

KKW TRUCKING, INC. / FURNITURE TRANSPORTATION SYSTEMS, INC.

**Corporate Offices:
3100 Pomona Blvd.
Pomona, CA 91768
(800) 955-4559**

COMPANY DRIVER APPLICATION

Note: Read and complete all portions of this application in ink. Please print. This application will not be considered if incomplete. Be advised that your prior employers will be contacted for the purpose of investigating your background as required by DOT, Regulation Part 391.23.

Copies of the following must accompany this application: DRIVER'S LICENSE, MEDICAL CARD & LONG FORM, CURRENT DMV PRINTOUT (dated within 30 days)

Position Applied For: _____ Date of Application: _____

Referral Source: ___ Employee ___ Government Agency ___ Walk-In
 ___ Relative ___ Advertisement: _____

Name: _____
 Last First Middle

Social Security Number: _____ Date of Birth: _____

Address: _____

Street

City

State

ZIP

How Long at current address? _____

Phone Number

Address For
Past Three
Years

Street City State ZIP How Long? _____

Street City State ZIP

Street City State ZIP

How Long? _____

Can you submit verification of your legal right to work in the United States? ___ Yes ___ No

Have you ever worked for this company before? _____ When? _____

Position? _____ Reason for Leaving? _____

Are you currently employed? _____ Can we contact your current employer? Yes or No: _____

Who referred you? _____

DRIVING PREFERENCES - COMPANY POSITION

___ Linehaul ___ Local ___ Full-time ___ Part-time

Preferred Region: ___ Southeast or ___ Northwest Date Available: _____

Are you able to meet the attendance requirements of the position? Yes ___ No ___

Will you work overtime if required? Yes ___ No ___

Have you ever refused or failed a Drug/Alcohol test? Yes ___ No ___

Are there any physical disabilities that would prevent you from doing this job? Yes ___ No ___

Have you been convicted of a felony? Yes ___ No ___

If Yes, please explain: _____

(A conviction record will not necessarily bar you from employment).

EMPLOYMENT HISTORY

KKW / FTS hauls Interstate and Intrastate commerce. To be eligible for a driving position with our companies, you must complete the employment history below and include all employers, covering the last 10 years.

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

Company Name		Dates Employed	
Address		From	To
City	State	ZIP	Position Held
Phone Number		Salary/Wage	
Contact Person		Reason for Leaving	
No. of Accidents/Incidents		Type of Equipment	
States/Regions You Drove In			
Company Name		Dates Employed	
Address		From	To
City	State	ZIP	Position Held
Phone Number		Salary/Wage	
Contact Person		Reason for Leaving	
No. of Accidents/Incidents		Type of Equipment	
States/Regions You Drove In			
Company Name		Dates Employed	
Address		From	To
City	State	ZIP	Position Held
Phone Number		Salary/Wage	
Contact Person		Reason for Leaving	
No. of Accidents/Incidents		Type of Equipment	
States/Regions You Drove In			
Company Name		Dates Employed	
Address		From	To
City	State	ZIP	Position Held
Phone Number		Salary/Wage	
Contact Person		Reason for Leaving	
No. of Accidents/Incidents		Type of Equipment	
States/Regions You Drove In			
Company Name		Dates Employed	
Address		From	To
City	State	ZIP	Position Held
Phone Number		Salary/Wage	
Contact Person		Reason for Leaving	
No. of Accidents/Incidents		Type of Equipment	
States/Regions You Drove In			
Company Name		Dates Employed	
Address		From	To
City	State	ZIP	Position Held
Phone Number		Salary/Wage	
Contact Person		Reason for Leaving	
No. of Accidents/Incidents		Type of Equipment	
States/Regions You Drove In			

ACCIDENT RECORD INCLUDE PENDING FOR PAST 3 YRS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)

DATES	NATURE OF ACCIDENT (Head-On, Rear-End, etc.)	ANY FATALITIES YES or NO	ANY INJURIES YES or NO
Last -			
Next -			
Next -			

TRAFFIC CONVICTIONS AND FORFEITURES INCLUDE PENDING FOR PAST 3 YRS (OTHER THAN PARKING VIOL.)

LOCATION	DATE	CHARGE	PENALTY

EDUCATION

Circle Highest Grade Completed: 1 2 3 4 5 6 7 8

High School: 1 2 3 4 College: 1 2 3 4

Last School Attended _____
Name City

EXPERIENCE AND QUALIFICATIONS - DRIVER

List all drivers license that you have had in your possession.

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, ATTACH STATEMENT GIVING DETAILS.

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (Van, Flat, Tank, etc.)	DATES		APPROX. NO. OF MILES TOTAL
		FROM	TO	
Straight Truck				
Tractor and Semi-Trailer				
Tractor - Two Trailers (Doubles)				
Other				

List states operated in for the 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? _____

Have you had experience in snow/with chains? _____

PERSONAL REFERENCES

List name and telephone number of three business/work references who are not related to you and are not previous supervisors. If not applicable, list three school or personal references who are related to you.

Name	Telephone Number	Years Known

TO BE READ AND SIGNED BY APPLICANT

KKW / FTS is an Equal Opportunity Employer, our Company policy, as well as Federal and State Laws, prohibit discrimination in employment, based on race, color, religion, sex, sexual preference, national origin, handicap or age with respect to individuals who are at least 18 years of age.

By completing and submitting this application, I:

- * understand that KKW / FTS is under no obligation to hire me and that any employment I am offered is "at-will" and not for any specified period of time and can be terminated at any time, with or without cause.
- * hereby authorize, without liability, any person or organization whose name I have given as reference, or by whom I have been previously employed to furnish KKW / FTS any information they may have concerning my character, ability, financial responsibility, job performance, habits, reasons for leaving employment and all information concerning my employment, and I authorize release of that information to companies and carriers requesting such information. I hereby release all persons and organizations from any claims for damages of any kind which may occur to me by reasons for furnishing such information.
- * acknowledge that I will be required and agree to submit to a physical examination, security interview, and drug testing as part of the employment process, authorize release of my results to Employer, and agree that any offer will be contingent on the results.
- * authorize any law enforcement agency or court of record to furnish KKW / FTS information concerning Motor Vehicle Record, or any felony or misdemeanor of which I have been convicted, other than the offense of possession of less than an ounce of marijuana for your personal use more than two years ago.
- * acknowledge and agree that I will familiarize myself with and abide by all present and subsequently issued rules, policies, or procedures of KKW / FTS.
- * certify by my signature that this application was completed by me and that all entries and information in it are true and complete to the best of my knowledge.

Any false, misleading or incomplete statements of the information shall be grounds for denial of employment or for immediate termination regardless of when such information is discovered.

Signature

Date