

DRIVER'S APPLICATION FOR EMPLOYMENT

Hastings Transportation, Inc. (402) 463-6633
1801 East South Street Hastings, NE 68901

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 the Company named above.

FEDERAL LAW OBLIGATES US TO PROVIDE REASONABLE ACCOMODATIONS TO THE KNOWN DISABILITES OF APPLICANTS AND EMPLOYEES, UNLESS TO DO SO WOULD POSE AN UNDUE HARDSHIP. PLEASE FEEL FREE TO LET US KNOW IF YOU NEED AN ACCOMMODATION TO COMPLETE THE APPLICATION PROCESS OR TO PERFORM ANY ESSENTIAL ELEMENTS OF THE POSITION SOUGHT.

Applications are considered for all positions, and employees are treated during employment, without regard to race, color, religion, sex, national origin, genetic information, age, disability, or any other prohibited basis of discrimination, as provided under applicable local, state and federal law.

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".

Date _____ Position Applying for _____

Name _____
Last First Middle

Phone Number (_____) _____ Social Security Number _____ - _____ - _____

Date of Birth _____ (Required for Truck Drivers)

The Department of Transportation requires employers of drivers covered by the DOT to request date of birth and social security number on the application for employment.

DOT Physical Exam Expiration Date: _____

Current & Three Years Previous Addresses:

_____ **From** _____ **To** _____
_____ **From** _____ **To** _____
_____ **From** _____ **To** _____

Have you worked for this company before? _____ Position _____

If yes, give dates: From _____ To: _____

Reason for leaving _____

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Education History

Please circle the highest grade completed:

Grade School/High School: 1 2 3 4 5 6 7 8 9 10 11 12

College: 1 2 3 4 Post-Graduate: 1 2 3 4

Employment History

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 10 years.

Mo/Yr Mo/Yr Present or Last Employer:
From _____ To _____ Name _____

Position Held _____ Address _____
(Street) (City) (State/Zip)

Reason For Leaving _____ Phone # (_____) _____

Were you subject to the FMCSRs* while employed here? _____ Yes _____ 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? _____ Yes _____ No

Mo/Yr Mo/Yr Present or Last Employer:
From _____ To _____ Name _____

Position Held _____ Address _____
(Street) (City) (State/Zip)

Reason For Leaving _____ Phone # (_____) _____

Were you subject to the FMCSRs* while employed here? _____ Yes _____ 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? _____ Yes _____ No

Mo/Yr Mo/Yr Present or Last Employer:
From _____ To _____ Name _____

Position Held _____ Address _____
(Street) (City) (State/Zip)

Reason For Leaving _____ Phone # (_____) _____

Were you subject to the FMCSRs* while employed here? _____ Yes _____ No

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Mo/Yr From _____ Mo/Yr To _____ Present or Last Employer: Name _____

Position Held _____ Address _____
(Street) (City) (State/Zip)

Reason For Leaving _____ Phone # (_____) _____

Were you subject to the FMCSRs* while employed here? _____ Yes _____ 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? _____ Yes _____ No

**The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone who operates a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) has a GVWR or weights 10,001 pounds or more, (2) is designed or used to transport nine or more passengers, or (3) is of any size, used to transport hazardous materials in a quantity requiring placarding.*

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

List states operated in, for the last five years: _____

List special courses/training competed (PTD/DDC, Haz Mat, etc.): _____

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

Accident Record for the 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 last three years (other than parking violations)

Date	Location	Charge	Penalty

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Driver's License (*list each unexpired commercial motor vehicle operator's license or permit*
)

Date	License #	Type	Endorsements	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. Is your driving privilege limited in any way such as probation, area of operation?
 limitations of hours, etc. at this time?..... YES ___ NO ___

If the answers to A, B, or C is "YES", give details, including where, when and why _____

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 _____

APPLICANT'S STATEMENT

I understand that the information in this application will be used and that prior employers will be contacted for the purpose of investigating my safety performance history information as required by Sec. 391.23 of Motor Carrier Safety Regulations. I further understand the following:

- I have the right to review information provided by previous employers.
- I have the right to have errors corrected by the previous employer and to have that previous employer re-send the corrected information to Hastings Transportation, Inc.
- If the previous employer and I cannot agree on the accuracy of the information, I have the right to have a rebuttal statement attached to the alleged erroneous information.
- If I would like to review previous employer-provided information, I must submit a written request to Hastings Transportation, Inc. no later than 30 days after being employed or being notified of denial of employment.

I authorize all former employers and any other persons to provide Hastings Transportation, Inc. with any information, evaluations, and records concerning me, and release Hastings Transportation, Inc. from any and all claims and damages, and causes of action that may hereafter arise from the provision of information, evaluations or records pursuant to this authority.

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The Company may investigate all statements contained in this application, and I understand that any false or misleading information provided during the application or interview process will result in my immediate discharge if I am hired, regardless of when discovered.

I UNDERSTAND THAT THIS APPLICATION IS NOT A CONTRACT OF EMPLOYMENT. I ALSO UNDERSTAND THAT IF HIRED, REGARDLESS OF ANY ORAL REPRESENTATIONS TO THE CONTRARY, THE EMPLOYMENT RELATIONSHIP BETWEEN ME AND THE COMPANY IS TERMINABLE-AT-WILL SO THAT BOTH THE COMPANY AND I REMAIN FREE TO CHOOSE TO END OUR WORK RELATIONSHIP AT ANYTIME FOR ANY OR NO REASON. ANY CHANGES IN THIS EMPLOYMENT RELATIONSHIP MUST BE MADE IN WRITING.

I also understand that any offer of employment may be conditioned upon a health evaluation by a Medical Professional selected by the Company, to determine whether I can perform the essential job duties. In addition, I understand a drug or alcohol test may be required depending upon Company Policy. I authorize the Company to make a thorough investigation of my past employment, education and job related activities and I release from all liability all persons, companies, and corporations supplying such information. I also indemnify this Company against any liability which might result from making such investigation.

Additionally, I authorize the Company to supply my employment record, in its sole discretion, in whole or in part, to any prospective employer, government agency, or other party, with an interest that the Company deems appropriate.

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.

Signature of Applicant

Date