

KOWALSKI DISTRIBUTING COMPANY, INC.
213 21st STREET
MANISTEE, MI 49660
231/723-2401

APPLICATION FOR QUALIFICATION

The purpose of this application is to determine whether or not the applicant is qualified to operate Motor Carrier equipment according to the requirements of the Federal Motor Carrier Safety Regulations and the Company named above.

The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age.

Instructions to Applicant

Please answer all questions. If the answer to any question is "No" or "None", do not leave the item blank, but write "No" or "None." This is important!

Date: _____

Name: _____
(First) (Middle) (Last)

Date of Birth: ____ / ____ / ____ Social Security Number: ____ - ____ - ____

Phone Number: (____) ____ - ____

Check One: Driver Contractor

Current plus Three Years Previous Addresses:

	Mo/Yr	Mo/Yr
_____	From _____	To _____
_____	From _____	To _____

From _____ To _____

Employment

Give a **Complete Record** of all employment for the past three years, including any unemployment or self-employment, and all commercial driving experience for the past ten years.

Present or Last Employer:

Name _____ Phone Number: () - _____

Address _____ (Street) _____ (City) _____ (State) _____ (Zip)

From _____ Mo/Yr To _____ Mo/Yr Reason for Leaving: _____

During your employment were you:

A) Subject to the FMCSRs while employed by this employer? ___ Yes ___ No

B) Was your job 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

Next Previous Employer:

Name _____ Phone Number: () - _____

Address _____ (Street) _____ (City) _____ (State) _____ (Zip)

From _____ Mo/Yr To _____ Mo/Yr Reason for Leaving: _____

During your employment were you:

A) Subject to the FMCSRs while employed by this employer? ___ Yes ___ No

B) Was your job 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

Next Previous Employer:

Name _____ Phone Number: () - _____
Address _____ (Street) _____ (City) _____ (State) _____ (Zip)
From _____ Mo/Yr To _____ Mo/Yr Reason for Leaving: _____

During your employment were you:

- A) Subject to the FMCSRs while employed by this employer? ___ Yes ___ No
- B) Was your job 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

Next Previous Employer:

Name _____ Phone Number: () - _____
Address _____ (Street) _____ (City) _____ (State) _____ (Zip)
From _____ Mo/Yr To _____ Mo/Yr Reason for Leaving: _____

During your employment were you:

- A) Subject to the FMCSRs while employed by this employer? ___ Yes ___ No
- B) Was your job 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

Class of Equipment:

	<u>Dates</u>		<u>Approximate Number of Miles</u>
	<u>From</u>	<u>To</u>	<u>(Total)</u>
Straight Truck	_____	_____	_____
Tractor and Semi-trailer	_____	_____	_____
Tractor-two trailers	_____	_____	_____
Other	_____	_____	_____

Accident Record for the past three years (attach sheet if more space is needed):

<u>Date(s)</u>	<u>Nature of Accident</u> (Head-on, rear-end, upset, etc.)	<u>Number of</u> <u>Fatalities</u>	<u>Number of</u> <u>People Injured</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Traffic Convictions and Forfeitures for the last three years (other than parking violations):

<u>Location</u>	<u>Date</u>	<u>Charge</u>	<u>Penalty</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Driver's License (list each driver's license held in the past three years):

<u>State</u>	<u>License Number</u>	<u>Type</u>	<u>Endorsements</u>	<u>Expiration Date</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

- 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 A or B is YES, give details: _____

To Be Read and Signed by Applicant:

The information you have provided in this application may be used, and your previous employer(s) will be contacted, for the purpose of investigating your safety performance history information as required by paragraphs (d) and (e) of 391.23. You have the right to: review information provided by previous employers; have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to the prospective employer; and to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

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.

Date	Applicant's Signature
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Remarks: _____

APPLICANTS MUST RECEIVE A MANDATORY PHYSICAL, AND MUST SUBMIT TO MANDATORY DRUG AND ALCOHOL TESTING.