

KATANA INC.

P.O. Box 193
Indianola, IA 50125
Fax 515-961-3910

Application

The purpose of this application is to determine whether or not the applicant is qualified to operate Motor Carrier equipment according to the requirements of the Federal MCSR and Katana Inc. Applicants are considered without regard to race, color, creed, age, disability, sex, religion or national origin.

INSTRUCTIONS TO APPLICANT: Please answer all questions. If the answer to any question is "No" or "None" do not leave the item blank, but write "No" or "None".

I. GENERAL

Date _____ Check One: Contractor _____ Driver _____

Name _____ Home Phone: (____) _____
(First) (Middle) (Last) (Area)

Current Address _____ How Long? _____
(Street) (City) (State) (Zip)

Other Address _____ How Long? _____
Past 3 Years (Street) (City) (State) (Zip)

Other Address _____ How Long? _____
(Street) (City) (State) (Zip)

Other Address _____ How Long? _____
(Street) (City) (State) (Zip)

Are you legally authorized to be employed with us? _____ Yes _____ No

Date of Birth _____	Security No. _____ - _____ - _____ Federal I.D. No. _____	Height _____	Weight _____
Name of Spouse _____	If Working, Company Name, Business Address (Street, City, State, Zip) _____	Phone No. _____	Occupation _____

II. EDUCATIONAL/MILITARY BACKGROUND

Circle highest grade completed: Grade School 1 2 3 4 5 6 7 8 High School 1 2 3 4 GED ___ Yes ___ No College 1 2 3 4

Last school attended _____ Did you graduate? _____

City _____ State _____

Driving School _____ Phone (____) _____ Graduation Date _____

City _____ State _____

List special courses taken that might help you in the work applied for _____

MILITARY: Branch _____ From _____ To _____ DD214 Narrative reason for discharge _____

Honorable discharge? Yes _____ No _____

IN CASE OF EMERGENCY NOTIFY: _____

City _____ State _____ Phone Number _____

Relationship _____

Do you have friends and/or relatives employed with us? Yes _____ No _____ Name/Relationship _____

Have you worked here before? Yes _____ No _____ Dates: From _____ To _____ Reason for leaving _____

HOW DID YOU HEAR ABOUT US? ADVERTISING SOURCE _____ OTHER SPECIFY _____ COMPANY DRIVER NAME _____

III. EMPLOYMENT RECORD FOR PAST 10 YEARS

Begin with your present or most recent job and work backward, listing your employer for at least 10 years including all full and part-time employment. If military service is listed, please include a copy of your DD214 and/or DD348. Please list all unemployment dates in section below. **All time must be accounted for including military service, self-employment and periods of unemployment.** Use supplementary sheet if necessary.

Current or Most Recent Employer: Name _____ Supervisor _____

Are you presently employed? Yes No May we call your current employer? Yes No

Address (St./City/State/Zip) _____ Telephone () _____

Position Held _____ From (mo./yr.) _____ To (mo./yr.) _____ Rate of Pay _____

Reason for Leaving? _____ No. of states _____

_____ Driven in _____

No. of Accidents _____ Please Explain _____

Employer: Name _____ Supervisor _____

Address (St./City/State/Zip) _____ Telephone () _____

Position Held _____ From (mo./yr.) _____ To (mo./yr.) _____ Rate of Pay _____

Reason for Leaving? _____ No. of states _____

_____ Driven in _____

No. of Accidents _____ Please Explain _____

Employer: Name _____ Supervisor _____

Address (St./City/State/Zip) _____ Telephone () _____

Position Held _____ From (mo./yr.) _____ To (mo./yr.) _____ Rate of Pay _____

Reason for Leaving? _____ No. of states _____

_____ Driven in _____

No. of Accidents _____ Please Explain _____

Employer: Name _____ Supervisor _____

Address (St./City/State/Zip) _____ Telephone () _____

Position Held _____ From (mo./yr.) _____ To (mo./yr.) _____ Rate of Pay _____

Reason for Leaving? _____ No. of states _____

_____ Driven in _____

No. of Accidents _____ Please Explain _____

Employer: Name _____ Supervisor _____

Address (St./City/State/Zip) _____ Telephone () _____

Position Held _____ From (mo./yr.) _____ To (mo./yr.) _____ Rate of Pay _____

Reason for Leaving? _____ No. of states _____

_____ Driven in _____

No. of Accidents _____ Please Explain _____

Employer: Name _____ Supervisor _____

Address (St./City/State/Zip) _____ Telephone () _____

Position Held _____ From (mo./yr.) _____ To (mo./yr.) _____ Rate of Pay _____

Reason for Leaving? _____ No. of states _____

_____ Driven in _____

No. of Accidents _____ Please Explain _____

UNEMPLOYMENT DATES

From _____ To _____ Did you receive unemployment benefits Yes _____ No _____

From _____ To _____ Did you receive unemployment benefits Yes _____ No _____

From _____ To _____ Did you receive unemployment benefits Yes _____ No _____

IV. DRIVING RECORD/EXPERIENCE

LICENSE

List **all** drivers licenses/permits held in past five (5) years

STATE	LICENSE NUMBER	TYPE and ENDORSEMENTS	EXPIRATION DATE

Is your current license a CDL? ___Yes ___No State _____ Hazardous Material Endorsements? ___Yes ___No

TRAFFIC CONVICTIONS/SUSPENSIONS

List all car, truck, etc. moving traffic convictions and suspensions for the past five (5) years (if none, write none)

DATE	LOCATION (STATE)	CHARGE	IF SPEEDING, MPH OVER LIMIT	PENALTY

ACCIDENT RECORD

List all accidents with truck, car, etc. for past five (5) years, including preventable and non-preventable. (If none, write none)

Date	Type of Vehicle	Nature of Accident (head on, rear-end, upset, etc.)	Preventable Or Non-Preventable	Fatalities	Injuries	Amount of Property Damage
				Yes ___ No ___	Yes ___ No ___	
				Yes ___ No ___	Yes ___ No ___	
				Yes ___ No ___	Yes ___ No ___	
				Yes ___ No ___	Yes ___ No ___	

NATURE AND EXTENT OF EXPERIENCE

Type	Trailer Length	Dates		Approx. Number of Miles	States Operated
		From	To		
Tractor with Flatbed					
Tractor with Van					
Tractor with Reefer					
Tractor with Tank					
Straight Truck					
Other (Specify)					

- A. Has any license, permit or privilege ever been revoked or suspended? Yes No
- B. Have you ever been arrested and/or convicted for driving under the influence of alcohol or drugs or have a current charge pending? Yes No
- C. Have you ever been convicted for possession, sale, or use of a narcotic drug, amphetamine, or derivative thereof, or have a current charge pending? Yes No
- D. Have you ever been convicted of a felony and/or misdemeanor? Yes No
- E. Have you ever been refused a security bond? Yes No

If the answer to any question is yes, state details, circumstances, and dates _____

V. PHYSICAL HISTORY

FEDERAL MOTOR CARRIER SAFETY REGULATIONS SECTION 391.41 provides that a person shall not drive a motor vehicle unless that person is physically qualified to do so. It is an essential function of an over-the-road driver to satisfy the DOT qualifications. Please answer **YES** or **NO** to the following questions.

Below is a list of questions that will be asked on the mandatory Department of Transportation Physical Examination Form.

Have you ever received professional help for:

	Yes	No	Date		Yes	No	Date
Heart	___	___	___	High Blood Pressure	___	___	___
Hernia	___	___	___	Cardiovascular Disease	___	___	___
Physical Disorders	___	___	___	Diabetes	___	___	___
Seizures	___	___	___	Any other Nervous Disorders	___	___	___
Convulsions /Fainting	___	___	___				

If answer to any question above is "Yes", please explain in detail _____

Vision - Do you have at least 20/40 (Snellen) with or without corrective lenses in both eyes? Yes ___ No ___

List all current medications being taken _____

Do you use, or have you ever used, amphetamines, narcotics, marijuana, or any other habit forming drug or controlled substance? If yes when? _____

Time lost from work in the past three years _____

Can you perform the following essential job functions with or without reasonable accommodation:

Pull 5th wheel pin with an average of 200 lbs. force? Yes ___ No ___ Tarp loads at heights of 13' 6"? Yes ___ No ___

Pull yourself into a tractor at 60% of your body weight? Yes ___ No ___ Lift 80 pound tarps over your head? Yes ___ No ___

VI. AUTHORIZATION

By completing and submitting this application, I: _____

*Agree and understand that the completion of this application does not constitute authorization for the applicant to drive, nor does it obligate in any way Katana Inc. to authorize the applicant to drive.

*Katana Inc. and its subsidiaries, affiliates or its agents to request information which may contain but is not limited to the following information: names and dates of previous employers; reason for termination of employment; work experience; accidents; etc.

*Katana Inc. and its subsidiaries, affiliates or its agent to request Driver Information Records from Transportation Information Services, Inc., d/b/a DAC Services ("DAC") relating to your previous driver employment, including but not limited to, previous driver employment history, Motor Vehicle Record requests, Alcohol and Drug Test results, Criminal History and Insurance Claim Reports. I further understand that such information will include information from various state agencies which maintain records concerning traffic offenses, accidents, etc., as well as other information on file with DAC.

*Understand and agree that I will be required to submit to and pass a drug test, an alcohol test and various other tests as required as a condition of pre-employment, and thereafter in accordance with Katana Inc. policies and procedures and federal regulations.

*Understand that Katana Inc. uses an electronic filing system that includes the imaging and storing of employment applications. This eliminates the retention of all original paper applications.

*Agree that providing false, misleading or incomplete statements in this application and/or supplemental documents in connection with employer's evaluation of me as a candidate for employment is grounds for immediate termination of my employment, regardless of when such information is discovered.

*Certify 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.

Applicant Signature: _____ **Date:** _____

VII. NOTICE TO DRIVERS AND CERTIFICATE OF COMPLIANCE

1. NOTICE TO DRIVERS

The Commercial Motor Vehicle Safety Act of 1986 provides for a new set of controls over the drivers of commercial vehicles. The new law applies to all drivers operating vehicles and combinations with a Gross Vehicle Weight Rating over 26,000 pounds, and to any vehicle, regardless of weight, transporting hazardous materials.

The following provisions of this legislation become effective July 1, 1987:

1. No driver may possess more than one license, and no motor carrier may use a driver having more than one license.
2. A driver convicted of a traffic violation (other than parking) must notify the motor carrier AND the state which issued the license to that driver of such conviction within 30 days.
3. Any person applying for a job as a commercial vehicle driver must inform the prospective employer of all previous employment as the driver of a commercial vehicle for the past 10 years, in addition to any other required information about the applicant's employment history.
4. Any violation is punishable by fine not to exceed \$2,500.00. In addition, the Federal Motor Carrier Safety Regulations now require that a driver who loses any privilege to operate a commercial vehicle or who is disqualified from operating a commercial vehicle, must advise the motor carrier the next business day after receiving notification of such action.

2. CERTIFICATION BY DRIVER

I hereby certify that I have read and understand the driver provisions of the Commercial Motor Vehicle Safety Act of 1986 which became effective on July 1, 1987.

Driver's Name (print) _____ Social Security # _____

Driver's Address : _____

License: State _____ License No. _____

I further certify that the above commercial vehicle license is the only one held _____ (Initials).

Driver's Signature: _____

VIII. EQUIPMENT OWNED — TRACTOR/TRAILER (INDEPENDENT CONTRACTOR ONLY)

Check one of the following: Individual Ownership _____ Corporation _____

Owner or purchaser's name: _____ Address: _____

MAKE PURCHASE DATE	YEAR	MODEL	SERIAL NO.	MODEL NO.	COLOR

EMPTY WEIGHT	# OF CYLINDERS	TITLE #	STATE	LICENSE NUMBER

EQUIPMENT LIENS	HELD BY	CITY, STATE	AMOUNT	PAYMENTS

INSURANCE COVERAGE'S PRESENTLY IN FORCE INSURANCE CARRIER	AMOUNT	DEDUCTIBLE
Collision: _____		
Bobtail: _____		
Other: _____		

Signature _____ Date _____

Thank you!