



DRIVER'S APPLICATION FOR EMPLOYMENT

Our Company is an Equal Opportunity Employer that employs in compliance with all applicable laws. We do not discriminate because of sex, age, race, color, religion, marital status, gender identity, national origin, disability, veteran status, or any other characteristic protected under local, state or federal law.

Name _____ Date _____
Last First M.I.

Street Address _____

City _____ State _____ Zip _____

Telephone _____ E-mail Address _____

Previous Three Years Residency Attach additional sheet if more space is needed

	Street	City	State	Zip Code	# of Years at Address
Current					
Mailing					
Previous					
Previous					
Previous					

Employment Desired

Position for which you are applying: _____

Full-Time Part-Time Seasonal

Which Kuiken Brothers Location are you applying to (choose all that apply)

- Fair Lawn, NJ Emerson, NJ Garfield, NJ Midland Park, NJ Newark, NJ
 Roseland, NJ Succasunna, NJ Wantage, NJ Warwick, NY

Date of Availability _____

What source or referral led you to submit an application with us? _____

Do you have any relatives who work for Kuiken Brothers Company, Inc? _____

Is there any reason you might be unable to perform the function of the job for which you have applied? Yes No

Education

Schools	Name/Location	Circle Last Yr. Completed	Major Courses	Diploma/Degree
High School		7 8 9 10 11 12		
College		1 2 3 4 more		
Business or Trade		Months Attended		

Record of Military Service

Were you in the U.S. Armed Forces? Yes No

If yes, what branch? _____

Dates of Duty: From _____ To _____

Rank at Discharge _____

List any special training you received: _____

Personal Information

Are you legally authorized to work in the US? Yes No

Are you at least 18 years of age? Yes No

Have you ever applied for employment at Kuiken Brothers Company? Yes No

If yes, when? _____

Were you previously employed at Kuiken Brothers Company? Yes No

If yes, when? _____

Do you have any other experience, skills or qualifications you wish to mention? _____

Driving Record

List your accident record for the 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
Last Accident:			
Last Accident:			
Last Accident:			

List your traffic convictions and forfeitures for the past 3 years or more (attach sheet if more space is needed) If none, write none

Location	Date	Charge	Penalty

Driving Licenses

State	License Number	Type	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, attach a statement giving the details

Driving Experience

Class of Equipment	Type of Equipment (Van, Tank, Flat, etc.)	Dates	Approximate # of Miles (Total)
Straight Truck		From: _____ To: _____	
Tractor and Semi-Trailer		From: _____ To: _____	
Tractor - Two Trailers		From: _____ To: _____	
Motorcoach - School bus		From: _____ To: _____	
Other:		From: _____ To: _____	

List the states you have operated in for the last 5 years _____

List special courses or training that will help you as a driver _____

Employment History

The Federal Motor Carrier Safety Regulations (49 CFR 391.21) require that all applicants wishing to drive a commercial vehicle list all employment for the last three (3) years. In addition, if you have driven a commercial vehicle previously, you must provide employment history for an additional seven (7) years (for a total of ten (10) years). Any gaps in employment in excess of one (1) month must be explained.

Start with the last or current position, including any military experience, and work backwards (attach separate sheets if necessary). You are required to list the complete mailing address, including street number, city, state, zip; and complete all other information.

Employer	Employed (mo./Yr.) From: To:	Type of work performed	Reason for leaving
Address/City/State/Phone Number			
Name of Supervisor			
While employed here, were you subject to the Federal Motor Carrier Safety Regulations? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Employer	Employed (mo./Yr.) From: To:	Type of work performed	Reason for leaving
Address/City/State/Phone Number			
Name of Supervisor			
While employed here, were you subject to the Federal Motor Carrier Safety Regulations? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Employer	Employed (mo./Yr.) From: To:	Type of work performed	Reason for leaving
Address/City/State/Phone Number			
Name of Supervisor			
While employed here, were you subject to the Federal Motor Carrier Safety Regulations? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No			

May we contact your current employer at this time? Yes No

I certify that the answers given by me to the foregoing questions and statements are true and correct to the best of my knowledge without consequential omissions of any kind.

I agree that the Company shall not be held liable in any respect if my employment is rejected or subsequently terminated because of false statements, answers or omissions made by me in this application. I understand that any misleading or incorrect statements may render this application void, and if employed, may lead to employment termination.

I understand that a medical examination based on the requirements of the position for which I am being considered may be required, and drug testing may be included as part of the regular pre-employment physical, and post-employment for safety sensitive positions. I also voluntarily and knowingly authorize the companies, schools or persons named above to give any information requested regarding my former employment, character and qualifications. I hereby voluntarily and knowingly fully release and discharge, absolve, indemnify, and hold harmless said companies, schools or persons from any and all liability for any damages for issuing this information, except for the malicious and willful disclosure of derogatory facts concerning my employment made for the express purpose of preventing me from obtaining employment, which the party disclosing such facts knows to be untrue.

In consideration of my employment, I agree to conform to the rules and regulations of this organization. My employment and compensation can be terminated with or without cause and with or without notice, at any time, at the option of either my employer or myself.

Signature _____ Date _____

Please submit completed applications to the Human Resources Dept. Fair Lawn, NJ by fax (201) 475-2170 or e-mail HR@kuikenbrothers.com. Questions, call the Human Resources Department (201) 796-2082