



EMPLOYMENT APPLICATION PACKAGE

This Is **Not** an Offer of Employment

INSTRUCTIONS TO APPLICANT

1. Please read “NOTE TO APPLICANT” below.
2. **Do not** complete Section V if the position you are applying for does not involve operation of a commercial motor vehicle.
3. Complete each section as thoroughly as possible.
4. If more space is needed, use a blank page and specify the corresponding section on such page.
5. Print clearly. Incomplete or illegible applications shall not be processed.
6. In accordance with the provisions of Section 604(B)(2)(A) of the Fair Credit Reporting Act (Law 91-508) SS 603, 604, 606), as amended by the Consumer Credit Reporting Act of 1966 [Title II, Sub-Title D, Chapter I, of Public Law 104-208], you are being informed that a consumer report may be obtained on your for employment purposes only.
7. Pursuant to the revised Federal Driver’s Privacy Protection Act under “Permissible Purposes”, you are being informed that a review of your personnel motor vehicle driving record shall be required for employment purposes only.

NOTE TO APPLICANT

This application is intended to be used in the evaluation of your employment qualifications and **does not** constitute an employment contract. Please answer all appropriate questions completely and accurately.

False or misleading statements during the interview and/or on this form are grounds for immediate termination of the application process. If false or misleading statements are discovered after initial employment acceptance disciplinary actions- up to and including termination of employment is possible.

All qualified applicants shall receive consideration without discrimination because of sex, marital status, race, creed, national origin, or the presence of disabilities. A felony conviction will not necessarily bar an application from employment.

After an Offer of Employment, and prior to reporting to work, you may, at H & H TRANSPORT, LLC discretion, be required to submit to a medical review, a physical capacity test, and/or controlled substance detection test by a medical professional at a qualified clinic designated by H & H TRANSPORT, LLC

Our Hiring Policy Is Simple: H & H TRANSPORT, LLC follows the law. This company only hires lawful workers, U.S. citizens or nationals and non-citizens with valid work authorization – without discrimination.

Federal immigration law requires all employers to verify both the identity and employment eligibility of all persons hired to work in the Unites States.

In its effort to meet the law’s requirements, this company is participating in the Basic Pilot Program established by the Department of Homeland Security and the Social Security Administration (SSA) to aid employers in verifying the employment eligibility of all newly-hired employees. Our participation in the pilot program does not exempt us from the obligation to complete a Form I-9 for everyone we hire.

For additional information on the verification program contact the Department of Homeland Security USCIS-SAVE Program, 111 Massachusetts Avenue, 2nd Floor, Washington DC 20001, Phone (888) 464-4218.



GENERAL JOB DESCRIPTION- TRUCK DRIVER

Print Name: _____ **Date:** _____

Immediate Supervisor: Operations Manager

GENERAL SUMMARY: Company Truck Driver operates a truck or combination of truck/trailer with a Gross Vehicle Weight Rating/Gross Combination Weight Rating of 10,001 LB or greater to transport materials, equipment, and/or machinery to and from specified locations.

PRINCIPAL DUTIES/JOB REQUIREMENTS:

1. Have an acceptable MVR history based on ACCURATE CONSTRUCTION & EXCAVATION Commercial Motor Vehicle guidelines. Maintain an acceptable MVR during course of employment.
2. When/where applicable, possess or able to secure the appropriate Commercial Driver License with appropriate classifications/endorsements for type of equipment /cargo that will be transported.
3. Capable/knowledgeable of performing FMCSA PRE/POST-Trip Inspections per FMCSA guidelines.
4. Capable/knowledgeable of proficiently operating trucks or combinations of trucks/trailers with multiple gear transmissions and clutch.
5. Capable/knowledgeable in preparing and maintaining Daily Logbooks & Driver Vehicle Inspection Reports per FMCSA guidelines listed under FMCSR 49 CFR PARTS 395-396.
6. Capable of performing emergency roadside repairs such as:
 - a. When/where applicable ability to inspecting/adjusting brakes with/without supervision; and
 - b. When/where applicable, capable of installing tire chains for incimate weather conditions; and
 - c. Perform minor repairs such as changing light bulbs & minor wiring repair; and
 - d. Changing flat or worn tires when/where applicable.
7. General knowledge of applicable FMCSR as outlined in 49 CFR PARTS 382-399.
8. Applicable knowledge of cargo securement procedures for type of cargo being transported and ability to load and unload cargo safely.
9. Capable of lifting 10-50 LB frequently and 50-100 LB occasionally.
10. Capable to safely enter/exit cab of truck and different styles of trailers as well as climb stairs.
11. Capable of performing other physical demand such as:
 - a. Bending Crouching Kneeling; and/or
 - b. Pushing Pulling Reaching; and/or
 - c. Stretching Twisting Turning; and/or
 - d. Walking/standing 6-8 hours per day; and/or
 - e. Driving on a daily basis and occasionally for 8-11 hours per day.
12. Capable of passing all requirements of FMCSA/DOT Medical/Physical Exams

SUPERVISION: Receive instructions from and perform other duties as requested by the Operations Manager and/or Dispatcher.

SIGNATURE: Applicant/Employee: _____

Date: _____

Time: _____



SECTION I

PERSONAL INFORMATION					
Name (Last, First, Middle)					
Phone Number					
Current Address		Apt No.	City	State	Zip
Prior Address (If less than 7 years on current address)		Apt No.	City	State	Zip
Prior Address		Apt No.	City	State	Zip
Are you 18 years or older? Yes <input type="checkbox"/> No <input type="checkbox"/>			Phone		
Position Applying For					
Type of Employment You Are Looking For	Full-time <input type="checkbox"/>	Part-time <input type="checkbox"/>	Seasonal <input type="checkbox"/>	Temporary <input type="checkbox"/>	
Who Referred You?	Friend <input type="checkbox"/>	Agency <input type="checkbox"/>	Ad <input type="checkbox"/>	Walk-in <input type="checkbox"/>	
Rate of Pay Expected					
Have You Worked For This Company Before?		Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, Where		
		Date of Employment	From	To	
Are You Currently Employed?		Yes <input type="checkbox"/> No <input type="checkbox"/>	If No, How Long Since Last Employment		

SECTION II

BACKGROUND AND SECURITY					
Are You Known, or Have Your Ever Used Any Different Names?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	If Yes, Please List	
Have You Ever Been Arrested, Convicted, Charged or Served Time For A Felony or A Misdemeanor?		Yes <input type="checkbox"/>	No <input type="checkbox"/>		
If Yes, Please Describe					
Date		City, State		Charge	Incident
Date		City, State		Charge	Incident
<i>This information will be reviewed for job relatedness and time since conviction</i>					



SECTION III

EDUCATION			
Highest Grade Completed	7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/>	College	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>

SECTION IV

JOB RELATED SKILLS				
Have You Been Given A Written Job Description or Had The Job Requirements Explained To You?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If given a Job Description, Do You Understand These Requirements?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Can You Perform The Requirements of The Job?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Please List All Skills, Certificates, or Licenses That May Be Job Related or That You Feel Would Be of Value To The Job or This Company				
1.				
2.				
3.				
4.				
If The Job Requires, Do You Have An Appropriate Type & Valid Driver's License?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
List Driver's License Held For The Past Five Years				
State	License Number	Classification	Endorsement (s)	Expiration Date
1. Have You Ever Been Denied a License, Permit, or Privilege To Operate a Motor Vehicle?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
2. Have You Ever Had Any License, Permit, or Driving Privilege Suspended or Revoked?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
<i>If You Answered Yes to Either Question, Attach a Written Statement Giving Details</i>				
3. Have You Ever Been Convicted of A Traffic Violation (Other than parking tickets) in the Last Three Years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
4. List All Convictions of Traffic Violations (other than parking tickets) And/or Suspensions/Forfeitures/Revocation of Driver's License For The Past Three (3) Years. Include Violations/Suspensions/Revocations/Forfeitures Received in Personal Vehicles				
Locations of Violation	Date of Conviction	Violation Conviction	Penalty Assessment	Points Assessed for Violation



SECTION V — Answer This Section Only If Applying For A Position That Will Require The Operation Of A Commercial Motor Vehicle As Defined Under 49 CFR Part 390.5

Per Requirements Under 49 CFR Part 391.21 (b)(2)				
Social Security Number		Date of Birth		
DRIVER EXPERIENCE & QUALIFICATIONS				
List Driving Experience For Type of Equipment Operated [See Below]				
Class of Equipment	Type of Equipment Van, Tanker, Flat	List Dates of Operation	Total Miles Driven	Log Book Required
Straight Truck				
Tractor/Trailer				
Doubles/LV'S				
Other				
1. List States Operated in During Last Five Years				
2. List Special Courses And/or Training That Will Help You As A Driver				
3. List Driving Awards Held And What Company The Award Were Presented By				
4. Has Your Driving Privileges For Commercial Motor Vehicles (CDL or NON-CDL Class Vehicles) Ever Been Disqualified, Suspended or Revoked For Violations of The Federal Motor Carrier Safety Regulations And/or Violations of Local, State or Federal Traffic Regulations?				Yes <input type="checkbox"/> No <input type="checkbox"/>



SECTION VI — Please Note That Your Application Shall Not Be Considered Unless Every Question In This Section Is Answered Completely

EMPLOYMENT HISTORY

NOTE¹
 Pursuant to compliance with regulations under 49 CFR Parts 391.2 (b)(10), H & H TRANSPORT, LLC shall make every effort to contact previous employers in the investigation of the applicant previous safety performance and/or alcohol & controlled substance testing history, as required by 49 CFR Part 40, 382 Sub-Part B, 391.23 (d) & 391.23 (e).
 Therefore, the correct, complete address and/or telephone numbers of past employers are crucial. Ask for a phone book or call information if you need. Start with last or current position, including military experience, and work backwards. Attach a separate sheet of paper if necessary.
 For employers outside the U.S., a current fax number is mandatory.

NOTE²
 Pursuant to compliance with regulations 49 CFR Parts 391.23(i), H & H TRANSPORT, LLC is informing each applicant via this application, that the applicant has the following rights regarding the investigative information that each previous employer is mandated to provide to H & H TRANSPORT, LLC in the application review process. These rights include:

- 49 CFR Part 391.23 (i) (1) (i) : Each applicant has the right to review the information provided by the previous employer; and
- 49 CFR Part 391.23 (i) (1) (ii) : Each applicant has the right to have the errors in the information corrected by the previous employer and for the previous employer to re-send the corrected information to H & H TRANSPORT, LLC; and
- 49 CFR Part 391.23 (i) (1) (iii): Each applicant has the right to prepare and submit a rebuttal statement attached to the alleged erroneous information if the previous employer and applicant cannot agree on the accuracy of the original information submitted by the previous employer.
- 49 CFR Part 391.23 (i) (1) (iii) (2) : Applicants who have previous DOT regulated employment history in the preceding three (3) years and wish to review information provided by previous employers shall submit a written request to H & H TRANSPORT, LLC at the time of the application process, or up to thirty (30) days after submittal of the application. H & H TRANSPORT, LLC shall provide this information to the applicant within five (5) business days upon receipt of the request.

NOTE³
 Per Requirements mandated under 49 CFR Part 391.21 (B) (10-11), all applicants whose job assignments will include operation of a commercial motor vehicle, as defined under 49 CFR Part 390.5, shall show all previous employment for the past three (3) years.

NOTE⁴
 Effective 7/1987, applicants shall also show all commercial driver employment for the seven (7) years immediately preceding this three-year period.

CURRENT OR PREVIOUS EMPLOYER

Current Employer [Below]	From [Below]	To [Below]

Address				
City		State		Zip
Phone		Fax		

List All Duties Below:

Salary or Hourly Rate		Per Hour <input type="checkbox"/>	Per Week <input type="checkbox"/>	Per Month <input type="checkbox"/>	Per Year <input type="checkbox"/>
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Was Compliance With The Federal Motor Carrier Safety Regulations Included In the Assigned Duties of This Position?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
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Was The Position You Held For This Company Designated As a "Safety-Sensitive Function" Position In Any DOT Regulated Mode?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
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Were You Subject To Any Alcohol and/or Controlled Substance Testing Requirements As Required Under 49 CFR Part 40?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
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May We Contact Your Current Employer?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
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Comments:



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CURRENT OR PREVIOUS EMPLOYER					
Previous Employer		From		To	
Address					
City		State		Zip	
Phone		Fax			
List All Duties					
Salary or Hourly Rate		Per Hour <input type="checkbox"/> Per Week <input type="checkbox"/> Per Month <input type="checkbox"/> Per Year <input type="checkbox"/>			
Was Compliance With The Federal Motor Carrier Safety Regulations Included In the Assigned Duties of This Position?					Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Was The Position You Held For This Company Designated As a "Safety-Sensitive Function" Position In Any DOT Regulated Mode?					Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Were You Subject To Any Alcohol and/or Controlled Substance Testing Requirements As Required Under 49 CFR Part 40?					Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
May We Contact Your Current Employer?					Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Comments:					

CURRENT OR PREVIOUS EMPLOYER					
Previous Employer		From		To	
Address					
City		State		Zip	
Phone		Fax			
List All Duties					
Salary or Hourly Rate		Per Hour <input type="checkbox"/> Per Week <input type="checkbox"/> Per Month <input type="checkbox"/> Per Year <input type="checkbox"/>			
Was Compliance With The Federal Motor Carrier Safety Regulations Included In the Assigned Duties of This Position?					Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Was The Position You Held For This Company Designated As a "Safety-Sensitive Function" Position In Any DOT Regulated Mode?					Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Were You Subject To Any Alcohol and/or Controlled Substance Testing Requirements As Required Under 49 CFR Part 40?					Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>



May We Contact Your Current Employer?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
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Comments:

CURRENT OR PREVIOUS EMPLOYER

Previous Employer	From	To
Address		
City	State	Zip
Phone	Fax	

List All Duties

Salary or Hourly Rate		Per Hour <input type="checkbox"/>	Per Week <input type="checkbox"/>	Per Month <input type="checkbox"/>	Per Year <input type="checkbox"/>
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Was Compliance With The Federal Motor Carrier Safety Regulations Included In the Assigned Duties of This Position?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
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Was The Position You Held For This Company Designated As a "Safety-Sensitive Function" Position In Any DOT Regulated Mode?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
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Were You Subject To Any Alcohol and/or Controlled Substance Testing Requirements As Required Under 49 CFR Part 40?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
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May We Contact Your Current Employer?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
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Comments:

CURRENT OR PREVIOUS EMPLOYER

Previous Employer	From	To
Address		
City	State	Zip
Phone	Fax	

List All Duties

Salary or Hourly Rate		Per Hour <input type="checkbox"/>	Per Week <input type="checkbox"/>	Per Month <input type="checkbox"/>	Per Year <input type="checkbox"/>
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Was Compliance With The Federal Motor Carrier Safety Regulations Included In the Assigned Duties of This Position?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
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Was The Position You Held For This Company Designated As a "Safety-Sensitive Function" Position In Any DOT Regulated Mode?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
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ADDITIONAL EMPLOYMENT HISTORY

PREVIOUS EMPLOYER

Previous Employer		From	To			
Address						
City		State		Zip		
Phone		Fax				
List All Duties						
Salary or Hourly Rate		Per Hour <input type="checkbox"/>	Per Week <input type="checkbox"/>	Per Month <input type="checkbox"/>	Per Year <input type="checkbox"/>	
Was Compliance With The Federal Motor Carrier Safety Regulations Included In the Assigned Duties of This Position?				Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Was The Position You Held For This Company Designated As a "Safety-Sensitive Function" Position In Any DOT Regulated Mode?				Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Were You Subject To Any Alcohol and/or Controlled Substance Testing Requirements As Required Under 49 CFR Part 40?				Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
May We Contact Your Current Employer?				Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Comments:						

PREVIOUS EMPLOYER

Previous Employer		From	To			
Address						
City		State		Zip		
Phone		Fax				
List All Duties						
Salary or Hourly Rate		Per Hour <input type="checkbox"/>	Per Week <input type="checkbox"/>	Per Month <input type="checkbox"/>	Per Year <input type="checkbox"/>	
Was Compliance With The Federal Motor Carrier Safety Regulations Included In the Assigned Duties of This Position?				Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Was The Position You Held For This Company Designated As a "Safety-Sensitive Function" Position In Any DOT Regulated Mode?				Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Were You Subject To Any Alcohol and/or Controlled Substance Testing Requirements As Required Under 49 CFR Part 40?				Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
May We Contact Your Current Employer?				Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Comments:						



SECTION VII

REFERENCES			
Include Only Individuals Familiar With Your Work Ability. Do Not Include Relatives.			
Name	Address/Phone	Years Known	Relationship

CERTIFICATION AND RELEASE

I certify that I have read and understand the “Note To Applicant” on Page 1 of this form. I hereby certify that the answers given by me to the foregoing questions and statements made by me are complete and true to the best of my knowledge and belief. I also understand that any false information, misrepresentations, or omission of facts called for in this application may result in immediate rejection of my application or discharge at any time during my employment.

Under the provisions of the Fair Credit Reporting Act [15 USC, Section 1681 et. Seq.], the American with Disabilities Act and all applicable federal, state, and local laws, I hereby authorize and permit H & H TRANSPORT, LLC to obtain investigative consumer report to be done on myself for employment purposes. I do understand the investigation may include information from law enforcement agencies, state agencies, and public records information, such as credit, social security number verification, criminal [including felonies and misdemeanors], civil, motor vehicle, and workers’ compensation in accordance with the American with Disabilities Act. I also agree to furnish such additional information as may be required to complete my employment file.

I acknowledge the receipt of the information regarding the Fair Credit Reporting Act as listed in Instruction 6 on Page 1 of this application. I authorize H & H TRANSPORT, LLC to obtain a consumer report on me for employment purposes. This authorization shall be on going in the event such a report is needed in the future.

I hereby release and hold harmless any person, firm, or entity that discloses matters in accordance with this authorization, as well as H & H TRANSPORT, LLC from liability that might otherwise result from the request for use of and/or disclosure of any or all of the foregoing information.

I understand if I am offered a job, this is a “Conditional Offer” pending the outcome of the consumer investigation. I also understand that if I am denied employment because of the consumer investigation, it is my right to have a copy of said report(s) released to me within the time allowed through the agency(s) disclosed to me if and when I submit request to the agencies within a reasonable period of time.

Pursuant to the revised Federal Driver’s Privacy Protection Act, under the “Permissible Purposes” section, as listed in Instruction 7 on Page 1 of this application, I give applicable agencies/companies permission to provide a copy of my Motor Vehicle Driving Record to H & H TRANSPORT, LLC I understand that this MVR is to be used for employment purposes only.

I certify that I have been informed of my rights, guidelines, and procedures under the Federal Motor Carrier Safety Regulations, 49 CFR – Parts 391.21 & 391.23, regarding information received from past employers I may have held employment with.

I understand that illegal use of alcohol and/or controlled substances is prohibited during employment. If company policy requires, I am willing to submit to alcohol and/or controlled substances testing to detect the use/abuse of such prior to and during employment with H & H TRANSPORT, LLC

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.

_____ **Signature**

_____ **Date**



CERTIFICATE OF VIOLATION FORM
Management Instructions [DQF]

At least once every 12 months H & H TRANSPORT, LLC requires each employee who operates, or may operate a commercial motor vehicle with a GVWR/GCWR rating of 10,001 LB or greater, to prepare and furnish a list of all traffic violations and ordinances (other than parking tickets) of which the driver has been convicted of, pending outcome, on account of he/she has forfeited bond or collateral. [391.25]. Appropriate management personnel shall review this form and most recent MVR and sign certification annually [391.27]. [Maintain this document in the DQF for a period of three (3) years- purge from file after that time.]

DRIVER INSTRUCTION

Each employee who operates, or may operate a commercial motor vehicle with a GVWR/GVWR rating of 10,001 LB or more, shall furnish the list as required above to H & H TRANSPORT, LLC upon request. If the employee has no conviction or forfeited bond or collateral on account of any violation, which must be listed, he/she shall so certify by signature on this form. [391.27 (c)].

**COMPLETED BY DRIVER
CERTIFICATION OF VIOLATIONS**

_____ PRINT NAME OF DRIVER	_____ SOCIAL SECURITY NUMBER	_____ DATE OF EMPLOYMENT
_____ HOME TERMINAL (CITY & STATE)	_____ DRIVER'S LICENSE NUMBER & STATE	_____ EXPIRATION DATE
_____ DATE OF BIRTH	_____ PHONE NUMBER	_____ ISSUE DATE

I certify that the following is a true and complete list of all traffic violations mandated to be listed to which I have been convicted of, pending outcome of, or forfeited bond or collateral during the past twelve (12) months.
If you have no violations to report check this box NONE

DATE	OFFENSE	LOCATION	TYPE OF VEHICLE OPERATED

If no violations are listed above, I certify that I have not been convicted of, pending outcome of, or forfeited bond or collateral on account of any violation required to be listed during the past twelve (12) months.

_____ DATE OF CERTIFICATION	_____ DRIVER'S SIGNATURE	
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COMPLETED BY MOTOR CARRIER-ANNUAL REVIEW OF DRIVING RECORD

I have hereby reviewed the driving record of the above named employee in accordance with Section 391.25 of the Federal Motor Carrier Safety Regulations and find that he/she:

- Meets minimum requirement for safe driving Does not adequately meet safe driving performance

Action taken with driver includes _____

- Is disqualified to operate a commercial motor vehicle pursuant to Section 391.15 of the FMCSR.

REVIEWED BY (Print Name) _____ DATE _____

SIGNATURE _____



DISCLOSURE TO CONSUMER [APPLICANT/EMPLOYEE]

As part of our hiring background and investigation process, H & H TRANSPORT, LLC may obtain, where permitted, one or more reports and other information about you, including your background, employment history, academic and/or professional credentials, military service, credit history, and driving history. The information gathered also may involve a criminal history and/or alcohol or drug use history, if any.

An investigative consumer report may include information about your character, general reputation, personal characteristics and mode of living that may be obtained by interviews with individuals with whom you are acquainted or who may have knowledge concerning any such items of information. This also may include contacts of all listed prior employers to verify your employment history. In addition, if your employment falls under the Federal Department of Transportation (DOT) and/or the Federal Motor Carrier Safety Administration (FMCSA), including 49 CFR & 391.23 and/or 49 CFR & 391.25, the report may include your driving, safety inspection and performance history from the Federal Motor Carrier Safety Administration Pre-Employment Screening Program.

Under the provisions of the Fair Credit Reporting Act (FCRA), 15 U.S.C. & 1681 et seq.; FMCSA regulations in the Federal Code of Regulations, including 49 CFR & 40.329 and/or 49 CFR & 391.25 and/or certain state laws, before we can seek such reports, where permitted, we must have your written permission to obtain the information. You have the right, upon written request, to a complete and accurate disclosure of the nature and scope of the investigation. You also are entitled to a copy of that document entitled Rights Under the Fair Credit Reporting Act. Under the FCRA, before we take adverse action on the basis, in whole or in part, of information in a consumer report, you will be provided a copy of that report, the name, address, and telephone number of the consumer reporting agency, and a summary of your rights under the FCRA.

Your information may be processed in a foreign country by persons providing services to our company and it may be accessible to law enforcement and national security authorities of that jurisdiction.

AUTHORIZATION AND RELEASE TO OBTAIN INFORMATION

Under the FCRA, 15 U.S.C. & 1681 ET Seq., the regulations applicable to the Federal Department of Transportation's Federal Motor Carriers Safety Administration, including 49 CFR & 40.329, THE Americans With Disabilities Act and all other applicable federal, state, and local laws, I hereby authorize and permit H & H TRANSPORT, LLC to obtain information, where permitted, pertaining to my employment records, driving history records, driving performance, and safety history, criminal history, credit history, civil records, workers' compensation (post-offer only), alcohol and drug testing, verification of my academic and/or professional credentials, and information and/or copies of documents from any military service records.

I understand that an investigative consumer report could include information as to my character, general reputation, personal characteristics, and mode of living that may be obtained by interviews with individuals with whom I am acquainted or who may have knowledge concerning any such items of information. I specifically authorize the release of information by my former employers for the purpose of satisfying FMCSA and/or H & H TRANSPORT, LLC driver qualification regulations.

FMCSA/PHMSA Drivers/Operators: I understand that Title 49 of the Federal Code of Regulations, & 391.23, requires that my prospective employer and/or its agent(s) may contact all former employers of a driver within the last three years under the regulation of the Department of Transportation. Information such as dates of employment, position, accident history, as well as information pertaining to my drug and alcohol testing history, may be requested from each employer in accordance with Section 391.23 and/or CFR 40.25.

I understand that Title 49 of the Federal Code of Regulations & 391.25 requires my present employer to make an inquiry, at a minimum, at least every 12 months, to obtain the Motor Vehicle Record of each employee that it employs who operates or has the potential to operate a commercial motor vehicle, as defined by 49 CFR & 391.5, for the preceding 12 months history, to the appropriate agency of every state in which the employee held a commercial driver license (Class A; B: C or P), standard driver license or commercial drive license permit during the time period.

H & H TRANSPORT, LLC Policy: I understand that H & H TRANSPORT, LLC requires the Human Resources and/or Safety Department to make an inquiry, at a minimum, at least every 12 months, to obtain the motor vehicle record of each employee that it employees for the preceding 12 months, to the appropriate agency of every state in which each employee held a driver license or permit during the time period defined above.



By signing below, I consent to and authorize the gathering of this information by my present and/or prospective employer and those whom my prospective employer has engaged to request and obtain this information, including from former employers of every state the employee held a driver's license.

I hereby release and hold harmless any person, firm, or entity that discloses matters in accordance with this authorization from liability that might otherwise result from the request for use of and/or disclosure of any or all of the information discussed above. This information may be obtained in whole or in part by H & H TRANSPORT, LLC or its agents.

I consent and authorize the processing of my information in a foreign country by persons providing services to my prospective employer and understand that this information may be accessible to law enforcement and national security authorities of that jurisdiction.

I understand and acknowledge that this release of information may assist my present and/or prospective employer to make a determination regarding my suitability as an employee. I further understand that under the FCRA, I may request a copy of any consumer report from the consumer reporting agency that compiled the report, after I have provided proper identification. I agree that a copy of this authorization has the same effect as an original.

Where permitted, this authorization shall remain in effect over the course of my employment and reports may be ordered periodically during the course of my employment.

AM

PM



**MANDATORY USE FOR ALL ACCOUNT HOLDERS
IMPORTANT NOTICE**

REGARDING BACKGROUND REPORTS FROM THE PSP Online Services

- 1. In connection with your application for employment with H & H TRANSPORT, LLC (“Prospective Employer”), the 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.

The Prospective Employer cannot obtain background reports from FMCSA unless you consent in writing. If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below.

- 2. **I authorize H & H TRANSPORT, LLC (“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 consenting to 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.**
- 3. 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 am challenging 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.
- 4. Please note: 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 FMCSR violations that have been adjudicated by the court of law will also appear, and remain, on a PSP Report

I have read the above Notice Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this consent form, 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}



ALCOHOL & CONTROLLED SUBSTANCES **Non-DOT** TEST NOTIFICATION FORM [49 CFR PART 382.113]

PER 49 CFR PARTS 40, 199 & 382, ALCOHOL and CONTROLLED SUBSTANCE USE DOT Regulated Testing applies to specific employees of HIGHLINE ENERGY SERVICES.

49 CFR PART 382.113/A99.211; REQUIREMENT FOR NOTICE: Before performing an ALCOHOL and/or CONTROLLED SUBSTANCE test under this part, HIGHLINE ENERGY SERVICES shall notify an EMPLOYEE/DRIVER whether the ALCOHOL and/or CONTROLLED SUBSTANCE test is required under the DOT Regulated part or is required under HIGHLINE ENERGY SERVICES NON-DOT EXCEPTIONS to this policy.

HIGHLINE ENERGY SERVICES shall not falsely represent that a NON-DOT Regulated test is required or administered under this part.

DRIVER/APPLICANT NAME: [XXX-XX-_____]

You are hereby notified the following Alcohol and Controlled Substance Test is required and shall be administered in compliance with the NON-DOT requirements of HIGHLINE ENERGY SERVICES ALCOHOL & CONTROLLED SUBSTANCE PROGRAM.

DATE TEST IS TO BE TAKEN: _____

TIME YOU ARE REQUIRED TO ARRIVE AT THE TESTING FACILITY: _____ AM PM

LOCATION OF TESTING FACILITY:

- ▶ NAME OF TESTING FACILITY: _____
- ▶ LOCATION OF TESTING FACILITY: _____
- ▶ PHONE NUMBER OF THE TESTING FACILITY: _____

TYPE OF TEST TO BE ADMINISTERED: DOT NON-DOT
COLLECTION SITE- (NOTE TEST CODE NON-DOT TEST): ALCOHOL CONTROLLED SUBSTANCE

REASON FOR THE TEST:

- ▶ PRE-EMPLOYMENT RANDOM
- ▶ REASONABLE SUSPICION POST ACCIDENT
- ▶ RETURN-TO-DUTY FOLLOW-UP

Appointment instructions/comments: Arrive at designated "Collection Site" at appointed time. Ensure you have two forms of appropriate identification on your person [Driver License, State ID Card, Credit Card' etc.]. Follow **all** instructions provided by the "Collector" at time of testing. Return all paperwork to the Company Office upon completion of the test(s).

I understand as a condition of my employment with HIGHLINE ENERGY SERVICES the above specified test is required.

PRINT EMPLOYEE/APPLICANT NAME: _____

EMPLOYEE/APPLICANT SIGNATURE: _____

WITNESSED BY (COMPANY REPRESENTATIVE): _____

DATE OF NOTIFICATION OF EMPLOYEE: _____



ALCOHOL & CONTROLLED SUBSTANCES POLICY DOT ALCOHOL and/or CONTROLLED SUBSTANCE TEST NOTIFICATION [49 CFR PART 199/382]

PER 49 CFR PARTS 40, 199 and/or 382 ALCOHOL and CONTROLLED SUBSTANCE USE DOT Regulated Testing applies to specific employees of HIGHLINE ENERGY SERVICES.

49 CFR PART 199.211- REQUIREMENT FOR NOTICE: Before performing an ALCOHOL and/or CONTROLLED SUBSTANCE test under this part, HIGHLINE ENERGY SERVICES shall notify an EMPLOYEE/APPLICANT that the ALCOHOL and/or CONTROLLED SUBSTANCE test is required under this DOT Regulated part. HIGHLINE ENERGY SERVICES shall not falsely represent that a non-DOT Regulated test is required or administered under this part.

DRIVER/APPLICANT NAME: _____ [XXX-XX-_____]

You are hereby notified the following ALCOHOL and/or CONTROLLED SUBSTANCE USE Test is required and shall be administered in compliance with the **FMCSA REGULATIONS** LISTED UNDER 49 CFR PARTS 40 & 382.

You are hereby notified the following Alcohol and Controlled Substance Test is required and shall be administered in compliance with the **FMCSA** requirements of HIGHLINE ENERGY SERVICES ALCOHOL & CONTROLLED SUBSTANCE PROGRAM.

DATE TEST IS TO BE TAKEN: _____

TIME YOU ARE REQUIRED TO ARRIVE AT THE TESTING FACILITY: _____ AM PM

LOCATION OF TESTING FACILITY: _____

- ▶ **NAME OF TESTING FACILITY:** _____
- ▶ **LOCATION OF TESTING FACILITY:** _____
- ▶ **PHONE NUMBER OF THE TESTING FACILITY:** _____ **Fax:** _____

TYPE OF TEST TO BE ADMINISTERED: DOT-FMCSA NON-DOT
ALCOHOL CONTROLLED SUBSTANCE

REASON FOR THE TEST:

- ▶ **PRE-EMPLOYMENT** **RANDOM**
- ▶ **REASONABLE SUSPICION** **POST ACCIDENT**
- ▶ **RETURN-TO-DUTY** **FOLLOW-UP**

Appointment instructions/comments: Arrive at designated "Collection Site" at appointed time. Ensure you have two forms of appropriate identification on your person [Driver License, State ID Card, Credit Card' etc.]. Follow all instructions provided by the "Collector" at time of testing. Return all paperwork to the Company Office upon completion of the test(s).

I understand as a condition of my employment with HIGHLINE ENERGY SERVICES the above specified test is required.

PRINT EMPLOYEE/APPLICANT NAME: _____

EMPLOYEE/APPLICANT SIGNATURE: _____

WITNESSED BY (COMPANY REPRESENTATIVE): _____

DATE OF NOTIFICATION OF EMPLOYEE: _____