



GENERAL PET SUPPLY MIDWEST, LLC.
501 NW Parkway
Riverside, MO 64150

DRIVER APPLICATION

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status.

NAME _____ SOCIAL SECURITY #: _____
 (First) (MI) (Last)

POSITION APPLYING FOR: _____ DATE: _____

PHONE NUMBER (_____) _____ ARE YOU OVER THE AGE OF 18 YEARS? YES NO

LIST YOUR ADDRESSES OF RESIDENCY FOR THE PAST 3 YEARS

CURRENT ADDRESS _____ How Long? From ____/____ To ____/____
 (Street) (City) (State & Zip) (mo. /yr.) (mo. /yr.)

PREVIOUS ADDRESSES _____ How Long? From ____/____ To ____/____
 (Street) (City) (State & Zip) (mo. /yr.) (mo. /yr.)

 (Street) (City) (State & Zip) How Long? From ____/____ To ____/____
 (mo. /yr.) (mo. /yr.)

 (Street) (City) (State & Zip) How Long? From ____/____ To ____/____
 (mo. /yr.) (mo. /yr.)

ARE YOU WILLING TO ACCEPT: FULL-TIME PART-TIME SEASONAL TEMPORARY

WAGES EXPECTED \$ _____ HOURS WILLING/ABLE TO WORK (TIMES): _____

WILLING/ABLE TO WORK OVERTIME? YES NO DATE AVAILABLE TO BEGIN WORK: _____

ARE YOU LEGALLY ELIGIBLE TO BE EMPLOYED IN THE U.S.? YES NO (PROOF IS REQUIRED)

DATE OF BIRTH ____/____/____ CAN YOU PROVIDE PROOF OF AGE? _____
 (THE U.S. DEPARTMENT OF TRANSPORTATION REQUIRES THAT DRIVER APPLICANTS STATE THEIR DATE OF BIRTH (β391.21 (b) (2)).

LIST SKILLS OR QUALIFICATIONS YOU HAVE TO OFFER THIS COMPANY _____

HAVE YOU EVER BEEN EMPLOYED HERE? _____ IF YES, WHEN? _____

ANY RELATIVES OR FRIENDS IN OUR EMPLOY? _____ IF YES, WHO? _____

HAVE YOU APPLIED HERE BEFORE? _____ IF YES, WHEN? _____

HOW WERE YOU REFERRED TO THIS COMPANY/POSTION? _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME OR PLEADED NO CONTEST FOR ANY OFFENSE OR VIOLATION OTHER THAN MINOR TRAFFIC VIOLATIONS? YES NO (Convictions are not an automatic bar to employment; however falsification or misrepresentation of information may be grounds for dismissal.) If yes, complete:

CONVICTION REASON	DATE	CITY/STATE

WORK EXPERIENCE

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding **3 years**. List complete mailing address, street number, city, state and zip code. Applicants to drive a commercial motor vehicle* in interstate or interstate commerce shall also provide an **additional 7 years'** information on those employers for whom the applicant operated such vehicle. List most recent employers first. Add an additional sheet if necessary.

1. COMPANY _____ PHONE: (_____) _____
ADDRESS _____ WAGE: Start \$ _____ End \$ _____
(Street) (City) (State & Zip)
DATES EMPLOYED: From ____/____/____ To ____/____/____ SUPERVISOR _____
(mo. /yr.) (mo. /yr.) (Name and Title)
JOB TITLE _____ REASON FOR LEAVING _____
JOB DUTIES _____

WERE YOU SUBJECT TO THE FMCSRs[†] WHILE EMPLOYED? YES NO

WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? YES NO

2. COMPANY _____ PHONE: (_____) _____
ADDRESS _____ WAGE: Start \$ _____ End \$ _____
(Street) (City) (State & Zip)
DATES EMPLOYED: From ____/____/____ To ____/____/____ SUPERVISOR _____
(mo. /yr.) (mo. /yr.) (Name and Title)
JOB TITLE _____ REASON FOR LEAVING _____
JOB DUTIES _____

WERE YOU SUBJECT TO THE FMCSRs[†] WHILE EMPLOYED? YES NO

WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? YES NO

3. COMPANY _____ PHONE: (_____) _____
ADDRESS _____ WAGE: Start \$ _____ End \$ _____
(Street) (City) (State & Zip)
DATES EMPLOYED: From ____/____/____ To ____/____/____ SUPERVISOR _____
(mo. /yr.) (mo. /yr.) (Name and Title)
JOB TITLE _____ REASON FOR LEAVING _____
JOB DUTIES _____

WERE YOU SUBJECT TO THE FMCSRs[†] WHILE EMPLOYED? YES NO

WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? YES NO

4. COMPANY _____ PHONE: (_____) _____
ADDRESS _____ WAGE: Start \$ _____ End \$ _____
(Street) (City) (State & Zip)
DATES EMPLOYED: From ____/____/____ To ____/____/____ SUPERVISOR _____
(mo. /yr.) (mo. /yr.) (Name and Title)
JOB TITLE _____ REASON FOR LEAVING _____
JOB DUTIES _____

WERE YOU SUBJECT TO THE FMCSRs[†] WHILE EMPLOYED? YES NO

WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? YES NO

* Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity regarding placarding.

† The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 lbs. or more, (2) is designed or used to transport 9 or more passengers, OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

EXPLAIN ALL GAPS IN YOUR WORK HISTORY (to account for the last 10 years)

DATES	REASON

EDUCATIONAL BACKGROUND

TYPE OF SCHOOL	NAME, CITY & STATE	GRADUATED	MAJOR
ELEMENTARY		<input type="checkbox"/> Yes <input type="checkbox"/> No	
HIGH SCHOOL		<input type="checkbox"/> Yes <input type="checkbox"/> No	
GED/HSED		<input type="checkbox"/> Yes <input type="checkbox"/> No	
COLLEGE		<input type="checkbox"/> Yes <input type="checkbox"/> No	
BUSINESS/TRADE		<input type="checkbox"/> Yes <input type="checkbox"/> No	

LICENSES

All Drivers Licenses and permits held in the past 3 years must be listed.	STATE	LICENSE #	CLASS	ENDORSEMENTS	EXPIRATION DATE

1. Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES NO
2. Has any license, permit, privilege ever been suspended or revoked? YES NO
3. Have you ever been disqualified for violations of the motor carrier safety regulations? YES NO

If you answered yes to 1, 2, or 3 explain: _____

DRIVING EXPERIENCE

(Check 'yes' or 'no' to each class of equipment)

CLASS OF EQUIPMENT	CIRCLE TYPE OF EQUIPMENT	DATES		APPROXIMATE # OF TOTAL MILES
		From (M/Y)	To (M/Y)	
Straight Truck <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)	/	/	
Tractor and Semi-Trailer <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)	/	/	
Tractor - Two Trailers <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)	/	/	
Tractor - Three Trailers <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)	/	/	
Motor Coach-School Bus <input type="checkbox"/> YES <input type="checkbox"/> NO <small>More than 8 passengers</small>	-	/	/	
Motor Coach-School Bus <input type="checkbox"/> YES <input type="checkbox"/> NO <small>More than 15 passengers</small>	-	/	/	
Other _____		/	/	

LIST STATES OPERATED IN DURNING THE LAST 5 YEARS _____

LIST SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DELIVERY DRIVER _____

LIST SAFE DRIVING AWARDS HELD AND FROM WHO _____

ACCIDENT REVIEW FOR THE LAST 5 YEARS

(Attach a separate piece of paper if necessary)

IF NONE; CHECK THIS BOX

DATE	NATURE OF ACCIDENT (head-on, rear-end-overturn, etc)	FATALITIES?	INJURIES?	CONVICTION/ CITATION?

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 5 YEARS

(Other than parking violations)

IF NONE; CHECK THIS BOX

LOCATION (City and State)	DATE	CHARGE	PENALTY

DRUG AND ALCOHOL TESTING INFORMATION

HAVE YOU EVER TESTED POSITIVE FOR A CONTROLLED SUBSTANCE FOR A DOT MANDATED TEST? YES NO

HAVE YOU EVER HAD AN ALCOHOL TEST WITH A BAC OF 0.02 OR GREATER? YES NO

HAVE YOU EVER REFUSED A DOT REQUIRED TEST FOR DRUGS/ALCOHOL IN THE LAST THREE YEARS? YES NO

If any of the above questions were answered YES, please provide your SAP's (Substance Abuse Professional) name, address and phone number for further reference.

Name: _____ Company _____ Phone Number: (____) _____
Street: _____
(City) (State) (Zip)

REFERENCES

(Professional References Preferred)

NAME	PHONE NUMBER	RELATIONSHIP
	()	
	()	
	()	

TO BE READ AND SIGNED BY APPLICANT

(1) I understand that false or misleading information given in my application or interview(s) may be considered sufficient cause for dismissal. (2) The use of this application does not indicate that there are any positions open and does not in any way obligate General Pet Supply. (3) I understand that General Pet Supply, as a prospective employer, is required by the DOT to make queries regarding driving information, accident information, and previous drug screening information. (4) I authorize General Pet Supply's insurance agent, or other third party, to obtain a copy of my motor vehicle report, which will be used as part of the application process. (5) I authorize General Pet Supply to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries to medical history will be made only if and after a conditional offer of employment has been extended.) (6) I hereby release employers, school, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application. (7) I understand, also, that I am required to abide by all rules and regulations of General Pet Supply, Inc.

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.

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 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.

Signature _____ Date _____

FOR COMPANY USE ONLY:

Hire Date _____ Start Date _____