



Prospective Employee,

Thank you for your interest in working at Krebs Trucking, Inc. where the **only** thing more important than our quality staff, is the customers we serve.

Please note that it is VERY important the application is filled out completely. We need dates of employment, contact phone numbers and locations of your previous employers. Please sign and date as indicated throughout the application.

Along with your completed/dated/signed application include the following:

- A copy of your Commercial Drivers License (front and back)
- A copy of your Social Security Card
- A copy of your DOT Long Form physical and your physical card



APPLICATION FOR EMPLOYMENT

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.

Date of Application: _____ Date of Birth: _____

Name: _____ Social Security No.: _____
Last First Middle

Address: _____
Street City

_____ Phone: _____
State Zip

Email _____ Cell Phone: _____

Address for _____ How Long? _____
the past 3 _____
(three) _____
years _____
Street City State & Zip _____
Street City State & Zip _____
How Long? _____

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

Are you over the age 18? _____ If no, can you provide proof of age? _____

Have you ever been leased to or employed by this company before? _____

Date: 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: _____

Is there any reason you might be unable to perform the functions of the job for which you have applied?
_____ If yes, you may explain if you wish. _____

Have you ever been convicted of a felony? _____ If yes, state nature of crime(s), how many
convictions, when and where convicted, and disposition of each offense: _____

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MILITARY STATUS

Have you served in the U. S. Armed Forces? _____ Branch _____

EDUCATION

Circle highest Grade Completed: 1 2 3 4 5 6 7 8 High School: 9 10 11 12 College: 1 2 3 4

Last school attended: _____
Name _____ City _____

DRIVER EXPERIENCE AND QUALIFICATIONS

License Type	State	License No.	Endorsements	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 details)

Class of Equipment	Type of Equipment (Van, Tank, Flat, Etc.)	Date		Approx number of miles (total)
		From:	To:	
STRAIGHT TRUCK				
TRACTOR AND SEMI-TRAILER				
TRACTOR - MULTIPLE TRAILERS				

List states operated in for last five (5) years: _____

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

Which safe driving awards do you hold and from whom? _____

Date of Accident	Nature of Accident (Head-on, Rear-end, Upset, etc.)	Fatal or Injury	Preventable?
Last			
Previous			
Previous			



EMPLOYMENT HISTORY BEGINNING WITH CURRENT/LAST JOB FIRST

EMPLOYER		DATE	
NAME		FROM MO YR	TO MO YR
ADDRESS		POSITION HELD	
CITY	STATE	ZIP	
CONTACT PERSON	PHONE		REASON FOR LEAVING
WERE YOU SUBJECT TO THE FMCSRs ¹ 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			
EMPLOYER		DATE	
NAME		FROM MO YR	TO MO YR
ADDRESS		POSITION HELD	
CITY	STATE	ZIP	
CONTACT PERSON	PHONE		REASON FOR LEAVING
WERE YOU SUBJECT TO THE FMCSRs ¹ 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			
EMPLOYER		DATE	
NAME		FROM MO YR	TO MO YR
ADDRESS		POSITION HELD	
CITY	STATE	ZIP	
CONTACT PERSON	PHONE		REASON FOR LEAVING
WERE YOU SUBJECT TO THE FMCSRs ¹ 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			
EMPLOYER		DATE	
NAME		FROM MO YR	TO MO YR
ADDRESS		POSITION HELD	
CITY	STATE	ZIP	
CONTACT PERSON	PHONE		REASON FOR LEAVING
WERE YOU SUBJECT TO THE FMCSRs ¹ 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			

¹ 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) weights or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport 9 or more passengers, or (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.



TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 5 YEARS
(other than parking violations)

Location	Date	Charge	Penalty

List types of equipment operated and years of each: _____

List platform equipment you can operate (lift truck, etc.): _____

Show courses or training in related work: _____

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. I authorize Krebs Trucking, Inc. to make such investigations and inquiries of my personal, employment, financial or medical history, criminal investigation 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.

Applicant's Signature _____ Date _____

COMPANY DRIVERS PLEASE FILL IN BELOW
(please print or type)

In which state are you licensed: _____

License Number: _____

Issue Date: _____ Expiration Date: _____

Last Name: _____

First Name: _____ Middle Initial or N/A: _____

Date of Birth: _____

Birth Name if different than above: _____



Applicant Name _____ Date of Application _____
(print)

Company: Krebs Trucking, Inc.
5720 Hwy K
Hartford, WI 53027

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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 _____

REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER

I hereby authorize you to release the following information to Krebs Trucking, Inc. (prospective Employer) for the purposes of investigation as required by section 391.23 and allowed by Section 383.35 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information.

Signature _____ Date _____



I am requesting a Motor Vehicle Report (MVR) for the following applicant or employee:

Name _____

Date of Birth: _____

Drivers License: _____

State: _____

Years of Experience: _____

I understand that driving is a part of the job for which I am applying and I hereby give permission to access my Motor Vehicle Report (MVR) and provide a copy to Krebs Trucking, Inc.

Signature _____ Date _____



CERTIFICATE OF COMPLIANCE WITH CELL-PHONE/TEXTING BANS

Motor Carriers: The restrictions in 49 CFR Part 392 on using a mobile telephone or texting while driving apply to every operator of a “commercial motor vehicle” as defined in Section 390.5, including interstate vehicles weighing or rated at 10,001 pounds or more, vehicles placarded for hazardous materials, and certain vehicles designed or used for more than 8 passengers (including the driver). In-state operations of vehicles placarded for hazardous materials are also subject to the restrictions. Other in-state-only operations may also be subject, depending on state rules.

Drivers: Part 392 of the Federal Motor Carrier Safety Regulations contains restrictions on texting and the use of hand-held mobile telephones while driving a commercial motor vehicle (CMV), including the following:

- **Texting ban (392.80):** You may not manually enter text into or read text from an electronic device while driving a CMV. This includes e-mailing, text messaging, using the internet, pressing more than one button to start or end a phone call, or any other form of text retrieval or entry for communication purposes.
- **Hand-held cell-phone ban (392.82):** You are prohibited from using a hand-held cell phone while driving a CMV. This includes talking on a phone while holding it in your hand (including push-to-talk), pressing more than a single button to dial or answer a cell phone, or leaving your normal, seated driving position to reach for a cell phone.

*Except as prohibited under company policy, you are allowed to use a hands-free phone, a CB radio, a navigation system, a two-way radio, a music player, or a fleet management system for purposes other than texting. Texting and hand-held cell-phone use are **only** allowed if you need to contact emergency services or if you have stopped in a safe location off the road.*

Penalties (383.51, 391.15): CDL and non-CDL drivers can be disqualified for 60 up to 120 days and/or face fines of up to \$2,750 for each violation.

DRIVER CERTIFICATION: I certify that I have read and understand the above requirements.

Driver's Name (printed):

Driver's Signature/Date:

Krebs Trucking, Inc.
5720 HWY K
HARTFORD, WI 53027
262/644-6609
1-800-236-6609

THE BELOW DISCLOSURE AND AUTHORIZATION LANGUAGE IS FOR MANDATORY USE BY ALL ACCOUNT HOLDERS

IMPORTANT DISCLOSURE

REGARDING BACKGROUND REPORTS FROM THE PSP Online Service

In connection with your application for employment with Krebs Trucking, Inc. ("Prospective Employer"), Prospective Employer, its employees, agents or contractors may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

When the application for employment is submitted in person, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report.

When the application for employment is submitted by mail, telephone, computer, or other similar means, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer must provide you within three business days of taking adverse action oral, written or electronic notification: that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

Neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. You may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If you challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. Your request will be forwarded by the DataQs system to the appropriate State for adjudication.

Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with Federal Motor Carrier Safety Regulations (FMCSR) violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

The Prospective Employer cannot obtain background reports from FMCSA without your authorization.

AUTHORIZATION

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

I authorize Krebs Trucking, Inc. ("Prospective Employer") to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am authorizing the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.

I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

I understand that any crash or inspection in which I was involved will display on my PSP report. Since the PSP report does not report, or assign, or imply fault, I acknowledge it will include all CMV crashes where I was a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, I understand all inspections, with or without violations, will appear on my PSP report, and State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on my PSP report.

I have read the above Disclosure Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this Disclosure and Authorization, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Date: _____

Signature

Name (Please Print)

NOTICE: This form is made available to monthly account holders by NIC on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain an Applicant's written or electronic consent prior to accessing the Applicant's PSP report. Further, account holders are required by FMCSA to use the language contained in this Disclosure and Authorization form to obtain an Applicant's consent. The language must be used in whole, exactly as provided. Further, the language on this form must exist as one stand-alone document. The language may NOT be included with other consent forms or any other language.

NOTICE: The prospective employment concept referenced in this form contemplates the definition of "employee" contained at 49 C.F.R. 383.5.

LAST UPDATED 12/22/2015