

GENERAL PET SUPPLY MIDWEST, LLC. 8805 E. 34th Street North Wichita, KS 67226

DRIVER APPLICATION

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status.

NAME					SO	OCIAL SECURTIY #:
(Firs			(Last)			
POSITION APPLYING	FOR:				DA	ATE:
PHONE NUMBER ()			_ Al	RE YOU OVER THI	E AGE OF 18 YEARS? YES NO
LIST YOUR ADDRESS	SES OF RESIDENCY	Y FOR THE PA	ST 3 YEARS			
CURRENT ADDRESS						_ How Long? From/ To/
	(Street)		(City)	(Sta	ate & Zip)	(mo. /yr.) (mo. /yr.
PREVIOUS						_ How Long? From/ To/
ADDRESSES	(Street)		(City)	(State &	& Zip)	(mo./yr.) (mo./yr.
						_ How Long? From/ To/
	(Street)		(City)	(State &	• •	(mo./yr.) (mo./yr.
	(Street)		(City)	(State &	& Zip)	_ How Long? From/_ To/ (mo. /yr.) (mo. / yr.
ARE YOU WILLING	, ,		. •		• '	☐ TEMPORARY
		_	_		_	_
WAGES EXPECTED	\$	_ HOURS V	VILLING/ABLE	TO WORI	K (TIMES):	
WILLING/ABLE TO	WORK OVERTIM	ME? YES	□ NO	DATE AV	AILABLE TO BE	GIN WORK:
ARE YOU LEGALLY	Y ELIGIBLE TO B	E EMPLOYE	D IN THE U.S.?	Г	☐ YES ☐ NO (PR	ROOF IS REQUIRED)
					,	,
DATE OF BIRTH (THE U.S. DEPARTME						JE? EIR DATE OF BIRTH (β391.21 (b) (2)).
				COMP AIN		
HAVE YOU EVER B	EEN EMPLOYED	HERE?		IF YES, W	HEN?	
ANY RELATIVES O	R FRIENDS IN O	UR EMPLOY	?	IF YES, W	ΉΟ?	
HAVE YOU APPLIE	D HERE BEFORE	29	,	IF YES W	HEN?	
				125, 11		
HOW WERE YOU R	EFERRED TO TH	IS COMPANY	Y/POSTION?			
						OFFENSE OR VIOLATION OTHER
THAN MINOR TRAI misrepresentation of in	rfic violation nay be	s? YES grounds for di	smissal.) If yes,	tions are no complete:	ot an automatic bar	to employment; however falsification
CON	NVICTION REASO	N		DATE		CITY/STATE

WORK EXPERIENCE

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding <u>3 years</u>. List complete mailing address, street number, city, state and zip code. Applicants to drive a commercial motor vehicle* in interstate or interstate commerce shall also provide an <u>additional 7 years'</u> information on those employers for whom the applicant operated such vehicle. List most recent employers first. Add an additional sheet if necessary.

1.	COMPANY	PHONE: ()
	ADDRESS	WAGE: Start \$ End \$
	(Street) (City) (State & Zip)	
	DATES EMPLOYED: From/ To/ SUPER (mo. /yr.)	RVISOR(Name and Title)
	JOB TITLE (mo. /yr.) (mo. /yr.) REASON FOR LEAVING	(Ivame and Title)
	JOB DUTIES	
	WERE YOU SUBJECT TO THE FMCSRs † WHILE EMPLOYED? \square YES \square NO	
	WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOTAL ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? ☐ YES ☐ NO	T-REGULATED MODE SUBJECT TO THE DRUG AND
2.	COMPANY	PHONE: ()
	ADDRESS (Street) (City) (State & Zip)	WAGE: Start \$ End \$
	(Street) (City) (State & Zip)	
	DATES EMPLOYED: From/ To/ SUPER (mo. /yr.)	RVISOR(Name and Title)
	JOB TITLE REASON FOR LEAVING	(ivalile and Title)
	JOB DUTIES	
	WERE YOU SUBJECT TO THE FMCSRs [†] WHILE EMPLOYED? ☐ YES ☐ NO	
	WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT	PEGULATED MODE SURJECT TO THE DRUG AND
	ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? YES NO	-REGULATED MODE SUBJECT TO THE DRUG AND
3.	COMPANY	PHONE: ()
	ADDRESS	WAGE: Start \$ End \$
	(Street) (City) (State & Zip)	
	DATES EMPLOYED: From/ To/ SUPER (mo. /yr.)	(Name and Title)
	JOB TITLE REASON FOR LEAVING	(Name and Title)
	JOB DUTIES	
	WERE YOU SUBJECT TO THE FMCSRs [†] WHILE EMPLOYED? ☐ YES ☐ NO	
	WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? ☐ YES ☐ NO	T-REGULATED MODE SUBJECT TO THE DRUG AND
4.	COMPANY	PHONE: ()
→.		
	ADDRESS(Street) (City) (State & Zip)	WAGE: Start \$ End \$
	DATES EMPLOYED: From/To/SUPER	RVISOR
	JOB TITLE REASON FOR LEAVING	(Name and Title)
	JOB DUTIES	
	WERE YOU SUBJECT TO THE FMCSRs [†] WHILE EMPLOYED? ☐ YES ☐ NO	
		DECLIFATED MODE CUDIECT TO THE DRUG AND
	WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? YES NO	1-REGULATED MODE SUBJECT TO THE DRUG AND

^{*} Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity regarding placarding.

[†] The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR or 10,001 lbs. or more, (2) is designed or used to transport 9 or more passengers, OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

EXPLAIN ALL GAPS IN YOUR WORK HISTORY (to account for the last 10 years)

<u> </u>	S	REASON						
			EDUCATIONA	L BACKGROUN	ND			
TYPE OF SC	HOOL	NAM	IE, CITY & STAT	ГЕ	GRADUAT	ED	MAJOR	
ELEMENTARY		,		☐ Yes ☐ N	No			
HIGH SCHOOL GED/HSED COLLEGE					☐ Yes ☐ N	No		
					Yes ☐ N			
				☐ Yes ☐ No				
BUSINESS/T	RADE				Yes N	No		
			LIC	ENSES				
All Drivers Licenses and permits	STATE	LICE	NSE#	CLASS	ENDORSEME	ENTS	EXPIRATION DATE	
held in the past								
3 years must be listed.		-						
			DRIVING 1	EXPERIENCE o each class of equip	ment)	20	I ADDROVIMATE #	
CLASS	OF EQUIPM	(C	DRIVING I	EXPERIENCE			APPROXIMATE # TOTAL MILES	
		(C	DRIVING Deck 'yes' or 'no' to	EXPERIENCE o each class of equip	ment) DATE From (M/Y)			
aight Truck octor and Semi-Trai	☐ YES	(C ENT NO NO	DRIVING Deck 'yes' or 'no' to CIRCLE TYPE (VAN, TANK, FL) (VAN, TANK, FL)	EXPERIENCE De each class of equipole OF EQUIPMENT AT, DUMP, REFER AT, DUMP, REFER	ment) DATE From (M/Y) /			
aight Truck octor and Semi-Trai octor - Two Trailers	☐ YES	(C ENT	DRIVING Deck 'yes' or 'no' to CIRCLE TYPE (VAN, TANK, FL) (VAN, TANK, FL) (VAN, TANK, FL)	EXPERIENCE De each class of equipole OF EQUIPMENT AT, DUMP, REFER AT, DUMP, REFER AT, DUMP, REFER	ment) DATE From (M/Y) / /	To (M/Y)		
aight Truck actor and Semi-Trai actor - Two Trailers actor - Three Traile	☐ YES ler ☐ YES ☐ YES ☐ YES ☐ YES	COENT NO	DRIVING Deck 'yes' or 'no' to CIRCLE TYPE (VAN, TANK, FL) (VAN, TANK, FL) (VAN, TANK, FL)	EXPERIENCE De each class of equipole OF EQUIPMENT AT, DUMP, REFER AT, DUMP, REFER	ment) DATE From (M/Y) / /	To (M/Y)		
aight Truck actor and Semi-Trai actor - Two Trailers actor - Three Trailer actor Coach-School	☐ YES ler ☐ YES ☐ YES ☐ YES ☐ YES ☐ YES ☐ YES	(C ENT □ NO □ NO □ NO □ NO	DRIVING Deck 'yes' or 'no' to CIRCLE TYPE (VAN, TANK, FL) (VAN, TANK, FL) (VAN, TANK, FL)	EXPERIENCE o each class of equip OF EQUIPMENT AT, DUMP, REFER) AT, DUMP, REFER) AT, DUMP, REFER) AT, DUMP, REFER)	ment) DATE From (M/Y) / /	To (M/Y)	APPROXIMATE # TOTAL MILES	
aight Truck actor and Semi-Trai actor - Two Trailers actor - Three Trailer actor Coach-School	YES YES	CC ENT NO NO NO NO NO More than 8 passengers More than 15	DRIVING Deck 'yes' or 'no' to CIRCLE TYPE (VAN, TANK, FL (VAN, TANK, FL (VAN, TANK, FL (VAN, TANK, FL	EXPERIENCE o each class of equip OF EQUIPMENT AT, DUMP, REFER) AT, DUMP, REFER) AT, DUMP, REFER) AT, DUMP, REFER)	ment) DATE From (M/Y) / /	To (M/Y)		
aight Truck ctor and Semi-Trai ctor - Two Trailers ctor - Three Trailer tor Coach-School I tor Coach-School I ser STATES OPERATE SPECIAL COURSE	☐ YES ler ☐ YES ☐ YES IS ☐ YES BUS ☐ YES BUS ☐ YES CD IN DURNIN S OR TRAININ	OCENT NO NO NO NO NO NO NO More than 8 passengers NO More than 15 passengers G THE LAST 5 YEAR	DRIVING Deck 'yes' or 'no' to CIRCLE TYPE (VAN, TANK, FL	EXPERIENCE o each class of equip OF EQUIPMENT AT, DUMP, REFER) AT, DUMP, REFER) AT, DUMP, REFER) RY DRIVER	ment) DATE From (M/Y) / / / / / / / / / / / / /	To (M/Y)		
aight Truck actor and Semi-Trai actor - Two Trailers actor - Three Trailer actor Coach-School I	☐ YES ler ☐ YES ☐ YES IS ☐ YES BUS ☐ YES BUS ☐ YES CD IN DURNIN S OR TRAININ	NO NO NO More than 8 passengers NO passengers G THE LAST 5 YEAR	DRIVING Deck 'yes' or 'no' to CIRCLE TYPE (VAN, TANK, FL	EXPERIENCE o each class of equip OF EQUIPMENT AT, DUMP, REFER) AT, DUMP, REFER) AT, DUMP, REFER) RY DRIVER	ment) DATE From (M/Y) / / / / / / / / / / / / /	To (M/Y)		
aight Truck actor and Semi-Trai actor - Two Trailers actor - Three Trailer actor Coach-School Inter actor Coach-School In	□ YES ler □ YES □ YES IS □ YES BUS □ YES BUS □ YES IS D IN DURNIN S OR TRAININ WARDS HELD	CENT NO NO NO NO NO NO More than 8 passengers NO More than 15 passengers G THE LAST 5 YEAR G THAT WILL HELP AND FROM WHO ACCIL	DRIVING Deck 'yes' or 'no' to CIRCLE TYPE (VAN, TANK, FL (VAN, TANK, FL	EXPERIENCE o each class of equip OF EQUIPMENT AT, DUMP, REFER) AT, DUMP, REFER) AT, DUMP, REFER) RY DRIVER	DATE From (M/Y) / / / / / / / / / / / / /	To (M/Y)		
raight Truck actor and Semi-Trai actor - Two Trailers actor - Three Trailer otor Coach-School I otor Coach-School I F STATES OPERATE SPECIAL COURSE	□ YES ler □ YES □ YES S □ YES BUS □ YES BUS □ YES CD IN DURNIN S OR TRAININ WARDS HELD CK THIS BOX	CENT NO NO NO NO NO NO More than 8 passengers NO More than 15 passengers G THE LAST 5 YEAR G THAT WILL HELP AND FROM WHO ACCIL	DRIVING Deck 'yes' or 'no' to CIRCLE TYPE (VAN, TANK, FL ES PYOU AS A DELIVE DENT REVIEW DENT REVIEW DENT	EXPERIENCE o each class of equip OF EQUIPMENT AT, DUMP, REFER) AT, DUMP, REFER) AT, DUMP, REFER) RY DRIVER FOR THE LAST	DATE From (M/Y) / / / / / / / / / / / / /	To (M/Y) / / / / / / / / / / / / /		

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 5 YEARS

(Other than parking violations)

IF NONE; CHECK THIS BOX $\ \square$	(Other than par	ining violations)	
LOCATION (City and State)	DATE	CHARGE	PENALTY
D	RUG AND ALCOHOL T	TESTING INFORMA	ΓΙΟΝ
VE YOU EVER TESTED POSITIVE FOR A CON	TROLLED SUBSTANCE FOR A	A DOT MANDATED TEST?	☐ YES ☐ NO
VE YOU EVER HAD AN ALCOHOL TEST WITH	I A BAC OF 0.02 OR GREATER	? □ YES □ NO	
VE YOU EVER REFUSED A DOT REQUIRED T	EST FOR DRUGS/ALCOHOL IN	N THE LAST THREE YEAR	S? □ YES □ NO
any of the above questions were answered YES rence.	, please provide your SAP's (Substance Abuse Profession	onal) name, address and phone number for fur
Name:	Company		Phone Number: ()
Street:			
	(City)		(State) (Zip)
		RENCES	
	(Professional Ref	Ferences Preferred)	
NAME	PHONE NUMBER		RELATIONSHIP
	()		
prospective employer; and:	red by the DOT to make queri Pet Supply's insurance agent, authorize General Pet Supply natters as may be necessary in er of employment has been ex- inquiries and releasing inform General Pet Supply, Inc. ed by me, and that all entries of an current and/or previous em- te history as required by 49 CF vious employers; eted by previous employers and	es regarding driving informor other third party, to obtate to make such investigationarriving at an employment tended.) (6) I hereby releast nation in connection with on it and information in it apployers may be used, and FR 391.23 (d) and (e). I under those previous employers may be deferred to the provious employers may be used.	mation, accident information, and previous drain a copy of my motor vehicle report, which is and inquiries of my personal, employment, t decision. (Generally, inquiries to medical his se employers, school, health care providers and my application. (7) I understand, also, that I are true and complete to the best of my knowled those employer(s) will be contacted, for the
Signature		Date	
OD COMBANIZ LICE ONLY			
OR COMPANY USE ONLY:			
ire Date	Start Date		