



HOT-LINE FREIGHT SYSTEM, INC. Driver Interest Form

Dear Applicant,

Thank you for your interest in Hot-Line Freight System, Inc.! As part of the application process, we ask that you indicate your preferences for driving and Terminal location. Please note that Drivers are required to possess a valid commercial driver's license (CDL) and a DOT medical card, requiring a DOT physical.

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

	Company Over-the-Road (OTR)
	Local Day Driver
	Night Line Haul
	Owner Operator (OTR) <ul style="list-style-type: none"> • Make & Model: • Year:
	Straight Truck—Class A / Class B / non-CDL

Please indicate which Terminal you are interested in:

	La Crosse (LCW)-West Salem, WI		Albert Lea (ABL)-Albert Lea, MN
	Dubuque (DBQ)-Hazel Green, WI		Sioux Falls (FSD)-Sioux Falls, SD
	Green Bay (GBY)-Green Bay, WI		Rockford (ROF)-Rockford, IL
	Madison (MAD)-Madison, WI		Indianapolis (IND)-Indianapolis, IN
	Milwaukee (MLW)-Milwaukee, WI		Quad Cities (DAV)-Davenport, IA
	Oshkosh (OSH)-Oshkosh, WI		Des Moines (DMS)-Des Moines, IA
	Wausau (WAU)-Wausau, WI		Bryan (BRY)-Bryan, OH
	Minneapolis (STP)-Roberts, WI		Mishawaka (MSH)-Mishawaka, IN
	Kalamazoo (KZO)-Kalamazoo, MI		

If you have any questions, please contact Human Resources at (608) 486-1600.

Fax: (608) 486-1609 Email: jobs@hotlinefreight.com

APPLICATION FOR QUALIFICATION
Hot-Line Freight System, Incorporated

N4690 Bangor Industrial Parkway
West Salem, WI 54669

Applicant: Read and sign before submitting this application.

I understand that the information in this application will be used and that prior employers will be contacted for the purposes of investigation as required by Section 391.23 of the Federal Motor Carrier Safety Regulations.

Signature of Applicant Date

Name _____ Phone: (____) _____
 First Middle Last

Current Address

Street City State Zip

Email address: _____

Position Applying for: _____ Part-time _____ Full-time _____

Who referred you? _____ How did you hear about us? _____

Are you currently employed? _____ How long since leaving last employment? _____

Reason for leaving _____

Have you worked for this company before? _____ If yes Date _____ Rate of pay expected? _____

EDUCATION

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 College: 1 2 3 4

Last school attended _____ Date _____
 Name Address

EMPLOYMENT ELIGIBILITY

Do you have the legal right to work in the United States? _____

PHYSICAL HISTORY

Please describe any positions, jobs or duties for which you should not be considered because of physical, medical or mental disabilities _____

Date of last D.O.T. prescribed physical examination and expiration date _____

Have you ever been granted a waiver under section 391.49 of the Federal Motor Carrier Safety? _____

If yes please explain _____

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 _____

PREVIOUS EMPLOYER

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Please attach additional sheet if necessary

DRIVER EXPERIENCE & QUALIFICATION

	Driver License Number	State	Class and Endorsements	Expiration Date

Do you currently hold a HazMat endorsement? _____

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

Hot-Line Freight System, Inc. 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** _____