

Application for Qualification

Dave R Grant Hay, Inc.
910 W. 24th Street ♦ Ogden, Utah 84401
Phone: 801-394-1621 ♦ Fax: 801-394-1622

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 Motor Carrier Safety Regulations and Dave R Grant Hay, Inc.

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". This is important!

*The age Discrimination of Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age.

Date _____ Check One: Contractor Driver

Name _____
(First) (Middle) (Last)

Phone Number (_____) _____ Emergency Phone (_____) _____

*Age _____ Date of Birth _____ Social Security Number _____

Physical Exam Expiration Date _____

Current & Three Years Previous Addresses:

From _____ To _____

From _____ To _____

From _____ To _____

Education and Employment History

Please circle the highest grade completed:

Grade School: 1 2 3 4 5 6 7 8 9 10 11 12
College: 1 2 3 4 Post-Graduate: 1 2 3 4

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.

Mo/Yr	Mo/Yr	Present or Last Employer:
From _____	To _____	Name _____
Position Held _____		Address _____ (Street) (City) (State/Zip)
Reason For Leaving _____		Phone # (_____) _____

(Employment History continued on next page)

Driving Experience

Class of Equipment	Dates		Approximate Number of Miles (Total)
	From	To	
Straight truck			
Tractor and Semi-trailer			
Tractor- two trailers			
Other			

List states operated in for the last five years: _____

List special courses/training completed (PTD/DDC, HazMat, etc): _____

List any Safe Driving Awards you hold and from whom: _____

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

Date of Accident	Nature of Accidents (Head on, rear end, upset, etc.)	Location of Accident	# of Fatalities	# of People Injured

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

Date	Location	Charge	Penalty

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

State	License #	Type	Endorsement	Expiration Date

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle?..... Yes No
- B. Has any license, permit or privilege ever been suspended or revoked?..... Yes No
- C. Have you ever tested positive or refused a DOT drug or alcohol pre-employment test within the past two years from an employer who did not hire you?..... Yes No
- D. Have you ever been convicted of a felony?..... Yes No

If the answer to A, B, C, or D is "YES", give details _____

Personal References

List three persons for references, other than family members, who have knowledge of your safety habits.

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

CONFIDENTIAL
FAXED OR MAILED INQUIRY TO PAST EMPLOYER

TO: _____ (Former Employer-Name, City, State) _____ (Date, Time)

I hereby authorize this company to release all records of employment, including assessments of my job performance, ability, and fit (including dates of any and all alcohol or drug tests, those confirmed results, and/or my refusal to submit to any alcohol or drug test and any rehabilitation completion under direction of SAP/MRO) to each and every company (or their authorized agents) which request such information in connection with my application for employment with said company. I hereby release this company, and 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.

(Application's Signature, Date) (Witness Signature, Date)

Dear Personnel Manager:

The person named herein has applied to this company for employment in a safety-sensitive position. Your firm has been listed by the applicant as a past employer. Will you kindly reply to this inquiry respecting this application. As you will note from the waiver signed above, all liability of you and your company has been released by the applicant. PLEASE BE FACTUAL. You may reply by fax or mail using the information below:

Attn: David Grant ♦ Dave R Grant Hay, Inc. ♦ 910 W. 24th Street ♦ Ogden, Utah 84401
Phone: 801-394-1621 ♦ Fax: 801-394-1622

Name of Applicant: _____ Social Security No. _____

Job Applying For: _____

Did the applicant work for you as a _____ from ____/____/____ to ____/____/____

YES or NO If no, please explain: _____

If employed as a driver, please answer the following:

Company driver? _____ Owner/operator? _____ Other? _____

Type of tractor operated: _____ Type of trailer pulled: _____

Other equipment operated: _____ Commodities transported: _____

General area of operation: _____

Accidents? YES or NO If yes, please give the date and a brief description of each accident: _____

Traffic violations? YES or NO If yes, please list all including the date and type of violation: _____

License(s) suspend? YES or NO If yes, please list the dates(s) of suspension: _____

Type of driver license: _____ State: _____ Number: _____

Any problems with bonding? YES or NO _____ If yes, please explain: _____

Why did this employee leave your company? _____

Would you re-employ this person? YES or NO If no, please explain: _____

Under Department of Transportation Testing Requirements: **YES** **NO**

1. Has this person had an alcohol test with a result of 0.04 or higher alcohol concentration?
2. Has this person had a verified positive drug test?
3. Has this person refused to be tested (including verified adulterated or substituted drug test results)?
4. Has this person committed other violations of DOT agency drug & alcohol testing regulations?
5. If this person has violated a DOT drug and alcohol regulation, do you have documentation of the employee's successful completion of DOT return-to-duty requirements, including follow-up tests? (Please send this documentation back with this form, if applicable.)

Additional comments: (Any problems with customer relations, supervision, or abuse of equipment?) _____

Signature and title of person providing information: _____ Date: _____