HANDY TRUCK LINE

EMPLOYMENT APPLICATION

CDL Driver

Please print clearly. Also available online at handytruckline.com/apply

Position applied for: **CDL Driver**

Today's date: _____

ABOUT YOU

First name

Middle name (optional)

Last name

Cell phone

Email

Social Security number

City

State

ZIP

Text me about my application

☐ Yes, Handy Truck Line (Scott in HR) may text me at this number about my application. Msg & data rates may apply. Reply STOP to opt out.

WHEN AND WHERE

Earliest start date

Which shifts can you work? (check all that apply)

☐ Days ☐ Nights

Which terminal(s) would you like to work out of? (check all that apply)

☐ Paul, ID ☐ Meridian, ID ☐ Salt Lake City, UT (SLC) ☐ Twin Falls, ID ☐ Pocatello, ID

☐ No preference / any terminal

Are you legally authorized to work in the United States?

☐ Yes ☐ No

Date of birth

ABOUT THE JOB

The essential functions of this job: drive a tractor-trailer safely, climb in and out of the cab and onto trailers, secure loads, and connect hoses and work valves on bulk loads.

Can you perform the essential functions of this job, with or without reasonable accommodation?

☐ Yes ☐ No

If no: Anything you would like us to know? (optional)

YOUR LICENSE

We will make a copy of your driver's license at the front desk.

What license do you have?

☐ Class A CDL ☐ Class B CDL ☐ CDL learner permit (CLP) ☐ No CDL yet (regular license)

Issuing state

License number

Expiration date

Endorsements (check all that apply)

☐ T: Doubles/Triples ☐ N: Tank ☐ H: Hazmat ☐ X: Tank + Hazmat ☐ P: Passenger ☐ S: School bus

Restrictions (if any)

Have you held a license in any other state in the past 3 years?

☐ Yes ☐ No

If yes: List state, license number and expiration for each

Has any license, permit or privilege ever been denied to you?

☐ Yes ☐ No

If yes: Please explain (what, when, and why)

Do you have a current DOT medical card?

☐ Yes ☐ No / expired ☐ Not sure

If yes: Medical card expiration

YOUR DRIVING EXPERIENCE

Years of CDL driving experience
Years, not miles. Round down.

☐ None yet ☐ Less than 1 year ☐ 1 to 2 years ☐ 2 to 5 years ☐ 5 to 10 years ☐ 10+ years

Equipment you have run (check all)

☐ Dry van ☐ Flatbed / step deck ☐ Dry bulk / pneumatic ☐ Tanker (liquid / food grade) ☐ Reefer
☐ Doubles / triples ☐ Hazmat loads ☐ Dump / belly dump ☐ Straight truck / box ☐ None yet

DRIVING RECORD

Be straight with us. A yes here doesn't automatically rule you out. Scott looks at the whole person.

Accidents in the past 3 years (any vehicle, any fault)

☐ None ☐ 1 ☐ 2 ☐ 3 or more

If any: Briefly: when, what happened, any injuries?

Moving violations / tickets in the past 3 years

☐ None ☐ 1 ☐ 2 ☐ 3 or more

If any: Briefly explain each ticket (what, when, state)

In the past 3 years, have you had a DUI/DWI, or had a license suspended or revoked?

☐ Yes ☐ No

If yes: Please explain

In the past 3 years, have you tested positive for, or refused, a DOT drug or alcohol test?

☐ Yes ☐ No

If yes: Have you completed the DOT return-to-duty process?

☐ Yes ☐ In progress ☐ No

If yes: Please explain

Have you ever been convicted of a felony?
A conviction does not automatically disqualify you. We look at each application individually.

☐ Yes ☐ No

If yes: Please explain: what the conviction was, when, and anything you would like us to know

WHERE YOU HAVE LIVED

Federal rules (49 CFR 391.21) require CDL driver applications to list every address for the past 3 years.

Current street address

How long have you lived there?

☐ Less than 1 year ☐ 1 to 2 years ☐ 2 to 3 years ☐ 3+ years

If less than 3 years: Previous addresses (past 3 years) (at least 1 required)

Previous address 1

Street

City | State | ZIP

Moved in | Moved out

Previous address 2

Street

City | State | ZIP

Moved in | Moved out

Previous address 3

Street

City | State | ZIP

Moved in | Moved out

Need more room? Continue on the back of this page.

WORK HISTORY

Start with your current or most recent job. DOT asks CDL drivers for all jobs in the past 3 years, plus any driving jobs in the past 10. Approximate dates are fine.

Have you worked anywhere in the past 3 years? (including self-employed or military)

☐ Yes ☐ No

If no: What best describes the past 3 years?

☐ In school / training ☐ Looking for my first job ☐ Caring for family ☐ Medical / recovery ☐ Other

If no: Anything you want to add?

Employers (most recent first) (at least 1 required)

Employer 1

Company

City, state

Phone (if you know it)

Your job / title

Started

Ended

Reason for leaving

Was this a driving job with DOT drug & alcohol testing?

☐ Yes ☐ No

☐ I'm not sure of the exact dates

Employer 2

Company

City, state

Phone (if you know it)

Your job / title

Started

Ended

Reason for leaving

Was this a driving job with DOT drug & alcohol testing?

☐ Yes ☐ No

☐ I'm not sure of the exact dates

Employer 3

Company

City, state

Phone (if you know it)

Your job / title

Started

Ended

Reason for leaving

Was this a driving job with DOT drug & alcohol testing?

☐ Yes ☐ No

☐ I'm not sure of the exact dates

Employer 4

Company

City, state

Phone (if you know it)

Your job / title

Started

Ended

Reason for leaving

Was this a driving job with DOT drug & alcohol testing?

☐ Yes ☐ No

☐ I'm not sure of the exact dates

Need more room? Continue on the back of this page.

Explain any gaps in work history

Optional. Only if you had time between jobs.

Military service (optional): have you served in the U.S. military?

☐ Yes ☐ No

If yes: Branch

☐ Army ☐ Navy ☐ Air Force ☐ Marine Corps ☐ Coast Guard ☐ Space Force ☐ National Guard / Reserve

If yes: Years served

If yes: Anything relevant from your service? (e.g. drove heavy equipment)

REFERENCES

Please list 3 people who know your work, like a supervisor, dispatcher or coworker (not family). At least 2 are required.

References (at least 2 required)

Reference 1

Name

Phone

Relationship

Reference 2

Name

Phone

Relationship

Reference 3

Name

Phone

Relationship

SAFETY HISTORY AUTHORIZATION

Previous employer safety history

☐ I authorize Handy Truck Line, Inc. to investigate my safety performance history with my previous DOT-regulated employers for the past 3 years, as required by 49 CFR 391.23, including drug and alcohol testing history, and I authorize those employers to release that information.

FMCSA Drug & Alcohol Clearinghouse

☐ I understand that if hired into a CDL driving position, Handy Truck Line will run an FMCSA Drug & Alcohol Clearinghouse query, and I will be asked to give my consent in the Clearinghouse.

Driving record (MVR)

☐ I authorize Handy Truck Line, Inc. to obtain my motor vehicle record from each state where I have held a license in the past 3 years.

CERTIFICATION AND SIGNATURE

Certification

☐ I certify that the information in this application is true and complete to the best of my knowledge. I understand that false or missing information may disqualify me or lead to dismissal if hired, and that employment with Handy Truck Line, Inc. is at will.

Verification and release

☐ I authorize Handy Truck Line, Inc. to verify the information in this application and to contact my former employers, schools and references. I release Handy Truck Line, Inc., my former employers, and anyone who provides information about me from any liability for any damage that may result from providing or using that information, to the extent permitted by law.

Signature of applicant

Date

Name (Please Print)

FOR OFFICE USE

☐ License copied ☐ Medical card copied ☐ Entered online Received by

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

Handy Truck Line, Inc. ("the Company") may obtain a consumer report and/or an investigative consumer report about you from a consumer reporting agency for employment purposes, both before you are hired and, if you are hired, during your employment.

These reports may include information about your criminal history, motor vehicle (driving) records, verification of your employment, education and licenses, and other background information. An investigative consumer report may include information about your character, general reputation, personal characteristics and mode of living, obtained through personal interviews with people such as former employers, coworkers and references.

You have the right, upon written request made within a reasonable time, to ask whether an investigative consumer report has been requested and to receive a complete and accurate disclosure of the nature and scope of the investigation. You may also request a copy of any report from the consumer reporting agency that prepared it.

A Summary of Your Rights Under the Fair Credit Reporting Act is available at https://www.consumerfinance.gov/learnmore/ and the Company will give you a copy on request.

AUTHORIZATION

☐ I have read the Disclosure Regarding Background Investigation above, and I authorize Handy Truck Line, Inc. to obtain a consumer report and/or an investigative consumer report about me for employment purposes.

Signature of applicant

Date

Name (Please Print)

THE BELOW DISCLOSURE AND AUTHORIZATION LANGUAGE IS FOR MANDATORY USE BY ALL ACCOUNT HOLDERS

IMPORTANT DISCLOSURE

REGARDING BACKGROUND REPORTS FROM THE PSP Online Service

In connection with your application for employment with Handy Truck Line, Inc. ("Prospective Employer"), Prospective Employer, its employees, agents or contractors 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.

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. You may challenge the accuracy of the data by submitting a request to https://dataqs.fmcsa.dot.gov. If you challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. Your request will be forwarded by the DataQs system to the appropriate State for adjudication.

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 Federal Motor Carrier Safety Regulations (FMCSR) violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

The Prospective Employer cannot obtain background reports from FMCSA without your authorization.

AUTHORIZATION

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

I authorize Handy Truck Line, 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 authorizing 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.fmcsa.dot.gov. If I challenge 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.

I understand that any crash or inspection in which I was involved will display on my PSP report. Since the PSP report does not report, or assign, or imply fault, I acknowledge it will include all CMV crashes where I was a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, I understand all inspections, with or without violations, will appear on my PSP report, and State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on my PSP report.

I have read the above Disclosure Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this Disclosure and Authorization, 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 NIC on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain an Applicant's written or electronic consent prior to accessing the Applicant's PSP report. Further, account holders are required by FMCSA to use the language contained in this Disclosure and Authorization form to obtain an Applicant's consent. The language must be used in whole, exactly as provided. Further, the language on this form must exist as one stand-alone document. The language may NOT be included with other consent forms or any other language.

NOTICE: The prospective employment concept referenced in this form contemplates the definition of "employee" contained at 49 C.F.R. 383.5.

LAST UPDATED 2/11/2016