

3816 Bishop Lane Louisville, KY 40218 502-915-7116

DRIVER'S APPLICATION FOR EMPLOYMENT

In compliance with Federal and State equal employment opportunity laws, HD Transportation. considers qualified applicants for all positions without regard to race, color, religion, sex, national origin, age, marital status, or non-job-related disability.

| Position(s) Applied fo | or: | | | |
|--|--|--|--|-----------|
| Name: | | Social Sec | curity No.: | |
| Last | First | Middle | | |
| Address: | | Cit | ty: | |
| State: | Zip Code: | Cell No. w/Area | Code: | |
| Email Address: | | | | |
| ADDRESS FOR | _ | | | |
| PAST THREE YEARS | Street | City | State & Zip | How Long? |
| TEARS | Street | City | State & Zip | How Long? |
| Date of Birth: | I right to work in the Unit | ed States? Can you provide p | roof of age? | |
| Date of Birth: (Required for truck driv | / / / ers) | Can you provide p | roof of age? | |
| Date of Birth: (Required for truck driv | / / ers) this company before? | | roof of age? Position: | |
| Date of Birth: (Required for truck driv Have you worked for | / / / ers) | Can you provide po | | |
| Date of Birth: (Required for truck driv Have you worked for Dates: From | / / ers) this company before? To | Can you provide portion of Pay: | Position: | |
| Date of Birth: (Required for truck driv Have you worked for Dates: From Reason for leaving: | / / ers) this company before? To ed? | Can you provide portion of the control of the contr | Position:nent? | |
| Date of Birth: (Required for truck driv Have you worked for Dates: From Reason for leaving: Are you now employ | / / ers) this company before? To ed? | Can you provide provid | Position:nent? | |
| Date of Birth: (Required for truck driv Have you worked for Dates: From Reason for leaving: Are you now employ Who referred you? | / / ers) this company before? To ed? | Can you provide provid | Position:nent? | |
| Date of Birth: (Required for truck driv Have you worked for Dates: From Reason for leaving: Are you now employ Who referred you? | / / ers) this company before? To ed? you might not be able to | Can you provide provid | Position: nent? ed: which you have applied? | |

EMPLOYMENT HISTORY

INSTRUCTIONS:

Applicants must provide $\underline{\mathbf{10}}$ years of employment history.

List employers in reverse order starting with the most recent. Please request another sheet if necessary. Account for gaps in employment. (Start with most recent employment)

| Employer | Dates: From | То |
|---|----------------|---|
| Address | | |
| City | State | Zip Code |
| Supervisor | Phone (| |
| Position Held | Salary / Wage | |
| Reason for leaving | | |
| Full or part time (circle one) | | |
| Subject to FMCSA regulations (circle one) Yes | No | |
| Job designated as a safety sensitive function in any DC | OT regulated m | ode subject to controlled substance & alcohol |
| testing requirements as required by 49 CFR Part 40 (ci | rcle one) | Yes No |

| Employer | | Dates: Fror | n To |
|---|-----------|--------------|--|
| Address | | | |
| City | | State | Zip Code |
| Supervisor | | Phone (|) |
| Position Held | | Salary / Wa | age |
| Reason for leaving | | | |
| Full or part-time (circle one) | | | |
| Subject to FMCSA regulations (circle one) | Yes | No | |
| Job designated as a safety sensitive function | in any D | OT regulated | mode subject to controlled substance & alcohol |
| testing requirements as required by 49 CFR | Part 40 (| circle one) | Yes No |
| | | | |
| Employer | | Dates: Fror | n To |
| Address | | | |
| City | | State | Zip Code |
| Supervisor | | Phone (|) |
| Position Held | | Salary / Wa | age |
| Reason for leaving | | | |
| Full or part-time (circle one) | | | |
| Subject to FMCSA regulations (circle one) | Yes | No | |
| Job designated as a safety sensitive function | in any D | OT regulated | mode subject to controlled substance & alcohol |
| testing requirements as required by 49 CFR | Da = 40 / | -: | Yes No |

| Employer | | Dates: From | То |
|---|-----------|----------------|--|
| Address | | | |
| City | | State | Zip Code |
| Supervisor | | Phone (|) |
| Position Held | | Salary / Wag | e |
| Reason for leaving | | | |
| Full or part-time (circle one) | | | |
| Subject to FMCSA regulations (circle one) | Yes | No | |
| Job designated as a safety sensitive function | in any D | OT regulated n | node subject to controlled substance & alcohol |
| testing requirements as required by 49 CFR | Part 40 (| circle one) | Yes No |

| City Supervisor Position Held Reason for leaving Full or part-time (circle one) Subject to FMCSA regulations (Job designated as a safety sens testing requirements as require ACCIDENT RECORD FOR T CIRCLE HERE IF "NONI Last Accident Next Previous Next Previous TRAFFIC CONVICTIONS AND FO | sitive function in ed by 49 CFR Par | Yes N any DOT regu rt 40 (circle or | e () y / Wage o ulated mode sub ne) Yes N | ject to controll o nore space is no | eeded.) | |
|--|--|--|--|---|-----------|--------------|
| Supervisor Position Held Reason for leaving Full or part-time (circle one) Subject to FMCSA regulations (Job designated as a safety sens testing requirements as require ACCIDENT RECORD FOR TO CIRCLE HERE IF "NONI Last Accident Next Previous Next Previous TRAFFIC CONVICTIONS AND FO | sitive function in ed by 49 CFR Par | Phon Salar Yes N any DOT regu rt 40 (circle or | e () y / Wage o ulated mode sub ne) Yes N Attach sheet if r | ject to controll o nore space is no | eeded.) | |
| Position Held Reason for leaving Full or part-time (circle one) Subject to FMCSA regulations (Job designated as a safety sens testing requirements as require ACCIDENT RECORD FOR T CIRCLE HERE IF "NONI Last Accident Next Previous TRAFFIC CONVICTIONS AND FO | sitive function in ed by 49 CFR Par | Salar Yes N any DOT regu rt 40 (circle or | y / Wage o ulated mode sub ne) Yes N Attach sheet if r | nore space is no | eeded.) | |
| Reason for leaving Full or part-time (circle one) Subject to FMCSA regulations (Job designated as a safety sens testing requirements as require ACCIDENT RECORD FOR T CIRCLE HERE IF "NONI Last Accident Next Previous Next Previous TRAFFIC CONVICTIONS AND FO | sitive function in ed by 49 CFR Par | Yes N any DOT regu rt 40 (circle or | o ulated mode sub ne) Yes N Attach sheet if r | nore space is no | eeded.) | |
| Full or part-time (circle one) Subject to FMCSA regulations (Job designated as a safety sens testing requirements as require ACCIDENT RECORD FOR TO CIRCLE HERE IF "NONI Last Accident Next Previous Next Previous TRAFFIC CONVICTIONS AND FOR TO SUBJECT CONVICTIONS AND SUBJECT | sitive function in ed by 49 CFR Par | any DOT regu rt 40 (circle or | ulated mode sub ne) Yes N Attach sheet if r | nore space is no | eeded.) | |
| Subject to FMCSA regulations (Job designated as a safety sens testing requirements as require ACCIDENT RECORD FOR TO CIRCLE HERE IF "NONI Last Accident Next Previous Next Previous TRAFFIC CONVICTIONS AND FO | sitive function in ed by 49 CFR Par | any DOT regu rt 40 (circle or | ulated mode sub ne) Yes N Attach sheet if r | nore space is no | eeded.) | |
| ACCIDENT RECORD FOR TO CIRCLE HERE IF "NONI Last Accident Next Previous Next Previous TRAFFIC CONVICTIONS AND FO | sitive function in ed by 49 CFR Par | any DOT regu rt 40 (circle or | ulated mode sub ne) Yes N Attach sheet if r | nore space is no | eeded.) | |
| ACCIDENT RECORD FOR TO CIRCLE HERE IF "NONI Last Accident Next Previous Next Previous TRAFFIC CONVICTIONS AND FO | ed by 49 CFR Pa | rt 40 (circle or | ne) Yes N Attach sheet if r | nore space is no | eeded.) | |
| ACCIDENT RECORD FOR TO CIRCLE HERE IF "NONI Last Accident Next Previous Next Previous TRAFFIC CONVICTIONS AND FO | THE PAST 3 YEAR | S OR MORE (| Attach sheet if r | nore space is no | | |
| Last Accident Next Previous Next Previous TRAFFIC CONVICTIONS AND FO | E" | NATURE O | FACCIDENT | E | ATALITICS | |
| Next Previous Next Previous TRAFFIC CONVICTIONS AND FO | | | | 17 | ATALITIES | INJURIES |
| Next Previous TRAFFIC CONVICTIONS AND FO | | | | | | |
| TRAFFIC CONVICTIONS AND FO | | | | | | |
| | 1 | | | | | |
| LOCATION Circle here i | ORFEITURES FOR | R THE PAST 3 | YEARS (Other th | an parking viol | ations) | |
| | if "NONE" | DATE | СНА | RGE | | PENALTY |
| | | | | | | |
| | | | | | | |
| | (At | tach sheet if m | ore space is need | ed.) | | |
| | · | | CATION | · | | |
| CIRCLE HIGHEST GRADE COM | MPLETED: 1 2 3 | | | l: 9 10 11 12 | College: | 1 2 3 4 |
| LAST SCHOOL ATTENDED: | | | | | | |
| | | (Name) | | | (City) | |
| Degree working on or comp | Notad | | | | | |
| Degree working on or comp | neteu | | | | | |
| | EXPERII | ENCE AND OU | ALIFICATIONS - | DRIVER | | |
| STA | ATE | | SE NO. | TYPE C | DL EXP | IRATION DATE |
| DRIVER | | | | | | |
| LICENSES | | | | | | |
| | | | | | | |
| DO YOU HAVE ANY CDL RES | STRICTIONS/ENDC | DRSEMENTS? I | f so please list: | | | |
| A. Have you ever been denied a li | license, permit, or | privilege to op | erate a motor veh | nicle? Yes | No | |
| | | | | | | |
| B. Has any license, permit, or private of the second of th | ivilege ever been s | suspended or re | evoked? | Yes | No | |

DRIVING EXPERIENCE

| CLASS OF EQUIPMENT (circle one) | DATE FROM | S TO | APPROX. NO. OF MILES |
|---------------------------------|--------------|---------|-------------------------|
| STRAIGHT TRUCK | | | |
| TRACTOR AND FLATBED | | | |
| TRACTOR AND VAN | | | |
| OTHER | | | |

| FLATBED EXPERIENCE: Circle which applies to you. Minimum 6 months within last year. yes / no 3 or more years' experience with flatbeds. yes/no Hauling steel coils: years' experience |
|--|
| LIST STATES OPERATED IN FOR LAST FIVE YRS |
| SHOW SPECIAL COURSES/ TRAINING THAT WILL HELP YOU AS A DRIVER |
| |
| |
| WHAT SAFE DRIVING AWARDS DO YOU HOLD & WHO FROM? |
| DO YOU HAVE A DOUBLES ENDORSEMENT? YES / NO |
| DO YOU HAVE A HAZ-MAT ENDORSEMENT? YES / NO |
| HAVE YOU BEEN TRAINED IN HAZARDOUS MATERIALS? YES / NO ARE YOU TAKING ANY PRESCRIPTION MEDICATIONS? YES/NO IF YES, PLEASE EXPLAIN: |

(Please EXCLUDE family members as references)

| | Name | Phone # | Title | Relationship |
|------------|------|---------|-------|--------------|
| References | | | | |
| References | | | | |
| | | | | |

MILITARY SERVICE RECORD

| WILLITARY SERVICE RECORD | | | | | |
|---|------------|---------------|-------------------|--------------------|----|
| Have you ever served in the US armed fo | rces? | YES / NO | Dates of Service: | From | То |
| If yes, In what branch did you serve? | | | | | |
| Highest Rank Achieved: | Rank | at Discharge | e: | Type of Discharge: | |
| If other than honorable discharge, explai | n: | | | | |
| Have you ever been rejected from the m | ilitary? | YES / NO | If Yes, explain: | | |
| Have you ever been court martialed, or r | eceived no | on-judicial p | unishment? YES / | / NO | |

TO BE READ AND SIGNED BY APPLICANT

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, or medial 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 given.) I AUTHORIZE YOU TO CONTACT MY PRESENT EMPLOYER (if applicable). I hereby release employers, schools, health care providers, and other persons from any and 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 may result in discharge. I understand that I am required to abide by all rules and regulations of HD Transportation.

| Signature: | | | | |
|------------|---------|--|------|--|
| | | | | |
| | Date: _ | | | |