

DRIVER'S APPLICATION FOR EMPLOYMENT

Applicant Name _____ Date of Application _____
(print)

Company _____

Address _____

City _____ State _____ Zip _____

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

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 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 _____

FOR COMPANY USE

PROCESS RECORD

APPLICANT HIRED _____ REJECTED _____

DATE EMPLOYED _____ POINT EMPLOYED _____

DEPARTMENT _____ CLASSIFICATION _____
(IF REJECTED, SUMMARY REPORT OF REASONS SHOULD BE PLACED IN FILE)

SIGNATURE OF INTERVIEWING OFFICER _____

TERMINATION OF EMPLOYMENT

DATE TERMINATED _____ DEPARTMENT RELEASED FROM _____

DISMISSED _____ VOLUNTARILY QUIT _____ OTHER _____

TERMINATION REPORT PLACED IN FILE _____ SUPERVISOR _____

This form is made available with the understanding that J. J. Keller & Associates, Inc.® is not engaged in rendering legal, accounting, or other professional services. J. J. Keller & Associates, Inc.® assumes no responsibility for the use of this form, or any decision made by an employer which may violate local, state, or federal law.

APPLICANT TO COMPLETE

(answer all questions - please print)

Position(s) Applied for _____

Name _____ Social Security No. _____
Last First Middle

List your addresses of residency for the past 3 years.

Current Address _____
Street City

State _____ Zip Code _____ Phone _____ How Long? _____
yr./mo.

Previous Addresses _____
Street City State & Zip Code How Long? yr./mo.

_____ Street City State & Zip Code How Long? yr./mo.

_____ Street City State & Zip Code How Long? yr./mo.

_____ Street City State & Zip Code How Long? yr./mo.

Do you have the legal right to work in the United States? _____

Date of Birth _____ / _____ / _____ Can you provide proof of age? _____
(Required for Commercial Drivers)

Have you worked for this company before? _____ Where? _____

Dates: From _____ To _____ Rate of Pay _____ Position _____

Reason for leaving _____

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

Who referred you? _____ Rate of pay expected _____

Have you ever been bonded? _____ Name of bonding company _____
(Answer only if a job requirement)

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]?

 If yes, explain if you wish.

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 whom the applicant operated such vehicle.

(NOTE: List employers 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 PHONE NUMBER	REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRs [†] WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO		

EMPLOYMENT HISTORY (continued)

EMPLOYER			DATE	
NAME			FROM MO. YR.	TO MO. YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	
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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? <input type="checkbox"/> YES <input type="checkbox"/> NO				

*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 more than 8 passengers (including the driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED) IF NONE, WRITE NONE

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

EXPERIENCE AND QUALIFICATIONS - DRIVER

Driver licenses or permits held in the past 3 years	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 THE ANSWER TO EITHER A OR B IS YES, GIVE DETAILS _____

DRIVING EXPERIENCE CHECK YES OR NO

CLASS OF EQUIPMENT	CIRCLE TYPE OF EQUIPMENT	DATES FROM (M/Y) TO (M/Y)	APPROX. NO. OF MILES (TOTAL)
STRAIGHT TRUCK <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)		
TRACTOR AND SEMI-TRAILER <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)		
TRACTOR - TWO TRAILERS <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)		
TRACTOR - THREE TRAILERS <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)		
MOTORCOACH - SCHOOL BUS <input type="checkbox"/> YES <input type="checkbox"/> NO <small>More than 8 passengers</small>	—		
MOTORCOACH - SCHOOL BUS <input type="checkbox"/> YES <input type="checkbox"/> NO <small>More than 15 passengers</small>	—		
OTHER _____			

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? _____

EXPERIENCE AND QUALIFICATIONS - OTHER

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY. _____

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION _____

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWN) _____

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 HIGH SCHOOL: 1 2 3 4 COLLEGE: 1 2 3 4

LAST SCHOOL ATTENDED (NAME) _____ (CITY, STATE) _____

TO BE READ AND SIGNED BY APPLICANT

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.

Signature: _____ Date: _____



I certify that I personally completed this form and that all of the information is true and correct. I authorize Crown C Supply to investigate in accordance with state and federal law and authorize my previous employers to release any information requested, leaving them harmless of all liability from the release of said information. Also, in accordance with the provisions of 49 CFR and I authorize and require my previous and/or current employers specifically listed by me on this application to release the results of any drug and alcohol tests taken by me pursuant to the provision of 49 CFR while in their employment to Crown C Supply.

NAME	DATE
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I verify that the statements I have made on this application are true and complete. I understand that if they are not true and complete, it is grounds for disqualifying me from further employment considerations. If I am hired, any false or incomplete information provided by me on this application are grounds for my immediate termination.

Nothing on this application is intended to create or imply a contractual relationship. If hired, I understand that employment is "at-will" and may be terminated by the Company or me at any time, for any reason, with or without cause.

If hired, I agree to follow and abide by the policies, procedures, practices and directions of management of Crown C Supply. Failure to do so may make me subject to immediate termination. I understand that some of these policies, procedures and practices are outlined in the Employee Manual, which I will be given if hired.

I hereby give permission to Crown C Supply to contact my former employer, or reference listed on this application or provided to the Company. I also hold harmless Crown C Supply or any person providing reference information to Crown C Supply.

This application is considered active for 180 days. For me to receive further employment consideration I understand that must reapply again after 180 days.

NAME	DATE
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DOT REGULATIONS REQUIRE CROWN C SUPPLY TO ANNUALLY CHECK THE MOTOR VEHICLE REPORT'S OF ALL EMPLOYEES. BY SIGNING BELOW YOU ARE GIVING CROWN C SUPPLY PERMISSION TO REQUEST YOUR MOTOR VEHICLE REPORT FROM ANY AGENCY CROWN C SUPPLY DEEMS APPROPRIATE.

NAME _____

DRIVERS LICENSE # _____

BIRTH DATE _____

SIGNATURE _____

Phone: (314) 645-4640 • 1-800-634-1279 • 5130 Manchester Avenue • St. Louis Mo 63110

*PRE-EMPLOYMENT URINALYSIS
CONSENT FORM*

I understand that as required by the Federal Motor Carrier Safety Regulations, Title 49 United States Code of Federal Regulations, Section 391.103, and company policy, all prospective drivers must submit to a controlled substances test.

A urine sample will be collected and tested for use of controlled substances.

I also understand that if I test positive for use of controlled substances, I am not medically qualified to operate a commercial motor vehicle.

The results of the drug test will be maintained by the Medical Review Officer for the company who will report whether the test results were negative or positive to the motor carrier. The results will not be released to any additional parties without my written authorization.

I hereby agree to submit to a drug screen urinalysis.

Print Applicant's Name

Date

Applicant's Signature

**DISCLOSURE OF AND AUTHORIZATION FOR
EMPLOYMENT USE OF INVESTIGATIVE CONSUMER REPORT**

Please read and sign the following:

Crown C Supply Company, Inc. ("the Company") may obtain an investigative consumer report about me for employment purposes. This report may consist of information about my character, general reputation, personal characteristics and mode of living which may be obtained through personal interviews with neighbors, friends, or associates or with others with whom I am acquainted or who may have knowledge concerning any such items of information. The Company will rely on the results of this check as a factor in determining whether I am qualified or the best candidate for the position.

I authorize the Company to utilize an independent service to conduct a background investigation of me which may include personal interviews with friends, neighbors or associates or any other person who may have knowledge concerning my character, general reputation, personal characteristics or mode of living. I agree that the Company or its service may request information from public and private sources that maintain records concerning my past activities relating to my civil court record, criminal record, driving record, drug test results, educational background, licenses and certifications, military record, and previous employment.

I authorize any parties contacted to release information to the Company or its independent service regarding my past activities relating to my civil court record, criminal record, driving record, drug test results, educational background, licenses and certifications, military record, previous employment, and any other information including, but not limited to information concerning my character, general reputation, personal characteristics or mode of living.

I understand that the Company and its agents cannot guarantee the accuracy of any information reported to it by third parties, and I release the Company and its agents from liability for damages that arise from errors or omissions in my background investigation.

I have been informed and understand that if any adverse action is to be taken based upon any investigative consumer report obtained by the Company or its agent(s), I will be provided a copy of the report and a summary of my rights under the Fair Credit Reporting Act.

I understand that this authorization is valid for any investigative or consumer report requested at any time before or during the tenure of my employment. I understand that I have the right to make a written request within a reasonable period of time for complete and accurate disclosure of information concerning the nature and scope of the investigation and that this disclosure must be provided to me within five (5) days after my request was made or received, whichever is later.

I certify that all of the information I have provided below is true and complete to the best of my knowledge. I understand that if any of the information I have provided is incomplete or inaccurate information, such action may cause the Company to reject my application or to terminate my employment if discovered at a later date.

Name _____ Date _____
Signature _____

Please print the requested information clearly. The following questions are used solely for identification purposes in verifying background information; the answers will not be the basis for an employment decision.

Name _____
Last First MI Maiden
Address _____ City/State _____
County _____ Zip _____
Social Security # _____
Driver's License Number/State _____
Date of Birth _____
month day year

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