the employer.

All employees are governed by an "at will" relationship which means that both the company and the employee have the right to terminate the employment relationship at any time, for any reason, with or without notice. No manager or supervisor has any authority to vary, by contract or otherwise, the employment-at-will relationship between an employee and the company, except the President of the company. This authority can only be given in writing signed by both the President and the employee.

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.

---

DATE

---

APPLICANT SIGNATURE

