

DRIVER EMPLOYMENT APPLICATION

**Hilltrux Tank Lines Inc.
PO Box 696 200 Rosemont Road
North Jackson, OH 44451**

ADVERTISING SOURCE _____ DRIVER REFERRAL _____

APPLICANT: READ AND SIGN BEFORE SUBMITTING THIS APPLICATION

I understand that the information in this application will be used and that prior employers will be contacted for purposes of investigation as required by section 391.23 of the Motor Carrier Safety Regulations. I authorize my past employers and any others contacted to answer all questions asked by the Company concerning my ability, character, and reputation. I release all such persons and Impact from any liability on account of furnishing such information to Impact.

I understand the Company also may request or obtain investigative consumer report(s) including information about my character, reputation, personal characteristics and mode of living; that upon my timely written request, the Company will disclose the nature and scope of the investigative report(s) it requested; and that I am entitled to the name and address of the reporting agency making such report(s) if I am denied employment because of such report.

I understand that I must pass a pre-employment drug test. I also understand that, if I am employed, I will be required to submit to and pass drug and alcohol tests on a reasonable cause and random basis, as well as drug and alcohol testing after any recordable accident or otherwise as may be required or permitted by law or Company policy. I hereby authorize the Company and its medical review officers to release any such drug or alcohol test results to the Company, its attorneys, governmental, regulatory, and law enforcement agencies and personnel, and other such persons as may legally be entitled thereto and I release the Company and its medical review officers from any liability on account of the release of such information.

I understand that my employment, if any, can be terminated with or without cause, and with or without notice, at any time, at the option of either the Company or myself. I understand that no manager or other representative of Hilltrux Tank Lines Inc. has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

I understand that I have the right to review information provided by previous employers, have errors corrected by previous employer and resubmitted to Hilltrux Tank Lines Inc. and/or have a rebuttal statement attached to erroneous information if my previous employer and I cannot agree on the accuracy of the information. I understand that I must request past employer information obtained by Hilltrux Tank Lines Inc. in writing within 30-days of my application.

I certify that I am providing this information and submitting this application solely in order for a driver position with Hilltrux Tank Lines. I understand that I will be considered only for a driving position and that Hilltrux Tank Lines Inc. will consider this application active for no more than 30 days. If I do not personally renew this application within 30 days, it will signify that I no longer desire to be further considered for employment.

_____ DATE _____ X _____ APPLICANT'S SIGNATURE

Name _____ Date of Birth _____ Social Security No. _____
First Middle Last

Phone: (____) _____ Message Phone: (____) _____ Relationship: _____

Present Address: _____ How Long: _____

Previous Address: _____ How Long: _____

Residence for Past 3 Years: _____ How Long: _____

Are you 21 years or older? Yes No
Are you a US Citizen? Yes No If no, do you have a legal right to live and work in the U.S.? _____

Have you worked for this company before? Yes No If yes, when? _____

Have you previously applied for employment with this firm? Yes No If yes, when? _____
List 3 Personal References:

NAME	ADDRESS	CITY	STATE	ZIP CODE	PHONE NUMBER
1. _____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____

EMPLOYMENT RECORD

Begin with your present or most recent job and work backward in order, listing your employers for the last three years including all full- and part-time employment, self-employment, military service, and any periods of unemployment. Then continue by providing all employers for the previous seven years, following the three-year period mentioned above, for which you were an operator of a commercial motor vehicle (driving jobs only). Use another sheet of paper if necessary.

Current/Most Recent Employer: Name _____ Phone: (____) _____

Are you presently employed? Yes No May we call your current employer? Yes No

Address _____
Street City State/Zip Code

Position Held _____ From _____ To _____
(month/year) (month/year)

Reason For Leaving? _____

Were you subject to the FMCSR's? Yes ___ No ___

Was Job Designated as a Safety Sensitive function in any DOT regulated mode subject to drug and alcohol testing as required by 49 CFR part 40? Yes ___ No ___

Second Last Employer: Name _____ Phone: (____) _____

Address _____
Street City State/Zip Code

Position Held _____ From _____ To _____
(month/year) (month/year)

Reason For Leaving? _____

Were you subject to the FMCSR's? Yes ___ No ___

Was Job Designated as a Safety Sensitive function in any DOT regulated mode subject to drug and alcohol testing as required by 49 CFR part 40? Yes ___ No ___

Third Last Employer: Name _____ Phone: (____) _____

Address _____
Street City State/Zip Code

Position Held _____ From _____ To _____
(month/year) (month/year)

Reason For Leaving? _____

Were you subject to the FMCSR's? Yes ___ No ___

Was Job Designated as a Safety Sensitive function in any DOT regulated mode subject to drug and alcohol testing as required by 49 CFR part 40? Yes ___ No ___

Fourth Last Employer: Name _____ Phone: (____) _____

Address _____
Street City State/Zip Code

Position Held _____ From _____ To _____
(month/year) (month/year)

Reason For Leaving? _____

Were you subject to the FMCSR's? Yes ___ No ___

Was Job Designated as a Safety Sensitive function in any DOT regulated mode subject to drug and alcohol testing as required by 49 CFR part 40? Yes ___ No ___

LICENSE

List all drivers licenses held in the past three (3) years.

STATE	LICENSE NUMBER	CLASS/ENDORSEMENTS	EXPIRATION DATE

TRAFFIC CITATIONS

Traffic convictions and forfeitures for the past three (3) years on record (if none, write "none")
Truck and Car (other than parking violations)

DATE	LOCATION (STATE)	CHARGE	PENALTY

MOTOR VEHICLE ACCIDENTS

Motor Vehicle Accident Record for last 3 years(if none, write none)

List all involvement with truck and car including property damage, regardless of fault.

DATE	TYPE VEHICLE	NATURE OF ACCIDENT	WHO WAS AT FAULT	FATALITIES	INJURIES

- | | | |
|---|------------------------------|-----------------------------|
| A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| B. Has any license, permit, or privilege been suspended or revoked? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| C. Have you ever been convicted of any alcohol related driving offense? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| D. Have you ever been convicted for possession, sale, or use of a narcotic drug, amphetamine, or other controlled substance? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| E. Have you ever been convicted of a crime? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| F. 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 employment during the past two years. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If you answered yes to either A, B, C, D, E, or F please state the circumstances and date

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				

List States Operated in for the last 5 Years _____

DO YOU HAVE A D.O.T. PHYSICAL CERTIFICATE? _____
Doctor Address Date

CAN YOU DO THE FOLLOWING THINGS?

- Yes No Get in and out of a semi-truck?
- Yes No Get in and out of a semi-trailer?
- Yes No Get under unit to perform duties, such as checking brakes and visual inspection of equipment?
- Yes No Raise and lower trailer dollies when under a load?
- Yes No Apply enough pressure to release fifth wheel pin?
- Yes No Sit stationary in a driver's seat for long periods of time?
- Yes No Apply enough pressure to trailer tandem lever to release locking pins when sliding tandems?
- Yes No Be on duty the maximum hours allowed by D.O.T. Hours of Service Regulations?

IF ANY "NO" ANSWERS TO ABOVE, COULD YOU DO WITH REASONABLE ACCOMOCATION? EXPLAIN _____

EDUCATION

Highest Grade Completed: 4 5 6 7 8 High School: 1 2 3 4 College: 1 2 3 4

Did you graduate High School or College? _____ When? _____

List any other training or schools _____

Truck Driving School _____ Did you graduate? _____ When? _____

Can you read and write the English language? _____

=====

MISCELLANEOUS INFORMATION

Have you ever been discharged or requested to resign from a position? Yes No
How many days were you absent from work during the past year? _____ Three Years _____

I authorize my past employers and any other person or entity who has drug tested me in the past to release to Hilltrux Tank Lines Inc. the results and information regarding such testing. I further agree that if I am employed by Hilltrux Tank Lines I will submit to physical examinations, blood and urine tests as requested by the Company.

I understand that if I am employed by Hilltrux Tank Lines, I will be an employee at will. I will not have any employment contract, but instead, I will be hired at the mutual consent of the Company and myself. Under this arrangement, my employment can be discontinued at any time, with or without cause, and with or without notice, at the option of either the Company or myself. I expressly deny that I am contractually bound to the Company, or that the Company is contractually bound to me.

I understand that the Company may provide me with employee handbooks, employee benefits manuals, and other written materials intended to help employees follow and understand the Company's work rules, personnel policies, benefits, etc. I also understand that such materials are not contracts, and that the Company may update, supplement, increase, decrease, eliminate, or otherwise change any policies, rules, or benefits as it deems appropriate. If employed, I agree to familiarize myself with such materials as to abide by all present and future rules, policies, or procedures of the Company.

I understand that no representative of the company has any authority to make any agreement contrary to the foregoing.

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. I UNDERSTAND THAT ANY MISSTATEMENT OR OMISSION OF INFORMATION IN THIS APPLICATION MAY RESULT IN MY DISMISSAL.

DATE

X _____
APPLICANT'S SIGNATURE

EMPLOYMENT VERIFICATION

Hilltrux Tank Lines Inc.
200 Rosemont Rd. P.O. Box 696
North Jackson, Ohio 44451
Phone Number 330-538-3700
Fax Number 330-538-3705

_____,
Applicants Name (Please Print)

Social Security Number

You are hereby authorized to give Hilltrux Tank Lines Inc. all information concerning records of employment, including oral assessments of my job performance, ability, and fitness, to each and every company (or their authorized agents) which may request such information in connection with my application for DOT qualification. You are released from any liability, which may result from giving such information; I understand that the information in this form will be used and that prior employers will be contracted for purposes of investigation as required by 391.23 of the Motor Carrier Safety Regulation. I authorize the release of any information related to my alcohol and controlled substance testing and training records, by any former employers and hold them harmless of any liability from release of said information.

I understand that I have the right to review information provided by previous employers, have errors corrected by previous employer and resubmitted to Hilltrux Tank Lines Inc and/or have a rebuttal statement attached to erroneous information if my previous employer and I cannot agree on the accuracy of the information. I understand that I must request past employer information obtained by Hilltrux Tank Lines in writing within 30-days of my application.

Applicant Signature

Company Name: _____

Address: _____

Dates of Employment: from _____ to _____

Please circle all that apply:

Company Driver	Over the Road	Single	Tractor Trailer	Van/Reefer
Owner Operator	Regional	Team	Straight Truck	Flat Bed
Other _____	Local	Trainee	Tanker	Other _____

Type of Commodities hauled: _____

States operated in: _____

Accident Information

Date	Location	# of Injuries	Fatalities	H/M Involved	Description

Why did the employee leave your company? Resigned _____ Discharged _____ Laid off _____ Other _____

Explanation: _____

Would you rehire this person? Yes _____ No _____ Upon Review _____ Is this co. policy? _____

Verified by _____ Signature: _____
Please Print Name

Job Title: _____ Phone: _____

Hilltrux Tank Lines Inc

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 1, 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 maybe obtain on you for employment purposes. Sections 382.413, 391.23, 391.25 of the Federal Motor Carrier Safety Regulations, requires these reports.

Applicant's Signature

Date

Applicant's Printed Name

Social Security Number

CERTIFICATION OF COMPLIANCE WITH DRIVER 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 license 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 licensed by the state.

2. NOTIFICATION OF LICENSE SUSPENSION, REVOCATION OR CANCELLATION: Sections 392.42 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 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's License No. _____ State _____ Expiration Date _____

DRIVER'S CERTIFICATION: I certify that I have read and understand the above requirements.

Driver's Name (Printed): _____

Driver's Signature: _____ Date _____

Notes:



DRIVER'S RIGHTS UNDER FMCSR 391.23

As a driver you are provided with certain rights under the Federal Motor Carrier Safety Regulations in Part 391.23. These rights are:

391.23(i)(1)

- (i) The right to review information provided by previous employers;
- (ii) The right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to the prospective employer;
- (iii) The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

391.23(i)(2) Drivers who have previous Department of Transportation regulated employment history in the preceding three years, and wish to review previous employer-provided investigative information must submit a written request to the prospective employer, which may be done at any time, including when applying, or as late as 30 days after being employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five (5) business days of receiving the written request. If the prospective employer has not yet received the requested information from the previous employer(s), then the five-business day deadline will begin when the prospective employer receives the requested safety performance history information. If the driver has not arranged to pick up or receive the requested records within thirty (30) days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived his/her request to review the records.

391.23(i)(1) Drivers wishing to request correction of erroneous information in records received pursuant to paragraph (i) of this section must send the request for the correction to the previous employer that provided the records to the prospective employer.

391.23(i)(2) After October 29, 2004, the previous employer must either correct and forward the information to the prospective motor carrier employer, or notify the driver within 15 days of receiving a driver's request to correct the data that it does not agree to correct the data. If the previous employer corrects and forwards the data as requested, that employer must also retain the corrected information as part of the driver's safety performance history record and provide it to subsequent prospective employers when requests for this information are received. If the previous employer corrects the data and forwards it to the prospective motor carrier employer, there is no need to notify the driver.

391.23(i)(3) Drivers wishing to rebut information in records received pursuant to paragraph (i) of this section must send the rebuttal to the previous employer with instructions to include the rebuttal in that driver's safety performance history.

391.23(i)(4) After October 29, 2004, within five business days of receiving a rebuttal from a driver, the previous employer must:

- (i) Forward a copy of the rebuttal to the prospective motor carrier employer;
- (ii) Append the rebuttal to the driver's information in the carrier's appropriate file, to be included as part of the response for any subsequent investigating prospective employers for the duration of the three-year data retention requirement.

391.23(i)(5) The driver may submit a rebuttal initially without a request for correction, or subsequent to a request for correction.

391.23(i)(6) The driver may report failures of previous employers to correct information or include the driver's rebuttal as part of the safety performance information, to the FMCSA following procedures specified at Sec. 386.12.

391.23(k)(1) The prospective motor carrier employer must use the information described in paragraphs (d) and (e) of this section only as part of deciding whether to hire the driver.

391.23(k)(2) The prospective motor carrier employer, its agents and insurers must take all precautions reasonably necessary to protect the records from disclosure to any person not directly involved in deciding whether to hire the driver. The prospective motor carrier employer may not provide any alcohol or controlled substances information to the prospective motor carrier employer's insurer.

391.23(l)(1) No action or proceeding for defamation, invasion of privacy, or interference with a contract that is based on the furnishing or use of information in accordance with this section may be brought against--

- (i) A motor carrier investigating the information, described in paragraphs (d) and (e) of this section, of an individual under consideration for employment as a commercial motor vehicle driver,
- (ii) A person who has provided such information; or
- (iii) The agents or insurers of a person described in paragraph (l)(1)(i) or (ii) of this section, except insurers are not granted a limitation on liability for any alcohol and controlled substance information.

391.23(l)(2) The protections in paragraph (l)(1) of this section do not apply to persons who knowingly furnish false information, or who are not in compliance with the procedures specified for these investigations.

I, the undersigned, have received a copy of, read, and understand the above mentioned rights.

Driver's Signature Date

Date

Request for State Driving Record

I hereby authorize you to release the following information to Hilltrux Tank Lines, Inc for the purpose of investigation required by Section 391.23 and 391.25 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability, which may result from furnishing such information.

If hired or contracted, this authorization shall remain on file and shall serve as an ongoing authorization for procurement of the State Driving Record (M.V.R.) as any time during my employment or contract period.

(Employee/Applicants Signature)

(Date)

In accordance with the provisions of Sections 604 and 607 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 1 of Public Law 104-208) I hereby certify the following:

1. The consumer (applicant) has authorized in writing the procurement of this report.
2. The consumer (applicant) has been informed in a separate written disclosure that a consumer report may be obtained for employment purposes.
3. The information requested below will be used for a "permissible purpose" (i.e. information for employment purposes) and will be used for no other purpose.
4. The information being obtained will not be used in violation of any Federal or State equal opportunity law or regulation.
5. Before taking and adverse action based in whole or in part on the report the consumer (applicant) will receive a copy of the requested report and the summary of consumer rights as provided with the report by the consumer-reporting agency.

(Signature of requester)

(Date)

To: _____

Fax: _____

Dear Sir/Madam:

- The following named person has made an application with our company for the position of _____
_____ In accordance with 391.23, Federal Motor Carrier Safety Regulations, please furnish the undersigned with the applicant's driving record for the past three years.
- The following named person is an employee with our company in the position of _____
_____ In accordance with 391.25, Federal Motor Carrier Safety Regulations, please furnish the undersigned with the applicant's driving record for the past year.

Name Applicant/Driver: _____

Address: _____
(Number & Street) (City) (State) (Zip Code)

Former Address: _____
(Number & Street) (City) (State) (Zip Code)

Date of Birth: _____ Social Security Number: _____

License Number: _____ Issuing State: _____

Requested By

(Print Name)

(Company Name)

(Signature)

DRIVER APPLICANT PRE-EMPLOYMENT ALCOHOL AND CONTROLLED SUBSTANCES STATEMENT

Section 40.25(j) of the Federal Motor Carrier Safety Regulations, requires each motor carrier to inquire of prospective drivers and prospective drivers are requires to respond to the information in the question below.

Have you, the applicant, 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

If the answer to the above question is YES, please list the motor carrier(s) below:

Name of Motor Carrier: _____

Address: _____

Telephone Number: _____

In addition, if the answer to the above question was YES, please list the name and contact information for the Substance Abuse Professional (SAP) who completed your evaluation.

Name of SAP: _____

Address: _____

Telephone Number: _____

I certify that the information provided on this document is true and correct.

Signature of Applicant

Date