



Sue Crawley, Recruiter
PO Box 205
W2197 County Rd B
West Salem, WI 54669- 0205

Dear Applicant,

Thank you for your interest in our company. Included with this application are four release forms. Please remember to date and sign these where they are highlighted. Please also remember to include a copy of your commercial Driver's License (front and back), Social Security Card and your most recent Medical Card.

Please indicate which area(s) you are interested in:

<input type="checkbox"/>	Company OTR
<input type="checkbox"/>	Local Day Driver
<input type="checkbox"/>	Night Line-haul
<input type="checkbox"/>	Owner Operator- OTR <i>Tractor Type: Make/Model</i> _____ <i>Year:</i> _____

Terminal Location: _____

If you have any questions please feel free to contact me.

Thank you,

Sue Crawley

Ph: (608) 486-1608 ext. 249

Fax: (608) 486-1609

Email: sue@hotlinefreight.com

The U.S. Department of Transportation requires that driver applicants show all employment for the past three years. Effective July 1, 1987, they **must also show commercial driver employment for the seven years** preceding this three-year period. Sec. 391.21 (b) (10) (11)

****THIS FORM MUST BE COMPLETE EVEN IF YOU SUBMIT A RESUME****

Start with last or current position, including military experience, and work back. **Please provide 10 years of work history.** Use a separate sheet of paper if needed.

Safety sensitive function means all time from the time a driver begins to work or is required to be in readiness to work until the time he/she is relieved from work and all responsibility for performing work. Safety-sensitive functions shall include:

- (1) All time at employer or shipper plant, terminal, facility, or other property, or on any public property, waiting to be dispatched, unless the driver has been relieved from duty by the employer.
- (2) All time inspecting equipment as required by §392.7 and §392.8 of this subchapter or otherwise inspecting, servicing, or conditioning any commercial motor vehicle at any time.
- (3) All time spent at the driving controls of a commercial motor vehicle in operation.
- (4) All time, other than driving time, in or upon any commercial motor vehicle except time spent resting in a sleeper berth (a berth conforming to the requirements of §393.76 of this subchapter).
- (5) All time loading or unloading a vehicle, supervising, or assisting in the loading or unloading, attending a vehicle being loaded or unloaded, remaining in readiness to operate the vehicle, or in giving or receiving receipts for shipments loaded or unloaded; and
- (6) All time repairing, obtaining assistance, or remaining in attendance upon disabled vehicle.

CURRENT EMPLOYER

May we contact your current employer? YES NO

Name _____ Phone (____) _____
Address _____
Street City State Zip
Position Held _____ Salary _____ From _____ To _____
Date Date
Type Equipment Driven _____ Areas Driven In _____
Reason(s) for leaving _____

PREVIOUS EMPLOYER

Name _____ Phone (____) _____
Address _____
Street City State Zip
Position Held _____ Salary _____ From _____ To _____
Date Date
Type Equipment Driven _____ Areas Driven In _____
Reason(s) for leaving _____

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Please attach additional sheet if necessary

DRIVER EXPERIENCE & QUALIFICATION

Driver's License Number	State	Class and Endorsements	Expiration Date

Do you currently hold more than one valid license? _____

If you do not hold the HazMat endorsement, are you willing to obtain it? _____

Hot-Line Freight Systems does require all CDL employees to hold the HazMat endorsement on their license within 90 days of hire.

Have you ever been denied a license, permit or privilege to operate a motor vehicle? _____

Has any license, permit or privilege ever been suspended or revoke _____

Have you ever been disqualified for violations of the Federal Motor Carrier Safety Regulations? _____

If you answered "Yes" to B, C, D, give details:

DRIVER EXPERIENCE

Class of Equipment	Van, tank, etc.	From	To	Miles driven
Tractor-Trailer combination				
Twin-Trailers				
Straight Truck				
Other:				

List states operated in during last five years

List special courses or training that will help you as a driver

List safe driving awards held and who awards were presented by

ACCIDENT REVIEW FOR PAST 3 YEARS (if none, write none):

Accident Date(s)	Nature of Accident (Head-on, Rear-End, etc.)	Number of Fatalities	Number of Injuries

TRAFFIC CONVICTIONS AND FORFEITURES PAST 3 YEARS OTHER THAN PARKING VIOLATIONS
 (if none, write none):

Date	Location	Type of conviction	Penalty

List training and/or experience in maintenance work _____

Personal Reference

List three people, not related to you, for a personal reference:

Name	Address	Occupation	Phone Number	Years Known

49 CFR 40.25 (j)

Have you every tested positive, or refused to test on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years?		YES	NO
If YES	Have you successfully completed the return-to-duty process?	YES	NO
If YES	Documentation <i>Must Be Provided</i> before any safety-sensitive transportation function is performed.		

I understand that the above information will be used and that prior employers will be contacted for purposes of investigation as required by Section 391.23 of the Motor Carrier Safety Regulations. 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 and that false or misleading information may result in discharge.

Driver's Signature _____ Date _____

HOTLINE

Freight System, Inc.

Disclosure and Release

In connection with my application for employment (including contracting for services) with you, I understand that consumer reports which may contain public record information may be requested from our insurance agency. These reports may include the following types of information: names and dates of previous employers, reason for termination of employment, work experience, accidents, etc. I further understand that such reports may contain public record information concerning my driving record, workers compensation claims, credit, bankruptcy proceedings, criminal records, etc., from federal, state and other agencies which maintain such records; as well as information from DAC concerning previous driving record requests made by others from such state agencies, and state provided driving records.

I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY DAC TO FURNISH THE ABOVE-MENTIONED INFORMATION.

I have the right to make a request to our insurance agency, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including the sources of information and the recipients of any reports on me which our insurance agency has previously furnished within the two year period preceding my request. I hereby consent to your obtaining the above information, which our insurance agency has or obtains, and my employment history with you if I am hired, will be supplied by our insurance company to other companies, which subscribe to our insurance company.

I hereby authorize procurement of consumer report(s). If hired (or contracted), this authorization shall remain on file and shall serve as ongoing authorization for you to procure consumer reports at any time during my employment (or contract) period.

Print Name

Social Security Number

Applicants Signature

Date



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

Send to Fax# (800) 257-8069

HireRight Customer:	
Company Name:	<u>HOT LINE FREIGHT SYSTEM</u>
Company Contact Name:	<u>SUE CRAWLEY</u>
Fax #:	<u>(608) 486 - 1609</u>
HireRight Account Code:	<u>HOTLIN</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 records 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 during the previous three (3) years: (i) alcohol tests with a result of 0.04 or higher; (ii) verified positive drug tests; (iii) refusals to be tested (including adulterated 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 name 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) years. If necessary, attach additional pages, including the date, your name, social security number and signature.

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 any 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 with 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 or photographic copies of this authorization are as valid as an original.

Print Applicant Name: _____ Social Security #: _____

Applicant Signature: _____ Date: _____

Part 2 - FMCSA Notification of Driver Rights

In compliance with 49 CFR Part 40 §391.23 you have certain rights regarding the safety performance history information that will be provided to prospective employers. I) You have the right to review information provided by previous employers. II) You have the right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to prospective employers. III) You have the right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information. (2) Drivers who have previous DOT regulated employment history in the preceding three years and wish to review previous employer-provided investigative information must submit a written request to prospective employers. This may be done at any time, including when applying, or as late as 30 days after being employed or being notified of denial of employment. Prospective employers must provide this information within five business days of receiving the written request. If prospective employers have not yet received the requested information from the previous employer, then the five day deadline will begin when the requested safety performance history information is received. If you have not arranged to pick up or receive the requested records within 30 days of prospective employers making them available, the prospective employers may consider you to have waived your request to review the record.



HOT-LINE FREIGHT SYSTEM, INC.

PO BOX 205
W2197 COUNTY ROAD B
WEST SALEM, WI 54669
608-486-1608
FAX 608-486-1609

EMPLOYMENT SUBJECT TO ENHANCED PHYSICAL

Prior to being offered employment as a driver, dock or shop employee at Hot-Line Freight System, Inc. or Coulee Country Truck and Trailer, you must pass an Enhanced Physical including but not limited to X-Rays, Range of Motion and Drug Testing. This exam will be performed by a company designation physician.

You will be reimbursed for your time, travel and lodging if you pass.

You will not be reimbursed for any expenses or your time if you fail.

By signing this form, you agree to these terms and conditions:

Signature: _____

Printed Name: _____

Date: _____

MANDATORY USE FOR ALL MONTHLY ACCOUNT HOLDERS

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

1. In connection with your application for employment with **Hot-Line Freight System, Inc.** ("Prospective Employer"), it 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.

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:

2. I authorize Hot-Line Freight System, 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 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.

3. 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 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 DataQs system to the appropriate State for adjudication.

4. Please note: 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 FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.



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 authorized above.

Date: _____

Signature

(Name (Please Print))

NOTICE: This form is made available to monthly account holders by NICT on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain a driver's written or electronic consent prior to accessing the driver's PSP report. Further, account holders are required by FMCSA to use the language provided in paragraphs 1-4 of this document to obtain a prospective driver's consent. The language must be used in whole, exactly as provided. The language may be included with other consent forms or language at the discretion of the account holder, provided the four paragraphs remain intact and the language is unchanged.