

APPLICATION FOR EMPLOYMENT



5739 Old Hwy. 61
Duluth, MN 55810

Toll Free (888)-294-3535 Fax (218)-624-3601

WWW.KIVIBROS.COM

Applicant Name: _____ Date: _____

In compliance with Federal and State equal 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 *Kivi Bros. Trucking* to make such investigations and inquiries of my personal, employment, financial, criminal, and/or medical history along with 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 connections 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 also understand that I am required to abide by all rules and regulations of *Kivi Bros. Trucking*.

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 have them resend 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: _____

PHONE NUMBER: _____

Driver's License Number: _____ State: _____

EMAIL: _____

APPLICANT INFORMATION

Name: _____
 Last First Middle

SSN: _____

Date of Birth: _____

Position(s) Applied For: _____

Current Address: _____
 Street City State Zip

#Years

Previous 3 Years

#Years

 Street City State Zip

#Years

 Street City State Zip

Do you have the legal right work in the United States of America? **Yes or No (circle one)**

Have you ever worked for Kivi Bros. Trucking before: **Yes or No (circle one)**

Dates: From: _____ To: _____

Reason for Leaving? _____

Are you currently employed? **Yes or No**

If no, how long since leaving your last employment? _____

Who referred you or how did you discover Kivi Bros. Trucking: _____

Rate of pay expected: _____

Have you ever been bonded? **Yes or No** Name of bonding company:

Is there any reason you might be unable to perform the functions of the job for which you have applied?

Yes or No 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 addresses, 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.

1. Current Employer: _____

Address: _____

Supervisor: _____

Phone: _____ Date From: _____ To: _____

Position Held: _____ Salary/Wage: _____

Reason for leaving: _____

Were you subject to the Federal Motor Carrier Safety Regulations while employed? **Yes or 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 40? **Yes or No**

2. Prior Employer: _____

Address: _____

Supervisor: _____

Phone: _____ Date From: _____ To: _____

Position Held: _____ Salary/Wage: _____

Reason for leaving: _____

Were you subject to the Federal Motor Carrier Safety Regulations while employed? **Yes or 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 40? **Yes or No**

3. Prior Employer: _____

Address: _____

Supervisor: _____

Phone: _____ Date From: _____ To: _____

Position Held: _____ Salary/Wage: _____

Reason for leaving: _____

Were you subject to the Federal Motor Carrier Safety Regulations while employed? **Yes or 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 40? **Yes or No**

4. Prior Employer: _____

Address: _____

Supervisor: _____

Phone: _____ Date From: _____ To: _____

Position Held: _____ Salary/Wage: _____

Reason for leaving: _____

Were you subject to the Federal Motor Carrier Safety Regulations while employed? **Yes or 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 40? **Yes or No**

ACCIDENT REVIEWS FOR THE PAST 5 YEARS
Attach separate sheet of paper if more space is needed
If none-write NONE

Last Accident

Date Nature of Accident (Head on, Rear-End, Etc.)
Fatalities/Injuries

Previous

Date Nature of Accident (Head on, Rear-End, Etc.)
Fatalities/Injuries

Previous

Date Nature of Accident (Head on, Rear-End, Etc.)
Fatalities/Injuries

Previous

Date Nature of Accident (Head on, Rear-End, Etc.)
Fatalities/Injuries

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS
Not Including Parking Violations
If none-write NONE

Location	Date	Charge	Penalty
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Location	Date	Charge	Penalty
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Location	Date	Charge	Penalty
----------	------	--------	---------

Location	Date	Charge	Penalty
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Location	Date	Charge	Penalty
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DRIVING EXPERIENCE
Check all that apply

- **Tractor/Trailer** *Flat – Stepdeck – Tank – RGN – Refer – Van* (Circle all that apply)

Dates From: _____ To: _____ Approx. Total Miles:

- **Straight Truck**

Dates From: _____ To: _____ Approx. Total Miles:

- **Doubles/Triples/LCV**

Dates From: _____ To: _____ Approx. Total Miles:

- **Other (Specify)** _____

Dates From: _____ To: _____ Approx. Total Miles:

List states operated in for the last 5 years: _____

List any special training received: _____

Do you have a Passport? **Yes** or **No** Do you have a TWIC Card? **Yes** or **No**

Any other experiences, awards, or courses taken that would help your potential position at Kivi Bros.?

EDUCATION
Circle Completed

Grammar School: K-1-2-3-4-5-6

High School: 7-8-9-10-11-12

College: 1-2-3-4 Degree: _____

Last School Attended: _____

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:** _____

PRE-EMPLOYMENT/PRE-PLACEMENT ACKNOWLEDGEMENT FORM

Pre-Employment Test Only

Applicants Please Read and Sign Below

I HEREBY ACKNOWLEDGE that I have been informed by Kivi Bros. Trucking of the requirements to submit to a pre-employment drug and/or alcohol test, as required by the U.S. Department of Transportation (DOT) regulations and company policy. I understand that the DOT regulations require all prospective employees for safety-sensitive positions submit to a drug and/or alcohol test. A urine specimen will be collected at a site selected by the company and tested for drugs at a HHS/SAMHSA-certified laboratory. The laboratory results of the drug test will be reviewed, reported and maintained by the Medical Review Officer (MRO) selected by the company. I will be given an opportunity to discuss a positive laboratory test result with the MRO before the drug test is reported to the company as a verified positive.

I understand that if my drug and/or alcohol test is verified/confirmed as positive, if it is determined that there has been any interference with the collection or testing process (including adulteration and/or switching specimens) or if I refuse to submit to the required pre-employment drug and/or alcohol test, I will be considered unqualified for employment in a safety-sensitive position by Kivi Bros. Trucking.

I also understand that, if hired, I will be required to submit to additional drug and/or alcohol tests as required by DOT regulations and as outlined in the Company Policy and supportive material.

I acknowledge that Kivi Bros. Trucking's offer of employment is conditioned on a negative test result and I will not be allowed to perform safety-sensitive functions unless and until I pass the required pre-employment drug and/or alcohol test.

If you have any questions, please discuss them with the company before signing

Name (Please Print): _____

Applicant Signature: _____ **Date:** _____

Note: This certificate should be retained in a secured file.

REQUEST FOR CHECK OF DRIVING RECORD

I hereby authorize you to release the following information to **Kivi Bros. Trucking Inc.** for purpose of investigating as required by Sections 391.23 and 391.25 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information.

Applicant Signature: _____

Date:

Applicant Printed Name: _____



Emergency Contact Form:

In the event of an emergency, please contact one or both of the below listed people.

1. **Name:** _____ **Phone Number:** _____

Relation: _____

2. **Name:** _____ **Phone Number:** _____

Relation: _____



Job Description for Truck Drivers

> **Essential Job Functions**

- > To operate commercial motor vehicles, transporting freight in inter/intrastate commerce to and from various locations throughout the United States and Canada.

> **Duties**

- > Inspect vehicles safety sensitive parts and accessories to ensure safe operating condition prior to departure
- > Understand shipping papers to determine nature of load and any special hazards that may accompany the shipment.
- > Be able to safely secure the load protecting it from shifting or moving on the trailer. Also properly security it to prevent any damage to the freight itself.
- > Operate vehicle in compliance with all company, state and federal regulations.
- > Deliver freight to consignees in a timely manner.
- > Safely perform other related work as required.

> **Miscellaneous Responsibilities**

- > Report all accidents and incidents of equipment damage involving employee or company equipment
- > Maintain trip records as required.
- > Maintain records required for compliance with state and federal regulations including drivers' logs, records of fuel purchases, mileage records, etc.
- > Proper use and care of all equipment assigned to him/her for the performance of duties.
- > Report promptly any delays that will affect pick up or delivery appointments.

> **Physical Requirements**

- > 49 CFR 391.41 (if applicable)
- > Driver must be able to sit for extended periods of time in a truck/tractor
- > Driver must be able to walk, bend, reach, push, pull, stoop, squat, and climb as necessary to perform vehicle inspections, tarping practices and securing the load.
- > Driver must be able to walk, bend, reach, push, pull, stoop, and squat, as wells as grasp, lift, handle and carry tarps which may weigh in excess of 90 pounds.

> **Additional Requirements**

- > Valid CDL
- > (Good) Driving Record
- > Willingness to be out for 10-12 days at a time.

Are you capable of performing the essential functions of this job in a safe manner?

Yes

No

Applicant Signature

Date



Important Disclosure Regarding Background Reports From The PSP Online Service

In connections with your application for employment with Kivi Bros. 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 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 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 you with a copy of your report and 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 the 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 Kivi Bros. 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 the 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 that 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)