



Drivers' Application for Employment and Qualification Hanson Trucking, Inc.

Employment at Hanson Trucking, Inc. is not guaranteed by submitting this application for employment-qualification. If you are employed, it will be based on the information that you provide. This information will also be used to determine whether or not you are qualified to operate motor carrier equipment according to the requirements of the Federal Motor Carrier Safety Regulations and Hanson Trucking, Inc.

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.

Date _____ Position applying for - check one: Driver Contractor Contractor=s driver

Name _____ Social Security Number _____ - _____ - _____
(First) (Middle) (Last)

Phone Number (____) _____ Emergency Phone Number (____) _____

Age* _____ Date of Birth** _____ *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.
**Required as per FMCSRs §391.21(b)(2).

Physical Exam Expiration Date _____ Drivers License Expiration Date _____

Current and three years previous addresses:

_____ From _____ To _____
_____ From _____ To _____
_____ From _____ To _____
_____ From _____ To _____

Have you worked for this company before? Yes No

If yes, show dates: From _____ To _____ Reason for leaving? _____

Education history: Please circle the highest grade completed:

Grade school: 1 2 3 4 5 6 7 8 High School: 9 10 11 12 College: 1 2 3 4 Post Grad.: 1 2 3 4

Personal References: Please list three persons, other than family members, who have knowledge of your work and safety habits.

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Employment History: Give a complete record of any and all employment for the past three years, including any and all unemployment or self employment and any and all commercial driving experience for the past ten years.

Present or Last Employer:

Name From _____ To _____
Month & Year Month & Year

Address (_____) _____
Phone number

Position held Reason for leaving

Were you subject to the FMCSRs* (see explanation at bottom of page 4) while employed here? Yes No

Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to drug and alcohol testing requirements of 49CFR Part 40? Yes No

Next Previous Employer:

Name From _____ To _____
Month & Year Month & Year

Address (_____) _____
Phone number

Position held Reason for leaving

Were you subject to the FMCSRs* (see explanation at bottom of page 4) while employed here? Yes No

Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to drug and alcohol testing requirements of 49CFR Part 40? Yes No

Next Previous Employer:

Name From _____ To _____
Month & Year Month & Year

Address (_____) _____
Phone number

Position held Reason for leaving

Were you subject to the FMCSRs* (see explanation at bottom of page 4) while employed here? Yes No

Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to drug and alcohol testing requirements of 49CFR Part 40? Yes No

Next Previous Employer:

Name From _____ To _____
Month & Year Month & Year

Address (_____) _____
Phone number

Position held Reason for leaving

Were you subject to the FMCSRs* (see explanation at bottom of page 4) while employed here? Yes No

Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to drug and alcohol testing requirements of 49CFR Part 40? Yes No

Next Previous Employer:

Name From _____ To _____
Month & Year Month & Year

Address (_____) _____
Phone number

Position held Reason for leaving

Were you subject to the FMCSRs* (see explanation at bottom of page 4) while employed here? Yes No
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to drug and alcohol testing requirements of 49CFR Part 40? Yes No

Next Previous Employer:

Name From _____ To _____
Month & Year Month & Year

Address (_____) _____
Phone number

Position held Reason for leaving

Were you subject to the FMCSRs* (see explanation at bottom of page 4) while employed here? Yes No
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to drug and alcohol testing requirements of 49CFR Part 40? Yes No

Next Previous Employer:

Name From _____ To _____
Month & Year Month & Year

Address (_____) _____
Phone number

Position held Reason for leaving

Were you subject to the FMCSRs* (see explanation at bottom of page 4) while employed here? Yes No
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to drug and alcohol testing requirements of 49CFR Part 40? Yes No

Next Previous Employer:

Name From _____ To _____
Month & Year Month & Year

Address (_____) _____
Phone number

Position held Reason for leaving

Were you subject to the FMCSRs* (see explanation at bottom of page 4) while employed here? Yes No
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to drug and alcohol testing requirements of 49CFR Part 40? Yes No

Next Previous Employer:

Name From _____ To _____
Month & Year Month & Year

Address (_____) _____
Phone number

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Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to drug and alcohol testing requirements of 49CFR Part 40? Yes No

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Month & Year Month & Year

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Phone number

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Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to drug and alcohol testing requirements of 49CFR Part 40? Yes No

Next Previous Employer:

Name From _____ To _____
Month & Year Month & Year

Address (_____) _____
Phone number

Position held Reason for leaving

Were you subject to the FMCSRs* (see explanation at bottom of page 4) while employed here? Yes No

Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to drug and alcohol testing requirements of 49CFR Part 40? Yes No

***FMCSR Explanation**

The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone who operates a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle:

- (1) has a gross vehicle weight rating (GVWR) or weighs 10,001 pounds or more,
- (2) is designed or used to transport more than eight passengers (including the driver), or
- (3) is of any size, used to transport hazardous materials in a quantity requiring placarding.

Driving Experience:

Class of Equipment	Dates From and To		Approximate Number of Total Miles
Straight Truck			
Tractor and Semi-trailer			
Tractor and Two Trailers			
Tractor and Three Trailers			
Other			
Other			

List states operated in for the last five years: _____

List any special courses or training completed: _____

Accident Record for Past Three Years:

Date of Accident	Nature of Accident (Head on, rear end, upset, etc.)	Location of Accident	Number of Fatalities	Number of Injuries

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 no.	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. Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the job description)? Yes No
- D. Have you ever been convicted of a felony? Yes No If yes, please explain fully below. Conviction of a crime is not an automatic bar to employment – all circumstances will be considered.
- E. Are there any circumstances that may prohibit you from hauling into or out of Canada? Yes No If yes, please explain fully below.
- F. Do you have a grandfathering certificate to operate doubles trailers? Yes No
- G. Do you have a grandfathering certificate to operate triples trailers? Yes No
- H. Do you have a certificate of training to operate doubles trailers? Yes No
- I. Do you have a certificate of training to operate triples trailers? Yes No

If the answers to A, B, C, D, or E is yes, give details below:

A. _____

B. _____

C. _____

D. _____

E. _____

This application will only be considered for the specific job applied for. It will not be considered active after 90 days. If you desire to be considered for a position at a future time, you must file a new application."

