



APPLICATION FOR EMPLOYMENT (DOT VERSION)

Date _____

We are committed to Equal Employment Opportunity to all applicants and will not discriminate on any legally recognized basis, including but not limited to race, age, sexual orientation, color, gender identity, religion, gender, national origin, veteran or disability status.

PERSONAL BACKGROUND

Email Address _____

Phone Number () _____

Name _____
Last First Middle

Present Address _____
Street City State Zip Code

Permanent Address _____
Street City State Zip Code

Referred by _____ Is this person currently employed by Brake Supply? Yes No

Position applying for _____ Date you can start _____ Salary desired _____

Are you employed? Yes No If so, may we inquire of your present employer? Yes No

Ever applied to this Company before? Yes No Ever employed by another Koch Company Yes No When? _____

Are you willing to work overtime? Yes No What shift(s) are you willing to work? _____

Are you willing to work weekends? Yes No Are you willing to relocate? Yes No

U.S. Military or Naval Service _____ Rank _____

Are you at least 18 years of age? Yes No If no, do you have a work permit? Yes No

Can you submit verification of your legal right to work in the U.S? Yes No

Have you ever been convicted of a crime, other than minor traffic violation, that has not been expunged (erased) by a court (A conviction record will not necessarily exclude you from employment) Yes No

If yes, please explain: _____

EDUCATIONAL BACKGROUND	NAME AND LOCATION OF SCHOOL	CIRCLE HIGHEST GRADE COMPLETED	GRADUATED	MAJOR AREA OF STUDY
HIGH SCHOOL	_____	9 10 11 12	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
	_____			_____
COLLEGE	_____	13 14 15 16	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
	_____			_____
TRADE, BUSINESS OR GRADUATE SCHOOL	_____		Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
	_____			_____

PHYSICAL RECORD

Do you have any handicap or disability which would interfere with your ability to perform the essential duties of the job for which you have applied? If yes, what can be done to accommodate your limitations?

WORK EXPERIENCE*(List below last four employers, starting with your present or last place of employment.)*

Date Mo/Yr.	Name and Address of Employer	Salary	Position	Name of Supervisor	Reason for Leaving
Fr.					
To					

Describe Duties:

May we contact? Yes No

Date Mo/Yr.	Name and Address of Employer	Salary	Position	Name of Supervisor	Reason for Leaving
Fr.					
To					

Describe Duties:

May we contact? Yes No

Date Mo/Yr.	Name and Address of Employer	Salary	Position	Name of Supervisor	Reason for Leaving
Fr.					
To					

Describe Duties:

May we contact? Yes No

Date Mo/Yr.	Name and Address of Employer	Salary	Position	Name of Supervisor	Reason for Leaving
Fr.					
To					

Describe Duties:

May we contact? Yes No **REFERENCES:** Give the names of three business references not related to you, whom you have known at least three years.

	Name & Occupation	Address	Telephone	Yrs Known
1.				
2.				
3.				

SKILLS ASSESSMENT

TECHNICAL / MECHANICAL SKILLS

USING THE 1-5 RATING SCALE BELOW, INDICATE YOUR SKILL LEVEL IN THE AREAS LISTED:

- 1= Novice, no skill or experience in this area
- 2= Some skill in this area, understand the basic concepts
- 3= Intermediate level, have significant experience in this area
- 4= Advanced level, have 3 years or more of experience in this area
- 5= Expert, have an accomplished work history, 5 years or more experience in this area
- ** If no skill leave, leave blank**

Reading Tape Measure _____ Fork Truck _____ Basic Math _____ Knowledge of Tools _____ Welding _____

Commercial Driver _____ Reading Micrometer _____ Industrial Mechanic _____ Safety _____ Shipping and Receiving _____

Machinist (manual) _____ Machinist (CNC programmer) _____ Maintenance _____ Transmission Mechanic _____ Wet Brake
 Mechanic _____ Dry Brake Mechanic _____ Cylinder Mechanic _____ Fluid Power Mechanic _____ Journeyman Machinist _____
 Journeyman Mechanic _____

ADMINISTRATION/PROFESSIONALSKILLS

Typing _____ Filing _____ Multi-Line Phone _____ Payroll _____ Outside Sales _____ Inside Sales _____

Ordering/Purchasing _____ Inventory _____ Supervision of Employees _____ Accounting _____ Marketing _____

Customer Service _____ Accounts Payable/Receivables _____ AutoCAD _____ Electrical Engineering _____ Mechanical
 Engineering _____ Computer Programmer _____ Computer Networking _____ Computer Systems Analyst _____

LIST OTHER SKILLS YOU POSSESS NOT LISTED ABOVE:

DRUG FREE WORKPLACE

In order to preserve the safety, health and well-being of its Team Members, Brake Supply Co. Inc. is committed to a Drug Free workplace. The Company will utilize drug tests to prevent hiring or rehiring individuals who use illegal drugs and to prevent employing individuals whose use of drugs presents a risk or unsafe or unsatisfactory job performance.

APPLICANT'S STATEMENT

In signing this application, I certify that all of the foregoing information is a complete and accurate statement of the facts and understand that if any misrepresentation, omission or falsification be discovered, it will constitute grounds for dismissal. I hereby authorize Brake Supply Company, Inc. to conduct investigations of my civil and criminal background. I release all parties from any liability in connection with the provision and use of such information.

I understand and agree that, if employed by this organization; I will abide by its rules and regulations which I understand are subject to change. I further understand that, if hired, my employment is at-will and for no definite period of time and may be terminated by either party, at any time, with or without notice.

If the Company decides to engage an investigative consumer reporting agency to report on my credit and/or personal history, I authorize this investigation. If a report is obtained, the Company must provide, at my request, the name of the agency so I may obtain from them the nature and substance of the information contained in the report.

Applicant's Signature

Date

LICENSE INFORMATION (DOT)

PREVIOUS ADDRESSES

List the addresses at which you have resided at during the preceding three (3) years:

Address _____ City _____ ST _____ ZIP _____ Length at address _____
 Address _____ City _____ ST _____ ZIP _____ Length at address _____
 Address _____ City _____ ST _____ ZIP _____ Length at address _____

Section 383.21 FMCSR states "No person who operates a commercial motor vehicle shall at any time have more than one driver's license". I certify that I do not have more than one motor vehicle license, the information for which is listed below.

STATE	LICENSE NO	TYPE	EXPIRATION DATE

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (Van, Flat, Tank, etc.)	DATES FROM TO	APPROX NO. OF MILES (TOTAL)
STRAIGHT TRUCK			
TRACTOR ANDS SEMI-TRAILER			
TRACTOR- TWO TRAILERS			
OTHER			

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC)	NUMBER OF FATALITIES	NUMBER OF INJURIES	CHEMICAL SPILLS	
				YES	NO
				YES	NO
				YES	NO

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

DATE OF CONVICTION	VIOLATION	STATE OF VIOLATION LOCATION	PENALTY (forfeited bond, collateral and/or points)

(ATTACH SHEET IF MORE SPACE IS NEEDED)

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES _____ NO _____
 If yes, explain _____

B. Has any license, permit or privilege ever been suspended or revoked? YES _____ NO _____
 If yes, explain _____

Applicants that desire to drive in intrastate/interstate commerce must provide the following information below on all employers during the previous three years. You must give the same information for all employers you have driven a commercial motor vehicle for the seven years prior to the initial three years (total of ten years employment record).

Must list the complete mailing address: street number and name, city, state and zip code

LAST EMPLOYER: NAME _____ **ADDRESS** _____
PHONE _____ **POSITION HELD** _____ **FROM** _____ **TO** _____ **SALARY** _____
_____ **REASONS FOR LEAVING** _____ **ANY GAPS IN EMPLOYMENT** _____
AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON.

_____ Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes No

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes No

SECOND LAST EMPLOYER: NAME _____ **ADDRESS** _____
PHONE _____ **POSITION HELD** _____ **FROM** _____ **TO** _____ **SALARY** _____
_____ **REASONS FOR LEAVING** _____ **ANY GAPS IN EMPLOYMENT AND/OR** _____
UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON.

_____ Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes No

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes No

THIRD LAST EMPLOYER: NAME _____ **ADDRESS** _____
PHONE _____ **POSITION HELD** _____ **FROM** _____ **TO** _____ **SALARY** _____
_____ **REASONS FOR LEAVING** _____ **ANY GAPS IN EMPLOYMENT** _____
AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON.

_____ Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes No

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes No

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make sure investigations and inquiries to 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: (1) Review information provided by current/previous employers; (2) 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 (3) 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.”

Applicant's Signature

Date

This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge. Note: A motor carrier may require an applicant to provide information in addition to the information required by the Federal Motor Carrier Safety Regulations

INQUIRY TO PAST EMPLOYER (may also be done via phone, fax, e-mail, etc.)
ATTEMPT DATES _____, _____, _____

FROM -- PROSPECTIVE EMPLOYER			TO -- PREVIOUS EMPLOYER		
COMPANY			COMPANY		
INDIVIDUAL			INDIVIDUAL		
ADDRESS			ADDRESS		
CITY	ST	ZIP	CITY	ST	ZIP

Dear Motor Carrier:

The person named below has applied to this Company for employment as a _____ and states that he/she was employed by your Company as a _____ from _____ to _____.

Please reply to the inquiry below as it relates to this applicant. The applicant has waived any claim of liability against your Company for information submitted in response to this inquiry -- see Employer Liability Release Statement at bottom of this page.

Sincerely, _____ Date of Inquiry: _____

NAME OF APPLICANT: _____ **SS# (last 4 digits)** _____

1. Is employment record with your company correct as stated above? _____
2. What kind(s) of work did applicant do? _____
3. If employed as a driver, specify type of equipment driven _____
4. Number of accidents Number preventable _____
5. Was applicant's driver's license ever suspended or revoked? _____
6. Reason for leaving your employ: Discharged _____ Laid Off _____ Resigned _____
7. Was applicant's general conduct satisfactory? Yes _____; No _____;
Other _____
8. Is applicant competent for the position seeking? Yes _____; No _____;
Other _____
9. Would you re-employ? Yes _____; No _____;
Other _____
10. Has the above named driver had an alcohol test with a result of 0.04 alcohol concentration or greater? Y ___ N ___
11. Has the above named driver verified positive for a controlled substance test result? Y ___ N ___
12. Has the above named driver refused a required test for alcohol or drugs in the past 12 months? Y ___ N ___

If the answer to any of the above us Yes, please identify the Substance Abuse Professional that administered treatment As required by the U.S. Department of Transportation.

By: _____ Date: _____
(Signature of person supplying information)

PRIOR EMPLOYER LIABILITY RELEASE	
_____ (Former employer name)	
<p>I hereby authorize you to release all information regarding my services, character and conduct while in your employ, and you are released from any and all liability which may result from furnishing such information.</p> <p><u> X </u> _____ <u> X </u> _____ (Applicant's Signature) (Date)</p>	