

DRIVER'S APPLICATION FOR EMPLOYMENT

Applicant Name _____ Date of Application _____
(print)

C.A.T.-Concord
P. O. Box 644
Concord, NC 28026
704-782-5137 - 800-869-2434

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.

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 (~) 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 _____

FOR COMPANY USE

PROCESS RECORD

APPLICANT HIRED _____ REJECTED _____

DATE EMPLOYED _____ POINT EMPLOYED _____

DEPARTMENT _____ CLASSIFICATION _____
(IF REJECTED, SUMMARY REPORT OF REASONS SHOULD BE PLACED IN FILE)

SIGNATURE OF INTERVIEWING OFFICER _____

TERMINATION OF EMPLOYMENT

DATE TERMINATED _____ DEPARTMENT RELEASED FROM _____

DISMISSED _____ VOLUNTARILY QUIT _____ OTHER _____

TERMINATION REPORT PLACED IN FILE _____ SUPERVISOR _____

This form is made available with the understanding that J. J. Keller & Associates, Inc. is not engaged in rendering legal, accounting, or other professional services. J. J. Keller & Associates, Inc. assumes no responsibility for the use of this form, or any decision made by an employer which may violate local, state, or federal law.

APPLICANT TO COMPLETE

(answer all questions - please print)

Position(s) Applied for _____

Name _____ Social Security No. _____
Last First Middle

List your addresses of residency for the past 3 years.

Current Address _____
Street City

State _____ Zip Code _____ Phone _____ How Long? _____
yr./mo.

Previous Addresses

Street _____ City _____ State & Zip Code _____ How Long? _____
yr./mo.

Street _____ City _____ State & Zip Code _____ How Long? _____
yr./mo.

Street _____ City _____ State & Zip Code _____ How Long? _____
yr./mo.

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

Date of Birth _____ / _____ / _____ Can you provide proof of age? _____
(Required for Commercial Drivers)

Have you worked for this company before? _____ Where? _____

Dates: 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 _____

Have you ever been bonded? _____ Name of bonding company _____
(Answer only if a job requirement)

Have you ever been convicted of a felony? _____

If yes, please explain fully on a separate sheet of paper. Conviction of a crime is not an automatic bar to employment-all circumstances will be considered.

Is there any reason you might be unable to perform the functions of the job for which you have applied [as described in the attached job description]?

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 address, 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.

(NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary,)

EMPLOYER			DATE	
NAME			FROM MO	YR
ADDRESS			TO MO	YP
CITY	STATE	ZIP	POSITION HELD	
CONTACT PERSON			SALARY/WAGE	
PHONE NUMBER			REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRs [†] 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 407 <input type="checkbox"/> YES <input type="checkbox"/> NO				

EMPLOYMENT HISTORY (continued)

EMPLOYER			DATE	
NAME	FROM MO	YR	TO MO	YR
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON			PHONE NUMBER	REASON FOR LEAVING
WERE YOU SUBJECT TO THE FMCSRS [†] WHILE EMPLOYED? O 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	SALARY/WAGE	
CONTACT PERSON			PHONE NUMBER	REASON FOR LEAVING
WERE YOU SUBJECT TO THE FMCSRS [†] 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	SALARY/WAGE	
CONTACT PERSON			PHONE NUMBER	REASON FOR LEAVING
WERE YOU SUBJECT TO THE FMCSRS [†] WHILE EMPLOYED? O 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	SALARY/WAGE	
CONTACT PERSON			PHONE NUMBER	REASON FOR LEAVING
WERE YOU SUBJECT TO THE FMCSRS [†] 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	SALARY/WAGE	
CONTACT PERSON			PHONE NUMBER	REASON FOR LEAVING
WERE YOU SUBJECT TO THE FMCSRS [†] WHILE EMPLOYED? O 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				

*Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

†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) weighs 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.

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 address, 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.

(NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary.)

EMPLOYER			DATE	
NAME	FROM MO.	YR.	TO MO.	YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER		
DID YOU DRIVE AVEHICLE REQUIRING A CDL? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
EMPLOYER			DATE	
NAME	FROM MO.	YR.	TO MO.	YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER		
DID YOU DRIVE AVEHICLE REQUIRING A CDL? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
EMPLOYER			DATE	
NAME	FROM MO.	YR.	TO MO.	YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER		
DID YOU DRIVE AVEHICLE REQUIRING A CDL? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
EMPLOYER			DATE	
NAME	FROM MO.	YR.	TO MO.	YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER		
DID YOU DRIVE AVEHICLE REQUIRING A CDL? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
EMPLOYER			DATE	
NAME	FROM MO.	YR.	TO MO.	YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER		
DID YOU DRIVE AVEHICLE REQUIRING A CDL? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
EMPLOYER			DATE	
NAME	FROM MO.	YR.	TO MO.	YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER		
DID YOU DRIVE AVEHICLE REQUIRING A CDL? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				

*Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACHSHEET IF MORE SPACE IS NEEDED) IF NONE, WRITE NONE

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES	HAZARDOUS MATERIAL SPILL
LAST ACCIDENT _____				
NEXT PREVIOUS _____				
NEXT PREVIOUS _____				

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE NONE

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

EXPERIENCE AND QUALIFICATIONS – DRIVER

List all driver licenses or permits held in the past 3 years

DRIVER LICENSES	STATE	LICENSE NO.	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, GIVE DETAILS _____
- _____

DRIVING EXPERIENCE CHECK YES OR NO

CLASS OF EQUIPMENT	CIRCLE TYPE OF EQUIPMENT	DATES		APPROX. NO. OF MILES (TOTAL)
		FROM (M/Y)	TO (M/Y)	
STRAIGHT TRUCK <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)			
TRACTOR AND SEMI-TRAILER <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)			
TRACTOR - TWO TRAILERS <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)			
TRACTOR - THREE TRAILERS <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)			
MOTORCOACH - SCHOOL BUS <input type="checkbox"/> YES <input type="checkbox"/> NO <small>More than 8 passengers</small>	—			
MOTORCOACH - SCHOOL BUS <input type="checkbox"/> YES <input type="checkbox"/> NO <small>More than 15 passengers</small>	—			
OTHER _____				

LIST STATES OPERATED IN FOR LAST FIVE YEARS: _____

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER: _____

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM? _____

EXPERIENCE AND QUALIFICATIONS – OTHER

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWN)

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 HIGHSCHOOL: 1 2 3 4 COLLEGE: 1 2 3 4

LAST SCHOOL ATTENDED (NAME) _____ (CITY, STATE) _____

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: _____

APPLICATION ADDENDUM

PLEASE COMPLETE THIS SHEET AND RETURN WITH THE APPLICATION AND RELEASE FORMS.

HAVE YOU EVER USED A QUALCOM COMPUTER? YES _____ NO _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES _____ NO _____

IF SO, WHEN AND GIVE OFFENSE(S) _____

HAVE YOU EVER BEEN CONVICTED OF A MISDEMEANOR? YES _____ NO _____

IF SO, WHEN AND GIVE OFFENSE(S) _____

HAVE YOU EVER BEEN CONVICTED OF DRIVING WHILE INTOXICATED? YES _____ NO _____

IF SO, WHEN? _____

HAVE YOU EVER BEEN CONVICTED OF RECKLESS DRIVING? YES _____ NO _____

IF SO, WHEN? _____

IN THE LAST TWO YEARS, HAVE YOU REFUSED ANY PRE-EMPLOYMENT DRUG OR ALCOHOL SCREENS, OR HAVE YOU HAD ANY PRE-EMPLOYMENT DRUG OR ALCOHOL SCREENS WITH POSITIVE RESULTS? YES _____ NO _____

HAVE YOU EVER COMPLETED A DOT APPROVED DRUG & ALCOHOL REHABILITATION PROGRAM? YES _____ NO _____ NOT APPLICABLE _____

NUMBER OF YEARS/MONTHS OF EXPERIENCE DRIVING AN 18 WHEELER:

_____ YEARS _____ MONTHS

COMPANY PROCESSING DISCLOSURE STATEMENT

Following the initial processing of your application, including but not limited to the materials listed in the Fair-Credit Reporting Act disclosure statement, you may receive an offer of employment and be scheduled for an orientation. This offer is conditional. Prior to or during the orientation, a DOT/company policy required criminal history report will be acquired and a road test and a drug screen will be given, and any delayed employment verifications will be completed. These must meet DOT and company requirements before employment is final.

Applicant's Signature

Date

FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT

In accordance with the provisions of Section 604(b)(2)(A) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I, of Public Law 104-208), you are being informed that reports verifying your previous employment previous drug and alcohol test results, and your driving record may be obtained on you for employment purposes. These reports are required by Sections 382.413, and 391.25 of the Federal Motor Carrier Safety Regulations.

Applicant's Signature

Date

Print Name

Social Security #

NOTIFICATION OF RIGHT TO REVIEW AND CORRECT

Under FMCSA regulation published March 30, 2004 and effective October 30, 2004, driver applicants have the right to review and correct the information provided by previous employers. A written request for review of the information must be submitted within 30 days after the date of hire or employment denial.

Applicant's Signature

Date



INDEPENDENT POWER, INC. – C.A.T. EMPLOYMENT VERIFICATION

IN COMPLIANCE WITH FMCSA REGULATION 391.23 & 390.5

RETURN INFORMATION TO:

INDEPENDENT POWER, INC. PO BOX 644 CONCORD, NC 28026

Phone # 1-800-869-2434 x-12

Return Fax # 704-792-9652

APPLICANTS NAME: _____ COMPANY: _____ POSITION: _____
SOCIAL SECURITY #: _____ ADDRESS: _____ PHONE #: _____
DATE OF BIRTH: _____ DATES ON APPLICATION: _____ FAX #: _____

SOCIAL SECURITY # ON EMPLOYERS RECORDS: _____

DATES ON EMPLOYERS RECORDS: _____ TO _____ ; _____ TO _____
Month/Day/Year Month/Day/Year Month/Day/Year Month/Day/Year

WHAT WAS HIS/HER JOB RESPONSIBILITIES: _____ [] FULL TIME [] PART TIME

REASON FOR LEAVING? _____ WAS NOTICE GIVEN? [] YES [] NO

ELIGIBLE FOR REHIRE? [] YES [] NO IF NOT ELIGIBLE, WHY? _____

TYPE OF EQUIPMENT DRIVEN: TRACTOR/TRAILER [] STRAIGHT TRUCK [] DUMP TRUCK [] OTHER []
TRAILER TYPE: DRY VAN [] REEFER [] TANKER [] DOUBLES [] FLATBED [] OTHER []
AREA DRIVEN: LOCAL [] REGIONAL [] OTR [] DRIVER TYPE: TEAM [] SOLO []

AVERAGE MILES DRIVEN PER WEEK: _____

OF PREVENTABLE ACCIDENTS: _____ DATE(S): _____ CITY/STATE: _____

OF FATALITIES: _____ HAZMAT SPILL: [] YES [] NO COST: \$ _____

OF NON-PREVENTABLE ACCIDENTS: _____ DATE(S): _____

WORK HISTORY / COMMENTS: _____

PRIOR DRUG & ALCOHOL TEST RESULTS VERIFICATION

IS YOUR DRUG/ALCOHOL PROGRAM REQUIRED BY DOT OR THE FEDERAL GOVERNMENT PER 49CFR & SUBPART 40 & 391? [] YES [] NO

Pursuant to the FMCSA (49 CFR 382 Subpart 40 & 391) Independent Power Inc. and/or it's partners (C.A.T.) is required to obtain the results of all DOT required drug and/or alcohol test(s), including refusals to be tested. Applicant's written authorization giving Independent Power Inc. permission to obtain information is included.

1. Has this person had any alcohol test with a result of 0.04 or higher alcohol concentration within the last 3 years? [] YES [] NO
If yes, please list the date(s): _____

2. Has this person had any verified positive drug tests with in the last 3 years? [] YES [] NO
If yes, please list the date(s) and the drugs: _____

3. Has this person had any refusal to be tested (including verified adulterated or substituted results) in the last 3 years? [] YES [] NO
If yes, please list the date(s) of the refusal and the type of test refused: _____

4. Did this person violate any DOT agency drug and alcohol testing regulations or violate the alcohol and controlled substance prohibitions under 49 CFR Part 382 Subpart B, or 49 CFR Part 40 within the last 3 years? [] YES [] NO
If yes, please list the date(s) and violations: _____

5. Did a previous employer report a drug and/or alcohol rule violation to you? [] YES [] NO
If yes, you MUST provide the previous employer's report. _____

6. If this person violated a drug and/or alcohol regulation, please check the box below that applies:
[] See attached documentation of the successful completion of the DOT return-to-duty requirements and SAP information including follow up test.
[] This person did not complete or refused rehabilitation prescribed by a SAP (49 CFR 382 or Part 40 Subpart 0)
[] It is unknown if this person initiated or completed an approved rehabilitation program.

7. If this person successfully completed a SAP's recommendation for rehabilitation and remained in your employ, has this person had the following testing violations subsequent to completion of a return to duty process (382.605 Part 40 Subpart 0)?

* Alcohol test with a result of 0.04 or higher alcohol concentration
If yes, please list the date(s) and test results _____ [] YES [] NO

* Verified positive drug test
If yes, please list the date(s) and test results _____ [] YES [] NO

* Refusals to be tested (including verified adulterated or substituted drug test results):
If yes, please list the date(s) and test results _____ [] YES [] NO

Information Furnished By: _____ Full Name: _____ Position: _____ Date: _____