



DRIVER APPLICATION ATTACHMENT
Must also complete Employment Application

Equal Opportunity Employer

Date _____

Last Name

First Name

MI

Employment History

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. Applicants to drive a commercial motor vehicle* in intrastate or interstate commerce shall also provide an additional 7 years' information on those employers for whom the applicant operated such vehicle. (NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary.) * 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 requiring placarding.

Date (Month and Year)		Name, Address, Phone # of Employer	Salary	Position	Reason for Leaving
From					
To					
From					
To					
From					
To					
From					
To					

Physical History

Do you have any physical condition which may limit your ability to perform the job applied for? Yes No
 If yes, what can be done to accommodate your limitation? _____

Are you physically capable of heavy manual work? Yes No
 How much time lost from work in past three years? _____
 Would you be willing to take a physical examination? Yes No

Accident Record List accident record for the past 5 years or more (Attach sheet if more space is needed.)

Dates	Nature of Accident (Head-On, Rear-End, Upset, Etc.)	Fatalities	Injuries
Last Accident			
Next Previous			
Next Previous			

Traffic Convictions and Forfeitures List for the past 5 years (other than parking violations)

Location	Date	Charge	Penalty

Driver Licenses

List all driver licenses you currently hold.

State	License Number	Type	Expiration Date

Have you ever been denied a license, permit, or privilege to operate a motor vehicle? Yes No
 If yes, please explain: _____

Has any license, permit or privilege ever been suspended or revoked? Yes No
 If yes, please explain: _____

Driving Experience

Class of Equipment	Type of Equipment (Van, Tank, Flat, Etc.)	Dates		Approximate Number of Miles (Total)
		From	To	
Straight Truck				
Tractor and Semi-Trailer				
Tractor - Two Trailers				
Other				

List all states operated in for last 5 years _____

List special courses or training that will help you as a driver _____

Which safe driving awards do you hold and from whom? _____

Show any trucking, transportation or other experience that may help in your work for this company _____

List courses and training other than shown elsewhere in this application _____

List special equipment or technical materials you can work with (other than those already shown) _____

Please read carefully before signing

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. I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, or persons from all liability in responding to inquiries in connection with my application. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company, as permitted by Law.

I have read and agree: _____ Date _____

Release of Information Form -- 49 CFR Part 40 Drug and Alcohol Testing

Section I. To be completed by the new employer, signed by the employee, and transmitted to the previous employer:

Employee Printed or Typed Name: _____

Employee SS or ID Number: _____

I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer, listed in *Section I-B*, to the employer listed in *Section I-A*. This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25. I understand that information to be released in *Section II-A* by my previous employer, is limited to the following DOT-regulated testing items:

1. Alcohol tests with a result of 0.04 or higher;
2. Verified positive drug tests;
3. Refusals to be tested;
4. Other violations of DOT agency drug and alcohol testing regulations;
5. Information obtained from previous employers of a drug and alcohol rule violation;
6. Documentation, if any, of completion of the return-to-duty process following a rule violation.

Employee Signature: _____ Date: _____

I-A.

New Employer Name: **ULLAND BROTHERS, INC.**
505 W. 37TH ST
HIBBING, MN 55746
Phone #: **218-262-3406** Fax #: **218-262-5348**

Designated Employer Representative: **DAVID DEBEVEC**

I-B.

Previous Employer Name: _____

Address: _____

Phone #: _____

Designated Employer Representative (if known): _____

Section II. To be completed by the previous employer and transmitted by mail or fax to the new employer:

II-A. In the two years prior to the date of the employee's signature (in Section I), for DOT-regulated testing ~

- | | |
|---|------------------------|
| 1. Did the employee have alcohol tests with a result of 0.04 or higher? | YES ___ NO ___ |
| 2. Did the employee have verified positive drug tests? | YES ___ NO ___ |
| 3. Did the employee refuse to be tested? | YES ___ NO ___ |
| 4. Did the employee have other violations of DOT agency drug and alcohol testing regulations? | YES ___ NO ___ |
| 5. Did a previous employer report a drug and alcohol rule violation to you? | YES ___ NO ___ |
| 6. If you answered "yes" to any of the above items, did the employee complete the return-to-duty process? | N/A ___ YES ___ NO ___ |

NOTE: If you answered "yes" to item 5, you must provide the previous employer's report. If you answered "yes" to item 6, you must also transmit the appropriate return-to-duty documentation (e.g., SAP report(s), follow-up testing record).

II-B.

Name of person providing information in *Section II-A*: _____

Title: _____

Phone #: _____

Date: _____