

**Employment Application Form  
Hendrickson Transportation, LLC**

**PLEASE PRINT ALL  
INFORMATION REQUESTED  
EXCEPT SIGNATURE**

**2762 310<sup>th</sup> Street  
Hamburg, IA 51640  
PH: 712-382-1505**

**APPLICATION FOR QUALIFICATION TO OPERATE MOTOR CARRIER EQUIPMENT  
APPLICANTS WILL BE SUBJECT TO PRE-EMPLOYMENT DRUG SCREENING**

**PLEASE COMPLETE PAGES 1-5.**

DATE \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle Other Last Names Used (if any)

Current address \_\_\_\_\_  
Number Street City State Zip

Three Years Previous Addresses (if different from current address)

\_\_\_\_\_  
Number Street City State Zip

\_\_\_\_\_  
Number Street City State Zip

\_\_\_\_\_  
Number Street City State Zip

Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_

Are you over the age of 18? \_\_\_\_\_

Position applied for (1) \_\_\_\_\_  
 and salary desired (2) \_\_\_\_\_  
 (Be specific)

Days/hours available to work

No Pref \_\_\_\_\_ Thur \_\_\_\_\_  
 Mon \_\_\_\_\_ Fri \_\_\_\_\_  
 Tue \_\_\_\_\_ Sat \_\_\_\_\_  
 Wed \_\_\_\_\_ Sun \_\_\_\_\_

How many hours can you work weekly? \_\_\_\_\_ Can you work nights? \_\_\_\_\_

Employment desired     FULL-TIME ONLY     PART-TIME ONLY     FULL- OR PART-TIME

When available for work? \_\_\_\_\_

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

**PLEASE PRINT ALL  
INFORMATION REQUESTED  
EXCEPT SIGNATURE**

**APPLICATION FOR EMPLOYMENT**

DO YOU HAVE A DRIVER'S LICENSE?     Yes     No

What is your means of transportation to work? \_\_\_\_\_

Driver's license  
number \_\_\_\_\_ State of issue \_\_\_\_\_     Operator     Commercial (CDL)     Chauffeur  
Expiration date \_\_\_\_\_

Please list any additional driver's license held in the past three years:

State: \_\_\_\_\_ License # \_\_\_\_\_ Type \_\_\_\_\_ Exp. Date \_\_\_\_\_

Attach sheet if more space is needed

Accident Record for past three years: Date \_\_\_\_\_ Description \_\_\_\_\_  
Location: \_\_\_\_\_ # of Fatalities \_\_\_\_\_ # of Injuries \_\_\_\_\_

Attach sheet if more space is needed

Traffic Convictions, Forfeitures, Suspensions in the past three years: \_\_\_\_Yes \_\_\_\_No  
Date \_\_\_\_\_ Charge: \_\_\_\_\_ Penalty: \_\_\_\_\_

Do not include parking violations. Attach sheet if more space is needed

\*Only fill out if Applying for Commercial Driver Job\*

**Driving  
Experience**

Class of Equipment:  Straight Truck     Tractor/Semi-trailer     Tractor/Two Semi-trailers     Other \_\_\_\_\_

List states operated in for last five years: \_\_\_\_\_

Number of years of driving a commercial motor vehicle \_\_\_\_\_

List special courses/training completed (PTD/DDC, Haz Mat) \_\_\_\_\_

Have you ever been denied a license, permit, or privilege to  
operate a motor vehicle? If yes, explain.                     Yes                     No

Has any license, permit, or privilege ever been suspended or  
revoked? If yes, explain.     Yes     No

Please list two references, other than relatives or previous employers, who have knowledge of your safety habits.

Name _____	Name _____
Position _____	Position _____
Company _____	Company _____
Address _____	Address _____
_____	_____
Telephone ( ) _____	Telephone ( ) _____

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

PLEASE PRINT ALL  
INFORMATION REQUESTED  
EXCEPT SIGNATURE

--

APPLICATION FOR EMPLOYMENT

MILITARY

Are you a veteran of the Armed Forces of the United States?  Yes  No

Which Branch of the Armed Forces were you a part of? \_\_\_\_\_

Specialty \_\_\_\_\_ Date Entered \_\_\_\_\_ Discharge Date \_\_\_\_\_

**Work Experience** Give a Complete Record of all employment for the past **three years**, including any unemployment or self employment. In addition, you must provide employment history for the past **ten years**, if you have driven a commercial vehicle previously. Use additional sheets if needed.

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates
		From To
	Your last job title	

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

Were you subject to the FMCSRs\* while employed here?  Yes  No

Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?  Yes  No

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates
		From To
	Your last job title	

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

Were you subject to the FMCSRs\* while employed here?  Yes  No

Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?  Yes  No

**PLEASE PRINT ALL  
INFORMATION REQUESTED  
EXCEPT SIGNATURE**

--

**APPLICATION FOR EMPLOYMENT**

**Work experience** Give a Complete Record of all employment for the past **three years**, including any unemployment or self employment. In addition, you must provide employment history for the past **ten years**, if you have driven a commercial vehicle previously. Use additional sheets if needed.

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates
		From  To
	Your last job title	

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

Were you subject to the FMCSRs\* while employed here?  Yes  No

Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?  Yes  No

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates
		From  To
	Your last job title	

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

Were you subject to the FMCSRs\* while employed here?  Yes  No

Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?  Yes  No

*\*The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone who operates a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: 1) has or weighs 10,001 lbs or more, 2) is designed or used to transport nine or more passengers, or 3) is of any size, used to transport hazardous materials in a quantity requiring placarding.*

---

**PLEASE READ CAREFULLY**

---

**APPLICATION FORM WAIVER**

In exchange for the consideration of my job application by **Hendrickson Transportation LLC** (hereinafter called "the Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of the Company, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President /General Manager of the Company. Both the undersigned and the Company may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application (including contacting current and prior employers). I understand that the information I provide in this application will be used for the purpose of investigating my safety performance history. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contact. I understand that I have the right to (1) review the information provided by current or previous employers; (2) have errors in the information corrected by previous employers, and for those previous employers to resend the corrected information to the prospective employer; and (3) have a rebuttal statement attached to the alleged erroneous information, if the previous employers and I cannot agree on the accuracy of the information.

I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice.

I also understand that (1) the Company has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job- related physical examinations.

I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with the Company shall be probationary for a period of sixty (60) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

**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 of applicant** \_\_\_\_\_ **Date:** \_\_\_\_\_

---

This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age, genetic information, or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.

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 Hendrickson Transportation LLC.