



820 Illinois St
Sidney, IA 51652
Phone (712) 355-9040
Fax (712) 355-9050

Applicant Name (Print) _____ Date: _____

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 statue.

TO BE READ AND SIGNED BY APPLICANT

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. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.)

I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information 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.

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d & e). I understand that I have the right to:

- * Review information provided by previous employers;
- * Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- * Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

Signature _____ Date: _____

FOR COMPANY USE

Applicant Hired: YES / NO If No list why: _____

Signature of interviewing officer _____ Date: _____



MVR REQUIREMENTS

Certification of Violations/Annual Review of Driving Record

Name of Driver

Driver's License Numbers

State

Expiration Date

Section I - MOTOR VEHICLE DRIVER CERTIFICATION OF VIOLATIONS

I certify that the following is a true and complete list of traffic violations (other than parking violations) which I have been convicted or forfeited bond or collateral during the past 12 months

Date	Offense	Location	Type of Vehicle Operated

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation required to be listed during the past 12 months

Date of Certification

First Name

Last Name

Driver's Signature

HFC TRUCKING 820 ILLINOIS ST SIDNEY, IA 51652

Reviewed by: Signature

Title

Section II - ANNUAL REVIEW OF DRIVING RECORD 391.25

Driver's Information:

This day I reviewed the driving record of the above named driver in accordance with 391.25 of the Federal Motor Carrier Safety Regulations and the Hazardous Materials Regulations. I considered the driver's accident record and any evidence that he/she has violated laws governing the operation of motor vehicles, and gave great weight to violations, such as speeding, reckless driving and operating under the influence of alcohol or drugs, that indicated that the driver has exhibited a disregard for safety of the public. Having done the above, I find that

The driver meets the minimum requirements for safe driving

The driver does not adequately meet satisfactory safe driving

The driver is disqualified to drive a motor vehicle pursuant to 391.15

HFC TRUCKING

Date of Review

Reviewed by: Signature

Title

THE BELOW DISCLOSURE AND AUTHORIZATION LANGUAGE IS FOR MANDATORY USE BY ALL ACCOUNT HOLDERS

IMPORTANT DISCLOSURE

REGARDING BACKGROUND REPORTS FROM THE PSP Online Service

In connection with your application for employment with HFC Inc ("Prospective Employer"), Prospective Employer, its employees, agents or contractors may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

When the application for employment is submitted in person, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report.

When the application for employment is submitted by mail, telephone, computer, or other similar means, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer must provide you within three business days of taking adverse action oral, written or electronic notification: that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

Neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. You may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If you challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. Your request will be forwarded by the DataQs system to the appropriate State for adjudication.

Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with Federal Motor Carrier Safety Regulations (FMCSR) violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

The Prospective Employer cannot obtain background reports from FMCSA without your authorization.

AUTHORIZATION

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

I authorize HFC Inc ("Prospective Employer") to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am authorizing the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.

I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication. I understand that any crash or inspection in which I was involved will display on my PSP report. Since the PSP report does not report, or assign, or imply fault, I acknowledge it will include all CMV crashes where I was a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, I understand all inspections, with or without violations, will appear on my PSP report, and State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on my PSP report.

I have read the above Disclosure Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this Disclosure and Authorization, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Date: _____

Signature _____

Name (Please Print)

NOTICE: This form is made available to monthly account holders by NIC on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain an Applicant's written or electronic consent prior to accessing the Applicant's PSP report. Further, account holders are required by FMCSA to use the language contained in this Disclosure and Authorization form to obtain an Applicant's consent. The language must be used in whole, exactly as provided. Further, the language on this form must exist as one stand-alone document. The language may NOT be included with other consent forms or any other language.

NOTICE: The prospective employment concept referenced in this form contemplates the definition of "employee" contained at 49 C.F.R. 383.5.

LAST UPDATED 12/22/2015



DRIVER APPLICATION FORM
Answer all questions & please print

Position(s) applied for _____

Name _____ Social Security No. _____
Last First Middle

List your addresses of residency for the past 3 years

Current Address
Street _____ City _____
State _____ Zip _____ Phone _____ How Long yr./mo _____

Previous Address
Street _____ City _____
State _____ Zip _____ Phone _____ How Long yr./mo _____

Do you have the legal right to work in the United States? _____

Date of Birth ____/____/____ Can you provide proof of age? _____

Have you worked for HFC before? _____ Reason for Leaving? _____

Are you now employed? _____ If not, how long since last employment _____

Who referred you or how did you hear about us _____

Have you ever been bonded? _____ If yes Bonding Company _____

Have you ever been convicted of a felony? _____ If yes please explain fully _____

Conviction of a crime is not an automatic bar to employment-all circumstances will be considered.

Any reason you might be unable to perform the functions of the job for which you have applied for? _____

If yes, explain if you wish _____

EDUCATION

Highest Grade Completed: 1 2 3 4 5 6 7 8 High School: 1 2 3 4 College: 1 2 3 4

LAST SCHOOL ATTENDED _____ CITY/STATE _____



EMPLOYMENT HISTORY
Answer all questions & please print

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state and zip code.

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.)

Employer			Date			
Name			From		To	
Address			Month	Year	Month	Year
City	State	Zip				
Contact Person			Phone Number			
Position Held			Salary/Wage			
Reason for Leaving						
Where you subject to the FMCSRs+ while employed			<input type="checkbox"/>	YES	<input type="checkbox"/>	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			<input type="checkbox"/>	Yes	<input type="checkbox"/>	NO
Employer			Date			
Name			From		To	
Address			Month	Year	Month	Year
City	State	Zip				
Contact Person			Phone Number			
Position Held			Salary/Wage			
Reason for Leaving						
Where you subject to the FMCSRs+ while employed			<input type="checkbox"/>	YES	<input type="checkbox"/>	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			<input type="checkbox"/>	Yes	<input type="checkbox"/>	NO
Employer			Date			
Name			From		To	
Address			Month	Year	Month	Year
City	State	Zip				
Contact Person			Phone Number			
Position Held			Salary/Wage			
Reason for Leaving						
Where you subject to the FMCSRs+ while employed			<input type="checkbox"/>	YES	<input type="checkbox"/>	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			<input type="checkbox"/>	Yes	<input type="checkbox"/>	NO



EMPLOYMENT HISTORY (continued)

Answer all questions & please print

Employer			Date			
Name			From		To	
Address			Month	Year	Month	Year
City	State	Zip				
Contact Person			Phone Number			
Position Held			Salary/Wage			
Reason for Leaving						
Where you subject to the FMCSRs+ while employed			<input type="checkbox"/>	YES	<input type="checkbox"/>	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			<input type="checkbox"/>	Yes	<input type="checkbox"/>	NO
Employer			Date			
Name			From		To	
Address			Month	Year	Month	Year
City	State	Zip				
Contact Person			Phone Number			
Position Held			Salary/Wage			
Reason for Leaving						
Where you subject to the FMCSRs+ while employed			<input type="checkbox"/>	YES	<input type="checkbox"/>	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			<input type="checkbox"/>	Yes	<input type="checkbox"/>	NO
Employer			Date			
Name			From		To	
Address			Month	Year	Month	Year
City	State	Zip				
Contact Person			Phone Number			
Position Held			Salary/Wage			
Reason for Leaving						
Where you subject to the FMCSRs+ while employed			<input type="checkbox"/>	YES	<input type="checkbox"/>	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			<input type="checkbox"/>	Yes	<input type="checkbox"/>	NO

*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.

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) weights or has a GVWR of 10,001 pounds 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 of requiring placarding



RELEASE & DOCUMENTATION OF PRE-EMPLOYMENT TESTING INFORMATION BY DRIVER/APPLICANT FOR TRANSPORTATION COMPANIES THAT DID NOT HIRE THEM.

49CFR-PART 40.25(j)

As required by FMSCA section 49CFR-{art 40.25(j) effective September 2001 an employer must ask a prospective employee whether he or she has ever tested positive, or refused to test, on any pre-employment drug test administered by an employer to whom the employee applied, but did not obtain, safety-sensitive transportation work covered by DOT drug and alcohol testing rules during the past two years.

TO BE COMPLETED BY THE APPLICANT

During the past (2) two years, have you tested positive on a pre-employment drug test required by a DOT company to which you applied, but did not obtain a position?

NO []

YES []

During the past (2) two years, have you ever refused to take a pre-employment drug test required by a DOT company to which you applied, but did not obtain a position?

NO []

YES []

If you have answered yes to either of the above questions, please provide documentation of your successful completion of the required Substance Abuse Professional evaluation, treatment and return-to-duty process

Five horizontal lines for providing documentation.

Applicant's Name _____ Signature _____

Social Security # _____ Date _____



FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT

In accordance with the provisions of Section 604(b)(2)(A) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I, of Public Law 104-208), You are being informed that reports verifying your previous employment, previous drug and alcohol-test results, and your driving record may be obtained on you for employment purposes. These reports are required by Sections 382.413, 391.23, AND 391.25 of the Federal Motor Carrier Safety Regulations.

Applicant's Signature

Date

Print Name

Social Security Number



CERTIFICATION OF COMPLIANCE WITH DRIVER LICENSE REQUIREMENTS

The requirements in Part 383 apply to every driver who operates in intrastate, interstate, or foreign commerce and operates a vehicle weighing 26,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding .

The requirements in Part 391 apply to every driver who operates in interstate commerce and operates a vehicle weighing 10,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

DRIVER REQUIREMENTS: Parts 383 and 391 of the Federal Motor Carrier Safety Regulations contain some requirements that you as a driver must comply With. These requirements are in effect as of July 1, 1987. They are as follows:

1. POSSESS ONLY ONE LICENSE: You, as a commercial vehicle driver, may not possess more than one motor vehicle operator's license.

If you have more than one license, keep the license from your state of residence and return the additional license to the states that issues them. DESTROYING a license does not close the record in the state that issued it; you must notify the state

If a multiple license has been lost, stolen, or destroyed, close your record by notifying the state of issuance that you no longer want to be licensed by the state

2. NOTIFICATION OF LICENSE SUSPENSION, REVOCATION OR CANCELLATIONS: Sections 392.42 and 383.33 of the Federal Motor Carrier Safety Regulations require that you notify your employer the NEXT BUSINESS DAY of any revocation or suspension of your driver's license

In addition, Section 383.31 requires that any time you violate a state or local traffic law (other than parking), you must report it within 30 days to: 1. your employing carrier, and 2) the state that issued your license (if violation occurs in a state other than the one which issued your license). The notification to both the employer and state must be in writing.

The following license is the only one I will possess:

Driver's License No. _____ State _____ Expiration Date _____

DRIVER'S CERTIFICATION: I certify that I have read and understand the above requirement.

Driver's Name (Printed) _____

Driver's Signature _____ Date _____

Carrier Official (Printed) _____ Date _____

Carrier Official (Signed) _____ Title _____

Carrier Comments: _____



DRIVER CERTIFICATION FOR OTHER COMPENSATED WORK

INSTRUCTIONS: When employed by a motor carrier, a driver must report to the carrier all on-duty time including time working for other employers. The definition of on-duty time found in Section 395.2 (8) and (9) of the Federal Motor Carrier Safety Regulations includes time performing any other work in the capacity of, or in the employ of service of a common contract or private motor carrier, also performing any compensated work for any non-motor carrier entity.

Are you currently working for another employer?

 YES

 NO

At this time do you intend to work for another employer while still employed by this company?

 YES

 NO

I hereby certify that the information given above is true and I understand that once I become employed with this company, if I begin working for any additional employer(s) for compensation that I must inform this company immediately of such employment activity.

Driver Information:

First Name

Last Name

Applicant's Signature

Carrier Official

Date



**AGREEMENT, MEDICAL AUTHORIZATION AND
CONTROLLED SUBSTANCE ABUSE & ALCOHOL POLICY ACKNOWLEDGMENT**

I hereby consent and agree, as part of my pre-employment or employment with HFC Trucking, to undergo forensic drug and alcohol testing. I to further agree that, upon the request of HFC Trucking, in consideration for my continued employment, to undergo further physical examinations, which may include drug and alcohol testing.

Any urine specimen I provide will be my own and will not be altered in any way. I understand that submitting a urine specimen other than my own or altering the urine specimen will be grounds for termination.

I, hereby authorize any physician and/or medical facility performing a physical examination, alcohol test and/or a drug screen on me, which has been directed by HFC Trucking, to disclose and release any and all information and/or results which have been obtained as of a result of the physical examination, alcohol test and/or the drug screen to HFC Trucking and/or its agents.

I also certify that on the date indicated below that I have received, read and agree to adhere to HFC Trucking's Controlled Substance Abuse Policy.

EMPLOYEE SIGNATURE

DATE

WITNESS

DATE