



NOTICE
PLEASE READ
PRIOR TO SUBMITTING YOUR APPLICATION

Huls Bros Trucking, Inc. must inform you, the applicant, the information you provide may be used, and your previous employers will be contacted, for the purpose of investigating your safety performance history information.

As such, you have due process rights as specified in 391.23(i) regarding information received as a result of these investigations.



Company Driver

Date Description Completed: 02/24/2014

Department: Human Resources

Qualifications:

1. 2 yr. Commercial driving experience.
2. License and documents to drive a Commercial Motor Vehicle.
3. Current DOT medical exam.
4. Clean driving record (MVR)
5. Know DOT Safety Regulations
6. General knowledge of truck maintenance
7. Knowledge of DOT Safety and Compliance of rules and regulations that govern the driver.
8. Must be minimum of 21 years old
9. Pass Huls Bros. Trucking road test

Responsibilities and Duties:

1. Transport product from one point to another.
2. Inspect trucks for safety and follow DOT safety regulations.
3. Responsible for the condition of their vehicle, keep truck clean and in good working order.
4. Perform pre-trip and post-trip inspection of vehicle and trailer.
5. Must be punctual and follow dispatch schedule in order to transport cargo
6. Driver must know how to load the product in order to comply with weight limitations, how to adjust weight (between axles) in order to bring an overweight load into compliance and how to properly verify products he/she is hauling. Remember YOU are ultimately responsible for knowing what you can haul; therefore you are responsible for your overweight fines.
7. Complete paperwork for each load hauled as well as paperwork required for Hours of Service, DVIR's and other paperwork according to company policies.
8. Accurate interpretation of jobs and documentation on daily load tickets.
9. Follow company policy for repairs on trucks and trailers.
10. Driver needs to be in DOT compliance at all times during employment at Huls Bros. Trucking. Keeping an active CML and Medical Certification is YOUR responsibility.
11. Maintain clean driving record while employed with Huls Bros. Trucking.



Safety:

1. Driver must have knowledge of legal load limits and maintain proper weights and speed.
2. Follow established safety procedures and techniques to perform job duties.
3. Correct unsafe conditions in work area and report any conditions that are not correctable to supervisor immediately.

Other:

1. Operate vehicles as needed
2. Work irregular hours as needed, some week-ends, overnight and evening work may apply.
3. Be able to maintain a clean and safe work environment.
4. Other duties may be assigned.

Working Conditions:

1. Driver must be able to work long hours and be flexible to work different shifts.
2. Some jobs may require travel away from home for one or two nights.
3. Driver must be in good physical condition to load and unload cargo and maintain his/her equipment.

The foregoing statements describes the general purpose and responsibilities assigned to the job and this is not an exhaustive list of all responsibilities, duties or skills that may be assigned or required.

Print Name

Signature

Date:

Reviewed by

Date:

APPLICATION FOR QUALIFICATION

HULS BROS TRUCKING, INC. 13266 COLLEGEVILLE RD. ST JOSEPH, MN 56374
PHONE: (320) 363-7915 FAX: (320) 363-8786

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 blank, but write "no" or "none". This is important!

The Age Discrimination in 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 _____

Name _____ Driver _____
(first) (middle) (last)

Social Security # _____ Date of Birth _____

Phone # _____ Age _____

License # _____

Email: _____

Current & 5 YEARS Previous Addresses:

_____ From _____ To _____

_____ From _____ To _____

_____ From _____ To _____

Employment :

Give a **Complete Record** of all employment for the past five 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 _____ _____

Phone # _____
_____ (address)

Position Held _____ Salary _____

Reason For Leaving _____

Mo/Yr Mo/Yr Next Previous Employer :
From _____ To _____ _____

Phone # _____
_____ (address)

Position Held _____ Salary _____

Reason For Leaving _____

Mo/Yr Mo/Yr Next Previous Employer :
From _____ To _____
Phone # _____
Position Held _____ Salary _____
Reason For Leaving _____
(address)

Mo/Yr Mo/Yr Next Previous Employer :
From _____ To _____
Phone # _____
Position Held _____ Salary _____
Reason For Leaving _____
(address)

Mo/Yr Mo/Yr Next Previous Employer :
From _____ To _____
Phone # _____
Position Held _____ Salary _____
Reason For Leaving _____
(address)

Mo/Yr Mo/Yr Next Previous Employer :
From _____ To _____
Phone # _____
Position Held _____ Salary _____
Reason For Leaving _____
(address)

Mo/Yr Mo/Yr Next Previous Employer :
From _____ To _____
Phone # _____
Position Held _____ Salary _____
Reason For Leaving _____
(address)

Driving Experience:

Class of Equipment	Dates From and To	Approx # of Total Miles
Straight Truck _____	_____	_____
Tractor & Semi-trailer _____	_____	_____
Tractor-Two Trailers _____	_____	_____
Other _____	_____	_____

List states operated in for the last five years _____

Show special courses or training that will help you as a driver _____

What Safe Driving Awards do you hold & from whom? _____

Education:

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 College: 1 2 3 4

Last school attended _____
Name _____ City, State _____

Accident Record for Past Five Years :

Date	Nature of accident	# of fatalities	# of injuries
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Traffic Convictions & Forfeitures for the last five years (other than parking violations)

Location	Date	Charge	Penalty
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Driver's License (list each license held in the past five years)

State	License #	Type	Endorsements	Expiration Date
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Have you ever been denied a license, permit or privilege to operate a motor vehicle ? yes ___ no ___
Has any license, permit or privilege ever been suspended or revoked ? yes ___ no ___

Have you ever failed or refused a pre-employment drug/alcohol test given by a company where they never accepted employment? Yes ____ No ____

Personal References

List three persons for reference, other than relatives, who have knowledge of your safety habits.

Name _____ Address _____

Name _____ Address _____

Name _____ Address _____

TO BE READ AND SIGNED BY APPLICANT

It is agreed and understood that any misrepresentation given above shall be considered an act of dishonesty.

It is agreed and understood that the motor carrier or his agents may investigate the applicant's background to ascertain any and all information of concern to applicant's record, whether same is of accord or not, and applicant releases employers and persons named herein from all liability for any damages on account of his furnishing such information.

It is also agreed and understood that under the Fair Credit Reporting Act, Public Law 91-508, I have been told that this investigation may include an Investigating Consumer Report, including information regarding my character, general reputation, personal characteristics, and mode of living.

I agree to furnish such additional information and complete such examinations as may be required to complete my employment file.

It is agreed and understood that this application for qualification in no way obligates the motor carrier to employ the applicant.

It is agreed and understood that if qualified, the driver may be on a probationary period during which time he or she may be disqualified without recourse.

This certifies that the 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.

(date) (applicant's signature)

REMARKS :

MOTOR VEHICLE RECORD POLICY

It is the policy of Huls Bros Trucking Inc to obtain and review Motor Vehicle Records (MVR's) on each prospective employee before an offer of employment is extended to the individual. Motor Vehicle Records are checked annually on all employees where driving is a part of their job description.

Management of Huls Bros Trucking Inc will review the Motor Vehicle Record to ascertain the applicant or employee holds a valid license and their driving record is within the parameters set by company policy. If the employee's driving record does not meet the criteria set by management, remedial training or other disciplinary action may be taken.



Insured/Management Signature

DRIVER

I hereby grant permission for Huls Bros Trucking Inc to secure a Motor Vehicle Report on me.

Applicant Signature

Drivers License Number & Date of Birth

Date

PREVIOUS PRE-EMPLOYMENT EMPLOYEE ALCOHOL and DRUG TEST STATEMENT

Sec. 40.24(j) As the employer, you must also ask the employee whether he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past 2 years. If the employee admits that he or she had a positive test or a refusal to test, you must not use the employee to perform safety sensitive functions for you, until and unless the employee documents successful completion of the return-to-duty process. (see Sec. 40.25 (b)(5) and (e))

Company Name: Huls Bros Trucking Inc
Address: 13266 Collegeville Road
State, Zip: St Joseph, MN 56374

Prospective Employee Name: _____

The prospective employee is required by Sec. 40.25(j) to respond to the following questions.

- 1) Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years.

Check One: Yes _____ No _____

- 2) If you answered yes, can you provide/obtain proof that you've successfully completed the DOT return-to-duty requirements?

Check One: Yes _____ No _____

Prospective Employee Signature: _____

Date: _____

Motor Vehicle Driver's CERTIFICATION OF COMPLIANCE WITH DRIVER'S LICENSE REQUIREMENTS

Motor Carrier Instructions: The requirements in Part 383 apply to every driver who operates in intrastate, interstate, or foreign commerce and operates a vehicle weighing 26,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

The requirements in Part 391 apply to every driver who operates in interstate commerce and operates a vehicle weighing 10,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

Driver Requirements: Parts 383 and 391 of the Federal Motor Carrier Safety Regulations contain some requirements that you as a driver must comply with. These requirements are in effect as of July 1, 1987. They are as follows:

- 1) Possess Only One License: You, as a commercial vehicle driver, may not possess more than one motor vehicle operator's license. If you have more than one license, keep the license from your state of residence and return the additional licenses to the states that issued them. DESTROYING a license does not close the record in the state that issued it; you must notify the state. If a multiple license has been lost, stolen or destroyed, close your record by notifying the state of issuance that you no longer want to be license by that state,

- 2) Notification of License Suspension, Revocation or Cancellation: Sections 391.15(b)(2) and 383.33 of the Federal Motor Carrier Safety Regulations require that you notify your employer the NEXT BUSINESS DAY of any revocation or suspension of your driver's license. In addition, Section 383.31 requires that any time you violate a state or local traffic law (other than parking), you must report it within 30 days to: 1) your employing motor carrier, and 2) the state that issued your license (If the violation occurs in a state other than the one which issued your license). The notification to both the employer and state must be in writing.

The following license is the only one I will possess:

Driver License #: _____ State: _____ Exp. Date: _____

DRIVER CERTIFICATION: I certify that I have read and understood the above requirements.

Driver's Name (printed): _____

Driver's Signature: _____ Date: _____

**HULS BROS TRUCKING INC
BARRON AG LIME LLC
13266 COLLEGEVILLE ROAD
ST JOSEPH, MN 56374
PHONE: 320-363-7915 FAX: 320-363-8786**

FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT

In accordance with the provisions of Section 604(b)(2)(A) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I, of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on you for employment purposes. These reports are required by Sections 382.413, 391.23 and 391.25 of the Federal Motor Carrier Safety Regulations.

Applicant's Signature

Date

Print Name

Social Security Number

EQUAL EMPLOYMENT OPPORTUNITY INFORMATION

The following requested information is voluntary and confidential. It will be kept separately from your application and any subsequent personnel file. We collect this information for the sole purpose of creating and maintaining Equal Employment Opportunity and Affirmative Action records. We appreciate your cooperation with our EEO/AA efforts.

Name: _____

Job Applied For: _____

Date: _____ Sex: ___Female ___Male

RACE:

___ African American (Black): All persons having origins in any of the Black African racial groups but not of Hispanic origin

___ Asian or Pacific Islander: All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent or the Pacific Islands

___ Caucasian (White, not of Hispanic origin): All persons having origins in any of the original peoples of Europe, North Africa or the Middle East

___ Hispanic: All persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race

___ Native American (American Indian) or Alaskan Native: All persons having origins in any of the original peoples of North America and who maintain identifiable tribal affiliations through membership, participation or recognition

___ Other: Please list _____

PERSON WITH A DISABILITY:

An individual

- Who has a physical or mental impairment (condition) that materially limits one or more major life activities OR
- Who has a record of such impairment OR
- Who is regarded as having such an impairment

Major life activities may include such activities as caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, sitting, standing, lifting, breathing, learning and working.

According to the above definition, are you disabled? ___Yes ___No

How did you first learn about this position?

**THE BELOW DISCLOSURE AND AUTHORIZATION LANGUAGE IS FOR MANDATORY USE BY ALL
ACCOUNT HOLDERS**

IMPORTANT DISCLOSURE

REGARDING BACKGROUND REPORTS FROM THE *PSP Online Service*

In connection with your application for employment with Huls Bros Trucking, Inc. ("Prospective Employer"), 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.

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. You may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If you challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. Your request will be forwarded by the DataQs system to the appropriate State for adjudication.

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 Federal Motor Carrier Safety Regulations (FMCSR) violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

The Prospective Employer cannot obtain background reports from FMCSA without your authorization.

AUTHORIZATION

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

I authorize Huls Bros Trucking, Inc. ("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 authorizing 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.

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 challenge 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.

I understand that any crash or inspection in which I was involved will display on my PSP report. Since the PSP report does not report, or assign, or imply fault, I acknowledge it will include all CMV crashes where I was a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, I understand all inspections, with or without violations, will appear on my PSP report, and State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on my PSP report.

I have read the above Disclosure Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this Disclosure and Authorization, 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)

NOTICE: This form is made available to monthly account holders by NIC on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain an Applicant's written or electronic consent prior to accessing the Applicant's PSP report. Further, account holders are required by FMCSA to use the language contained in this Disclosure and Authorization form to obtain an Applicant's consent. The language must be used in whole, exactly as provided. Further, the language on this form must exist as one stand-alone document. The language may NOT be included with other consent forms or any other language.

NOTICE: The prospective employment concept referenced in this form contemplates the definition of "employee" contained at 49 C.F.R. 383.5.

LAST UPDATED 12/22/2015

If you need additional
previous employer
forms, please ask.

**“Release of Information Form
Safety/Performance & Drug and Alcohol Testing”**

Section I. To be completed by and signed by the applicant, and transmitted to the previous employer:

Applicant Name: _____ Applicant SSN: _____

I hereby authorize you to release the following information to Huls Bros Trucking Inc for the purposes of investigation as required by the Department of Transportation Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information.

Applicant Signature: _____ Date: _____

New Employer Name: Huls Bros Trucking Inc
13266 Collegeville Road
St Joseph, MN 56374
320-363-7915 (Phone) 320-363-8786 (Fax)

Huls Bros Trucking Inc Representative: Linda Stanley, Office Manager
linda@hulstrucking.com

Previous Employer Name: _____

Address: _____

Phone #: _____

Designated Employer Representative (if known): _____

Section II. To be completed by the previous employer and transmitted by mail or fax to the new employer:

Safety Performance

Dates of Employment: _____ to _____ Position: _____

Equipment Operated: Straight Truck _____ Tractor/Trailer _____ Bus _____ Other _____

Was he/she a safe driver? _____

Was he/she involved in any accidents while employed by you? _____

Was his/her general conduct satisfactory? _____

Reason for leaving your employment: Discharged _____ Resigned _____ Laid Off _____ Military duty _____

Would you re-employ this person? If not, we would appreciate your comments below.

Drug and Alcohol

In the two years prior to the date of the employee's signature (in Section I), for DOT-regulated testing ~

1. Did the employee have alcohol tests with a result of 0.04 or higher? **YES** _____ **NO** _____

2. Did the employee have verified positive drug tests? **YES** _____ **NO** _____

3. Did the employee refuse to be tested? **YES** _____ **NO** _____

4. Did the employee have other violations of DOT agency drug and alcohol testing regulations? **YES** _____ **NO** _____

5. Did a previous employer report a drug and alcohol rule violation to you? **YES** _____ **NO** _____

6. If you answered "yes" to any of the above items, did the employee complete the return-to-duty process? **N/A** _____

YES _____ **NO** _____

NOTE: If you answered "yes" to item 5, you must provide the previous employer's report. If you answered "yes" to item 6, you must also transmit the appropriate return-to-duty documentation (e.g., SAP report(s), follow-up testing record).

Comments: _____

Name of person providing information: _____

Title: _____

Phone #: _____ Date: _____

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Huls Bros Trucking Inc Representative: Linda Stanley, Office Manager
linda@hulstrucking.com

Previous Employer Name: _____

Address: _____

Phone #: _____

Designated Employer Representative (if known): _____

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Safety Performance

Dates of Employment: _____ to _____ Position: _____

Equipment Operated: Straight Truck _____ Tractor/Trailer _____ Bus _____ Other _____

Was he/she a safe driver? _____

Was he/she involved in any accidents while employed by you? _____

Was his/her general conduct satisfactory? _____

Reason for leaving your employment: Discharged _____ Resigned _____ Laid Off _____ Military duty _____

Would you re-employ this person? If not, we would appreciate your comments below.

Drug and Alcohol

In the two years prior to the date of the employee's signature (in Section I), for DOT-regulated testing ~

1. Did the employee have alcohol tests with a result of 0.04 or higher? **YES** _____ **NO** _____
2. Did the employee have verified positive drug tests? **YES** _____ **NO** _____
3. Did the employee refuse to be tested? **YES** _____ **NO** _____
4. Did the employee have other violations of DOT agency drug and alcohol testing regulations? **YES** _____ **NO** _____
5. Did a previous employer report a drug and alcohol rule violation to you? **YES** _____ **NO** _____
6. If you answered "yes" to any of the above items, did the employee complete the return-to-duty process? **N/A** _____
YES _____ **NO** _____

NOTE: If you answered "yes" to item 5, you must provide the previous employer's report. If you answered "yes" to item 6, you must also transmit the appropriate return-to-duty documentation (e.g., SAP report(s), follow-up testing record).

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Address: _____

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Section II. To be completed by the previous employer and transmitted by mail or fax to the new employer:

Safety Performance

Dates of Employment: _____ to _____ Position: _____

Equipment Operated: Straight Truck _____ Tractor/Trailer _____ Bus _____ Other _____

Was he/she a safe driver? _____

Was he/she involved in any accidents while employed by you? _____

Was his/her general conduct satisfactory? _____

Reason for leaving your employment: Discharged _____ Resigned _____ Laid Off _____ Military duty _____

Would you re-employ this person? If not, we would appreciate your comments below.

Drug and Alcohol

In the two years prior to the date of the employee's signature (in Section I), for DOT-regulated testing ~

1. Did the employee have alcohol tests with a result of 0.04 or higher? **YES** _____ **NO** _____

2. Did the employee have verified positive drug tests? **YES** _____ **NO** _____

3. Did the employee refuse to be tested? **YES** _____ **NO** _____

4. Did the employee have other violations of DOT agency drug and alcohol testing regulations? **YES** _____ **NO** _____

5. Did a previous employer report a drug and alcohol rule violation to you? **YES** _____ **NO** _____

6. If you answered "yes" to any of the above items, did the employee complete the return-to-duty process? **N/A** _____

YES _____ **NO** _____

NOTE: If you answered "yes" to item 5, you must provide the previous employer's report. If you answered "yes" to item 6, you must also transmit the appropriate return-to-duty documentation (e.g., SAP report(s), follow-up testing record).

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Huls Bros Trucking Inc Representative: Linda Stanley, Office Manager
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Previous Employer Name: _____

Address: _____

Phone #: _____

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Section II. To be completed by the previous employer and transmitted by mail or fax to the new employer:

Safety Performance

Dates of Employment: _____ to _____ Position: _____

Equipment Operated: Straight Truck _____ Tractor/Trailer _____ Bus _____ Other _____

Was he/she a safe driver? _____

Was he/she involved in any accidents while employed by you? _____

Was his/her general conduct satisfactory? _____

Reason for leaving your employment: Discharged _____ Resigned _____ Laid Off _____ Military duty _____

Would you re-employ this person? If not, we would appreciate your comments below.

Drug and Alcohol

In the two years prior to the date of the employee's signature (in Section I), for DOT-regulated testing ~

1. Did the employee have alcohol tests with a result of 0.04 or higher? **YES** ____ **NO** ____
2. Did the employee have verified positive drug tests? **YES** ____ **NO** ____
3. Did the employee refuse to be tested? **YES** ____ **NO** ____
4. Did the employee have other violations of DOT agency drug and alcohol testing regulations? **YES** ____ **NO** ____
5. Did a previous employer report a drug and alcohol rule violation to you? **YES** ____ **NO** ____
6. If you answered "yes" to any of the above items, did the employee complete the return-to-duty process? **N/A** ____
YES ____ **NO** ____

NOTE: If you answered "yes" to item 5, you must provide the previous employer's report. If you answered "yes" to item 6, you must also transmit the appropriate return-to-duty documentation (e.g., SAP report(s), follow-up testing record).

Comments: _____

Name of person providing information: _____

Title: _____

Phone #: _____ Date: _____