

DRIVER'S APPLICATION FOR QUALIFICATION

Dutch Craft Sleep Products, LLC

1012 Mitchell Street, Celina, TN 38551

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.

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!

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

Date: _____

Name: _____

(First) (Middle) (Last)

Phone#: _____

*Age: _____ Date of Birth: _____ Social Security #: _____

Physical Exam Expiration Date: _____

State License # Type Endorsements Expiration Date: _____

Current & Three Years Previous Addresses:

_____ From _____ To _____

Education and Employment History

Please circle the highest grade completed:

Grade School: 1 2 3 4 5 6 7 8 9 10 11 12

College: 1 2 3 4

Post-Graduate: 1 2 3 4

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.

Month/Year Present or Last Employer:

From _____ To _____ Name: _____

Position Held: _____ Address: _____

Reason for Leaving: _____ Phone #: _____

Month/Year Previous Employer:

From _____ To _____ Name: _____

Position Held: _____ Address: _____

Reason for Leaving: _____ Phone #: _____

Month/Year Previous Employer:

From _____ To _____ Name: _____

Position Held: _____ Address: _____

Reason for Leaving: _____ Phone #: _____

Driving Experience

Class of Equipment: _____ Dates: From _____ To _____

Approximate Number of Miles: _____

(Total)

Straight Truck: _____ Tractor and Semi-trailer: _____ Tractor-two Trailers: _____

Other

List states operated in for the last five years

List special courses/training completed (PTD/DDC, Haz Mat, etc.): _____

List any Safe Driving Awards you hold and from whom: _____

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

Date of Accident: _____

Nature of Accidents: _____
(Head on, rear end, upset, etc.)

Location of Accident # of: _____

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

Date Location Charge Penalty

- A. Have you 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 tested positive or refused a DOT drug or alcohol pre-employment test within the past two years from an employer who did not hire you? (Yes) (No)
- D. Have you ever been convicted of a felony? (Yes) (No)

If the answers to A, B, C, or D is "YES", give details: _____

PERSONAL REFERENCES

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

Name: _____ Address: _____

Phone #: _____

Name: _____ Address: _____

Phone #: _____

TO BE READ AND SIGNED BY APPLICANT

It is agreed and understood that any misrepresentation given 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 qualifications in no way obligates the motor carrier to employ me.

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

This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge.

Applicant's Signature: _____

Date: _____

Remarks (for office use only)