

DRIVERS

John H. Kooy Trucking, Inc. is looking for qualified drivers with at least two years of trucking experience.

John H. Kooy Trucking, Inc. was established in 1971. We are located in Arlington Washington and have been in business for the past 31 years.

John H. Kooy Trucking, Inc. is a general commodities carrier and is licensed in Washington, Oregon, California, Utah, Idaho, Arizona and Nevada.

Owner: John H. Kooy

Dispatching: Michael T. Kooy

Accounting: Michele K. Kooy

For wage and benefit information, please contact:

Mike Kooy at 1-800-426-9180

Monday – Friday 8:00 AM – 5:00 PM

or

Saturday 10:00 AM to 11:00 AM

Instructions: Print the following pages on your printer. Fill them out and sign where indicated. Mail the completed forms to....

**John H. Kooy Trucking, Inc.
19324 67th Ave NE
Arlington, WA 98223**

Or email a scanned copy to... dispatch@kooytrucking.net

Application for Employment

Check One ... Driver

Owner Operator__

The purpose of this application is to determine whether 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.

Today's Date _____ CDL# _____ State: _____

Physical Exam Expirations Date ____ / ____ / ____

Date Of Birth ____ / ____ / ____ *Age _____

Social Security Number ____ / ____ / _____

Name _____
(First) (Middle) (Last)

Street Address _____ As Of: ____ / ____ / ____

City _____ State _____ Zip _____

Phone Number _____ Cell _____

Alternate Phone _____ Pager _____

Contact for Emergency Purposes _____

Emergency Phone Number _____

Relationship _____

Please circle the highest grade completed...

Grade School: 1 2 3 4 5 6 7 8

High School: 9 10 11 12

College: 1 2 3 4

Post-Graduate: 1 2 3 4

Give a complete record of all current and past employment, including any unemployment or self employment and all commercial driving experience, begin with the most current please.

1. Name _____ Address _____
Dates Employed ___ / ___ / ___ to ___ / ___ / ___ Phone _____ Fax _____
Position Held _____ Supervisor _____
Reason For Leaving _____
2. Name _____ Address _____
Dates Employed ___ / ___ / ___ to ___ / ___ / ___ Phone _____ Fax _____
Position Held _____ Supervisor _____
Reason For Leaving _____
3. Name _____ Address _____
Dates Employed ___ / ___ / ___ to ___ / ___ / ___ Phone _____ Fax _____
Position Held _____ Supervisor _____
Reason For Leaving _____
4. Name _____ Address _____
Dates Employed ___ / ___ / ___ to ___ / ___ / ___ Phone _____ Fax _____
Position Held _____ Supervisor _____
Reason For Leaving _____
5. Name _____ Address _____
Dates Employed ___ / ___ / ___ to ___ / ___ / ___ Phone _____ Fax _____

Position Held _____ Supervisor _____

Reason For Leaving _____

DRIVING EXPERIENCE

Class of Equipment	Dates		Approximate Number Of Miles
<u>Straight Truck</u>	From _____	To _____	Total Miles _____
<u>Tractor & Semi-Trailer</u>	From _____	To _____	Total Miles _____
<u>Tractor & Two Trailers</u>	From _____	To _____	Total Miles _____
<u>Refrigerated Trailers</u>	From _____	To _____	Total Miles _____
<u>Other</u>	From _____	To _____	Total Miles _____

List the states you have operated in for the last five years _____

List special courses or training completed (PTD/DDC, Haz Mat. Etc...) _____

List any Safe Driving Awards you hold and from whom _____

DRIVING RECORD

ACCIDENTS

Date of Accident	Nature of Accident (head on - rearend - etc)	Location of Accident	Number of Fatalities	Number of People injured

TICKETS

Date	Location	Charge	Penalty

DRIVERS LICENSE (list each driver's licenses held in the past three years)

State	License#	Type	Endorsements	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**

C - Have you ever been convicted of a felony? **Yes** **No**

D - Have you ever tested positive or refused a DOT drug or alcohol pre-employment test within the past two years from an employer wo did not hire you? **Yes** **No**

E - Have you ever lost your driving privileges because of drug or alcohol testing? **Yes** **No**

If the answer to A – B – C or D is “YES”, give details: _____

PERSONAL REFERENCES

List three persons for references, other than family members, who have knowledge of your safety habits

Name _____ Address _____ Phone (____) _____
Name _____ Address _____ Phone (____) _____
Name _____ Address _____ Phone (____) _____

To Be Read and Signed By Applicant

It is agreed and understood that any misrepresentation on this application for qualification shall be considered an act of dishonesty.

I give the motor carrier and its agents or representatives the right to investigate all references and to secure additional information about my employment background. I hereby release from all liability for damages the motor carrier and its agents or representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

I agree to furnish such additional information and complete such examinations as may be required to complete my employment file.

It is agreed and understood that this application for employment in no way obligates the motor carrier to employ me.

It is agreed and understood that if qualification to operate motor carrier equipment, I may be on a probationary period, during which I may be disqualified without recourse.

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.

Applicant Signature

Date

Applicant's Signature _____ **Date** ____ / ____ / ____