



**Application for Qualification**  
**Karriers Inc.**  
 809 S. 48<sup>th</sup> Street, Grand Forks, ND 58201  
<https://www.karriers.com/jobs>

The purpose of this application is to determine qualification to operate Motor Carrier equipment according to FMCSA regulations and Karriers Inc. and its insurers. Do not leave any items blank. Write "No" or "None". *(Submit and print buttons on last page)*

Date: \_\_\_\_\_

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

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

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

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

Physical Exam Expiration Date: \_\_\_\_\_

**Current and Three Years Previous Addresses: *(Put the approximate year in from and to)***

\_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_ From: \_\_\_\_\_ to: \_\_\_\_\_

\_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_ From: \_\_\_\_\_ to: \_\_\_\_\_

\_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_ From: \_\_\_\_\_ to: \_\_\_\_\_

\_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_ From: \_\_\_\_\_ to: \_\_\_\_\_

Have you worked for Karriers Inc. before? Yes \_\_\_ No \_\_\_

If yes, give dates: From: \_\_\_\_\_ to: \_\_\_\_\_

Reason for leaving? \_\_\_\_\_

**Education History**

What is the highest grade or number of years completed?

Grade School: \_\_\_\_\_ College: \_\_\_\_\_ Post-Graduate: \_\_\_\_\_



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**EMPLOYMENT HISTORY**

Give a complete record of all employment for the past three years, including any unemployment or self-employment, and all commercial driving experience for the past ten years.

**Present or Last Employer (Put the approximate month/year in from and to)**

From \_\_\_\_\_ To \_\_\_\_\_ Name: \_\_\_\_\_

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

Reason for leaving? \_\_\_\_\_

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

Were you subject to the FMCSRs while employed here? 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 \_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Name: \_\_\_\_\_

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

Reason for leaving? \_\_\_\_\_

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

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

Reason for leaving? \_\_\_\_\_

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

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From \_\_\_\_\_ To \_\_\_\_\_ Name: \_\_\_\_\_

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

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

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

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

Reason for leaving? \_\_\_\_\_

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



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Were you subject to the FMCSRs while employed here?      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 \_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Name: \_\_\_\_\_

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

Reason for leaving? \_\_\_\_\_

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

Were you subject to the FMCSRs while employed here?      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 \_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Name: \_\_\_\_\_

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

Reason for leaving? \_\_\_\_\_

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

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From \_\_\_\_\_ To \_\_\_\_\_ Name: \_\_\_\_\_

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

Reason for leaving? \_\_\_\_\_

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

Were you subject to the FMCSRs while employed here?      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 \_\_\_



**DRIVING EXPERIENCE**

Class of Equipment	DATE FROM	TO DATE	Total Miles (approx.)
Straight Truck			
Tractor/Semi-trailer			
Tractor-Doubles			
Tractor-Triples			
Other			

List states operated in, for the last five years: \_\_\_\_\_  
 \_\_\_\_\_

List special courses/training completed (*PTD/DDC, Hazmat, etc.*): \_\_\_\_\_  
 \_\_\_\_\_

List any Safe Driving Awards and from whom: \_\_\_\_\_  
 \_\_\_\_\_

**Accident Record for past three Years (*attach sheet if more space is needed*)**

Date of Accident	Nature of Accident (Head on, rear end, upset, etc.)	State accident occurred in	# of Fatalities	# of People Injured

**Traffic Convictions and Forfeitures for the last three years (*other than parking violations*)**

Date	State	Charge	Penalty



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**Driver's License** (*list each drivers license held in the past three years*)

State	License #	Type	Endorsements	Expiration Date

**Question**

A. Have you ever been denied a license, permit or privilege to operate a vehicle?  
 Yes \_\_\_ No \_\_\_

B. Has Any license, permit or privilege ever been suspended or revoked?  
 Yes \_\_\_ No \_\_\_

C. Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the job description)?  
 Yes \_\_\_ No \_\_\_

D. Have you ever been convicted of a felony?  
 Yes \_\_\_ No \_\_\_

If the answers to A, B, C, or D is "Yes", give details: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**PERSONAL REFERENCES**

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

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

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

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

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

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_



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**To Be Read and Signed by Applicant**

- 1. It is agreed and understood that any misrepresentation given on this application shall be considered an act of dishonesty.*
- 2. It is agreed and understood that Karriers Inc. and appointed agents may investigate the applicant's record, whether same is of record or not, and applicant releases employers and persons named herein from all liability for any damages because of furnishing false information.*
- 3. 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 mode of living.*
- 4. I agree to furnish such additional information and complete such examinations as may be required to complete my application file.*
- 5. It is agreed and understood that this Application for Qualification in no way obligates Karriers Inc. to employ or hire me.*
- 6. It is agreed and understood that if qualified and hired, I may be on a probationary period during which time I may be disqualified without recourse.*

*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.*

**Applicant Name (First, Middle, Last):** \_\_\_\_\_

Date: \_\_\_\_\_

**Remarks (For Karriers Inc. use only):** \_\_\_\_\_

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**DRIVER APPLICANT DRUG AND ALCOHOL PRE-EMPLOYMENT STATEMENT**

CFR Part 40.25(j) requires the employer to ask any applicant, whether he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol rules during the past two years. If the potential employee admits that he or she had a positive test or refusal to test, Karriers Inc. must not use the employee to perform safety-sensitive functions, until and unless the potential employee provides documentation of successful completion of the return-to-duty process.

*(See section 40.25(b)(5) and (e).*

**Applicant Full Name (Printed):** \_\_\_\_\_

**ID Number:** \_\_\_\_\_

**As an applicant, applying to perform safety-sensitive functions for Karriers Inc., you are required by CFR Part 40.25(j) to respond to the following questions.**

- 1. Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years?**

\_\_\_ **Yes**      \_\_\_ **No**

- 2. If you answered yes to the above question, can you provide proof that you have successfully completed the DOT return-to-duty requirements?**

\_\_\_ **Yes**      \_\_\_ **No**

*My signature below certifies that the information provided is true and correct.*

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_



Application for Qualification  
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### DRIVERS CONSENT TO DRUG & ALCOHOL TESTING

I understand that as required by Federal Motor Carrier Safety Regulations Parts 382 and 40, and Karriers Inc. drug and alcohol policy, I am required to submit to drug and alcohol testing as a condition of my employment (or contract) with Karriers Inc.

I understand that a refusal to submit, a positive test result for controlled substances, or a B.A.C over .02 medically disqualifies me from the operation of a commercial motor vehicle.

The Medical Review Officer for Karriers Inc. will report the results of the drug tests to Karriers. Karriers Inc. will maintain the testing records on file and will not release them to any additional parties without my written authorization.

By Signing this consent form I agree to submit to drug and alcohol testing, and that I have received a copy of the Karriers Drug and Alcohol Policy. I have read it and understand that violating this policy will result in immediate termination.

Applicant Full Name (*Printed*): \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_



Application for Qualification  
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## **DRIVER’S RIGHTS PERTAINING TO RELEASE OF DRIVER INFORMATION UNDER REGULATION 391.23**

*Motor carriers have the responsibility to make the following investigations and inquiries with respect to each driver employed, other than a person who has been a regularly employed driver of the motor carrier for a continuous period which began before January 1, 1971.*

- (a)(1) An inquiry into the driver’s driving record during the preceding three years to the appropriate agency of every state in which the driver held a motor vehicle operator’s license or permit during those three years; and
- (a)(2) An investigation of the driver’s employment record during the preceding three years.
- (b) A Copy of the driving record(s) obtained in response to the inquiry or inquiries to each state driver record agency as required must be placed in the Driver Qualification File within 30 days of the date the driver’s employment begins and be retained in compliance with 391.51.
- (c) Replies to the investigations of the driver’s safety performance history must be placed in the Driver Investigation History File within 30 days of the date the driver’s employment begins. This goes into effect after October 29, 2004.
- (d) Prospective motor carrier must investigate the information from all previous employers of the applicant that employed the driver to operate a CMV within the previous three years. This information must cover general driver identification and employment verification information, data elements as specified in 390.15 for accidents involving the driver that occurred in the three-year period preceding the date of the employment application, and any accidents the previous employer may wish to provide.
- (e) Prospective motor carrier must investigate the information from all previous DOT regulated employers that employed the driver during the previous three years from the date of the employment application in a safety-sensitive function that required alcohol and controlled substance testing specified by 49 CFR Part 40.

### **Drivers have the following rights:**

1. The right to review information provided by previous employers.
2. The right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to the prospective employer.
3. The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

Drivers who wish to review previous employer provided information must submit a written request to the prospective employer when applying or as late as 30 days after employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five business days of receiving the written request. If the driver has not arranged to pick up and receive the requested records within 30 days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived his/her request to review the records.



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**DRIVER'S RIGHTS PERTAINING TO RELEASE OF DRIVER INFORMATION  
UNDER REGULATION 391.23 (*continued*)**

Drivers wishing to request correction of erroneous information in records must send the request for the correction to the previous employer that provided the records. After October 29, 2004 the previous employer must either correct and forward the information to the prospective motor carrier employer or notify the driver within 15 days of receiving the driver's request to correct the data that it does not agree to correct the data. Drivers wishing to rebut information in records must send the rebuttal to the previous employer with instruction to include the rebuttal in the driver's Safety Performance History.

***I acknowledge that I have read and understand the contents of this document.***

Driver Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Driver Name (Printed): \_\_\_\_\_

*(This Space left blank intentionally)*



Application for Qualification  
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**INFORMATION ON DRIVER BEING ADDED**

For purposes of going into Canada and to be added to Karriers Inc. insured driver list, please answer the following questions.

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_ Expiration: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_

List Felony Convictions: \_\_\_\_\_

List DUI Convictions: \_\_\_\_\_

Driver Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*(This Space left blank intentionally)*



Application for Qualification
Karriers Inc.
809 S. 48th Street, Grand Forks, ND 58201
https://www.karriers.com/jobs

PAST EMPLOYMENT INQUIRY

I \_\_\_\_\_, hereby authorize this Company to release all records of employment, including assessments of my job performance, ability and fitness (including dates of any and all alcohol or drug tests, those confirmed results and/or my refusal to submit to any alcohol or drug tests and any rehabilitation completion under direction of (SAP/MRO) to each and every company (or their authorized agents) which may request such information in connection with my application for employment with said company. I hereby release this company, and its employees, officers, directors and agents from all liability of any type because of providing information to the above-named person and/or company.

Driver: \_\_\_\_\_ Social Security Number: \_\_\_\_\_
Driver Signature: \_\_\_\_\_ Date: \_\_\_\_\_
Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Dear Personnel Manager:

The person herein has applied to Karriers Inc. for employment in a safety-sensitive position. Your company is listed as a past employer. As stated above in the waiver, all liability of you or your company has been released by the applicant. Please be as factual as possible. You may reply to the fax number, mail it to the address, or email it to Curtus@karriers.com, whichever is more convenient for you. Please complete the following information and return it to Karriers Inc. within 30 days as required by FMCSR section 391.23(g).

Thank you,
Curtus Sherman/Safety Director

Previous Employer: \_\_\_\_\_
Position: \_\_\_\_\_ Dates of employment from: \_\_\_\_\_ to: \_\_\_\_\_
Employed as: \_\_\_\_\_ Company Driver \_\_\_\_\_ Owner/Operator \_\_\_\_\_ Other: \_\_\_\_\_
Type of equipment operated: \_\_\_\_\_
Area of operation: \_\_\_\_\_
Convicted of any traffic violations? Yes \_\_\_ No \_\_\_
Dates and Descriptions: \_\_\_\_\_
License ever suspended, revoked or denied? Yes \_\_\_ No \_\_\_ date: \_\_\_\_\_
Driver’s License #: \_\_\_\_\_ State: \_\_\_\_\_
Reason for leaving: \_\_\_\_\_
Would you re-employ this person? Yes \_\_\_ No \_\_\_ Upon Review \_\_\_\_\_
Please explain: \_\_\_\_\_



Application for Qualification  
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**PAST EMPLOYMENT INQUIRY (continued)**

**Accidents:** Complete the following for any accidents on file or in your accident register (390.15(b)) that involved the applicant in the past three years. If there were no accidents write "None"

Date	Location (Please give City and State)	Any Vehicles towed?	HazMat spill?	# of Fatalities	# of Injuries

**Please provide Drug and Alcohol information as required by FMCSR Part 391.23 & 40.25**

Was employee involved in a safety-sensitive function subject to drug and alcohol testing under FMCSR part 40: Yes \_\_\_ No \_\_\_

1. Any alcohol test with a result of 0.04 or greater? Yes \_\_\_ No \_\_\_ Date: \_\_\_\_\_
2. Any verified positive drug test? Yes \_\_\_ No \_\_\_ Date: \_\_\_\_\_
3. Any refusals to be tested (include verified adulterated or substitutes drug test results)?  
Yes \_\_\_ No \_\_\_ Date: \_\_\_\_\_
4. Any other violations of DOT agency drug and alcohol testing regulations?  
Yes \_\_\_ No \_\_\_ Date: \_\_\_\_\_
5. If yes to any of the above questions, please give Name, Address and Phone number of the Substance Abuse Professional involved.

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

Address: \_\_\_\_\_ State: \_\_\_ Zip code: \_\_\_\_\_

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

**Previous Employer Representative Supplying Information:**

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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



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**SEVEN DAY PRIOR LOG FORM**

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_ Expiration: \_\_\_\_\_

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

**Instructions:**

At the time of initial employment as a driver, or when being employed occasionally, the regulations of the FMCSR §395.8(j)(2) require Karriers Inc. to obtain from you a signed statement giving the total time on duty during the immediately preceding 7 days and the time at which you were last relieved from duty prior to beginning work for Karriers Inc. In the spaces below, show the number of hours worked (on duty) in each of the last 7 days.

<b>DAY</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>Total</b>
<b>DATE</b>								
<b>HOURS</b>								

Last **qualified 34-hour restart**: \_\_\_\_\_ at Time: \_\_\_\_\_ am \_\_\_ pm \_\_\_\_

Last relieved from work on: \_\_\_\_\_ at Time: \_\_\_\_\_ am \_\_\_ pm \_\_\_\_

*I hereby certify that the information given above is correct to the best of my knowledge.*

Driver Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Karriers Safety: \_\_\_\_\_ Date: \_\_\_\_\_



Application for Qualification  
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**VIOLATION AND REVIEW RECORD**

Driver's Name: \_\_\_\_\_

<b>Certification of Violations</b>			
I certify that the following is a true and complete list of traffic violations (other than parking) for which I have been convicted or forfeited bond or collateral during the past 12 months.			
<b>Date</b>	<b>Offense</b>	<b>Location</b>	<b>Type of Vehicle Operated</b>

If NO violations are listed above, I certify that I have not been convicted or forfeit bond or collateral because of any violation required to be listed during the past 12 months.

Driver Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Review and Evaluation of Driver's Record (below section for Karriers Inc. Use)**

In accordance with §391.25, FMCSR, all information pertinent to the driver's safety of operations, including violations furnished by driver in accordance with §391.27, has been reviewed by Karriers Inc. Safety Director for the past 12 months.

**Action Taken:**

\_\_\_\_ Driver training    \_\_\_\_ Hold Dispatch    \_\_\_\_ Termination    \_\_\_\_ None

Notes: \_\_\_\_\_  
 \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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## EQUIPMENT INFORMATION

Driver: \_\_\_\_\_

### Truck

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

Unit#: \_\_\_\_\_ VIN: \_\_\_\_\_

Tire Size: \_\_\_\_\_ Plate#: \_\_\_\_\_ State: \_\_\_\_\_

### Trailer

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

Unit#: \_\_\_\_\_ VIN: \_\_\_\_\_

Tire Size: \_\_\_\_\_ Plate#: \_\_\_\_\_ State: \_\_\_\_\_



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**KARRIERS INC. COMPANY RADAR/LIDAR DETECTOR POLICY**

All Drivers/Owners:

**§ 392.71 Radar detectors; use and/or possession.**

**(a) No driver shall use a radar detector in a commercial motor vehicle or operate a commercial motor vehicle that is equipped with or contains any radar detector.**

**(b) No motor carrier shall require or permit a driver to violate paragraph (a) of this section. [58 FR 67375, Dec. 21, 1993]**

**Karriers Inc., in support of the above section, does not encourage, support, or allow the use/possession of radar/LIDAR detectors in the trucks that are leased to our company. The penalties of being caught are as follows:**

**1<sup>st</sup> Offense- Written warning and verbal explanation.**

**2<sup>nd</sup> Offense- In person meeting with Safety Director and 4-day suspension of dispatch**

**3<sup>rd</sup> Offense- Noncompliance letter of reprimand retained in personal file. A suspension or termination of lease will be considered due to noncompliance.**

**This policy is not meant to be severe, but to reduce speeding and prevent unnecessary fines to you and the company.**

Driver Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Karriers Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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### **KARRIERS INC. DRIVER ORIENTATION: Rules and Guidelines**

1. **NO** unauthorized passengers: In order to transport a passenger, you **MUST** call the office for clearance and obtain a Passenger Authorization Form.
2. **YOU** are responsible for knowing what states in which you have permits. You are also responsible for knowing the date of renewal.
3. Damages and Shortages are your responsibility. Make sure that product count matches the Bill of Lading count. **Call dispatch before leaving** with the load if there is any damage. **DO NOT** sign bills without checking with Dispatch if there is damage. Take as many detailed photos of all damage as possible to help with any claims.
4. Fire Extinguishers **MUST** be charged and mounted.
5. Monthly Maintenance forms are required to be completed and turned into the office monthly. Turn in copies of receipts/invoices for all repair work done.
6. You are required to call dispatch **between 8am and 10am daily**.
7. You are required to call dispatch **before 4:00pm** if you foresee any load problems.
8. Office hours are 6:30am to 5pm M-F (closed from noon to 1pm)
9. Walk-in settlements are paid if all paperwork is received **before 4:30pm M-F**. Be sure to turn in all paperwork (lumper, toll receipts, temp sheets, and anything for the load) to prevent settlement delays or withholding.

### **ADDITIONAL INSTRUCTIONS FOR DRIVERS**

1. Be sure to fill out trip envelopes accurately and completely.
2. Be sure to get the desired shipping temperature from the shipper and confirm it with dispatch to prevent erroneous information causing damage or shortages you will be responsible for. Be sure to have the temperature correct prior to loading and watch for attempts to load warm product. Call dispatch immediately if you think there are issues. Be sure to obtain and complete Karriers Inc. Temp sheets while on loads requiring them. **DO NOT LEAVE THE FACILITY** until you are confident load condition and quality is correct as appears on paperwork. If the facility directs you to leave before the load is corrected, inform dispatch to resolve issues. If you are not allowed to observe product loading to ensure proper product count let dispatch know, no matter what time it is, or you will be responsible.



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<https://www.karriers.com/jobs>

### ADDITIONAL INSTRUCTIONS FOR DRIVERS *(continued)*

3. Get pulp temperature daily (if required and the trailer doesn't have a controlled seal number) and annotate it on the Karriers Inc. temp sheets and inform dispatch on your daily call in. Make sure your product chute, reefer unit, and trailer are in good repair and working order to avoid cargo claims.
4. Check the product and cartons before loading. If product seems bad, cartons are crushed or leaning, call dispatch **BEFORE** you load. Leave enough room around product to ensure proper air circulation.
5. Count all product and pallets when loading. You are responsible for the count as you sign for everything on the bill of lading. Have someone from the shipper annotate discrepancies on the paperwork before you sign. Inform dispatch prior to leaving the facility if you are not allowed to observe.
6. Ensure you drive carefully when loaded with produce. Cartons are often unstable.
7. Set reefer on "Manual" or "Continuous Run" for all loads and use #1 fuel in sub-zero weather.
8. Conduct a good Pre-trip inspection everyday including the reefer unit.
9. **NO riders** unless approved by the safety department and you have a Passenger Authorization in hand. Arrangements will be made to email or fax the form to you.
10. All logs are to be turned in and legal with each trip envelope or every 2 weeks if you are not on **Keeptruckin** or other Karriers Inc. approved devices. Settlements **will be delayed** for **False, Illegal, or Late logs. NO EXCEPTIONS.**
11. Legitimate errors with e-log equipment will be handled accordingly. Ensure proper documentation of errors and report them to Karriers Inc. Safety Office immediately.
12. Karriers Inc. will not pay for any repair over **\$3,500.00** without notice and prior authorization. Any repair advance over **\$1,700.00** will incur a **10%** charge unless immediately paid off.



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**ADDITIONAL INSTRUCTIONS FOR DRIVERS (continued)**

- 13. Drivers/Owners are not authorized to take advances on loads from any shipper, receiver, or broker. No exceptions. If it is discovered this occurred, Karriers Inc. will take appropriate actions and withhold all settlements. Termination of lease will be considered.
  
- 14. Anticipate needed supplies and pick them up when you get in the office. Arrange for FedEx or other type of deliveries if you will not be in the office.
  
- 15. **YOU CAN NOT** broker your own loads. If you hear about a load you'd like, run it through dispatch. There are many loads we will not take due to bad credit/settlement or claims history.
  
- 16. **DO NOT** abuse personal conveyance or yard move rules or they will be taken away. Consult with the Safety Director if in question and document them properly. If you receive citations or violations for things you know are wrong, you will be held accountable for any fines Karriers incurs and could be terminated.
  
- 17. Be professional with Customers, Karriers Inc. drivers, staff, and anyone you may have contact with. Let Dispatch or someone at Karriers Inc. handle disputes and problems. **Your actions effect the livelihood of other drivers and people so always try to be a good ambassador.**
  
- 18. If you have problems or questions, please call right away. Problems we are not aware of cannot be fixed. We are a family company, not a mega corporation. We care about our drivers and will make appropriate arrangements to rectify problems. If you are not happy with your routes, loads, or anything, don't quit, give us a chance to fix it. We have drivers who have been with us for 38 years, we'd like you to be one as well.

I have read and understand the above, and I agree to follow the contents therein.

Driver Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Karriers Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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**EMPLOYEE ASSISTANCE AND TRAINING ACKNOWLEDGEMENT FOR  
OWNER/OPERATORS/DRIVERS**

In compliance with FMCSR regulations, I hereby certify that I have both listened to and read an Employee Assistance Program set forth by Karriers Inc. to make me aware of:

- 1. The dangers or using a controlled substance in the workplace.**
- 2. My Company's policy on controlled substance use.**
- 3. Reading material of the effects and consequences of using controlled substance on personal health, safety, and production in the work environment.**
- 4. Identifying the signs of illegal substance use and/or abuse.**
- 5. I have been made aware of available help or rehabilitation for assistance in overcoming drug abuse.**
- 6. I have been provided with a card stating the name and telephone number of a source of professional help that I may contact at any time.**

I certify that I have participated in a program of at least 60 minutes in length, during which I received the above information. I have also been informed that at any time I can call or visit with Karriers Inc. and discuss or ask questions concerning their substance abuse policy or the EAP program.

Driver Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Driver Name (Printed): \_\_\_\_\_



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Please fill out so we can add to/update our records. Information collected is for Karriers Inc. internal use only, and will be safeguarded appropriately.

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

Cell #: \_\_\_\_\_

Can you send and recieve text messages?    Yes                      No

Is it a Smart Phone or flip phone?                      Smart                      Flip

Email: \_\_\_\_\_

Hazmat endorsement?                      Yes                      No

Tanker endorsement?                      Yes                      No

# on Truck: \_\_\_\_\_                      # on Trailer: \_\_\_\_\_