



APPLICATION INSTRUCTIONS FOR COMPANY DRIVERS

Dear Applicant:

Thank you for your interest in driving for Knight Refrigerated, the premium carrier in the industry.

As an experienced driver, you are aware of the renewed emphasis placed on carriers to have a complete and accurate employment history. **To help us expedite your application, please follow the instructions as outlined below.**

1. **The application must be printed in ink and in your own handwriting. PLEASE PRINT LEGIBLY.** Read and follow all instructions carefully.
2. Fill in all blanks except for those marked "For Office Use Only."
3. If a particular question does not apply to you, put N/A (not applicable) in the blank. Do not leave any questions blank.
4. **VERY IMPORTANT!** The section entitled "**Employment Record**" must be completed correctly. You must list all employers, schools, military service and all periods of self-employment or unemployment for 10 full years. NOTE: Dates, phone numbers and addresses must be correct with no gaps in employment history.
5. In the section entitled "**License**," list **all** licenses held in the past 5 years. In the section entitled "**Moving Traffic Convictions**" and "**Accident Record**," list all tickets and forfeitures and all accidents for the past 5 years including incidents. List all accidents/incidents regardless of fault, severity, or motor vehicle type. We will check your motor vehicle report for the past 5 years, so please be accurate.
6. The Request for Background Information must be **completed and signed only at the top of the form.**
7. Be sure to **sign and date the application, where indicated.**
8. Employment is contingent upon successful completion of orientation, which includes a road test, D.O.T. Physical, drug screen and physical agility test.

INCLUDING COPIES OF THE FOLLOWING DOCUMENTS MAY SPEED UP YOUR APPLICATION PROCESS:

1. CDL (Hazmat Endorsement required prior to employment).
2. Motor vehicle report (driving record) for 5 years.
3. Accident report (if accident occurred in the last 3 years).
4. DD214 Long Form (if prior military service within past 10 years).
5. School certificate and transcripts (if attended in the past 5 years).
6. Verification of unemployment (pay records or references).
7. Verification of self-employment (tax records, references or business license).
8. W-2 forms (if previously employed by a company that has gone out of business).

NOTE: Please do not include original documents.

PLEASE NOTE: Applications will not be accepted if not filled out correctly and completely!

DRIVER APPLICATION

APPLICANTS ARE CONSIDERED WITHOUT REGARD TO RACE, CREED, COLOR, SEX, RELIGION, AGE, NATIONAL ORIGIN, OR DISABILITY.



SELECT THE DIVISION YOU ARE APPLYING FOR:

Company Owner Operator

Date of Application _____ Location Applying For _____

APPLICANT READ: You are advised that the information you provide in this application may be used, and your prior employers will be contacted for the purpose of investigating your background as required by D.O.T. Regulation Part 391.23.

NOTE: ANSWER ALL QUESTIONS - WRITE LEGIBLY - THIS APPLICATION WILL NOT BE CONSIDERED UNLESS COMPLETE.

FOR OFFICE USE ONLY - DO NOT WRITE IN THIS AREA					
DATE SUBMITTED		SCHEDULE FOR INTERVIEW PROCESS			
INTERVIEW	<input type="checkbox"/>	MVR/DMV	<input type="checkbox"/>	SPECIAL DAC	<input type="checkbox"/>
				PHONE CHECKS	<input type="checkbox"/>
				ROAD TEST	<input type="checkbox"/>
				PHYSICAL	<input type="checkbox"/>
APPLICATION SENT OUT BY: _____			DATE: _____		
INTERVIEWER: _____			ORIENTATION DATE: _____		

THIS APPLICATION MUST BE COMPLETED IN INK IN APPLICANTS OWN HANDWRITING.

DATE OF APPLICATION: _____ NICKNAME _____ E-MAIL ADDRESS: _____

FULL NAME _____ SOCIAL SECURITY NO. - -

PERMANENT ADDRESS _____ PHONE _____

CITY _____ STATE _____ ZIP _____ HOW LONG THERE? _____ MOBILE/PAGER _____

PRIOR RESIDENCE _____

CITY _____ STATE _____ ZIP _____ HOW LONG THERE? _____ MSG. PHONE _____

OTHER RESIDENCES PAST 5 YEARS _____

DATE OF BIRTH _____ WHAT DATE COULD YOU BEGIN WORKING FOR US? _____

IN CASE OF EMERGENCY NOTIFY _____

ADDRESS _____ NAME _____ PHONE _____

ALTERNATE EMERGENCY NOTIFY _____

ADDRESS _____ NAME _____ PHONE _____

HOW DID YOU FIND OUT ABOUT US?

NEWSPAPER - Name of Newspaper _____ MAGAZINE - Name of Magazine _____ FLIER

DRIVER - Name of Driver _____ EQUIPMENT OTHER _____

PLEASE READ CAREFULLY

- 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 been suspended or revoked? YES NO
- C. Have you ever been convicted of driving while intoxicated (DWI) or driving under the influence (DUI)? YES NO
- D. Have you ever been convicted or plead no contest to any drug or alcohol related offense? YES NO
- E. When was the last time, if ever, you used any illegal drug (including marijuana)? _____ NEVER
- F. Have you ever been convicted of a felony? YES NO
- G. Have you ever had a load stolen for which you were responsible? YES NO
- H. Have you ever tested positive, or refused to test, in any pre-employment drug or alcohol test? YES NO

If answer to either A, B, C, D, E, F, G or H is YES, state circumstances and date _____

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 HIGH SCHOOL: 1 2 3 4 COLLEGE: 1 2 3 4
LIST ANY OTHER TRAINING OR SCHOOLS _____

INCLUDE TRUCK DRIVING SCHOOLS _____
_____ DATE COMPLETED _____

MILITARY STATUS

HAVE YOU SERVED IN THE U.S. ARMED FORCES: YES NO BRANCH _____ DATES: FROM _____ TO _____
RANK AT DISCHARGE _____ DUTIES _____

EMPLOYMENT RECORD FOR PAST 10 YEARS

Begin with your present or most recent job and work backward in order, listing your employers for at least 10 years including all full and part-time employment. All time must be accounted for including military service, schooling, self-employment and periods of unemployment. Use supplementary sheet if necessary.

CURRENT EMPLOYER

From / / To / / Name _____
Phone # () _____ Address _____
Tractor Driven _____ STREET CITY STATE/ZIP CODE
Trailers Pulled _____ Position Held _____ Reason for Leaving Voluntarily Quit Terminated
Supervisor _____ Please Explain _____
States Driven in _____ Were you subject to DOT regulations while working for this employer? YES NO
Rate of Pay _____ Were you required to perform safety sensitive functions (such as driving) subject to DOT drug/alcohol testing? YES NO
How Many Accidents/Incidents? _____

SECOND LAST EMPLOYER

From / / To / / Name _____
Phone # () _____ Address _____
Tractor Driven _____ STREET CITY STATE/ZIP CODE
Trailers Pulled _____ Position Held _____ Reason for Leaving Voluntarily Quit Terminated
Supervisor _____ Please Explain _____
States Driven in _____ Were you subject to DOT regulations while working for this employer? YES NO
Rate of Pay _____ Were you required to perform safety sensitive functions (such as driving) subject to DOT drug/alcohol testing? YES NO
How Many Accidents/Incidents? _____

THIRD LAST EMPLOYER

From / / To / / Name _____
Phone # () _____ Address _____
Tractor Driven _____ STREET CITY STATE/ZIP CODE
Trailers Pulled _____ Position Held _____ Reason for Leaving Voluntarily Quit Terminated
Supervisor _____ Please Explain _____
States Driven in _____ Were you subject to DOT regulations while working for this employer? YES NO
Rate of Pay _____ Were you required to perform safety sensitive functions (such as driving) subject to DOT drug/alcohol testing? YES NO
How Many Accidents/Incidents? _____

WORK RECORD CONTINUED

FOURTH LAST EMPLOYER

From / / To / / Name _____
Phone # () _____ Address _____
Tractor Driven _____ STREET CITY STATE/ZIP CODE
Trailers Pulled _____ Position Held _____ Reason for Leaving Voluntarily Quit Terminated
Supervisor _____ Please Explain _____
States Driven in _____ Were you subject to DOT regulations while working for this employer? YES NO
Rate of Pay _____ Were you required to perform safety sensitive functions (such as driving) subject to DOT drug/alcohol testing? YES NO
How Many Accidents/Incidents? _____

FIFTH LAST EMPLOYER

From / / To / / Name _____
Phone # () _____ Address _____
Tractor Driven _____ STREET CITY STATE/ZIP CODE
Trailers Pulled _____ Position Held _____ Reason for Leaving Voluntarily Quit Terminated
Supervisor _____ Please Explain _____
States Driven in _____ Were you subject to DOT regulations while working for this employer? YES NO
Rate of Pay _____ Were you required to perform safety sensitive functions (such as driving) subject to DOT drug/alcohol testing? YES NO
How Many Accidents/Incidents? _____

SIXTH LAST EMPLOYER

From / / To / / Name _____
Phone # () _____ Address _____
Tractor Driven _____ STREET CITY STATE/ZIP CODE
Trailers Pulled _____ Position Held _____ Reason for Leaving Voluntarily Quit Terminated
Supervisor _____ Please Explain _____
States Driven in _____ Were you subject to DOT regulations while working for this employer? YES NO
Rate of Pay _____ Were you required to perform safety sensitive functions (such as driving) subject to DOT drug/alcohol testing? YES NO
How Many Accidents/Incidents? _____

SEVENTH LAST EMPLOYER

From / / To / / Name _____
Phone # () _____ Address _____
Tractor Driven _____ STREET CITY STATE/ZIP CODE
Trailers Pulled _____ Position Held _____ Reason for Leaving Voluntarily Quit Terminated
Supervisor _____ Please Explain _____
States Driven in _____ Were you subject to DOT regulations while working for this employer? YES NO
Rate of Pay _____ Were you required to perform safety sensitive functions (such as driving) subject to DOT drug/alcohol testing? YES NO
How Many Accidents/Incidents? _____

EIGHTH LAST EMPLOYER

From / / To / / Name _____
Phone # () _____ Address _____
Tractor Driven _____ STREET CITY STATE/ZIP CODE
Trailers Pulled _____ Position Held _____ Reason for Leaving Voluntarily Quit Terminated
Supervisor _____ Please Explain _____
States Driven in _____ Were you subject to DOT regulations while working for this employer? YES NO
Rate of Pay _____ Were you required to perform safety sensitive functions (such as driving) subject to DOT drug/alcohol testing? YES NO
How Many Accidents/Incidents? _____

WORK RECORD CONTINUED

NINTH LAST EMPLOYER

From / / To / / Name _____

Phone # (_____) _____ Address _____

Tractor Driven _____ Position Held _____ STREET CITY STATE/ZIP CODE

Trailers Pulled _____ Reason for Leaving Voluntarily Quit Terminated

Supervisor _____ Please Explain _____

States Driven in _____ Were you subject to DOT regulations while working for this employer? YES NO

Rate of Pay _____ Were you required to perform safety sensitive functions (such as driving) subject to DOT drug/alcohol testing? YES NO

How Many Accidents/Incidents? _____

TENTH LAST EMPLOYER

From / / To / / Name _____

Phone # (_____) _____ Address _____

Tractor Driven _____ Position Held _____ STREET CITY STATE/ZIP CODE

Trailers Pulled _____ Reason for Leaving Voluntarily Quit Terminated

Supervisor _____ Please Explain _____

States Driven in _____ Were you subject to DOT regulations while working for this employer? YES NO

Rate of Pay _____ Were you required to perform safety sensitive functions (such as driving) subject to DOT drug/alcohol testing? YES NO

How Many Accidents/Incidents? _____

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF TRAILER: VAN-TANK-FLAT-ETC.	DATES		APPROX. NO. OF TOTAL MILES
		FROM	TO	
STRAIGHT TRUCK				
TRACTOR AND SEMI TRAILER				
TRACTOR AND TWO TRAILERS				
OTHER				

LIST CURRENT AND ALL PREVIOUSLY HELD DRIVER'S LICENSES, COMMERCIAL & NON-COMMERCIAL

STATE	D.O.B.	LICENSE NUMBER	TYPE	ENDORSEMENTS	EXPIRATION DATE

MOVING TRAFFIC CONVICTIONS LIST ALL FOR PAST (5) YEARS. IF (NONE), WRITE (NONE)

DATE	VEHICLE DRIVEN	LOCATION (STATE)	CHARGE	PENALTY

ACCIDENT RECORD/INCIDENT RECORD LIST ALL REGARDLESS OF FAULT FOR PAST FIVE YEARS. IF NONE, WRITE NONE

DATE	VEHICLE DRIVEN	TYPE OF ACCIDENT/INCIDENT (HEAD ON, REAR-END, UPSET, ETC.)	PREVENTABLE OR NON-PREVENTABLE	FATALITIES	INJURIES	AMOUNT OF PROPERTY DAMAGE

REFERENCES

(Please list 3 people able to verify your employment and personal history, such as co-worker, supervisor, neighbor, customer or an upstanding citizen of your community. Do not list relatives.)

1. Name _____ Phone # (_____) _____
Address _____
2. Name _____ Phone # (_____) _____
Address _____
3. Name _____ Phone # (_____) _____
Address _____



Disclaimers, Authorizations and Acknowledgements

A) General Disclaimers: I understand that KNIGHT REFRIGERATED LLC is under no obligation to hire me and that any employment or contract services I am offered will not be for any specified period of time and that my employment or contract can be terminated by KNIGHT REFRIGERATED LLC at any time, with or without cause. I further understand that the only manner in which the "at-will" nature of my employment relationship with KNIGHT REFRIGERATED LLC can be changed is by written agreement that is specifically intended to do so and which is signed by me and a duly authorized officer of the company. I hereby authorize KNIGHT REFRIGERATED LLC, without liability, to provide to other motor carriers or prospective employers any information regarding pre-employment drug and alcohol testing or any other information from the pre-employment process.

B) Authorization to Release Work Records and Consumer Reports: I hereby authorize, without liability, any person or organization, including but not limited to previous employers, educational institutions, or any other institution whose name I have given as a reference, to furnish KNIGHT REFRIGERATED LLC information relating to any accidents in which I was involved in addition to any information they may have concerning my character, habits, ability, financial responsibility, job performance, and reasons for leaving employment. I further authorize any law enforcement agency or court of record to furnish KNIGHT REFRIGERATED LLC information concerning my Motor Vehicle Record, or any felony or misdemeanor of which I have been convicted. I hereby release all such persons and organizations from any claims for damages of any kind which may occur to me as a result of furnishing such information.

Furthermore, in connection with your employment or application for employment (including contract for services), an investigative consumer report and consumer reports, which may contain public record information, may be requested from USIS Commercial Services ("USIS"). These reports may include the following types of information: names and dates of previous employers, reason for termination of employment, work experience, accidents, academic history, professional credentials, drugs/alcohol use, information relating to your character, general reputation, personal characteristics, mode of living, educational background, or any other information about you which may reflect upon your potential for employment gathered from any individual, organization, entity, agency, or other source which may have knowledge concerning any such items of information. Such reports may contain public record information concerning your driving record, workers' compensation claims, credit, bankruptcy proceedings, criminal records, etc., from federal, state and other agencies which maintain such records; as well as information from USIS concerning previous driving record requests made by others from such state agencies.

You have the right to receive, upon your written request within a reasonable period of time, (not to exceed 30 days) a complete and accurate disclosure of the nature and scope of the investigation requested. You have the right to make a request to USIS, upon proper identification, to request the nature and substance of all information in its files on you at the time of your request, including the sources of information, and the recipients of any reports on you that USIS has previously furnished within the two-year period preceding your request. USIS may be contacted by mail at P.O. Box 33181, Tulsa, Oklahoma, 74153, or by phone at (800) 381-0645.

Notice to California Applicants

Under California law, the consumer reports we order on you for employment purposes within the State of California are defined as investigative consumer reports. These reports may contain information on your character, general reputation, personal characteristics and mode of living.

Under section 1786.22 of the California Civil Code, you may view the file maintained on you by USIS during normal business hours. You may also obtain a copy of this file upon submitting proper identification and paying the costs of duplication services, by appearing at USIS in person, by mail, or by telephone. The agency is required to have personnel available to explain your file to you and the agency must explain to you any coded information appearing in your file. If you appear in person, a person of your choice may accompany you, provided that this person furnishes proper identification.

If hired or contracted, this authorization shall remain on file and shall serve as ongoing authorization for KNIGHT REFRIGERATED LLC to procure consumer reports at any time during my employment or contract period.

C) Notice of Drug and Alcohol Testing: KNIGHT REFRIGERATED LLC requires all qualified applicants for employment to submit to a drug test as required by DOT regulations. I understand I will be required to provide urine, hair or other biological samples to be tested for the presence of controlled substances. If employed or contracted, I will be required to submit to drug and/or alcohol tests as required by KNIGHT REFRIGERATED LLC'S alcohol and drug abuse policy and/or federal and state regulations.

D) Applicant Rights: 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 paragraph (D) and (E) of 49 CFR Part 391.23. I understand that I have the right to review the information provided by previous employers, to have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to KNIGHT REFRIGERATED LLC, and to 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.

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. Any false, misleading or incomplete statement of the information requested in this application shall be sufficient grounds for denial of employment or if hired or contracted, discharge from employment.

APPLICANT'S NAME _____ SOCIAL SECURITY # _____

APPLICANT'S SIGNATURE _____ DATE _____

(PLEASE SIGN REVERSE SIDE ALSO)



REQUEST FOR BACKGROUND INFORMATION

DRIVER NAME: _____ **SSN:** _____

I hereby authorize my previous and/or current employers, to furnish Knight Refrigerated LLC the information requested below including information relating to any accidents in which I was involved and all information concerning my Alcohol and Controlled Substances Testing records, including pre-employment testing. I agree to release all my previous and/or current employers from any liability that may arise from providing such information.

Date: _____ **Applicant's Signature:** _____

NOTICE TO FORMER EMPLOYER: PLEASE PROVIDE ALL INFORMATION REQUESTED BELOW. IN ACCORDANCE WITH 49 CFR PART 391.23, YOU ARE REQUIRED TO PROVIDE INFORMATION REGARDING ACCIDENTS INVOLVING THE DRIVER LISTED ABOVE. ALL INFORMATION WILL BE HELD IN STRICT CONFIDENCE.

BELOW THIS LINE FOR OFFICE USE ONLY.

RETURN TO:

KNIGHT REFRIGERATED LLC, Address _____ City _____ ST _____

RECRUITER: _____ **PHONE (____)** _____ **RETURN FAX (____)** _____

NAME OF COMPANY: _____

ADDRESS _____ **CITY** _____ **ST** _____ **ZIP** _____

PHONE (____) _____ **FAX (____)** _____

SUPERVISOR/CONTACT NAME _____ **POSITION** _____

PERIODS OF EMPLOYMENT:	FROM:	TO:
	FROM:	TO:

POSITION HELD: _____ **REASON FOR LEAVING:** _____

ACCIDENT/INCIDENT RECORD. LIST ALL REGARDLESS OF FAULT. IF NONE, WRITE "NONE".

Date	Vehicle Driven	Type of Accident/Incident (turnover, rear-end, etc.)	Prev / Non-Prev	# of Fatalities	# of Injuries	Hazmat Release? (other than fuel)	City	ST	Amount of Damage \$

Type of tractors driven? _____ Type of trailers pulled? _____

If company policy allowed, would you rehire? YES NO (Explain) _____

Number of states driven in? _____ Which state(s) _____

Was driver's license ever revoked or suspended? YES NO Was this person ever involved with a stolen load? YES NO

COMMENTS: _____

IN ACCORDANCE WITH 49 CFR PART 40, please answer the following:	YES	NO
1. Has this person ever tested positive for a controlled substance?	<input type="checkbox"/>	<input type="checkbox"/>
2. Has this person ever had an alcohol test with a result of 0.04 or higher alcohol concentration?	<input type="checkbox"/>	<input type="checkbox"/>
3. Has this person ever refused a required test for drugs or alcohol?	<input type="checkbox"/>	<input type="checkbox"/>
4. Has this person ever violated any other DOT drug or alcohol regulations?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you received information from any previous employer that this person violated DOT drug or alcohol regulations?	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS: _____

OFFICE USE ONLY:
ATTEMPT #1 _____ NAME _____ DATE _____ ATTEMPT #2 _____ NAME _____ DATE _____
ATTEMPT #3 _____ NAME _____ DATE _____

COMPLETED BY
(SIGNATURE): _____ **PRINT NAME:** _____ **DATE:** _____