

Application for Qualification

Company HICKS BUS LINE, INC. Address 102 North Gorman Avenue
City Litchfield State MN Zip Code 55355

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 the Company named above.

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 of Employment Act of 1967 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 _____
(First) (Middle) (Last)
Phone Number (_____) _____ Emergency Phone Number (_____) _____
*Age _____ Date of Birth _____ Social Security Number _____
Physical Exam Expiration Date _____

Current & Three Years Previous Addresses:

From _____ To _____

From _____ To _____

From _____ To _____

From _____ To _____

Education and Employment History

Please circle the highest grade completed:

Grade School: 1 2 3 4 5 6 7 8 9 10 11 12
College: 1 2 3 4 Post-Graduate: 1 2 3 4

Give a **Complete Record** of all employment for the past three years, including any unemployment or self employment, and all commercial driving experience for the past ten years.

Mo/Yr Mo/Yr Present or Last Employer:
From _____ To _____ Name _____
Position Held _____ Address _____
(Street) (City) (State/Zip)
Reason For Leaving _____ Phone # (_____) _____

Mo/Yr Mo/Yr Present or Last Employer:
From _____ To _____ Name _____
Position Held _____ Address _____
(Street) (City) (State/Zip)
Reason For Leaving _____ Phone # (_____) _____

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: _____

List special courses/training completed (PTD/DDC, Haz Mat, etc): _____

List any Safe Driving Awards you hold and from whom: _____

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

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

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

Date	Location	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, permit or privilege to operate a motor vehicle?.....YES NO

B. Has any license, permit or privilege ever been suspended or revoked?.....YES NO

C. Have you ever been convicted of a felony?.....YES NO

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

Personal References

List three persons for references, other than family members, who have knowledge of your safety habits.

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Disclosure & Authorization To Release Information

I am aware that consumer reports (Motor Vehicle Report) will be obtained on me in the course of my employment with Hicks Bus Line.

I hereby authorize, without reservation, any party, state or agency contacted by Hicks Bus Line to furnish the above mentioned information.

This authorization will remain on file and serve as ongoing authorization to procure consumer reports at any time during my employment period.

Sign & Print Name

Date

Request for Driver's Safety Performance History Information from DOT Regulated Previous Employer(s)

Carrier Name: HICKS BUS LINE, INC Contact Person: LINNEA WEIDA
 Address: 102 N. GORMAN AVENUE City, State, Zip: LITCHFIELD MN 55355
 Phone #: 320/693-3292 Confidential Fax #: 320/693-8180

Driver to Complete This Section

As a Commercial Motor Vehicle (CMV) Driver, I understand that per, the Federal Motor Carrier Safety Regulations (FMCSRs) Part 391.21, the following information will be requested from all previous employers for which I operated a CMV, subject to the FMCSR Parts 390 and/or 40, 382 & 383, *within the past three years*, from date shown below. I also acknowledge that this information will be used in determining my eligibility to be hired, that I have the right to review this information and rebut any errors in these statements from my prior employers, as described in the FMCSR Part 391.23.

I _____, hereby authorize this company to release all records of employment, including assessments

Print Name
 of my job performance, ability and fitness, including dates of any and all alcohol or drug tests. Those confirmed results and/or my refusal to submit to any alcohol or drug tests and any rehabilitation completion under direction of (SAP/MRO) to each and every company (or their authorized agents) which may request such information in connection with my application for employment with said company. I hereby release this company, and its employees, officers, directors, and agents from any and all liability of any type as a result of providing information to the above-mentioned person and/or company.

Previous Employer: _____ Contact Person: _____
 Mailing Address: _____ City, State, Zip: _____
 Telephone Number: _____ Fax Number: _____

I worked for this company from the dates of / / to / /

_____ Applicant's Signature _____ SSN or ID Number _____ D.O.B. _____ Today's Date

SECTION I - Past Employer to Complete >> DRUG & ALCOHOL INFORMATION

Please provide the following drug and alcohol information as required by FMCSR Part 391.23 & 40.25.

If no drug and alcohol information is available on above-named applicant check here.

	YES	NO
1. Any alcohol test with a result of 0.04 or higher alcohol concentration?	<input type="checkbox"/>	<input type="checkbox"/>
2. Any verified positive drug test?	<input type="checkbox"/>	<input type="checkbox"/>
3. Any refusals to be tested (including verified adulterated or substituted drug test results)?	<input type="checkbox"/>	<input type="checkbox"/>
4. Any other violations of DOT agency drug and alcohol testing regulations (Part 382 or Part 40)?	<input type="checkbox"/>	<input type="checkbox"/>
5. If this driver did successfully complete a SAP rehabilitation referral and remained in your employ, did he/she have any subsequent violations for: an alcohol test result of 0.04 or greater, a verified positive drug test or a refusal to test (including a verified adulterated/substituted drug test result)?	<input type="checkbox"/>	<input type="checkbox"/>

6. If yes to any of the above questions, please provide documentation of successful completion of a SAP evaluation, prescribed treatment and return-to-duty requirements (including follow-up tests) if they remained in your employ.*

* If this information is not available from the previous employer, you as a prospective employer, must get this information from the driver/applicant.

Drug and alcohol information needs to be kept in a separate personnel and/or confidential file.

**State of Minnesota
Department of Public Safety
School Bus Criminal Records Check Authorization**

Before issuing a school bus endorsement, the Commissioner of Public Safety is required to conduct a criminal records check of the applicant (Minnesota Statutes, section 171.321, Subd. 3). The criminal records check will be conducted by the Minnesota Bureau of Criminal Apprehension (BCA).

If you have resided in Minnesota for less than five years, the check will also include a national criminal records check conducted by the FBI. The criminal records check by the FBI will take additional time which could delay the application process. You must contact the Department of Public Safety to obtain the procedures to begin the FBI national criminal records check and the current price for the check. There is no additional fee associated with the BCA check, however, there is an additional fee to conduct the FBI check.

The Department of Public Safety will notify you in writing of the results of the criminal records check(s). The Department will use the criminal background criteria set forth in Minnesota Statutes, section 171.3215, when issuing or denying an application for a school bus driver's endorsement (see the reverse side of this form). The results of the criminal records check will not be released to anyone but the Department of Public Safety and you. The failure to cooperate with the department in conducting the criminal records check is reasonable cause to deny your application.

If you have any questions, please call 651/297-5029, or TTY 651/282-6555; or write: Department of Public Safety, Commercial Driver License Unit, 445 Minnesota St., Suite 180, St. Paul, MN 55101-5180.

Please mail this for to the above address.

"I, the applicant, authorize the Department of Public Safety to conduct a check of my criminal history as required by Minnesota Statutes, section 171.321, Subd. 3."

APPLICANT:

Applicant's Full Name (please print)

Applicant's Maiden Name

Applicant's Street Address

Applicant's City, State, Zip

Applicant's Driver's License Number

Applicant's Date of Birth

Applicant's Signature

PROSPECTIVE EMPLOYER:

Name of Prospective Employer

Prospective Employer's Street Address

Prospective Employer's City, State, Zip

Contact Person of Prospective Employer

Contact Person's Phone Number

Authorized Signature of
Prospective Employer