



R.H. Hummer Jr., Inc.

APPLICATION FOR QUALIFICATION

Instructions: Use ink and please answer all questions. If the answer to any question is "no" or "none", do not leave the item blank, write "no" or "none".

DATE _____ Applying For: CONTRACTOR _____ DRIVER _____ OFFICE STAFF _____

Name: _____ Age: _____ Date of Birth: _____

Current Address: _____ Social Security # _____

_____ Driver License # & State: _____

Home Phone Number: _____ Have you held a previous CDL / License in another state? _____

Cell Phone #: _____ List states and #'s: 1. _____

Previous Address: _____ 2. _____

_____ 3. _____

HAVE YOU EVER HAD YOUR LICENSE SUSPENDED OR REVOKED? _____

If yes, please Date & Explain for each : _____

List states operated in (with CDL) for the last five years: _____

Accident Record for the last 5 years:

Table with 4 columns: Date, Type of Accident, # Of Fatalities, # Of people injured. Rows 1 and 2.

Traffic Convictions and Forfeitures for the last 5 years:

Table with 4 columns: Date, Location, Charge / conviction, Penalty. Rows 1, 2, and 3.

Convictions of Felonies in the last 7 years: (A conviction may not be used automatically to disqualify an applicant from employment)

Table with 4 columns: Date, Location, Charge / conviction, Penalty. Rows 1 and 2.

EDUCATION:

Highest grade of **Secondary Education** completed: _____

Name and Location of School: _____

Name of College or University: _____ Type of Degree: _____

Graduating Major or Area of Study: _____ Minor In: _____

Any other Special Courses, Training, or Driving Awards : _____

Personal References (list 3 persons other than relatives) who have knowledge of your driving habits:

NAME _____ CITY / ST _____ PHONE _____

NAME _____ CITY / ST _____ PHONE _____

NAME _____ CITY / ST _____ PHONE _____

IN CASE OF EMERGENCY Please put down a person that we may contact:

NAME: _____ ADDRESS: _____ PHONE: _____

RELATIONSHIP: _____ CITY / ST: _____

List any other information that you may consider relevant to your application for position with R.H. Hummer Jr, Inc.:

Give a complete record of all employment for the past **10 years**, including any unemployment or self employment (owner operators list who were leased to) and all commercial driving experience for the past **10 years**. Please list jobs starting with your most current and work back.

WORK EXPERIENCE:

From _____ To _____ Name: _____

Phone # (____) _____ Address: _____

Salary / pay: _____ Position Held: _____

Reason for Leaving: _____

Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer? ___ Yes ___ No

Was this a safety sensitive function as defined by the DOT subject to alcohol & drug testing? ___ Yes ___ No

From _____ To _____ Name: _____

Phone # (____) _____ Address: _____

Salary / pay: _____ Position Held: _____

Reason for Leaving: _____

Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer? ___ Yes ___ No

Was this a safety sensitive function as defined by the DOT subject to alcohol & drug testing? ___ Yes ___ No

From _____ To _____ Name: _____

Phone # (____) _____ Address: _____

Salary / pay: _____ Position Held: _____

Reason for Leaving: _____

Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer? ___ Yes ___ No

Was this a safety sensitive function as defined by the DOT subject to alcohol & drug testing? ___ Yes ___ No

From _____ To _____ Name: _____

Phone # (____) _____ Address: _____

Salary / pay: _____ Position Held: _____

Reason for Leaving: _____

Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer? ___ Yes ___ No

Was this a safety sensitive function as defined by the DOT subject to alcohol & drug testing? ___ Yes ___ No

WORK EXPERIENCE CONTINUED:

From _____ To _____ Name: _____

Phone # (_____) _____ Address: _____

Salary / pay: _____ Position Held: _____

Reason for Leaving: _____

Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer? ___ Yes ___ No

Was this a safety sensitive function as defined by the DOT subject to alcohol & drug testing? ___ Yes ___ No

From _____ To _____ Name: _____

Phone # (_____) _____ Address: _____

Salary / pay: _____ Position Held: _____

Reason for Leaving: _____

Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer? ___ Yes ___ No

Was this a safety sensitive function as defined by the DOT subject to alcohol & drug testing? ___ Yes ___ No

From _____ To _____ Name: _____

Phone # (_____) _____ Address: _____

Salary / pay: _____ Position Held: _____

Reason for Leaving: _____

Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer? ___ Yes ___ No

Was this a safety sensitive function as defined by the DOT subject to alcohol & drug testing? ___ Yes ___ No

From _____ To _____ Name: _____

Phone # (_____) _____ Address: _____

Salary / pay: _____ Position Held: _____

Reason for Leaving: _____

Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer? ___ Yes ___ No

Was this a safety sensitive function as defined by the DOT subject to alcohol & drug testing? ___ Yes ___ No

APPLICANT AGREEMENT

Please read this applicant agreement and sign below. If you have any questions or need any explanation, please ask before signing.

I understand and agree that the D.O.T physical examination may be required before conditional employment is offered. I further agree to provide access to previous medical records if required.

I understand and agree that R.H. Hummer Jr., Inc., reserves the right to use substance tests for both drug and alcohol in the following capacity: 1.) Pre Employment 2.) Random, 3.) Reasonable cause 4.) After any accident and 5.) As required by D.O.T regulations which may change within the course or an employment period. I do hereby authorize R.H. Hummer Jr., Inc., its parent corporation or their affiliates or subsidiaries or any doctor, clinic, lab or medical facility designated by it, to collect blood, urine, and other samples for alcohol and drug screening as required by SECTION 382 of the **FEDERAL MOTOR CARRIER SAFETY REGULATIONS**.

I understand that all alcohol and drug screen test results and evaluation will not be considered confidential medical information by the medical department and may be discussed with and/or made available to company management. I further understand in accordance with the company's statement of policy on alcohol and drug abuse, that the results of the testing may affect my employment status with the company.

Our policy is to withhold final settlement one extra week to allow for final paperwork processing, deductions, and reimbursements.

I understand that the information in this application will be used and that prior employers will be contacted for purposes of investigation as required by **SECTION 391** of the **FEDERAL MOTOR CARRIER SAFETY REGULATIONS**.

I understand and agree that R.H. Hummer Jr., Inc. or their agents may investigate my background to ascertain any and all information of concern to my record, whether that information is of record or not. I release all former employers and persons named in the employment record section of this document from all liability for any damage because they furnish such information. I further understand that as a result of making this application for employment, my criminal record may be examined by R.H. Hummer Jr., Inc., or their agents, while conducting pre-employment or annual investigations.

I further understand that any perjury or intentional misrepresentation of myself and my previous employment will automatically disqualify me from further consideration.

I understand that at any time in the future, whether during my employment, or after termination of employment, upon request of any party or any surety, R.H. Hummer Jr., Inc. may furnish reports and information relative to my record and services with, and for, R.H. Hummer Jr., Inc. I agree that this information may be furnished without any liability or damages on behalf of R.H. Hummer Jr., Inc., and or its agents and affiliations.

This company conducts its business by telephone, facsimile, US Mail, and electronic data transfer. Therefore I agree that past employers, their agents and affiliates, may be contacted by any and all these forms of communication to furnish information on my previous employment. I release all former employers and persons named in the record section of this document from all liability for any damage because they furnish such information.

If I am hired, I understand that this application does not constitute a contract between R.H. Hummer Jr., Inc. and myself. I further understand that R.H. Hummer Jr., Inc. is an employment at will company and bases current and future employment on that principle. I understand that this application for employment in no way obligates R.H. Hummer Jr., Inc. to employ me.

I have read and I understand all of this agreement.

DATE _____ APPLICANTS SIGNATURE: _____

WITNESS: _____

<i>Office use only, do not mark in this section</i>		
<input type="checkbox"/> Admin / Payroll Copy	<input type="checkbox"/> Tractor File Copy	<input type="checkbox"/> Collision & BT File Copy

Collision / Bobtail Insurance 2008

If you would like to have **R.H. Hummer Jr, Inc** be your Collision and / or Bobtail Insurance carrier, then fill out the entire form below and return to safety with your application.

I would like to elect the following: ___ Collision
 ___ Bobtail

Date: _____

Owner Name (Printed): _____

Owner Signature: _____

Assigned Unit #: _____

Year & Make of Trac / Trl: _____

Vehicle Color: _____

VIN #: _____

Name on Title: _____

Lien Holder: _____

Address of Lien Holder: _____

Current Value of Vehicle: _____