

J. Kozel & Son, Inc.

Corporate Headquarters
1150 Scarsville Road, Rochester, N.Y. 14624
Phone 585-436-9807 Fax 585-436-3104

APPLICATION FOR EMPLOYMENT

NAME _____
(FIRST) (MIDDLE) (Maiden Name, if any) (LAST)

ADDRESS _____ HOW LONG? _____
(STREET) (CITY) (STATE & ZIP CODE)

DATE OF BIRTH _____ SOCIAL SECURITY NO. _____ HIRE DATE _____

TELEPHONE NUMBER _____ E-MAIL ADDRESS _____

PREVIOUS THREE YEARS RESIDENCY

(STREET) (CITY) (STATE & ZIP CODE) # YEARS _____

(STREET) (CITY) (STATE & ZIP CODE) # YEARS _____

(STREET) (CITY) (STATE & ZIP CODE) # YEARS _____

(ATTACH SHEET IF MORE SPACE IS NEEDED)

LICENSE INFORMATION

Section 383.21 FMCSR states "No person who operates a commercial motor vehicle shall at any time have more than one driver's license". I certify that I do not have more than one motor vehicle license, the information for which is listed below.

STATE	LICENSE NO.	TYPE	EXPIRATION DATE

DRIVING EXPERIENCE

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

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	NUMBER FATALITIES	NUMBER INJURIES	CHEMICAL SPILLS
				YES NO
				YES NO
				YES NO

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

DATE CONVICTED (month/year)	VIOLATION	STATE OF VIOLATION LOCATION	PENALTY (forfeited bond, collateral and/or points)

(ATTACH SHEET IF MORE SPACE IS NEEDED)

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES _____ NO _____
 If yes, explain _____
- B. Has any license, permit or privilege ever been suspended or revoked? YES _____ NO _____
 If yes, explain _____



**EMPLOYMENT RECORD
(ATTACH SHEET IF MORE SPACE IS NEEDED)**

Applicants that desire to drive in intrastate/interstate commerce must provide the following information on all employers during the previous three years. You must give the same information for all employers you have driven a commercial motor vehicle for the seven years prior to the initial three years (total of ten years employment record).

Must list the complete mailing address: street number and name, city, state and zip code.

LAST EMPLOYER: NAME _____

ADDRESS _____ PHONE _____

POSITION HELD _____ FROM _____ TO _____ SALARY _____

REASONS FOR LEAVING _____

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON. _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes No

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes No

SECOND LAST EMPLOYER: NAME _____

ADDRESS _____ PHONE _____

POSITION HELD _____ FROM _____ TO _____ SALARY _____

REASONS FOR LEAVING _____

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON. _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes No

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes No

THIRD LAST EMPLOYER: NAME _____

ADDRESS _____ PHONE _____

POSITION HELD _____ FROM _____ TO _____ SALARY _____

REASONS FOR LEAVING _____

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON. _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes No

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes No

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make sure investigations and inquiries to my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

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 49 CFR 391.23(d) and (e). I understand that I have the right to:

- Review information provided by current/previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- 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."

DATE

APPLICANT'S SIGNATURE

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.

DATE

APPLICANT'S SIGNATURE

Note: A motor carrier may require an applicant to provide information in addition to the information required by the Federal Motor Carrier Safety Regulations.

References: (List three professional references who are not relatives)

Name: _____

Address: _____

Phone: _____

Occupation: _____

Years Known: _____

Name: _____

Address: _____

Phone: _____

Occupation: _____

Years Known: _____

Name: _____

Address: _____

Phone: _____

Occupation: _____

Years Known: _____

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Date: _____

SAFETY PERFORMANCE HISTORY INVESTIGATION

Effective October 30, 2004, prior employers must respond to this Safety Performance History Inquiry within 30 days per 49 CFR part 391.

Thank you for your assistance in this Safety Performance History Investigation. The first section gives you permission to release the information to J. Kozel & Son, Inc. for the CDL driver listed below. Please complete the Previous Employer section and fax or mail back using the contact information listed on the last page.

This inquiry is time sensitive so your prompt response is greatly appreciated. If you have any questions, please feel free to call.

APPLICANT SECTION- Complete one sheet for all employers within the last 3 years

I, hereby authorize _____ (previous employer's name) to release to J. Kozel & Son, Inc. all information regarding my services, Alcohol and Controlled Substance Testing, character, and conduct while in your employ. You are released from any and all liability which may result from furnishing such information to J. Kozel & Son, Inc.

Print Name

Signature

Social Security #

Date

PREVIOUS EMPLOYER SECTION

1. Employed from _____ to _____ as _____ (title) at wage or salary (circle one).
2. What kind(s) of work did the applicant do? _____
3. Did he/she drive a motor vehicle for you? _____ Straight Truck? _____
Tractor Semi? _____ Bus? _____
4. Was he/she a safe and efficient driver? _____
5. Reason for leaving your employ: _____
6. Was his/her general conduct satisfactory? _____

7. Please advise history of past driving record, including dates, # of injuries, and # of fatalities, if available for the past 3 years. (DUI's, speeding tickets, accidents in company vehicles, etc.)

Drug & Alcohol Testing Information

- 1. Is your company DOT regulated? _____
- 2. Did the applicant hold a DOT regulated position? _____
- 3. Did this person ever drink any alcoholic beverages while on duty? _____
- 4. Has this person ever tested as positive for a controlled substance in the last three years? _____
- 5. Has this person ever had an alcohol test with a Breath Alcohol Concentration 0.40 or greater in their last three years? _____
- 6. Has this person ever refused a required test for drugs or alcohol in the last three years? _____
- 7. If YES to any of the above questions 4-6 did the applicant complete the return to duty process requirements? _____

If YES please give the Substance Abuse Professional name, phone number, and address for further reference.

Name: _____ Phone #: _____

Address: _____

Any other remarks:

Completed by: _____

Title: _____

Company: _____

Date: _____

Signature: _____

MAIL COMPLETED FORM TO:

J. Kozel & Son, Inc.
Attn: Human Resources
1150 Scottsville Road
Rochester, NY 14624

OR

FAX TO: 585-436-3104