

Commercial Driver Employment Application

Name (Last, First and Middle):	Date of Application:
Addres	s (Street, City, State/Province, and Zip/Postal	code):
		years, list all other residences for the past three years (attach
	one (include area code):address:	Cell Phone (include area code):
	eral Motor Carrier Safety Regulations (49CFR391.2 ial Security Number.	21 (b) (2) requires that driver applicants provide their date of birth
Date of	Birth (month/day/year):	Social Security Number:
Position	n desired:	
Positio	n type: Full-time Part-time Ten	nporary On-Call
Days/h	ours you are available to work:	
ſ	Monday:	Tuesday:
Ī	Wednesday:	Thursday:
Ī	Friday:	Saturday:
	Sunday:	
Date yo	ou are available to begin work:	
	ou ever worked for Ho-Chunk Inc. or any of its) and dates of employment:	
We are	a Native American corporation. Are you a Na	tive American? Yes No If yes, please list your tribe:
Langua	ges (List languages you can speak fluently):	
HAVE Y	OU EVER BEEN CONVICTED OF A FELONY? Ye	s No
	OU BEEN CONVICTED OF A MISDEMEANOR IN please explain:	THE PAST 7 YEARS (OTHER THAN SPEEDING)? Yes No

EMPLOYMENT HISTORY

The Federal Motor Carrier Safety Regulations (49CFR391.21) require that all applicants wishing to drive a commercial vehicle list all employment for the last three (3) years. In addition, if you have ever driven a commercial vehicle, you must provide employment history for an additional seven (7) years for a total of ten (10) years. Any gaps in employment must be explained. Start with your last or current position and work backward (attach separate sheet if necessary.) You are required to list complete mailing addresses including street number, city, state and zip code.

Employer:		Dates of employment:			
Position:		Address:			
Supervisor:		Telephone:			
Beginning pay:		Ending pay:			
Reason for leaving:					
Responsibilities:					
Employer:		Dates of employment:			
Position:		Address:			
Supervisor:		Telephone:			
Beginning pay:		Ending pay:			
Reason for leaving:					
Responsibilities:					
Employer:		Dates of employment:			
Position:		Address:			
Supervisor:		Telephone:			
Beginning pay:		Ending pay:			
Reason for leaving:					
Responsibilities:					
Employer:		Dates of employment:			
Position:		Address:			
Supervisor:		Telephone:			
Beginning pay:		Ending pay:			
Reason for leaving:					
Responsibilities:	Responsibilities:				
EDUCATION					
Name and address of last so	chool attended:				
What was the highest grade	e in school that you completed	d?			
Did you graduate? Yes No If so, what was your degree?					
· -					
Relevant Training (List most recent including year of completion):					
Certifications (Include expiration date, if applicable):					
Other activities (List volunteer work, leadership positions, or other activities that you feel may be relevant to this application):					
MALLITA DV EVDEDIENCE					
MILITARY EXPERIENCE					
Have you ever served in the U.S. Armed Forces? Yes No					
Describe any military training received relevant to the position for which you are applying:					
Professional and Personal References (Please provide three references other than family):					
Name					
INGITIE	neiduonanip	тегернопе	occupation of fille		

PHYSICAL HISTORY

The Federal Motor Carrier Safe tests before they are hired to d	· · · · · · · · · · · · · · · · · · ·	part E) requires that all driver app	olicants pass certain physical			
Date of last Department of T	ransportation prescribed e	examination:				
,		1.49 of the Federal Motor Cari	rier Safety Regulations			
pertaining to the loss of a fo	ot, leg, hand or arm? Y	es No				
ALCOHOL AND CONTROLLE The Federal Motor Carrier Safe commercial driver's license to a	ty Regulations 49CFR40.25 (j)	requires all persons applying for a	a driving position requiring a			
or alcohol test admi	1) Within the last two years, have you ever 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? Yes No					
•		d positive, or refused to test, ou preformed safety-sensitive t	• • •			
If you answered "Yes" to eit	her question 1 or 2 above	can you provide and/or obtain	proof that you have			
successfully completed the	•		proof that you have			
successiany completed the	bor retain to daty require					
DRIVER'S LICENSE INFORM	IATION					
Driver licenses held in past 3	years must be shown.					
State Issued	License Number	Type of License	Expiration Date			
B. Has any license, perm	it or privilege ever been sus	privilege to operate a motor ve spended or revoked? Yes the Federal Motor Carrier Safe	No			
If you answered "Yes" to A,	B, or C, please attach a stat	ement giving details.				
DRIVING EXPERIENCE	Γ	T	T			
Class of Facilities	Type of Equipment	Detec (Fire in / Tr)	Ammunimenta Tatal Miles			
Class of Equipment	(Van, Tank, Flat, etc.)	Dates (From / To)	Approximate Total Miles			
Straight Truck						
Tractor and Semi-Trailer						
Twin						
Other						
List states you've operated i	n during the last five years:					

List safe driving awards held and who awards were presented by:			
HCl Logistics / 1404 FORT CROOK ROAD SOUTH / BELLEVUE, NE 68005			

List special courses or training that will help you as a driver: ____

ACCIDENT HISTORY

Accident review for the past 3 years (attach a separate sheet of paper if more space is needed):

	Nature of				
	Accident				
	(Head-On, Rear-			# Vehicles	
Date	End, Upset, etc.)	# Fatalities	# Injuries	Towed	Citation Issued?

MOTOR VEHICLE DRIVING RECORD (MVR)

Traffic convictions and forfeitures for the past 3 years other than parking violations:

Date	Location	Charge	Penalty

APPLICANT MUST READ AND SIGN

I certify that I have read and understand all of this employment application. It is agreed and understood that the employer or its agents will investigate the applicant's background to ascertain any and all information of concern to applicant's record, whether same is of record or not, and applicant releases employers and other persons named herein from all liability for any damages on account of furnishing such information.

It is also agreed and understood that under the Fair Credit Reporting Act, Public Law 91-508, any background investigations may include an investigative Consumer Report, including information regarding my character, personal reputation, personal characteristics and mode of living.

I understand that, as an applicant for a position with this company, I may be asked to demonstrate that I am capable of performing tasks that are pertinent to the job. I agree to furnish such additional information and complete such examinations as may be required to complete my employment file. I also understand that misrepresentation or omission of information or facts may result in my rejection or dismissal.

If hired, I agree to abide by all the rules and policies of the employer.

This certifies that I completed this application and that all entries on it and information in it are true and complete to the best of my knowledge.

Date Applicant's Signature

This application for employment is good for 60 days. Consideration for employment after 60 days requires a new application.