



# Kris-Way Truck Leasing, Inc.

43 Hemco Road, So. Portland, ME 04106

Mechanic /  
Fueller /  
Driver / CDL

## Employment Application

**NOTE: A pre-employment drug screen must be completed by all new employees prior to starting work.**  
You must complete all sections in full even if you include a resume.

Position desired: \_\_\_\_\_ Date: \_\_\_\_\_

On what date would you be available to start work? \_\_\_\_\_

Are there any hours or days that you cannot work? \_\_\_\_\_

### Personal

Name (last, first, middle) \_\_\_\_\_

Social Security #: \_\_\_\_\_ Phone #: (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Home, including area code Work, including area code

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Previous addresses (for at least the last five years):

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Are you at least 18 years old?  Yes  No

Have you been convicted of a crime in the last ten years?  
(Do not include misdemeanors or traffic violations)  Yes  No

If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_

Have you ever been disciplined, suspended, discharged, or asked to resign for a job in connection with a loss of money, merchandise, or equipment?  Yes  No

If yes, please explain. \_\_\_\_\_

Have you ever been disciplined or discharged for absenteeism or tardiness?  Yes  No

If yes, please explain. \_\_\_\_\_

Have you ever been disciplined or discharged for any other reason?  Yes  No

If yes, please explain. \_\_\_\_\_

Have you ever applied for work at this company or any of its subsidiaries?  Yes  No

If yes, where and when? \_\_\_\_\_

How were you referred to us? \_\_\_\_\_

## Employment History

We need to know about your **last ten years** of employment. If you need more paper, please ask. If you have never been employed, please write the names of non-relatives who may be contacted for reference. You may include any verified volunteer work.

Are you currently employed?     Yes     No     Temporary Layoff     Permanent Layoff

### • *Current or Last Employer*

**Company\***

**Telephone No.\***

Address

Position

Supervisor's Name & Title

Dates Worked (From/To)

Duties

Reason For Leaving

### • *Previous Employers*

**Company\***

**Telephone No.\***

Address

Position

Supervisor's Name & Title

Dates Worked (From/To)

Duties

Reason For Leaving

**Company\***

**Telephone No.\***

Address

Position

Supervisor's Name & Title

Dates Worked (From/To)

Duties

Reason For Leaving

**Company\***

**Telephone No.\***

Address

Position

Supervisor's Name & Title

Dates Worked (From/To)

Duties

Reason For Leaving

**\*Starred information necessary to continue application process.**

May we contact all the employers listed above?     Yes     No

If not, which ones should we not contact and why? \_\_\_\_\_

## Educational Background

High School Name \_\_\_\_\_ Address \_\_\_\_\_

Course or Major \_\_\_\_\_ Graduated  Yes  No

College Name \_\_\_\_\_ Address \_\_\_\_\_

Course or Major \_\_\_\_\_ Graduated  Yes  No Degree \_\_\_\_\_

Other School Attended \_\_\_\_\_ Address \_\_\_\_\_

Course or Major \_\_\_\_\_ Graduated  Yes  No Degree \_\_\_\_\_

Please use the space below to summarize the nature and extent of your experience in the operation of motor vehicles, including the type of equipment (e.g., buses, trucks, semitrailers) that you have operated.

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### Please Read The Following Information Carefully.

#### *An Equal Opportunity Employer*

In compliance with Federal and State equal employment opportunity laws, all qualified candidates will be considered for employment without regard to their race, creed, color, national origin, ancestry, sex, age, marital status, veteran status, or the presence of non-job related medical conditions or disabilities.

#### *Applicant's Certification and Agreement*

- I understand that the distribution or receiving of this application by Kris-Way Truck Leasing, Inc. does not imply or intend to imply an agreement or contract to employ the applicant. The purpose of this application is solely to allow persons a standardized form on which to submit their qualifications. This application will be considered valid for no longer than three months. Re-application is necessary after three months.
- I authorize investigations of all statements made herein, including contacting any reference, prior employer, school or military service and the use of credit checks and/or criminal checks from other investigation agencies or bureaus. The reports may include information as to character, general reputation, financial condition, personal characteristics and mode of living. I voluntarily release such persons, schools, employers and organizations from all liability for providing such information.

***Please continue reading on other side.***

- In the event that I am employed by Kris-Way Truck Leasing, Inc., I am required to abide by all rules and regulations of the Company. I understand that my employment is for no stated term. My employment may be terminated with or without cause and with or without notice at any time by myself or by the Company.
- I also understand that if offered employment, I must prove my identity and my eligibility to work in the United States, prior to being employed.
- I understand that because of the responsibilities of the job for which I am applying, Kris-Way will request a copy of my Motor Vehicle Report (MVR) before any offer of employment is made and, if I am hired, will request an updated copy of my MVR on a regular basis. I understand that I have the right to see a copy of my Motor Vehicle Report(s).
- I understand that any offer of employment for a position that is within Kris-Way Truck Leasing, Inc. is contingent upon my successful completion of a drug and physical screening process. In the event that I have a commercial driver's license (CDL), I will be subject to unannounced drug and controlled substance testing at anytime on a random basis as a condition of my continued employment.
- I certify that I am a genuine applicant for employment and this application is being submitted solely for the purpose of seeking employment with Kris-Way Truck Leasing, Inc. and for no other reason.
- I certify that all statements made by me on this application are true and complete to the best of my knowledge and that I have withheld nothing that, if disclosed, would affect this application unfavorably. I understand that falsification, misrepresentation, or omission of facts called for in this application, as well as the pre-employment physical screening and its process may result in denial of employment or immediate dismissal, regardless of the time elapsed since starting work at Kris-way
- I hereby acknowledge that I have read, understand, and consent to the above statements.

**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.**

➤ **Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

*Please do not write below this line.*

**Office Use Only**

Interviewed by:

Date:

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**RELEASE & DOCUMENTATION OF PRE-  
EMPLOYMENT TESTING INFORMATION BY  
APPLICANT/DRIVER REQUIRED BY PART 40.25(j)**

**PART 40.25(j) requires Employers to ask Applicant/Driver whether he/she has tested positive or refused to test on any Pre-employment alcohol or drug test administered by an Employer to which the Applicant/Driver applied but did not obtain safety sensitive transportation work covered by DOT agency alcohol and drug testing rules during the past two (2) years.**

NAME \_\_\_\_\_ DATE \_\_\_\_\_

SOCIAL SECURITY# XXX-XX-

**Applicant/Driver to answer items listed below.**

During the past two (2) years, have you **tested positive** on Pre-employment alcohol or drug test administered by an Employer to which you applied for but did not obtain a safety sensitive transportation work covered by Department of Transportation (DOT) drug and alcohol testing rules?

YES \_\_\_\_\_ NO \_\_\_\_\_

During the past two (2) years, have you **refused to test** on a Pre-employment alcohol or drug test administered by an Employer to which you applied for but did not obtain a safety sensitive transportation work covered by the Department of Transportation (DOT) drug and alcohol testing rules?

YES \_\_\_\_\_ NO \_\_\_\_\_

If you answered YES to either of the questions above, please provide documentation of you successful completion of the return -to- duty process by Part 40 Subpart 0.

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Date \_\_\_\_\_ Name (printed) \_\_\_\_\_

Signature of Applicant/Driver \_\_\_\_\_

Witness \_\_\_\_\_

Record keeping requirements: If "Yes" to either question -5 year retention.

If "No" to either question -discard after employment terminates



# Voluntary Self-identification (Confidential-for statistical use only)

Kris-Way Truck Leasing, Inc. is an Equal Opportunity Employer and does not discriminate on the basis of race, color, religion, sex, age, national origin, disability, veteran status, sexual orientation or any other classification protected by Federal, state, or local law. The information below will be used only in the compilation of data for Affirmative Action reporting. Completion of this data is voluntary and will not affect your conditions of employment.

**Please complete in full and print clearly:**

Date: \_\_\_\_\_ Name: \_\_\_\_\_

Signature: \_\_\_\_\_

### **Ethnic Group**

Please check one of the descriptions below corresponding to the ethnic group with which you most identify.

\_\_\_ **American Indian or Alaskan Native**—A person having origins in any of the original peoples of North America and South America (including Central America), and who maintains tribal affiliation or community attachment.

\_\_\_ **Asian**—A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Island, Thailand, and Vietnam.

\_\_\_ **Black or African American**—A person having origins in any of the Black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black or African American."

\_\_\_ **Native Hawaiian or Other Pacific Islander**—A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

\_\_\_ **White**—a person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

\_\_\_ **Hispanic or Latino (All races)**—A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, and of any race other than White.

### **Veteran Status (Please check one if it describes your veteran status)**

\_\_\_ **Disabled veteran** means a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs, or a person who was discharged or released from active duty because of a service-connected disability.

\_\_\_ **Other protected veteran** means a veteran who served on active duty in the U.S. military, ground, naval, or air service during a war or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.

\_\_\_ **Armed forces service medal veteran** means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985 (61 FR 1209, 3 CFR, 1996 Comp. p159).

\_\_\_ **Recently separated veteran** means a veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval or air service.



**Kris-Way Truck Leasing, Inc.  
Inquiry to Past/Current Employer  
For CDL Compliance**

Applicant, please fill out information in box below and the additional high-lighted areas below. Please do one for each employer you have worked for in the 10 yrs.

**From:**  
Kris-Way Truck Leasing, Inc.  
Human Resources  
43 Hemco Road  
S.Portland, ME 04106

**Past/Current Employer Information:**  
 Company: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_  
 Street: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_  
 Social Security: XXX-XX-\_\_\_\_\_  
 Position Applied for: \_\_\_\_\_  
 Dates employed with above named company from: \_\_\_\_\_ to \_\_\_\_\_

*I hereby authorize you (company listed above) to release all the above information concerning my employment and test results. I hereby release you from any and all liability of any type as a result of providing information to Kris-Way Truck Leasing, Inc.*

**APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_**

Are dates of employment listed above correct?  YES  NO  
 If No, Please give correct dates: \_\_\_\_\_

What type(s) of work did/does he/she perform? \_\_\_\_\_

Has this person performed a Safety Sensitive function while employed by your company?  YES  NO  
 Was this person subject to the Federal Motor Carrier Safety Regulations while employed by your company?  YES  NO

If employed as a driver, please indicate what types of equipment was driven:  
 Tractor Trailer  Straight Truck  Bus  Other \_\_\_\_\_

LOGS, Any problems with logs?  YES  NO; If yes, please explain: \_\_\_\_\_

Was this applicant involved in any accidents in the past (3) years that he/she worked for you?  YES  NO

If "Yes", how many \_\_\_\_\_ please describe: \_\_\_\_\_

City/Town and State where the accident occurred: \_\_\_\_\_

Were there any injuries?  Yes  No If "yes", how many? \_\_\_\_\_

Were there any fatalities?  Yes  No If "yes", how many? \_\_\_\_\_

Were hazardous materials released (other than fuel spilled from the fuel tanks of motor vehicles involved) in the accident? \_\_\_\_\_

Was/Is the employee's general conduct:  Good  Satisfactory  Poor

If past employee, why did this employee leave your company?  Laid Off  Resigned  Discharged  Other \_\_\_\_\_

Would you re-hire this person?  Yes  No  Only upon review

In the past (3) years, has this employee had:

Any alcohol test results with a concentration of 0.04 or greater?  Yes  No

Any positive controlled substance test results?  Yes  No

Any refusals to be tested?  Yes  No

**This form may be faxed to 207/799-8657. Thank you for your cooperation.**

**Past Employer - Person Supplying Information**  
 Printed Name/Title: \_\_\_\_\_  
 Signature: \_\_\_\_\_  
 Dated: \_\_\_\_\_



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Inquiry to Past/Current Employer  
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Applicant, please fill out information in box below and the additional high-lighted areas below. Please do one for each employer you have worked for in the 10 yrs.

**From:**  
Kris-Way Truck Leasing, Inc.  
Human Resources  
43 Hemco Road  
S.Portland, ME 04106

**Past/Current Employer Information:**

Company: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Street: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_  
Social Security: XXX-XX-\_\_\_\_\_  
Position Applied for: \_\_\_\_\_  
Dates employed with above named company from: \_\_\_\_\_ to \_\_\_\_\_

*I hereby authorize you (company listed above) to release all the above information concerning my employment and test results. I hereby release you from any and all liability of any type as a result of providing information to Kris-Way Truck Leasing, Inc.*

**APPLICANT'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Are dates of employment listed above correct?  YES  NO  
If No, Please give correct dates: \_\_\_\_\_

What type(s) of work did/does he/she perform? \_\_\_\_\_

Has this person performed a Safety Sensitive function while employed by your company?  YES  NO  
Was this person subject to the Federal Motor Carrier Safety Regulations while employed by your company?  YES  NO

If employed as a driver, please indicate what types of equipment was driven:  
 Tractor Trailer  Straight Truck  Bus  Other \_\_\_\_\_

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Would you re-hire this person?  Yes  No  Only upon review

In the past (3) years, has this employee had:  
Any alcohol test results with a concentration of 0.04 or greater?  Yes  No  
Any positive controlled substance test results?  Yes  No  
Any refusals to be tested?  Yes  No

**This form may be faxed to 207/799-8657. Thank you for your cooperation.**

**Past Employer - Person Supplying Information**

Printed Name/Title: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Dated: \_\_\_\_\_





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**Inquiry to Past/Current Employer**  
**For CDL Compliance**

Applicant, please fill out information in box below and the additional high-lighted areas below. Please do one for each employer you have worked for in the 10 yrs.

**From:**  
**Kris-Way Truck Leasing, Inc.**  
**Human Resources**  
**43 Hemco Road**  
**S.Portland, ME 04106**

<b>Past/Current Employer Information:</b>		
Company:	_____	
Contact Name:	_____	
Street:	_____	
City:	State: _____	Zip: _____

Name of Applicant: \_\_\_\_\_  
 Social Security: XXX-XX-\_\_\_\_\_  
 Position Applied for: \_\_\_\_\_  
 Dates employed with above named company from: \_\_\_\_\_ to \_\_\_\_\_

*I hereby authorize you (company listed above) to release all the above information concerning my employment and test results. I hereby release you from any and all liability of any type as a result of providing information to Kris-Way Truck Leasing, Inc.*

**APPLICANT'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Are dates of employment listed above correct?  YES  NO  
 If No, Please give correct dates: \_\_\_\_\_

What type(s) of work did/does he/she perform? \_\_\_\_\_

Has this person performed a Safety Sensitive function while employed by your company?  YES  NO  
 Was this person subject to the Federal Motor Carrier Safety Regulations while employed by your company?  YES  NO

If employed as a driver, please indicate what types of equipment was driven:  
 Tractor Trailer  Straight Truck  Bus  Other \_\_\_\_\_

LOGS, Any problems with logs?  YES  NO; If yes, please explain: \_\_\_\_\_

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Would you re-hire this person?  Yes  No  Only upon review

In the past (3) years, has this employee had:  
 Any alcohol test results with a concentration of 0.04 or greater?  Yes  No  
 Any positive controlled substance test results?  Yes  No  
 Any refusals to be tested?  Yes  No

**This form may be faxed to 207/799-8657. Thank you for your cooperation.**

<b>Past Employer - Person Supplying Information</b> Printed Name/Title: _____ Signature: _____ Dated: _____
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# KRIS-WAY TRUCK LEASING, INC. REQUEST FOR CHECK OF DRIVING RECORD

**To Whom It May Concern (Reporting Agency):**

The following person has made application with our company for the position of \_\_\_\_\_  
\_\_\_\_\_. In accordance with Section 391.21 of the Federal Department of  
Transportation Regulations, please furnish Kris-Way Truck Leasing, Inc. the applicant's driving  
record for the past three years.

<b>APPLICANTS! List the information for each <u>unexpired</u> license you have been issued.</b>		
Name of Applicant _____		
Address _____		
Former Address _____		
License #: _____	State issued: _____	Expiration Date: _____
License #: _____	State issued: _____	Expiration Date: _____
License #: _____	State issued: _____	Expiration Date: _____

Requested by: KRIS-WAY TRUCK LEASING, INC.  
Human Resources Department  
43 Hemco Road  
South Portland, ME 04106

I hereby authorize you to release the above information to Kris-Way Truck Leasing, Inc. for purposes of investigation as required by Section 391.21 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability that may result from furnishing such information.

X \_\_\_\_\_

Applicant's Signature

\_\_\_\_\_ Date

# KRIS-WAY TRUCK LEASING, INC. APPLICATION FOR EMPLOYMENT NOTIFICATION OF TRAFFIC VIOLATION FOR APPLICANTS WITH COMMERCIAL DRIVER'S LICENSES

In compliance with the Commercial Motor Vehicle Safety Act of 1986, Sec. 391.21(7,8,9), list below all motor vehicle accidents in which you were involved during the three years preceding the date of this application. Fill out completely the information requested about each accident. If none, see below.\*

Full name: \_\_\_\_\_

Address: \_\_\_\_\_

License # \_\_\_\_\_ State: \_\_\_\_\_

Date of Violation:	Citation #:
Vehicle Operated (check one): <input type="checkbox"/> Personal	<input type="checkbox"/> Commercial (26,001 or more)
	<input type="checkbox"/> Other (Describe):
Location of Offense (City/Town, County & State)	
Nature of Violation:	
Fatalities or Personal Injuries Caused:	
State disposition of Case (bail forfeiture, conviction with fine and/or loss of license, unconditional discharge, etc.):	
Statement of Facts Surrounding Case: _____	
_____	
Date of Conviction:	Check if no denial, revocation or suspension occurred. <input type="checkbox"/>

Date of Violation:	Citation #:
Vehicle Operated (check one): <input type="checkbox"/> Personal	<input type="checkbox"/> Commercial (26,001 or more)
	<input type="checkbox"/> Other (Describe):
Location of Offense (City/Town, County & State)	
Nature of Violation:	
Fatalities or Personal Injuries Caused:	
State disposition of Case (bail forfeiture, conviction with fine and/or loss of license, unconditional discharge, etc.):	
Statement of Facts Surrounding Case: _____	
_____	
Date of Conviction:	Check if no denial, revocation or suspension occurred. <input type="checkbox"/>

\*Check here if you have not been involved in a motor vehicle accident during the past 3 years.

Driver's Signature: \_\_\_\_\_ Date: \_\_\_\_\_