

EMPLOYMENT RECORD FOR PAST 10 YEARS-make sure to include 10 years.

Begin with your present or most recent job and list all employers for at least 10 years including all full-time and part-time employment, military service, self-employment and all periods of unemployment. Attach supplementary sheet(s), if necessary.

You must complete all information including telephone numbers, names & addresses

Current or Most Recent Employer: _____
Name of Company _____ Supervisor _____
Are you presently employed? Yes No
May we call your current employer? Yes No
Address: _____ Phone #: (_____)
Street City State/Zip
Position Held _____ From _____ To _____
(month, year) (month, year)
Rate of Pay _____ Number of states driven in _____
Why do you want to change employers _____
Number of Accidents _____ Please explain _____

Next Employer _____
Name of Company _____ Supervisor _____
Address: _____ Phone #: (_____)
Street City State/Zip
Position Held _____ From _____ To _____
(month, year) (month, year)
Rate of Pay _____ Number of states driven in _____
Why do you want to change employers _____
Number of Accidents _____ Please explain _____

Next Employer _____
Name of Company _____ Supervisor _____
Address: _____ Phone #: (_____)
Street City State/Zip
Position Held _____ From _____ To _____
(month, year) (month, year)
Rate of Pay _____ Number of states driven in _____
Why do you want to change employers _____
Number of Accidents _____ Please explain _____

Next Employer _____
Name of Company _____ Supervisor _____
Address: _____ Phone #: (_____)
Street City State/Zip
Position Held _____ From _____ To _____
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Rate of Pay _____ Number of states driven in _____
Why do you want to change employers _____
Number of Accidents _____ Please explain _____

Next Employer

Name of Company

Supervisor

Address:

Phone #: ()

Street

City

State/Zip

Position Held

From

To

(month, year)

(month, year)

Rate of Pay

Number of states driven in

Why do you want to change employers

Number of Accidents

Please explain

Next Employer

Name of Company

Supervisor

Address:

Phone #: ()

Street

City

State/Zip

Position Held

From

To

(month, year)

(month, year)

Rate of Pay

Number of states driven in

Why do you want to change employers

Number of Accidents

Please explain

Next Employer

Name of Company

Supervisor

Address:

Phone #: ()

Street

City

State/Zip

Position Held

From

To

(month, year)

(month, year)

Rate of Pay

Number of states driven in

Why do you want to change employers

Number of Accidents

Please explain

Next Employer

Name of Company

Supervisor

Address:

Phone #: ()

Street

City

State/Zip

Position Held

From

To

(month, year)

(month, year)

Rate of Pay

Number of states driven in

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Next Employer

Name of Company

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Address:

Phone #: ()

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City

State/Zip

Position Held

From

To

(month, year)

(month, year)

Rate of Pay

Number of states driven in

Why do you want to change employers

Number of Accidents

Please explain

Next Employer

Name of Company

Supervisor

Address:

Phone #: ()

Street

City

State/Zip

Position Held

From

To

(month, year)

(month, year)

Rate of Pay

Number of states driven in

Why do you want to change employers

Number of Accidents

Please explain

Were you subject to FMCSR's *while employed?

 Yes

 No

If so, list those employers and if that job was designated as a safety sensitive function in any DOT-regulated mode, subject to the drug & alcohol testing required of 49 CFR, please check yes or no beside that listed employer.

1	_____
2	_____
3	_____
4	_____
5	_____
6	_____
7	_____
8	_____
9	_____
10	_____

Yes	No
Yes	No
Yes	No
Yes	No
Yes	No
Yes	No
Yes	No
Yes	No
Yes	No
Yes	No

*The Federal Motor Carrier Safety Regulations (FMCSR) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle, # 1, weighs or has a GVWR of 10,001 lbs. or more, # 2, is designed or used to transport 9 or more passengers, or # 3, is of any size and is used to transport hazardous materials in a quantity requiring placarding.

DRIVING RECORD/EXPERIENCE

Driver License(s)

List ALL drivers licenses/permits held in past.

State	License Number	Type	Expiration Date

Is your current license a Class A CDL? _____ YES _____ NO _____ STATE

Endorsements: Combination vehicles over 26,001 lbs. _____ YES _____ NO _____ STATE

Hazardous material _____ YES _____ NO _____ STATE

Air Brakes _____ YES _____ NO _____ STATE

Traffic Convictions/Forfeitures

List ALL vehicle moving traffic convictions and forfeitures for the past three (3) years (If none, write NONE)

Date	Location (State)	Charge	Penalty

Accident Record

List ALL accidents/incidents with vehicles for past three years, include preventable and non-preventable,

WHETHER or NOT on MVR. (If none, write NONE)

Date	Type of Vehicle	Nature of Accident Head on, Rear-end, Upset, etc.	Preventable or Non-Preventable

Accident Record

Date	Fatalities		Injuries		Amount of Property Damage	Comments
	YES	NO	YES	NO		
	YES	NO	YES	NO		
	YES	NO	YES	NO		

Nature and Extent of Experience

Type	Trailer Length	Dates: FROM (M/Y) TO (M/Y)	Approx. Number of Miles	States Operated
Tractor with Flatbed				
Tractor with Van				
Tractor with Tank				
Straight Truck				
Other (Specify)				

Have you ever been denied a license, permit or privilege to operate a motor vehicle?

Have you ever had any license, permit or privilege suspended or revoked?

Have you ever been convicted for driving while under the influence of alcohol or drugs?

Have you ever been convicted for possession, sale, or use of a narcotic drug, amphetamine, or derivative thereof?

Have you ever been refused liability insurance?

Have you ever been convicted of a Felony?

Have you ever been convicted of a Misdemeanor?

Have you ever been disqualified to drive by Federal Regulations?

Have you ever been refused a security bond?

Yes	No
Yes	No
Yes	No
Yes	No
Yes	No
Yes	No
Yes	No
Yes	No
Yes	No

If your answer to any question is "yes", state details, circumstances, and dates

Physical Qualifications

FEDERAL MOTOR CARRIER SAFETY REGULATIONS SECTION 391.41 provides that a person shall not drive a motor vehicle unless that person is physically qualified to do so. It is an essential function of the over-the-road driver to satisfy the DOT qualifications. Please answer YES or NO to the following questions as they apply to you:

- | | YES | NO |
|---|-----|----|
| 1 Do you have a loss of a foot, leg, hand, or arm?
If you answered Yes to Question 1 above, do you have a DOT waiver Pursuant to Section 391.49?
(If your answer to Question 1 was No do not answer this question) | | |
| 2 Do you have an impairment of:
A. A hand or finger which interferes with prehension of power grasping?
B. An arm, foot, or leg wich interferes with the ability to perform the normal tasks associated with operating a motor vehicle; or any other significant limb defect which interferes with the ability to perform normal tasks associated with operating a motor vehicle? | | |
| 3 Do you have an established medical history or clinical diagnosis of diabetes mellitus currently requiring insulin for control? | | |
| 4 Do you have a current clinical diagnosis or myocardial infarction, angina pectoris coronary insufficiency, thrombosis, or do you have any other cardiovascular disease of variety known to be accompanied by syncope, dyspnea, collapse, or congestive cardiac failure? | | |
| 5 Do you have an established medical history or clinical diagnosis of a respiratory dysfunction likely to interfere with your ability to drive a motor vehicle safely? | | |
| 6 Do you have a current clinical diagnosis of high blood pressure likely to interfere with your ability to control and drive a motor vehicle safely? | | |
| 7 Do you have an established medical history or clinical diagnosis of rheumatic, arthritic, orthopedic, muscular, neuromuscular, or vascular disease which interferes with your ability to control and operate a motor vehicle safely? | | |
| 8 Do you have an established medical history or clinical diagnosis of epilepsy or any other condition which is likely to cause loss of consciousness or any loss of ability to control a motor vehicle? | | |
| 9 Do you have any mental, nervous, organic, or functional disease or psychiatric disorder likely to interfere with you ability to drive a motor vehicle safely? | | |
| 10 Do you have a current clinical diagnosis of alcoholism? | | |
| 11 Do you use a Schedule 1 drug, an amphetamine, narcotic, or any other habit-forming drug, except that you may use such a substance or drug if the substance or drug if the substance or drug is prescribed by a licensed medical prctitioner who is familiar with your medical history and assigned duties and who has advised you that the prescribed substance or drug will not adversely affect your ability to safely operate a motor vehicle?
If answer to any of the above is YES, please explain: _____

_____ | | |
| 12 Do you have a distant visual acuity of at least 20/40 (Snellen) in each eye with corrective lenses, or visual acuity separately corrected to 20/40 (Snellen) or better with corrective lenses, distant binocular acuity of at least 20/40 (Snellen) in both eyes with or without corrective lenses? | | |
| 13 Do you have a field of vision at least 70 degrees with horizontal meridian in each eye? | | |
| 14 Do you have the ability to recognize the colors of traffic signals and devices showing standard red, green, and amber? | | |
| 15 Can you perceive a forced whispered voice in the better ear at not less than 5 feet with or without the use of a hearing aid?
If answer to 12-15 is NO please explain: _____

_____ | | |

Educational Background

Type of School	Name and City/State	Graduated		How many years attended?	Major
		Yes	No		
Grade					
High School					
College					
Graduate					
Trade School					
Driving School					

Experience & Qualifications - Other

List special courses or training which will help you as a Driver: _____

Which safe driving awards do you hold and w/ whom? _____

List any other experience and or courses taken which will help with the position applied for: _____

Are you a military Veteran? _____ YES _____ NO

If yes, dates of active duty: _____ To _____

For Veterans, list any training which will help with the position applied for: _____

Agreement

TO BE READ AND SIGNED BY APPLICANT

This application for employment and any resulting conditional job offer or contract of hire, shall be deemed to be completed and executed in the state of Iowa. It is agreed and understood that any misrepresentations of any information by applicant shall be considered an act of dishonesty and may subject applicant to immediate discharge if hired.

It is agreed and understood that the employer 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 record or not, and applicant releases former and/or current employers named herein from all liability for any damages for furnishing such information. It is understood that the information in this application will be used and that prior employers will be contacted for purposes of investigation as required by the motor carrier safety regulations.

It is also agreed and understood that under the Fair Credit Report 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. (MA/GA/KS)-I understand that as a condition of employment, I will obtain from the State Motor Vehicle Agency, within my probationary period, and without cost to the employer, a copy of my motor vehicle violations record.

(MA)-"An applicant for employment with a sealed record on file with the commissioner of probation may answer "no record" with respect to any inquiry herein relative to prior arrests, criminal court appearances or convictions. An applicant for employment with a sealed record or file with the commissioners of probation may answer "no record" with respect to any inquiry relative to prior arrests, court appearances and adjudications in all cases of delinquency or as a child in need of services which did not result in a complaint transferred to the superior court for criminal prosecution."

(PA)-I authorize my employer to obtain from the Registry of Motor Vehicles a copy of my Motor Vehicle Violations Record. It is understood that this application for employment and any conditional offer of employment in no way obligates the employer to employ me and it is understood that if hired, my employment is "at will."

It is agreed that the applicant, by presenting the application for employment, represents that the statements given by the applicant to the information requested in the application are true, correct and complete, and that any false, misleading or incomplete statement of the information requested in this application shall be sufficient grounds for discharge if employed.

It is agreed and understood that as a condition of employment, all drivers will be subject to drug/alcohol testing and a physical examination. I affirm that

I have a genuine interest and no other purposes in applying for a job with the company. 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.

Date: _____

Applicant's Signature: _____

For Office Use Only

Safety Supervisor approval: _____

Hire date: _____

Student Driver

Experienced Driver/years

AUTHORIZATION RELEASE FORM

I authorize Holiday Express Corp. to Contact any organization or individual that I have listed on my employment application or resume or mentioned in job interviews and obtain from them any relevant information about my job qualifications, including my experience, skills, and abilities. I understand that I am consenting to the release of safety performance information including crash data from the previous three (3) years and inspection history from the previous three (3) years, as well as any reference-related information about me held or known by my former employers, supervisors, and co-workers. In addition, or work-related characteristics or traits held or known by other organizations or individuals, including schools and educational institutions, professional or business associates, and friends and acquaintances that Holiday Express Corp. might contact n the course of conducting a reference check or background investigation of my suitability for employment.

I understand and acknowledge that this release of information can involve my qualifications, performance, credentials or other characteristics or factors affecting my suitability for employment with Holiday Express Corp. Specifically, I am authorizing the release of any information about my performance, experience, capability, attitude, specific events, or other work-related characteristics that currently are in the possession of the requested organizations or their managers or representatives. Included and not limited to Section 391.23 and 382.413 of the FMCSR.

In exchange for Holiday Express Corp.'s consideration of my employment application, I agree not to file or purse any complaints, claims, or legal actions of any kind against any organization or individual that provides work-related information about me to Holiday Express Corp. or its agents in accordance with the terms and intent of this release. I also agree not to file or pursue any complaints, claims, or legal actions against Holiday Express Corp. or any of its employees, representatives, or agents arising out of their efforts to obtain work-related information about me.

I have read the above Notice Regarding Background Reports provided to me by Holiday Express Corp. and I understand that if I sign this consent form, Holiday Express Corp. and/or any entity it retains to obtain such background reports may obtain reports of my credit, driving and/or criminal background history in addition to information regarding my background, references, education, specific events, and past employment.

I hereby authorize Holiday Express Corp. and its employees, agents and affiliates to obtain the information authorized above.

DATE: _____ SIGNATURE: _____

Social Security Number _____ NAME (Please Print) _____

**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 Holiday Express Corp. ("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 Holiday Express Corp. ("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)