

ACCIDENT RECORD

List all accidents in which you were involved regardless of fault, during the last three 3 ears.

Date of Accident	What was the nature of the Accident	Were there Fatalities	Were there Injuries	Preventable	Chargeable
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

TRAFFIC CONVICTIONS and FORFEITURES

(list all for last three 3 years)

Date	Location	Charge	Penalty

EDUCATION

Check the highest grade you completed: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18

EXPERIENCE — QUALIFICATIONS

List all drivers' Licenses issued to you in the last five 5 ears

State	License Number	Type of License	Expiration Date	Endorsements

List states you have operated in during the last five years: _____

I certify that I have read and understand all of this employment application. It is agreed and understood that the employer or his agents may investigate my background to ascertain any and all information of concern to my employment history, whether same is of record or not. I release all employers and other persons named herein, from all liability for damages by furnishing such information. I understand that as a driver applicant for Knight Trucking LLC, I may be asked to demonstrate that I am capable of performing tasks, which are pertinent to the job. I understand a job offer may be conditioned on the results of a physical examination and drug test. I understand Knight Trucking LLC will not accept a **Negative-Diluted** pre-employment drug test result and should such a drug test result be found, I will not be considered for employment. If hired, I agree to abide by all the rules and policies of the employer and those agencies which regulate this employer.

This certifies that I completed this application, and all entries of information on it are true and complete to the best of my knowledge.

X

(Date)

(Applicants Signature)

Note: Incomplete application forms will be delayed or not considered at all!