

# Application For Qualification

Kottke Trucking, Inc  
POB 206, 211 Hwy 212 E  
Buffalo Lake, MN 55314  
800-248-2623

**CONTRACTOR**

## INSTRUCTIONS TO APPLICANT

*Please answer all questions. If the answer to any question is "NO" or "NONE", do not leave it blank, but write "NO" or "NONE." This is important!!!*

Date \_\_\_\_\_

Name \_\_\_\_\_  
(First) (Middle) (Last)

Social Security Number \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Phone Number (\_\_\_\_) \_\_\_\_\_

Account for three years of addresses:

Current Address:

\_\_\_\_\_  
\_\_\_\_\_

Next Previous Address:

\_\_\_\_\_  
\_\_\_\_\_

## EMPLOYMENT

*Give a COMPLETE RECORD of all employment or leased status for the past ten years, including any unemployment, self employment, and explain any gaps of employment.*

PRESENT OR LAST EMPLOYER:

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

MO/YR

MO/YR

until

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

Fired

Quit

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Contact: \_\_\_\_\_

Reason Left: \_\_\_\_\_

Wage: \_\_\_\_\_ based on Miles Percentage Other \_\_\_\_\_

NEXT PREVIOUS EMPLOYER:

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

MO/YR

MO/YR

until

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

Fired

Quit

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Contact: \_\_\_\_\_

Reason Left: \_\_\_\_\_

Wage: \_\_\_\_\_ based on Miles Percentage Other \_\_\_\_\_

NEXT PREVIOUS EMPLOYER: MO/YR  
Name: \_\_\_\_\_ until \_\_\_\_\_  
Address: \_\_\_\_\_ Fired Quit  
City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
Contact: \_\_\_\_\_ Reason Left: \_\_\_\_\_  
Wage: \_\_\_\_\_ based on Miles Percentage Other \_\_\_\_\_

NEXT PREVIOUS EMPLOYER: MO/YR  
Name: \_\_\_\_\_ until \_\_\_\_\_  
Address: \_\_\_\_\_ Fired Quit  
City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
Contact: \_\_\_\_\_ Reason Left: \_\_\_\_\_  
Wage: \_\_\_\_\_ based on Miles Percentage Other \_\_\_\_\_

NEXT PREVIOUS EMPLOYER: MO/YR  
Name: \_\_\_\_\_ until \_\_\_\_\_  
Address: \_\_\_\_\_ Fired Quit  
City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
Contact: \_\_\_\_\_ Reason Left: \_\_\_\_\_  
Wage: \_\_\_\_\_ based on Miles Percentage Other \_\_\_\_\_

NEXT PREVIOUS EMPLOYER: MO/YR  
Name: \_\_\_\_\_ until \_\_\_\_\_  
Address: \_\_\_\_\_ Fired Quit  
City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
Contact: \_\_\_\_\_ Reason Left: \_\_\_\_\_  
Wage: \_\_\_\_\_ based on Miles Percentage Other \_\_\_\_\_

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NEXT PREVIOUS EMPLOYER: MO/YR      MO/YR  
Name: \_\_\_\_\_ until \_\_\_\_\_  
Address: \_\_\_\_\_ Fired      Quit  
City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
Contact: \_\_\_\_\_ Reason Left: \_\_\_\_\_  
Wage: \_\_\_\_\_ based on      Miles      Percentage      Other \_\_\_\_\_

NEXT PREVIOUS EMPLOYER: MO/YR      MO/YR  
Name: \_\_\_\_\_ until \_\_\_\_\_  
Address: \_\_\_\_\_ Fired      Quit  
City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
Contact: \_\_\_\_\_ Reason Left: \_\_\_\_\_  
Wage: \_\_\_\_\_ based on      Miles      Percentage      Other \_\_\_\_\_

NEXT PREVIOUS EMPLOYER: MO/YR      MO/YR  
Name: \_\_\_\_\_ until \_\_\_\_\_  
Address: \_\_\_\_\_ Fired      Quit  
City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
Contact: \_\_\_\_\_ Reason Left: \_\_\_\_\_  
Wage: \_\_\_\_\_ based on      Miles      Percentage      Other \_\_\_\_\_

NEXT PREVIOUS EMPLOYER: MO/YR      MO/YR  
Name: \_\_\_\_\_ until \_\_\_\_\_  
Address: \_\_\_\_\_ Fired      Quit  
City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
Contact: \_\_\_\_\_ Reason Left: \_\_\_\_\_  
Wage: \_\_\_\_\_ based on      Miles      Percentage      Other \_\_\_\_\_

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**DRIVING EXPERIENCE**

*Estimations in the miles area is allowed. However, it is important!*

CLASS OF EQUIPMENT	DATE FROM	DATE TO	APPROX MILES (APPROX
STRAIGHT TRUCK			
TRACTOR AND SEMI-TRAILER			
TRACTOR & 2 TRAILERS			
OTHER List			

**Check States Operated In Last Five Years:**

Minnesota North Dakota South Dakota Nebraska Iowa Wisconsin Illinois Indiana  
 Missouri Ohio Kentucky Kansas Oklahoma Arkansas Tennessee Texas  
 Louisiana Mississippi Al abama Georgia North Carolina South Carolina Virginia  
 West Virginia Florida

Show special courses or training that will help you as a driver \_\_\_\_\_

What Safe Driving Awards to you have and from whom \_\_\_\_\_

**ACCIDENT RECORD**

*Attach Sheet if Needed. List all accidents including all preventable and non-preventable accidents*

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	# OF FATALITIES	# OF PEOPLE INJURED

**TRAFFIC CONVICTIONS**

*Attach Sheet if Needed. List all items on your drivers record. List whether they were moving or non-moving.*

DATES	LOCATION (City, State, Road)	CHARGE	PENALTY

**DRIVERS LICENSES**

*List all licenses that you hold or have held in the past three years*

STATE	LIC #	TYPE	ENDORSEMENTS	EXP DATE

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 every been suspended or revoked? Yes No

If you answered yes to either A or B, give details including dates, penalty, why, and any pertaining details:

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**PERSONAL REFERENCES**

List four persons for reference, other than relatives, who have knowledge of your habits.

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_

Phone \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_

Phone \_\_\_\_\_

**TRADE/CREDIT REFERENCES**

List two trade references that can detail your financial standing, including your truck loan.

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_

Phone \_\_\_\_\_

**ABOUT YOUR TRUCK**

Please tell us more about your truck

Make \_\_\_\_\_

Model \_\_\_\_\_

Engine \_\_\_\_\_

Wheel Base \_\_\_\_\_

Empty Weight \_\_\_\_\_

Color \_\_\_\_\_

Has your engine been overhauled? Yes    No    If yes, how many miles on new? \_\_\_\_\_

What are your truck payments? \_\_\_\_\_ Length left on loan? \_\_\_\_\_

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**MORE ABOUT YOU**

*Please fill in the appropriate places, don't leave anything blank*

Do you have reefer trailer experience? Yes No If yes, how many years/months \_\_\_\_\_

Do you have van or trailer experience? Yes No If yes, how many years/months \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Types of products hauled:

List types: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How many years of trailer-trailer experience can you prove? \_\_\_\_\_

Are you currently taking any medication for any type of mental or physical condition? Yes No  
If yes, explain:

\_\_\_\_\_

\_\_\_\_\_

**CLOSING REMARKS**

*Please list any comments you may have. Also include any item not covered in this application that may help us evaluate you and your ability to perform for our company. Thank your for your time and interest!*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**TO BE READ AND SIGNED BY APPLICANT**

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It is agreed and understood that any misrepresentation given above shall be considered an act of dishonesty and deceit.

It is agreed and understood that the motor carrier or his agents may investigate the applicant's background to ascertain any and all information of concern to applicant's record, whether same is of record or not, and applicant releases employers persons named herein from all liability for damages on account of his furnishing such information.

It is also agreed and understood that under the Fair Credit Reporting Act, Public Law 91-508, I have been told that this investigation may include an Investigating Consumer Report, including information regarding my character, general reputation, personal characteristics, and mod of living.

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 qualification in no way obligates the motor carrier to employ or lease the undersigned applicant.

It is agreed and understood that if qualified, the driver may be on a probationary period during which time he may be disqualified without reserves.

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.

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Date

Applicant's Signature

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