



DRIVER APPLICATION

KB Custom Ag Services
 239 E. 4th St
 Ault, CO
 Phone: (970) 834-2508
 Fax: (970) 834-2518

Applicant Name:	SSN:	
Current Address:	Phone Number:	Date of Birth:

Residence Past 3 Years

Address:			
City:	St:	Zip:	How long?
Address:			
City:	St:	Zip:	How long?
Address:			
City:	St:	Zip:	How Long?

Experience and Qualifications as a Driver

State:	License #:	Expiration Date:	Type/Class (CDL A)	Endorsements

Driving Experience

Equipment Class	Type of Equipment (Van, Flat, Tank)	Dates		Approx # of Miles Total
		From:	To:	
Straight Truck				
Tractor Semi Trailer				
Tractor w/ Doubles				
Tractor w/ Triples				
Tractor w/ Tank				
Other				

Accidents/Crashes for the past 3 years or more

Date	Nature of Accident (Backing, Head on, Rollover, Turning)	Fatalities	Injuries

Moving Traffic Convictions and Forfeitures for the past 3 years

Date	Offense	Location	Type of Motor Vehicle Operated

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B. Has any license, permit or privilege ever been revoked? Yes No

If yes attach statement giving details.

This company requires all Drivers who drive Commercial Motor Vehicles (CMV) which require a Commercial Driver's License (CDL), to be controlled substances tested with a negative result prior to driving.

Do you consent to such Testing? Yes No

EMPLOYMENT RECORD All for past 3 years and Commercial Driving
Experience for past 10 years

Last Employer: _____
 Position held: _____ CDL? From: _____ To _____
 Address: _____ City: _____ ST: _____
 Telephone #: _____ FAX: _____
 Reason For Leaving: _____

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 Telephone #: _____ FAX: _____
 Reason For Leaving: _____

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

Applicant's Signature

DATE

DRIVER APPLICATION ADDENDUM

RESIDENCE

Address:			
City:	St.	Zip	How Long?
Address:			
City:	St.	Zip	How Long?

Special Training and/or Skills	
1.	
2.	
3.	

Educational Background	
High School:	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No
College:	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No Degree/Diploma?
Grad School/Other Schooling:	

References		
Name:	Phone:	Relationship:
Name:	Phone:	Relationship:
Name:	Phone:	Relationship: