

Application for Employment

Date of Application: _____

Kauai Freight Service, Inc.

P O Box 1866 / 2956 Aukele Street

Lihue, HI 96766

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make such investigations and inquires on 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 inquires 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.

Signature _____

Date _____

DRIVER APPLICANT ONLY

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 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 _____

The U.S. Department of Transportation requires that driver applicants state their date of birth (391.21(b) (2). Date of Birth _____

month/day/year

Applicant Name _____
First Middle Last Social Security No. _____*Current Address _____
Street City State Zip Code Phone _____

*If at the above residence less than three years, list below all residences for the past three years. Attach a separate sheet if necessary.

Street _____ City _____ State _____ Zip Code _____

Street _____ City _____ State _____ Zip Code _____

Position applying for _____ Temporary Part Time Full Time

Who referred you? _____ Rate of pay expected? _____

Have you worked for this company before? YES NO

Reason for leaving _____

Names of any relatives employed by this company _____

Are you currently employed? YES NO If not, how long since leaving last employment? _____

Education

Completed High School? YES NO

Last School Attended? _____

Name

Address

General

Have you ever been convicted of a felony? YES NO

If yes, please explain fully on a separate sheet of paper. Conviction of a crime is not an automatic bar to employment-all circumstances will be considered.

Have you ever worked for this company under another name? YES NO If so, under what name? _____

DRIVER EXPERIENCE & QUALIFICATION LICENSES

(cont'd) Answer the questions in this section only if applying for a driver position

Drivers Licenses held in past 3 years must be shown	State	License No	Class	Endorsement(s)	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 you answered "yes" to A or B attach a statement giving details.

DRIVING EXPERIENCE (Check YES or NO)

CLASS OR EQUIPMENT	YES / NO	TYPE OF EQUIPMENT	DATES		APPROX. NO OF MILES (TOTAL)
			FROM (M/Y)	TO (M/Y)	
STRAIGHT TRUCK					
TRACTOR AND SEMI-TRAILER					
TRACTOR - TWO TRAILERS					
TRACTOR - THREE TRAILERS					
MOTORCOACH - SCHOOL BUS		(More than 8 passengers)			
MOTORCOACH - SCHOOL BUS		(More than 15 passengers)			
OTHER					

List states operated in during 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? _____

ACCIDENT RECORD for past 3 years (Attach separate sheet of paper if more space is needed)

Dates	Nature of Accident		Fatalities	Injuries	Hazardous Material Spill
	(Head-On, Rear-End, etc.)				
Last Accident					
Next Previous					
Next Previous					

TRAFFIC CONVICTIONS AND FORFEITURES for the past 3 years (other than parking violations) if none, write none

Location	Date	Charge	Penalty

(Attach sheet if more space is needed)

EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state and zip code.

Applicants to drive a commercial motor vehicle* in intrastate or interstate commerce shall also provide an additional 7 years' information on those employers for who the applicant operate such vehicles.

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

EMPLOYER				DATE	
NAME				FROM (MO/YR)	TO (MO/YR)
ADDRESS				POSITION HELD	
CITY	STATE	ZIP		SALARY/WAGE	
CONTACT PERSON				REASON FOR LEAVING	
PHONE#:	CAN WE CONTACT PRIOR EMPLOYER:				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

EMPLOYER					DATE				
NAME					FROM (MO/YR)		TO (MO/YR)		
ADDRESS					POSITION HELD				
CITY	STATE		ZIP		SALARY/WAGE				
CONTACT PERSON					REASON FOR LEAVING				
PHONE#:					CAN WE CONTACT PRIOR EMPLOYER:		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 CRF PART 40?								YES	NO

EMPLOYER					DATE				
NAME					FROM (MO/YR)		TO (MO/YR)		
ADDRESS					POSITION HELD				
CITY	STATE		ZIP		SALARY/WAGE				
CONTACT PERSON					REASON FOR LEAVING				
PHONE#:					CAN WE CONTACT PRIOR EMPLOYER:		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 CRF PART 40?								YES	NO

EMPLOYER					DATE				
NAME					FROM (MO/YR)		TO (MO/YR)		
ADDRESS					POSITION HELD				
CITY	STATE		ZIP		SALARY/WAGE				
CONTACT PERSON					REASON FOR LEAVING				
PHONE#:					CAN WE CONTACT PRIOR EMPLOYER:		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 CRF PART 40?								YES	NO

MAINTENANCE EXPERIENCE & QUALIFICATIONS

List courses and training in maintenance work _____

CLERICAL EXPERIENCE & QUALIFICATIONS

List courses and training in office work _____

APPLICANT MUST READ AND SIGN

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