

Hulstein Excavating Inc

147 175th Ave
Edgerton, MN 56128

COMMERCIAL DRIVER APPLICATION (\$391.21)

****Please Print****

Legal Name: _____ Social Security Number: _____
(First, Middle, Last)

Address: _____
(Present address, include street, city, state & zip code)

Home Phone: _____ Cell Phone: _____ Date of Birth: _____

Emergency Contact: _____

Relationship: _____

Emergency Contact Home Number: _____

Emergency Contact Cell Phone Number: _____

Emergency Contact Work Number: _____

If your above address is less than 3 years continue listing them below to cover the previous 3 year period:

Dates	Street Address	City	State	Zip Code

Driver's License Information: Please include your CURRENT, valid license, and the past 3 years including permits.

State	Driver's License Number	Class & Endorsements	CDL Class Y/N		Expiration Date
			YES	NO	
			YES	NO	

DRIVING EXPERIENCE & CDL DATE

Due to Sub-Part E Entry Level Driver Training Requirements – Part 380 this information is *required*.

<u>**MY CDL LICENSE was FIRST OBTAINED ON:</u>	<u>Month</u>	<u>Day</u>	<u>Year</u>
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Please include the type of equipment operated (such as buses, trucks, tractors, semi-trailers, full trailers, and pole trailers).

Type of vehicle driven	Period of Time	Nature & Extent

MOTOR VEHICLE ACCIDENTS

List all motor vehicle accidents in which you were involved in the past 3 years preceding the date that the application is submitted.

If none, please write NONE.

1. Date	Location	Details	Fatalities	Injuries

2. Date	Location	Details	Fatalities	Injuries

TRAFFIC VIOLATIONS – LAST 3 YEARS

List all Traffic Violations (other than parking violations) of which you were convicted or forfeited bond or collateral in the past 3 years. If none, please write NONE.

Date	Violation	State	In Commercial Vehicle (Y/N)	
			YES	NO
			YES	NO
			YES	NO

REVOCATIONS & SUSPENSIONS

Have you ever had any driver license denied, suspended, revoked or canceled by any issuing state agency?

Yes No

If yes, please provide detail:

Date	State	Violation	Explanation

EDUCATION

Type of School Attended	School Name & Location	Did you graduate? Yes/No	Diploma/Degree	Grade Point Average	Major Course of Study
High School: <small>circle highest grade completed 9 10 11 12</small>					
Technical or Vocational					
College or University					
Graduate School					
Professional Seminars, or Additional Training					

EMPLOYMENT EXPERIENCE

List all employment history for the past 10 years. All gaps in employment must be accounted for. If there is any time frame of unemployment or self employment please list. If you were an owner/operator, list carriers leased to. This is a DOT requirement §391.21 (10 & 11).

****You must include the COMPLETE address including street, city, state, zip code and phone number****

1. Employer		Dates Employed From / To (mm/dd/yyyy)		Work Performed:		
Address:		From: To:				
Phone #:	Fax #:	Hourly Rate/Salary				
Job Title:	Supervisor Name:	Starting:	Final:	I was subject to FMCSR rules while employed at this company:	YES	NO
Reason for Leaving:				I was subject to 49 CFR part 40 controlled substance & alcohol testing during this period:	YES	NO

2. Employer		Dates Employed From / To (mm/dd/yyyy)		Work Performed:		
Address:		From: To:				
Phone #:	Fax #:	Hourly Rate/Salary				
Job Title:	Supervisor Name:	Starting:	Final:	I was subject to FMCSR rules while employed at this company:	YES	NO
Reason for Leaving:				I was subject to 49 CFR part 40 controlled substance & alcohol testing during this period:	YES	NO

EMPLOYMENT EXPERIENCE CONTINUED

List all employment history for the past 10 years.

****You must include the COMPLETE address including street, city, state, zip code and phone number****

3. Employer		Dates Employed From / To (mm/dd/yyyy)		Work Performed:	
Address:		From:	To:		
Phone #:	Fax #:	Hourly Rate/Salary			
Job Title:	Supervisor Name:	Starting:	Final:	I was subject to FMCSR rules while employed at this company:	YES NO
Reason for Leaving:				I was subject to 49 CFR part 40 controlled substance & alcohol testing during this period:	YES NO

4. Employer		Dates Employed From / To (mm/dd/yyyy)		Work Performed:	
Address:		From:	To:		
Phone #:	Fax #:	Hourly Rate/Salary			
Job Title:	Supervisor Name:	Starting:	Final:	I was subject to FMCSR rules while employed at this company:	YES NO
Reason for Leaving:				I was subject to 49 CFR part 40 controlled substance & alcohol testing during this period:	YES NO

5. Employer		Dates Employed From / To (mm/dd/yyyy)		Work Performed:	
Address:		From:	To:		
Phone #:	Fax #:	Hourly Rate/Salary			
Job Title:	Supervisor Name:	Starting:	Final:	I was subject to FMCSR rules while employed at this company:	YES NO
Reason for Leaving:				I was subject to 49 CFR part 40 controlled substance & alcohol testing during this period:	YES NO

6. Employer		Dates Employed From / To (mm/dd/yyyy)		Work Performed:	
Address:		From:	To:		
Phone #:	Fax #:	Hourly Rate/Salary			
Job Title:	Supervisor Name:	Starting:	Final:	I was subject to FMCSR rules while employed at this company:	YES NO
Reason for Leaving:				I was subject to 49 CFR part 40 controlled substance & alcohol testing during this period:	YES NO

7. Employer		Dates Employed From / To (mm/dd/yyyy)		Work Performed:	
Address:		From:	To:		
Phone #:	Fax #:	Hourly Rate/Salary			
Job Title:	Supervisor Name:	Starting:	Final:	I was subject to FMCSR rules while employed at this company:	YES NO
Reason for Leaving:				I was subject to 49 CFR part 40 controlled substance & alcohol testing during this period:	YES NO

8. Employer		Dates Employed From / To (mm/dd/yyyy)		Work Performed:	
Address:		From:	To:		
Phone #:	Fax #:	Hourly Rate/Salary			
Job Title:	Supervisor Name:	Starting:	Final:	I was subject to FMCSR rules while employed at this company:	YES NO
Reason for Leaving:				I was subject to 49 CFR part 40 controlled substance & alcohol testing during this period:	YES NO

Use backside of sheet for additional employers

SPECIALS SKILLS & QUALIFICATIONS

Summarize special job-related skills and qualifications acquired from employment and other experience.

Empty box for summarizing special job-related skills and qualifications.

Please list three (3) references (NOT relatives or significant others). At least 2 of the 3 must be professional references:

Name: Company/Title: Phone Number:

Empty lines for providing three references.

For driver applications of commercial motor vehicles that require a Commercial Driver License (CDL) the applicant must disclose their controlled substance and alcohol status per the requirements of 49 CFR part 40.25(j). As a prospective driver employee, you have the right to review information provided by previous employers. Driver employees who have previous Department of Transportation regulated employment history in the preceding three years, and wish to review previous employer provided investigative information, must submit a written request to the prospective employer...

CERTIFICATION

"This certifies that the 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. I understand that if I am employed, false statements may result in dismissal. I authorize United Farmers Cooperative to make an investigation of any of the facts set forth in this application."

All offers of employment are conditional upon satisfactory reference checks. Successful completion of a physical exam and controlled substance test is required for certain classifications.

Applicant's Signature Date

TO BE COMPLETED BY THE EMPLOYER:

Application received by: Application reviewed for completeness by:

Name

Name

Title Date

Title Date

Date of Hire: Time & Date of Pre-Employment CST: Time & Date of Pre-Employment CST Results Received: Date of First Used in Safety Sensitive Position: Date of Termination:

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COMMERCIAL VEHICLE DRIVER APPLICANT
Controlled Substance and Alcohol Questionnaire
Pursuant to 49 CFR part 40.25(j).

Application Date _____

Name: _____
First Middle Last

Address: _____ Home Telephone: _____

City: _____ State: _____ Zip: _____ Social Security Number: _____ - _____ - _____

49 CFR 4025(j)

Have you ever 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

If YES- Have you successfully completed the return-to-duty process?

YES NO

If YES- Documentatio MUST BE PROVIDED before any safety-sensitive transportation function is performed.

Signature of applicant _____

Social Security Number _____

Today's Date _____

Print Name: LAST - FIRST - MIDDLE

Drivers License Number & State Issued _____

Date of Birth* _____

TO BE COMPLETED BY EMPLOYER:

Received by: _____

Reviewed by: _____

Title: _____ Date: _____

Title: _____ Date: _____

The Federal Motor Carrier Safety Regulations require all previous employers of this applicant to respond to this request for information within 30 days. Failure to comply with this request is in violation of 49CFR 391.23 and 40.25, for which you may be prosecuted. Questions concerning the requirements of this regulation should be directed to the Minnesota Division Office of the Federal Motor Carrier Safety Administration at 651-291-6150, during business hours.

TO: _____
Former Employers Name

Mailing Address

City/State/Zip

Telephone Number Fax Number

DATE: _____

I, _____, hereby authorize _____ to release to all records of employment, including assessments of my job performance, ability, and fitness, including the dates of any and all alcohol or drug test, with confirmed results, and/or my refusal to submit to any alcohol and drug tests and any rehabilitation completion under direction of Substance Abuse Professional (SAP) and/or Medical Review Officer (MRO) to each and every company (or their authorized agents) making such request in connection with my application for employment with said company. I, hereby, release the above named company and its employees, officers, directors, and agents from any and all liability of any type as a result of providing the following information to the below mentioned person and/or company.

APPLICANTS SIGNATURE & DATE _____
WITNESS'S SIGNATURE & DATE _____

REQUEST FROM:
Company: _____
Address/City/State/Zip: _____
Telephone Number: _____ Fax Number: _____
Contact Person & Title: _____
NAME OF APPLICANT: _____ SSN: _____
JOB APPLYIING FOR: _____

INQUIRY INTO EMPLOYMENT HISTORY, PRECEDING 3 YEARS

- Did applicant work for you as a _____ from ___/___/___ to ___/___/___ YES or NO IF NO, please explain: _____
- If employed as driver, please answer the following: Company Driver? ___ Owner/Operator? ___ Other? ___
Type of truck(s) and/or truck/tractor(s) operated: _____
Commodities Transported: _____ Area of Operations: _____
- Accidents? YES or NO If YES, please give date(s) and brief description of each accident: _____
- Why did this employee leave your company? _____
- Would you re-employ this person? YES or NO IF NO, please explain: _____
- Additional comments: _____

INQUIRY FOR ALCOHOL AND CONTROLLED SUBSTANCES INFORMATION PRECEDING 2 YEARS

Alcohol tests with a result of 0.04 or greater?..... YES OR NO	If yes, please give date(s) _____
Verified positive controlled substances test results?..... YES OR NO	If yes, please give date(s) _____
Refusal to be tested?..... YES OR NO	If yes, please give date(s) _____
Was rehabilitation completed as required?..... YES OR NO	If yes, please give date(s) _____

Person providing the above information:

Name: _____
Company: Hulstein Excavating, Inc Edgerton, MN 56128

Title: _____
Date: _____