

HILLCRAFT

DRIVER PRE-QUALIFICATION FORM

Thank you for applying for a driver position with our company. Our company is committed to providing the highest quality service to our customers. In order to do this, we are looking for only the best qualified drivers.

Following is a list of minimum qualifications required by the company. Please read all of them carefully and sign the space provided at the bottom of the page before proceeding with the application. If you do not meet the minimum requirements stated below, return the application immediately to the person from whom you received it. If you meet the following minimum requirements we will conduct an in-depth review of your background experience and safety record. Each of these areas will be rated during our review. You must attain a minimum rating to be considered for employment with our company.

Application must be accompanied by a DMV Transcript no more than 60 days old. If you do not have this with you today, please mail, fax, or drop off a copy at your earliest convenience in order to be considered for a driving position.

1. **MUST NOT** have had a DWI conviction in the last 10 years or any now pending.
2. **MUST NOT** have had a major chargeable accident in the past three (3) years while driving as a professional driver. All accidents must be explained in detail.
3. **MUST NOT** have had more than one (1) moving violation in the past three (3) years and any suspensions shown on MVR must be explained in detail.
4. **MUST HAVE** within the last three (3) years, two (2) years verifiable experience driving similiar equipment.
5. **MUST BE** at least twenty-five (25) years old.
6. **MUST HAVE** only one drivers license and it must be from your state of residence.
7. **MUST** fill out the application completely. If you do not have all the information with you at this time (example: dates, phone numbers, addresses) please return the application and come back when you have all the information required. We do not allow applications to be removed from the office area.
8. **AFTER** completing the application, you may be interviewed concerning your application. Please feel free to ask any questions you may have concerning our organization at this time.
9. **MUST HAVE OR BE ABLE** to pass a D.O.T. physical.
10. All potential employees **MUST**, within ninety (90) days of employment, satisfactorily complete the company's driver orientation course.
11. If you are accepted for employment, you will be placed on a probationary period, subject to termination at any time.

If employed, I will attend all scheduled safety meetings. Failure to do so can be grounds for termination.

I, _____ the undersigned, meet the above qualifications and further agree to abide by all company policies and D.O.T. regulations. I understand that any falsification or misrepresentation on the application will result in immediate termination.

Date _____

Signature _____

HILLCRAFT LTD.

2202 ADVANCE RD.
MADISON, WI 53718
(608) 221-3220

DRIVER'S APPLICATION FOR EMPLOYMENT

(Answer all question - Please print)

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or non-job related disability.

Date of application _____

Position(s) Applied for _____

Name _____ Social Security No. _____
Last First Middle

Address _____
Street City
State Zip Phone _____

Address for past three years –

Street City State & Zip Code

Street City State & Zip Code

Do you have the legal right to work in the United States? _____

Date of Birth _____ Can you provide proof of your age? _____
(Required for Truck Drivers)

Have you ever worked for this company before? _____

Dates: From _____ To _____ Rate of Pay _____ Position _____

Reason for leaving _____

Are you now employed? _____ If not, how long since leaving last employment? _____

Who referred you? _____ Rate of pay expected _____

If your application is considered favorably, when could you start work? _____

Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the attached job description) ? _____

If yes, explain if you wish. _____

EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce, must provide the following information on all employers during the preceding 3 years.

Applicants to drive a commercial motor vehicle* in intrastate or interstate commerce shall also provide an additional 7 years' information on those

employers for whom the applicant operated such vehicle.

(NOTE: List employers in reverse order - starting with the most recent. All dates must be consecutive.)

EMPLOYER		DATE	
NAME		FROM MO YR	TO MO YR
ADDRESS		POSITION HELD	
CITY	STATE ZIP	SALARY/WAGE	
CONTACT PERSON PHONE		REASON FOR LEAVING	
EMPLOYER		DATE	
NAME		FROM MO YR	TO MO YR
ADDRESS		POSITION HELD	
CITY	STATE ZIP	SALARY/WAGE	
CONTACT PERSON PHONE		REASON FOR LEAVING	
EMPLOYER		DATE	
NAME		FROM MO YR	TO MO YR
ADDRESS		POSITION HELD	
CITY	STATE ZIP	SALARY/WAGE	
CONTACT PERSON PHONE		REASON FOR LEAVING	
EMPLOYER		DATE	
NAME		FROM MO YR	TO MO YR
ADDRESS		POSITION HELD	
CITY	STATE ZIP	SALARY/WAGE	
CONTACT PERSON PHONE		REASON FOR LEAVING	
EMPLOYER		DATE	
NAME		FROM MO YR	TO MO YR
ADDRESS		POSITION HELD	
CITY	STATE ZIP	SALARY/WAGE	
CONTACT PERSON PHONE		REASON FOR LEAVING	
EMPLOYER		DATE	
NAME		FROM MO YR	TO MO YR
ADDRESS		POSITION HELD	
CITY	STATE ZIP	SALARY/WAGE	
CONTACT PERSON PHONE		REASON FOR LEAVING	

* Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

DRIVING RECORD

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)

DATES	NATURE OF ACCIDENT (Head-on, Rear-end, Upset, Etc.)	FATALITIES	INJURIES
Last Accident			
Next Previous			
Next Previous			

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

Location	Date	Charge	Penalty

(ATTACH SHEET IF MORE SPACE IS NEEDED)

EDUCATION

Circle Highest Grade Completed: 1 2 3 4 5 6 7 8 High School: 1 2 3 4 College: 1 2 3 4
 Last School Attended _____
(Name) (City)

MILITARY

Branch of Service:	Rank at Discharge:
Period of Active Duty (month & year):	Type of Discharge:
Date of Final Discharge:	Are you a member of the Army Reserves or National Guard? <input type="checkbox"/> Yes <input type="checkbox"/> No

EXPERIENCE AND QUALIFICATIONS

DRIVERS	State	License No.	Type	Expiration Date
LICENSES				

A. In accordance with the provisions of the Commercial Motor Vehicle Safety Act of 1986, I hereby certify that I possess only one (1) commercial Motor Vehicle License. YES NO
 B. Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES NO
 C. Has any license, permit, or privilege ever been suspended or revoked? YES NO
 D. Have you ever been convicted of any crime or felony? YES NO
 IF THE ANSWER TO B, C, OR D, IS "YES", ATTACH A STATEMENT GIVING DETAILS.

DRIVING EXPERIENCE

Class of Equipment	Type of Equipment (Van, Tank, Flat, Etc.)	Dates		Approx. No. of Miles (Total)
		From	To	
Straight Truck				
Tractor and Semi-Trailer				
Tractor - Two Trailers				
Other				

Types of Products Hauled _____
 List States operated in for last five years _____
 Which Safe Driving Awards do you hold and from whom? _____
 Show any trucking, transportation or, other experience that may help in your work for this company _____

 List courses and training other than shown elsewhere in this application _____

 List special equipment or technical materials you can work with (other than those already shown) _____

I certify that the facts contained in this application are true and complete to the best of my knowledge and I understand that misrepresentations, omissions or false statements by me on this application shall be grounds for rejection of my application or dismissal during my employment. I understand that prior employers will be contacted for purposes of investigation as required by 391.23 of the Motor Carrier Safety Regulations.

I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

I understand that if an offer of employment is made to me that it will be conditioned upon my passing a required drug test. I acknowledge that it is the policy of Hillcraft, Ltd. that all applicants submit a sample of urine for chemical or other analysis. I further understand that the purpose of this analysis is to determine or rule out the presence of non-prescribed or prohibited controlled substances in my urine and thereby freely and voluntarily consent to this request for a urine specimen and agree to participate in the testing program.

I understand and agree that, if hired, my employment is for an indefinite period and may be terminated at any time without any prior notice.

DATE: _____ **SIGNATURE:** _____

This application will remain active for a period of (6) months. If you wish to be considered for a position after that period, it will be necessary to reapply.

