



6600 Jansen Ave NE • Albertville, MN 55301 • Phone 800-255-5153 ext 695 • Fax 763-497-0907

Application for Qualification

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 Long Haul Trucking.

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 in Employment Act of 1987 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 _____ Social Security Number _____
(First) (Middle) (Last)

Age _____ Date of Birth _____ Phone Number _____

Current & Three Years Previous Addresses

(Street Address) From _____ To _____

(City) (State) (Zip Code)

(Street Address) From _____ To _____

(City) (State) (Zip Code)

Employment

Give a **Complete Record** of all employment for the past **ten (10) years**, including any unemployment or self employment, and all commercial driving experiences.

From _____ To _____ Phone Number _____
(Month/Year) (Month Year)

Name _____

Address _____
(Street) (City) (State/Zip Code)

Position Held _____ Salary _____ Reason For Leaving _____

From _____ To _____ Phone Number _____
(Month/Year) (Month/Year)

Name _____

Address _____
(Street) (City) (State/Zip Code)

Position Held _____ Salary _____ Reason For Leaving _____

From _____ To _____ Phone Number _____
(Month/Year) (Month Year)

Name _____

Address _____
(Street) (City) (State/Zip Code)

Position Held _____ Salary _____ Reason For Leaving _____

From _____ To _____ Phone Number _____
(Month/Year) (Month/Year)

Name _____

Address _____
(Street) (City) (State/Zip Code)

Position Held _____ Salary _____ Reason For Leaving _____

From _____ To _____ Phone Number _____
(Month/Year) (Month Year)

Name _____

Address _____
(Street) (City) (State/Zip Code)

Position Held _____ Salary _____ Reason For Leaving _____

From _____ To _____ Phone Number _____
(Month/Year) (Month Year)

Name _____

Address _____
(Street) (City) (State/Zip Code)

Position Held _____ Salary _____ Reason For Leaving _____

From _____ To _____ Phone Number _____
(Month/Year) (Month Year)

Name _____

Address _____
(Street) (City) (State/Zip Code)

Position Held _____ Salary _____ Reason For Leaving _____

From _____ To _____ Phone Number _____
(Month/Year) (Month Year)

Name _____

Address _____
(Street) (City) (State/Zip Code)

Position Held _____ Salary _____ Reason For Leaving _____

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 _____

Show special courses or training that will help you as a driver _____

What safe Driving Awards do you hold and from whom? _____

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

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

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

Location	Date	Charge	Penalty
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

State	License #	Type	Endorsements	Expiration Date
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

A. Have you ever been denied a license or privilege to operate a motor vehicle? Yes ___ No ___

B. Has any license, permit or privilege ever been suspended or revoked? Yes ___ No ___

If the answers to A or B is YES, give details. _____

Personal References

Name _____ Address _____

Name _____ Address _____

Name _____ Address _____

To Be read and Signed by Applicant

It is agreed and understood that any misrepresentation given above will be considered an act of dishonesty.

It is agreed and understood the Motor Carrier or his agents may investigate the applicant's background to ascertain any and all information of concern to applicant's record, whether same is of record or not, and applicant releases employers and persons named herein from all liability for any damages on account of his/her furnishing such information.

It is also agreed and understood that under the Fair Credit Reporting Act, Public Law 91-508, I have been told that this investigation may include and Investigating Consumer Report, including information regarding my character, general reputation, personal characteristics, and mode of living.

I agree to furnish such additional information and complete such examinations as may be required to complete any employment file.

It is agreed and understood that this Application for Qualification in no way obligates the Motor Carrier to employ the applicant.

It is agreed and understood that this if qualified, the driver may be on a probationary period during which time he/she may be disqualified without recourse.

Owner/Operators

Tractor

_____ Year _____ Make _____ Model

Trailer

_____ Year _____ Make _____ Model _____ Size _____ Type

(Please send picture of tractor and trailer with application)

Remarks

LONG HAUL TRUCKING, INC.

CONSUMER DISCLOSURE AND AUTHORIZATION FORM

Disclosure Regarding Background Investigation

Long Haul Trucking, Inc. (the "Company") may request, for lawful employment purposes, background information about you from a consumer reporting agency in connection with your employment or application for employment (including independent contractor assignments, as applicable). This background information may be obtained in the form of consumer reports and/or investigative consumer reports (commonly known as "background reports"). These background reports may be obtained at any time after receipt of your authorization and, if you are hired or engaged by the Company, throughout your employment or your contract period.

HireRight, Inc., or another consumer reporting agency, will prepare or assemble the background reports for the Company. HireRight, Inc. is located and can be contacted by mail at 5151 California, Irvine, CA 92617, and HireRight can be contacted by phone at 800-400-2761.

The types of information that may be obtained include, but are not limited to: social security number verifications; address history; credit reports and history; criminal records and history; public court records; driving records; accident history; worker's compensation claims; bankruptcy filings; educational history verifications (e.g., dates of attendance, degrees obtained); employment history verification (e.g., dates of employment, salary information, reasons for termination, etc.); personal and professional references checks; professional licensing and certification checks; drug/alcohol testing results, and drug/alcohol history in violation of law and/or company policy; and other information bearing on your character, general reputation, personal characteristics, mode of living and credit standing.

This information may be obtained from private and public record sources, including, as appropriate: government agencies and courthouses; educational institutions; former employers; personal interviews with sources such as neighbors, friends and associates; and other information sources. If the Company should obtain information bearing on your credit worthiness, credit standing or credit capacity for reasons other than as required by law, then the Company will use such credit information to evaluate whether you would present an unacceptable risk of theft or other dishonest behavior in the job for which you are being evaluated.

You may request more information about the nature and scope of any investigative consumer reports by contacting the Company. A summary of your rights under the Fair Credit Reporting Act is also being provided to you.

ADDITIONAL STATE LAW NOTICES

If you are a California, Maine, Massachusetts, New York or Washington State applicant, employee or contractor, please also note:

CALIFORNIA: Pursuant to section 1786.22 of the California Civil Code, you may view the file maintained on you by HireRight during normal business hours. You may also obtain a copy of this file, upon submitting proper identification and paying the costs of duplication services, by appearing at HireRight's offices in person, during normal business hours and on reasonable notice, or by mail. You may also receive a summary of the file by telephone, upon submitting proper identification. HireRight has trained personnel available to explain your file to you, including any coded information. If you appear in person, you may be accompanied by one other person, provided that person furnishes proper identification.

MAINE: You have the right, upon request, to be informed of whether and if an investigative consumer report was requested, and if one was requested, the name and address of the consumer reporting agency furnishing the report. You may request and receive from Company, within five business days of our receipt of your request, the name, address and telephone number of the nearest unit designated to handle inquiries for the consumer reporting agency issuing an investigative consumer report concerning you. You also have the right, under Maine law, to request and promptly receive from all such agencies copies of any such reports.

MASSACHUSETTS: If we request an investigative consumer report, you have the right, upon written request, to a copy of the report.

NEW YORK: You have the right, upon request, to be informed of whether or not a consumer report was requested. If a consumer report is requested, you will be provided with the name and address of the consumer reporting agency furnishing the report. You may inspect and receive a copy of the report by contacting that agency. Attached below is additional information about New York law.

WASHINGTON STATE: If the Company requests an investigative consumer report, you have the right, upon written request made within a reasonable period of time after your receipt of this disclosure, to receive from the Company a complete and accurate disclosure of the nature and scope of the investigation requested by the Company. You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

Authorization of Background Investigation

I have carefully read and understand this Disclosure and Authorization form and the attached summary of rights under the Fair Credit Reporting Act. By my signature below, I consent to preparation of background reports by a consumer reporting agency such as HireRight, Inc., and to release of such background reports to the Company and its designated representatives and agents, for the purpose of assisting the Company in making a determination as to my eligibility for employment (including independent contractor assignments, as applicable), promotion, retention or for lawful employment purposes. I understand that if the Company hires me or contracts for my services, my consent will apply, and the Company may obtain background reports throughout my employment or contract period.

I understand that information contained in my employment or contractor application, or otherwise disclosed by me before or during my employment or contract assignment, if any, may be used for the purpose of obtaining and evaluating background reports on me. I also understand that nothing herein shall be constructed as an offer of employment or contract for services.

I hereby authorize law enforcement agencies, learning institutions (including public and private schools and universities), information service bureaus, record/data repositories courts (federal, state and local), motor vehicle agencies, my past or present employers, the military and other individuals and sources to furnish and all information on me that is requested by the consumer reporting agency.

By my signature below, I also certify the information I provided on and in connection with this form is true, accurate and complete. I agree that this form in original, faxed photocopied or electronic (including electronically signed) form, will be valid for any background reports that may be requested by or on behalf of the Company.

California, Minnesota or Oklahoma applicants only: Please check this box if you would like to receive (when ever you have such right under the applicable state law) a copy of your background report if one is obtained on you by the Company.

This certifies the this application was completed by me, and that all entries on it are true and complete to the best of my knowledge.

Applicant Last Name _____ First _____ Middle _____

Applicant Signature _____ Date _____



You are hereby authorized to give to Long Haul Trucking, all information regarding my services, character and conduct while in your employ. You are released from any liability which may result from giving such information. In order to enable Long Haul Trucking to comply with the requirements of 49 C.F.R 391.21 and 382.413. I hereby consent Long Haul Trucking to obtain from my prior employers the information pertaining to me. I also authorize the specific release of information they are required to maintain by 49 C.F.R 382.401 (b) (1) I) through (iii) regarding alcohol test with a concentration result of 0.004 or greater, positive controlled substance test results, and refusals to be tested within the two years preceding the date of this application. I hereby authorize and direct my prior employers to release such information to Long Haul Trucking in personal interviews, telephone interviews, letters and any other material that insures confidentiality. I hereby authorize Long Haul Trucking to release such information to any of its personnel whose duties require them to assess this application or to make any recommendations or decisions with respect to it.

Drivers Signature

Driver Name:		SSN:	
COMPANY NAME:		Fax:	
RETURN TO:	LONG HAUL SAFETY	Contact #'s:	F: 763-497-6650 Ph: 763-497-5603

*****PLEASE COMPLETE ALL INFORMATION*****

This individual listed above has applied for a driving position with Long Haul Trucking

Position	
Employment Dates	From: To:

Reason for Discharge:

CHECK ALL THAT APPLY

TYPE:	<input checked="" type="checkbox"/>	Equipment	<input checked="" type="checkbox"/>	Reason for Separation	<input checked="" type="checkbox"/>	Eligible For Rehire:	<input checked="" type="checkbox"/>	NOTES
OTR	<input checked="" type="checkbox"/>	TRACTOR/TRAILER	<input checked="" type="checkbox"/>	Quit Without Notice	<input checked="" type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	
REGIONAL	<input checked="" type="checkbox"/>	FLATBED	<input checked="" type="checkbox"/>	Quit With Notice	<input checked="" type="checkbox"/>	No	<input checked="" type="checkbox"/>	
LOCAL	<input checked="" type="checkbox"/>	STRAIGHT TRUCK	<input checked="" type="checkbox"/>	Discharged	<input checked="" type="checkbox"/>	Upon Review	<input checked="" type="checkbox"/>	

If NO accidents circle: **NO ACCIDENTS**

***** ACCIDENT DETAIL AND TOTALS*****

Dates	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	# of injuries	# of fatalities	City	St	Damage \$	Description	<input checked="" type="checkbox"/>
	Prev	Non Prev							DOT RPT

*****PLEASE CIRCLE YES OR NO FOR EACH QUESITON**

Has the driver ever refused a required drug or alcohol test? YES or NO

Has the driver ever tested positive on a required controlled substance test? YES or NO

Has the driver ever tested at or above 0.02 on any required alcohol test? YES or NO

COMMENTS:

Prepaid By:		Date	
Company		Position	

IMPORTANT NOTICE
REGARDING BACKGROUND REPORTS FROM THE *PSP Online Service*

In connection with your application of employment with Long Haul Trucking ("Prospective Employer"), it may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier safety Administration (FMCSA). 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. The Prospective Employer cannot obtain background reports from FMCSA unless you consent in writing. If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

I authorize Long Haul Trkg ("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 consenting to 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.dot.gov>. If I am challenging crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DatsQs system to the appropriate State for adjudication.

I have read the above Notice Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this consent form, 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 above.

Date: _____

Print Name: _____

Signature: _____



**TRUCKING INDUSTRY:
DOT D/A Disclosure and Authorization**

Send to Fax# (800) 257-8069

HireRight Customer:	
Company Name:	<u>LONG HAUL TRUCKING INC</u>
Company Contact Name:	_____
Fax#:	<u>(763)-497-6650</u>
HireRight Account Code:	<u>LONGHA</u>

PART I - DISCLOSURE AND AUTHORIZATION FOR RELEASE OF INFORMATION FOR EMPLOYMENT PURPOSES - 49 CFR PART 391.23, DOT DRUG AND ALCOHOL TESTING

In accordance with DOT Regulation 49 CFR Part 391.23, I hereby authorize release of my DOT-regulated drug and alcohol testing records by the DOT-regulated employer(s) listed below to HireRight for the purpose of HireRight transmitting such to the HireRight customer listed above. I understand that information/documents released pursuant to this Part I is limited to the following DOT-regulated testing items, including pre-employment testing results, occurring the previous **three (3) years**: (i) alcohol tests with a result 0.04 or higher; (ii) verified positive drug tests; (iii) refusals to be tested (including adul treated and/or substituted tests); (iv) other violations of DOT drug and alcohol testing regulations (i.e., violations of 49 CFR 382 Subpart B), (v) information obtained from previous employers of a drug and alcohol rule violation; and (vi) any documentation of completion of the return-to-duty process following a rule violation.

If any company listed below furnishes HireRight with information concerning items (i) through (vi) above, I also authorize such company to furnish the following information to HireRight, if applicable: (i) dates of my negative drug and/or alcohol tests and/or tests with results below 0.04 during the previous **three (3) years**; and (ii) the ad and phone number of any substance abuse professional who evaluated me. during the previous **three (3) years**.

List all DOT-regulated employers you have applied with and/or worked for in a safety-sensitive function during the previous **three (3)**

Previous DOT-Regulated Employer	City	State	Phone Number
_____	_____	_____	(____) _____ - _____
_____	_____	_____	(____) _____ - _____
_____	_____	_____	(____) _____ - _____
_____	_____	_____	(____) _____ - _____
_____	_____	_____	(____) _____ - _____

By signing below, I certify that: (i) all information provided herein is complete and accurate; (ii) I have read and fully understand this Part I Disclosure and authorization for release as well as the attached FMCSA Notification of Driver Rights and a applicable state law notices; (iii) Prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction; (iv) I execute this authorization voluntarily and the knowledge that the information obtained pursuant to this authorization could affect my eligibility for employment, promotion, retention or other lawful purpose; (v) I understand I may review this document with legal counsel prior to signing; and (vi) facsimile, photographic copies and web forms of this authorization are as valid as an original.

Print Applicant Name: _____ Social Security Number: _____

Applicant Signature: _____ Date: _____