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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, martial status, or the presence of a non-job-related medical condition or handicap.

Date of Application _____

Position Applied For _____ Phone# _____

Cell # _____

Name _____ Social Security # _____

Physical Address _____

Street City State Zip

Mailing Address _____

Street City State Zip

Address(es) past 3 years _____ How Long? _____

_____ How Long? _____

Are you a U.S. Citizen? _____ Date of Birth (required for drivers) ____/____/____

In Case of Emergency Notify _____ Phone# _____

Relationship _____ How were you referred? _____

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

Rate of Pay Expected? _____

PHYSICAL HISTORY

Are you physically capable of heavy manual work? Yes / No

Would you be willing to take a physical examination? Yes / No

Is your DMV Medical Certificate current? Yes / No

EMPLOYMENT HISTORY

All driver applicants in order to drive a commercial motor vehicle in Interstate Commerce must provide the following information on all employers for whom the applicant operated such vehicle during the preceding **10 years.**

NOTE: Please start with the most recent employer

EMPLOYER Name _____ Position Held _____
Address _____ From _____
City _____ State _____ Zip _____ To _____
Phone# _____ Contact Person _____
Reason for Leaving _____

EMPLOYER Name _____ Position Held _____
Address _____ From _____
City _____ State _____ Zip _____ To _____
Phone# _____ Contact Person _____
Reason for Leaving _____

EMPLOYER Name _____ Position Held _____
Address _____ From _____
City _____ State _____ Zip _____ To _____
Phone# _____ Contact Person _____
Reason for Leaving _____

If you need to add more please attach separate sheet

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE also PLEASE ATTACH DMV H6 PRINTOUT, 10-YEAR HISTORY, DATED WITHIN 30 DAYS OF EMPLOYMENT APPLICATION DATE

<u>DATE</u>	<u>ACCIDENT TYPE</u>	<u>FATALITIES</u>	<u>INJURIES</u>
Last Accident _____	_____	_____	_____
Next Accident _____	_____	_____	_____
Next Accident _____	_____	_____	_____

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS

<u>LOCATION</u>	<u>DATE</u>	<u>CHARGE</u>	<u>PENALTY/POINTS</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

EDUCATION

Highest Grade Completed _____ College _____

Last School Attended _____ City _____

EXPERIENCE AND QUALIFICATIONS (DRIVER)

<u>STATE ISSUED</u>	<u>LICENSE #</u>	<u>TYPE</u>	<u>EXP. DATE</u>
_____	_____	Class: A B C	_____
_____	_____	Class: A B C	_____

When was your Class A first issued _____

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

Yes / No

If yes please explain: _____

DRIVING EXPERIENCE

Super Dump Yes _____ No _____ From/To _____ / _____

Transfer Yes _____ No _____ From/To _____ / _____

Double Bottoms Yes _____ No _____ From/To _____ / _____

End Dump Yes _____ No _____ From/To _____ / _____

Semi Bottom Yes _____ No _____ From/To _____ / _____

Other commercial driving experience Yes _____ No _____ From/To _____ / _____

Please describe: _____

Special Courses, Training, or Awards that will help you as a driver? _____

TO BE READ AND SIGNED BY APPLICANT

This certifies that I, myself, completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge. I authorize Kadon Trucking Inc. to make such investigations and inquire of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, or persons from all liability in providing responses to inquiries connected with my application. In the event of employment, I understand that false or misleading information given in my application or interview may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company as permitted by law.

Applicant's Signature

Date