



EMPLOYMENT APPLICATION D.O.T DRIVER SUPPLEMENT

ALL DRIVER APPLICANTS **MUST** COMPLETE BOTH THE EMPLOYMENT APPLICATION **AND** THE D.O.T DRIVER SUPPLEMENT IN ORDER TO BE CONSIDERED FOR ANY D.O.T POSITION.

IDENTIFICATION (PLEASE PRINT)

LAST NAME		FIRST NAME & MIDDLE INITIAL	OTHER NAMES USED	
CURRENT ADDRESS (STREET, CITY, STATE, ZIP)				
PREVIOUS ADDRESS (STREET, CITY, STATE, ZIP) IF CURRENT IS LESS THAN SEVEN (7) YEARS				
HOME PHONE		CELL PHONE	EMAIL ADDRESS	
FRIENDS OR RELATIVES WORKING FOR HUNT AND SONS, INC. (NAME AND RELATIONSHIP) <input type="checkbox"/> YES <input type="checkbox"/> NO			PHONE NUMBER	
EMERGENCY CONTACT (NAME AND RELATIONSHIP)			PHONE NUMBER	
# YEARS D.O.T DRIVING EXPERIENCE	DRIVERS LICENSE NUMBER AND EXPIRATION DATE	CURRENT D.O.T LICENSE <input type="checkbox"/> YES <input type="checkbox"/> NO	CERTIFICATIONS <input type="checkbox"/> HAZMAT <input type="checkbox"/> HAZWOPER	

ADDRESSES (PAST 3 YEARS) (PLEASE PRINT)

CURRENT ADDRESS (STREET, CITY, STATE, ZIP)	DATES (MM/YY) TO FROM
	NUMBER OF YRS AT ADDRESS
CURRENT ADDRESS (STREET, CITY, STATE, ZIP)	DATES (MM/YY) TO FROM
	NUMBER OF YRS AT ADDRESS
CURRENT ADDRESS (STREET, CITY, STATE, ZIP)	DATES (MM/YY) TO FROM
	NUMBER OF YRS AT ADDRESS

COMMERCIAL UNEXPIRED LICENSES (PLEASE PRINT)

ISSUING STATE	TYPE OF LICENSE	COMMERCIAL DRIVERS LICENSE NUMBER	EXPIRATION DATE
ISSUING STATE	TYPE OF LICENSE	COMMERCIAL DRIVERS LICENSE NUMBER	EXPIRATION DATE
ISSUING STATE	TYPE OF LICENSE	COMMERCIAL DRIVERS LICENSE NUMBER	EXPIRATION DATE

MOTOR VEHICLE OPERATION (PLEASE PRINT)

TYPE	COMPANY	DATES (MM/YY) TO FROM	# OF YRS
TYPE	COMPANY	DATES (MM/YY) TO FROM	# OF YRS
TYPE	COMPANY	DATES (MM/YY) TO FROM	# OF YRS
TYPE	COMPANY	DATES (MM/YY) TO FROM	# OF YRS

VEHICLE ACCIDENTS (PLEASE PRINT)

YEAR	COMPANY	VIOLATION(S) CITED	# OF POINTS
DESCRIPTION AND CIRCUMSTANCES OF ACCIDENT (INCLUDE INJURIES OR FATALITIES INVOLVED)			
<input type="checkbox"/> INJURIES <input type="checkbox"/> FATALITIES			

YEAR	COMPANY	VIOLATION(S) CITED	# OF POINTS
DESCRIPTION AND CIRCUMSTANCES OF ACCIDENT (INCLUDE INJURIES OR FATALITIES INVOLVED)			
<input type="checkbox"/> INJURIES <input type="checkbox"/> FATALITIES			
YEAR	COMPANY	VIOLATION(S) CITED	# OF POINTS
DESCRIPTION AND CIRCUMSTANCES OF ACCIDENT (INCLUDE INJURIES OR FATALITIES INVOLVED)			
<input type="checkbox"/> INJURIES <input type="checkbox"/> FATALITIES			

MOTOR VEHICLE VIOLATIONS (PLEASE PRINT)

LIST ALL VIOLATIONS OF MOTOR VEHICLE LAWS OF ORDINANCES (OTHER THAN PARKING VIOLATIONS) OF WHICH YOU WERE CONVICTED, FORFEITED BOND OR COLLATERAL

DATE	VIOLATION	DETAILS

DENIALS/REVOCATIONS/SUSPENSIONS (PLEASE PRINT)

LIST EACH DENIAL, REVOCATION, SUSPENSIONS, ETC. OF ANY LICENSE, PERMIT, OR PRIVILEGE TO OPERATE A MOTOR VEHICLE ISSUED TO YOU

DATE	DETAILS

DRIVER SAFETY PERFORMANCE HISTORY INVESTIGATIONS (PLEASE PRINT)

It is the policy of Hunt and Sons, Inc. that all applicants for CDL driver positions undergo a driver safety performance investigation prior to being hired pursuant to federal regulations under 49 CFR Section 391. The investigation is an integral part of the company's application process and cannot be altered or delayed by any employee. The company shall complete all driver safety performance investigations within the time frame required by federal regulations. Drivers shall not continue to drive a commercial motor vehicle for the company if the safety performance history investigation is not completed within 30 days of the date of hire.

The company shall always make a good faith effort to obtain safety performance history data from a driver applicant's previous employers. All such investigative efforts shall be recorded in writing on company forms and maintained in the Driver Safety Performance Investigation File. The company shall always make a good faith effort to provide all driver safety performance history requested by a prospective employer. All responses to prospective employers received by the company shall be made in writing and placed in the Driver Safety Performance Investigation File.

The company shall provide copies of safety performance history information in a timely manner as prescribed by federal regulations to any driver applicant upon written request. In the event a driver applicant wishes to correct information collected in the safety performance history investigation, the company shall provide the driver applicant with a contact name and phone number of the previous employer responsible for the providing the information. The company shall include in the Driver Safety Performance Investigation File any corrected information sent by a previous employer or any driver rebuttal to information that is not corrected. The written correction and rebuttal shall be made part of the permanent driver safety performance investigation file and shall be forwarded to any prospective employers who request it.

All information in the Driver Safety Performance Investigation File is confidential. Access to these files is strictly limited to those directly involved in the hiring process and designated individuals responsible for the employee personnel record management. The company shall provide immediate access to Driver Safety Performance Investigation files to any federal, state or local law enforcement official or person having regulatory authority over CDL drivers upon request. Insurers may be given access to information in the file at the discretion of the company. However, the company shall under no circumstances provide insurers access to any driver drug and alcohol information that may be included in the Driver Safety Performance Investigation File.

AUTHORIZATION (PLEASE PRINT)

I hereby acknowledge that the above information is true and correct, and that I have read and agree to the below statements. I have not knowingly withheld any information that might adversely affect my opportunity for employment. I understand that the hiring process will be terminated, or in the event of employment by the Company, I shall be subject to dismissal, if any information that I have given in this application, the background release form, in any resume or interview, or any part of the hiring process is false or misleading, or if I have failed to give any information herein requested, or if I have withheld relevant information, regardless of the time elapsed after discovery.

I authorize the Company to inquire into my educational, professional and past employment history references as needed to research my qualifications for this position. I hereby give my consent to any former employer to provide employment-related information about me to the Company and will hold the Company and my former employer harmless from any claim made on the basis that such information about me was provided or that any employment decision was made on the basis of such information. I understand that criminal background and credit reports may be conducted in the course of the interview process, and I will be required to give authorization for such reports. I hereby release the Company, former employers, and all other persons, etc., from any and all claims, demands, or liabilities arising out of or in any way related to such investigations or disclosures. If offered employment, contingent upon hiring, I may be subject to a background investigation and drug test, depending on my classification.

I understand that nothing in this employment application, the granting of an interview or my subsequent employment with the Company is intended to create an employment contract between myself and the Company under which my employment could be terminated only for cause. I understand and agree that, if hired, my employment may be terminable "at will" and may be terminated by me or the Company at any time and for any reason. I understand that no person has any authority to enter into any agreement contrary to the foregoing except the President of the Company.

DRIVER APPLICANT PRINT NAME	DRIVER APPLICANT SIGNATURE	DATE
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