



DRIVER EMPLOYMENT APPLICATION

Karnemaat Farms & Logistics

5118 W. 72nd St. Fremont, MI 49412

office@karnemaatfarms.com

(231) 924-0465

Karnemaat-Farms.com/trucking

USDOT#: 311827

MC#: 208591

Karnemaat's L.L.C. is an equal opportunity employer. Karnemaat Farms & Logistics is an entity of
Karnemaat's L.L.C. - 5118 W. 72nd St. Fremont, MI 49412

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| | | | |
|---|---|----------------------------|-------------------|
| Name (first, middle, last) | | | |
| You must list all previous addresses for 3 years | Address (street, city, state, zip code) | | |
| | Address (street, city, state, zip code) | | |
| Phone Number | | Social Security Number | |
| Are you legally authorized to work in the U.S.? | | Yes | No |
| Are you related to anyone currently working for Karnemaat Farms? | | Yes, who? | No |
| DRIVER LICENSE INFORMATION | | | |
| Driver License Number | State | Type | Expiration Date |
| DRIVER EXPERIENCE | | | |
| Type of Equipment | From (Date) | To (Date) | Approx # of Miles |
| Type of Equipment | From (Date) | To (Date) | Approx # of Miles |
| REQUIRED QUESTIONS | | | |
| Have you ever been denied a license, permit or privilege to operate a motor vehicle? | | | Yes No |
| Has any license, permit or privilege ever been suspended or revoked? | | | Yes No |
| If you answered yes to any of the above 2 questions, attach a statement of explanation. | | | |
| TICKETS 1 ACCIDENTS/ ETC. | | | |
| Accident Record for Past 3 Years | | | |
| Date | Description | # of Injuries / Fatalities | |
| Date | Description | # of Injuries / Fatalities | |
| Traffic Convictions & Forfeitures for Past 3 Years | | | |
| Date | Location | Charge | Penalty |
| Date | Location | Charge | Penalty |

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EMPLOYMENT RECORD

| | | |
|---|------------|----------|
| Employer | From (M/Y) | To (MN) |
| Address | Phone | Position |
| 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 & alcohol testing requirements of 49 CFR part 40? | | Yes No |
| Employer | From (WY) | To (M/Y) |
| Address | Phone | Position |
| 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 & alcohol testing requirements of 49 CFR part 40? | | Yes No |
| Employer | From (WY) | To (M/Y) |
| Address | Phone | Position |
| 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 & alcohol testing requirements of 49 CFR part 40? | | Yes No |
| Employer | From (M/Y) | To (WY) |
| Address | Phone | Position |
| 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 & alcohol testing requirements of 49 CFR part 40? | | Yes No |
| DECLARATION OF EMPLOYMENT STATUS (GAPS IN HISTORY) | | |
| If you were driving a CMV, you must provide complete employment history for the past 10 years. Any gaps in employment longer than 1 month are explained as follows: | | |
| Activity During Break | From (M/Y) | To (MN) |
| In Addition, I was not employed by any company or individual | | Yes No |
| Activity During Break | From (MN) | To (MN) |
| In Addition, I was not employed by any company or individual | | Yes No |

For additional blocks needed, please make a copy of this form

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| | | | | | | | | |
|---|--------|--------------------|---------|--------------------|----------|-----------------------------|----------|----|
| IF EMPLOYMENT IS OFFERED, DO YOU INTEND TO HAVE ANY TYPE OF SECONDARY EMPLOYMENT OR SELF-EMPLOYMENT? | | | | | | | YES | NO |
| IF REQUIRED, WOULD YOU BE WILLING TO WORK: | | OVERTIME YES NO | | HOLIDAYS YES NO | | SATURDAYS/SUNDAYS YES NO | | |
| INDICATE DAYS AND TIMES OF THE WEEK WHICH YOU ARE AVAILABLE TO WORK: PREFERENCE WILL BE DISCUSSED DURING INTERVIEW PROCESS | | | | | | | | |
| | SUNDAY | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY | SATURDAY | |
| START TIME | | | | | | | | |
| END TIME | | | | | | | | |

AUTHORIZATION

This is an equal opportunity employer. I understand that no question being asked as part of my consideration for employment is intended to be unlawful.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation by the Employer to hire me. If I am hired, I understand that either the Employer or I can terminate my employment at any time with or without any reason.

All of the information I have given to the Employer in considering me for employment is truthful. No other information has been concealed or intentionally omitted. I understand that the Employer may decide to conduct drug screenings and criminal background checks. I authorize, to the fullest extent permitted by law, any such drug screening and/or criminal background check as well as the investigation of all other matters concerning my consideration for employment. I understand that all offers of employment are contingent upon the receipt of a favorable result of any such drug screening, criminal background check and other investigated matter. I authorize the Employer to conduct the screening, background check or investigation directly or through its agents, and further authorize my former employers, references, physicians, and acquaintances to give any such information they may have regarding me. I release and indemnify this Employer, as well as any parties from whom information is obtained, from any liability whatsoever resulting from the drug screening, criminal background check or any other investigation and release of this information. If any information I have given to the Employer is untrue or misleading, if I have concealed any information, or adverse information is discovered through the investigation, I understand that this may result in the denial of employment, revocation of an offer of employment, or termination of employment.

Although management makes every effort to accommodate individual preference, business needs may at times make the following conditions mandatory: overtime, change in work location, a rotating work schedule, or a work schedule other than Monday through Friday. I understand and accept these as conditions of my continuing employment. Additionally, I am aware that my employment is contingent on operational requirements

SIGNATURE

DATE

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| ALCOHOL AND CONTROLLED SUBSTANCE CONSENT AND RELEASE | | |
|---|------------------------|----|
| E | | |
| Have you ever refused to be tested for drugs or alcohol? | Yes | No |
| Have you ever tested positive for drugs or alcohol? | Yes | No |
| Have you ever tested positive for any pre-employment drug or alcohol test for a job which you applied for but did not obtain? | Yes | No |
| If you answered yes to any of the above questions, attach a statement of explanation and provide proof of Return to Duty Process. | | |
| I understand that, as required by the Federal Motor Carrier Safety Regulations or company policy, all drivers must submit to alcohol and controlled substance testing as a condition of employment. I also understand that any offer of employment will be contingent upon the results of an alcohol and controlled substance test. | | |
| Therefore, I agree to submit to the following alcohol and controlled substance tests in accordance and as defined by the Federal Motor Carrier Safety Regulation and this company's policies: | | |
| <ul style="list-style-type: none"> Pre-Employment, to determine employment eligibility Random Reasonable Suspicion Post-Accident Follow Up (see company policy) Return-to-duty (see company policy) | | |
| I certify that I have read, understand, and agree to abide by the condition of this consent and release form. Failure to sign will prevent this employer from using you as a CMV driver. | | |
| Applicant Signature | Date | |
| Print Name | Social Security Number | |
| Employer Witness | | |

Applicants for positions that require driving a commercial motor vehicle (CMV) requiring a CDL at any time will be required to undergo controlled substances and at our discretion, alcohol testing prior to employment and will be subject to further testing throughout their period of employment.

The company's policy is that if a person has ever been in violation of the rules in part 40 (DOT) or 382 (FMCSA) they will NOT be considered eligible for any job which includes operation of a CMV (Greater than 10,000 GVWR) unless they have completed the return to duty process.

CDL drivers will be subject to random and reasonable suspicion drug testing each day they report for work.

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CERTIFICATION OF COMPLIANCE WITH DRIVER LICENSE REQUIREMENTS

MOTOR CARRIER INSTRUCTIONS: The requirements in Part 383 apply to every driver who operates in intrastate, interstate, or foreign commerce and operates a vehicle weighing 26,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

The requirements in Part 391 apply to every driver who operates in interstate commerce and operates a vehicle weighing 10,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

DRIVER REQUIREMENTS: Parts 383 and 391 of the Federal Motor Carrier safety Regulations contain some requirements that you as a driver must comply with. These requirements are in effect as of July 1, 1987. They are as follows:

1. You, as a commercial vehicle driver, may not possess more than one license.
2. If you currently have more than one license, you should keep the license from your state of residence, and return the additional licenses to the states that issued them. Destroying a license does not close the record in the state that issued it; you must notify the state. If a multiple license has been lost, stolen, or destroyed, you should close your record by notifying the state of issuance that you no longer want to be licensed by that state.
3. Sections 392.42 and 383.33 of the Federal Motor Carrier Safety Regulations require that you notify your employer the NEXT BUSINESS DAY of any revocation or suspension of your driver's license. In addition, Section 383.31 requires that any time you violate a state or local traffic law (other than parking), you must report it to your employing motor carrier and the state that issued your license within 30 days.

DRIVER CERTIFICATION: I certify that I have read and understand the above requirements.

The following license is the only one I will possess:

| | | |
|-----------------------|-------|------------|
| Driver License Number | State | Expiration |
| Driver Signature | Date | |