

EMPLOYMENT RECORD FOR PAST 10 YEARS

Begin with your present or most recent job and work backward in order, listing your employer for at least **10 years** including all **full and part-time employment**. All time must be accounted for including **military service, self-employed** and **periods of unemployment**. Use supplementary sheet if necessary. We must have dates and telephone numbers.

Current or Most Recent Employer: Name _____ Supervisor _____
Are you presently employed? Yes No May we call your current employer? Yes No
Address (St/City/State/Zip) _____ Telephone (_____) _____
Position Held _____ From (mo/yr) _____ To (mo/yr) _____ Rate of Pay _____
Why do you want to leave? _____ Number of states driven in _____
What type of driving exp: _____

Second Last Employer: Name _____ Supervisor _____
Address (St/City/State/Zip) _____ Telephone (_____) _____
Position Held _____ From (mo/yr) _____ To (mo/yr) _____ Rate of Pay _____
Reason for Leaving? _____ Number of states driven in _____
What type of driving exp: _____

Third Last Employer: Name _____ Supervisor _____
Address (St/City/State/Zip) _____ Telephone (_____) _____
Position Held _____ From (mo/yr) _____ To (mo/yr) _____ Rate of Pay _____
Reason for Leaving? _____ Number of states driven in _____
What type of driving exp: _____

Fourth Last Employer: Name _____ Supervisor _____
Address (St/City/State/Zip) _____ Telephone (_____) _____
Position Held _____ From (mo/yr) _____ To (mo/yr) _____ Rate of Pay _____
Reason for Leaving? _____ Number of states driven in _____
What type of driving exp: _____

Fifth Last Employer: Name _____ Supervisor _____
Address (St/City/State/Zip) _____ Telephone (_____) _____
Position Held _____ From (mo/yr) _____ To (mo/yr) _____ Rate of Pay _____
Reason for Leaving? _____ Number of states driven in _____
What type of driving exp: _____

Sixth Last Employer: Name _____ Supervisor _____
Address (St/City/State/Zip) _____ Telephone (_____) _____
Position Held _____ From (mo/yr) _____ To (mo/yr) _____ Rate of Pay _____
Reason for Leaving? _____ Number of states driven in _____
What type of driving exp: _____

Seventh Last Employer: Name _____ Supervisor _____
Address (St/City/State/Zip) _____ Telephone (_____) _____
Position Held _____ From (mo/yr) _____ To (mo/yr) _____ Rate of Pay _____
Reason for Leaving? _____ Number of states driven in _____
What type of driving exp: _____

Eighth Last Employer: Name _____ Supervisor _____
Address (St/City/State/Zip) _____ Telephone (_____) _____
Position Held _____ From (mo/yr) _____ To (mo/yr) _____ Rate of Pay _____
Reason for Leaving? _____ Number of states driven in _____
What type of driving exp: _____

DRIVING RECORD / EXPERIENCE

LICENSE

List all drivers licenses / permits held in past five (5) years

STATE	LICENSE NUMBER	TYPE	EXPIRATION DATE

TRAFFIC CONVICTIONS / FORFEITURES

List all car, truck, etc. moving traffic convictions and forfeitures for the past 5 years (if not, write none)

DATE	LOCATION (STATE)	CHARGE	EXPIRATION DATE	PENALTY

ACCIDENT RECORD

List all accidents with truck, car, etc. for past 5 years include preventable and non-preventable (if not, write none)

Date	Type Of Vehicle	Nature Of Accident (Head-On, Rear-End, Etc.)	Indicate Preventable Or Non-Preventable	Fatalities	Injuries	Amount Of Property Damage
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

NATURE OF EXTENT OF EXPERIENCE

	OTR or Local	Trailer Length	Dates		Approx. Number of Miles	Type of Material Hauled
			From	To		
Tractor with Flatbed						
Tractor with Van						
Tractor with Reefer						
Tractor with Tank						
Straight Truck						
Other (Specify)						

Show special courses of training that will help you as a Driver _____

Which safe driving awards do you hold and from whom: _____

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes No
- B. Have you ever had any license, permit or privilege suspended or revoked? Yes No
- C. Have you ever been convicted of a Felony or any other Criminal Offense? Yes No
- D. Have you ever been disqualified to drive by Federal Regulations? Yes No

If answer to any question is yes, state details, circumstances, and date _____

EDUCATIONAL BACKGROUND

EDUCATION:

Circle Highest Grade Completed: 1 2 3 4 5 6 7 8 9 10 11 12 College _____

Last School Attended: Name _____ City _____ State _____

Driving School Yes No Graduation Date: _____

MILITARY STATUS:

Have you served in the U.S. Armed Forces Yes No Branch? _____

Honorable discharge? Yes No

TO BE READ AND SIGNED BY APPLICANT

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 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 investigative 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.

I authorize my employer to obtain from the Registry of Motor Vehicles a copy of my Motor Vehicle Violations Record.

It is agreed and understood that this application for employment in no way obligates the employer to employ me; and it is understood that if hired, I may be on a probationary period during which I may be discharged without recourse.

<p>I, _____ hereby request and authorize _____</p> <p style="text-align: center; font-size: small;">Name of Applicant Employer</p> <p>and/or Transportation Information Services dba DAC Services, to cause to be conducted, at any time, an investigation of my background for employment purposes, which may include, but is not limited to, any information relating to my character, general reputation, personal characteristics, mode of living, criminal history, past work experience, educational background, or any other information about me which may reflect upon my potential for employment gathered from any individual, organization, entity, agency, or other source which may have knowledge concerning any such items of information.</p> <p>For purposes of gathering this information, I agree to supply the following information.</p> <p>Date of Birth _____</p> <p>Male <input type="checkbox"/> Female <input type="checkbox"/></p> <p>I hereby fully release and discharge above named employer and DAC Services, their respective affiliates, subsidiaries, directors, officers, employees, agents, and attorneys thereof, and each of them, and any individual, organization, entity, agency, or other source providing information to above named employer and/or DAC Services from all Claims and damages arising out of or relating to any investigation of my background for employment purposes</p> <p>I further authorize DAC Services to store, maintain, and copy any information gathered, or obtained, during an investigation of my background for employment purposes and to re-release such information to any prospective employer</p> <p>_____</p> <p style="text-align: center; font-size: small;">Date Signature of the Applicant</p>	
--	--

CERTIFICATION BY DRIVER

I hereby certify that I have read and understand the driver provisions of the Commercial Motor Vehicle Safety Act of 1985 which became effective on July 1, 1987.

Drivers Name (print) _____ Soc. Sec. # _____

Driver's Address _____

License: State _____ Type/Class _____ I.D. No. _____

As a condition of my employment, I agree to the urine sample collection and controlled substance testing.

I understand a positive test for controlled substances based on the Urinalysis Test will medically disqualify me from the operation of a commercial motor vehicle for this company.

The Medical Review Officer will maintain the results of the Urinalysis Test. Negative and positive results will be reported to the company.

My written authorization is required for the Urinalysis Test results to be given to other parties.

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 I will be immediately terminated if I have falsified any part of this application

_____ X _____

Date Signature of the Applicant



Halvor Lines, Inc.



**HALVOR LINES, INC.
217 GRAND AVE.
SUPERIOR, WI 54880
715-392-8161
800-346-1472**

**WHEN YOU SEND BACK YOUR APPLICATION, PLEASE
ENCLOSE THE FOLLOWING DOCUMENTS:**

- 1. COPY OF YOUR LONG FORM PHYSICAL**
- 2. COPY OF YOUR MEDICAL CERTIFICATE**
- 3. COPY OF THE FRONT AND BACK OF YOUR LICENSE**
- 4. COPY OF YOUR SOCIAL SECURITY CARD AND A COPY
OF YOUR BIRTH CERTIFICATE**

**IF YOU SEND THE ABOVE INFORMATION, ALONG WITH YOUR
COMPLETED APPLICATION FORM, A SIGNED RELEASE FORM,
AND A COMPLETED DRUG AND ALCOHOL RELEASE FORM, IT
WILL HELP TO PROCESS YOUR APPLICATION IN A TIMELY
MANNER.**

**IF YOU WOULD LIKE TO FAX ALL THE PAPERWORK TO 715-
392-2915, IT WILL SPEED UP PROCESSING YOUR
APPLICATION.**



Halvor Lines, Inc
217 Grand Ave.
Superior WI 54880
Phone # 800-346-1472
Phone # 715-392-8161
Fax # 715-392-1969
Fax # 715-392-1418

TOTAL APPLICANT SCREENING RELEASE

In connection with my application for employment (including contract for services) with **Halvor Lines, Inc.**

I hereby fully release and discharge you, and Halvor Lines, Inc., their respective affiliates, subsidiaries, directors, officers, employees, agents and attorneys thereof, and each of them, and any individual, organization, entity, agency, or other source providing information to Halvor Lines, Inc. from all claims and damages arising out of or relating to any investigation of my background for employment purposes.

For the purposes of gathering this information, I agree to supply the following information:

Date of Birth: _____

Male: _____ Female: _____

Print Name

Social Security Number

Applicant's Signature

Date

To: Julie Scott / 800-322-5298

From: Lori Vinje-Pint



(Company Contact Name)

Halvor Lines, Inc.

(Company Name)

Use Fax # 800-267-4093 (Manual Service)

Fax #: (715) 392 - 1969

Use Fax # 800-257-8069 (If Database Retrieval)

DAC Customer #: 024493 DAC Sub-account: _____

PART I - DOT DRUG AND ALCOHOL RELEASE

I authorize, per 49 CFR Part 40, the release of information from my DOT regulated drug and alcohol testing records by the carriers (company/school) listed below to DAC for the sole purpose of transmitting such records to the above listed employer. I authorize release of the following information concerning drug and alcohol tests: DOT drug and alcohol testing violations including pre-employment tests during the past two years; (i) Alcohol tests with a result of 0.04 or higher; (ii) verified positive drug tests; (iii) refusals to be tested (including verified adulterated or substituted results); (iv) other violations of DOT drug and alcohol testing regulations; (v) information obtained from previous employers of a drug and alcohol rule violation(s) and (vi) documents, if any, of completion of a return-to-duty process following a rule violation.

The information that I have authorized DAC to review involves tests required by DOT. If any carrier (company/school) listed below furnishes DAC with information concerning items (i) through (vi) above, I also authorize that carrier (company/school) to release and furnish the dates of my negative drug and/or alcohol tests and/or tests with results below 0.04 during the two-year period and the name and phone number of any substance abuse professional who evaluated me during the past two years.

Table with 4 columns: Company, City, State, Phone Number. Contains four rows of blank lines for data entry.

(Attach additional forms for additional past employers. That form must also include the individual's signature.)

Print name: _____ (Applicant Name)

Signed: _____ (Applicant Signature Required)

Social Security No: _____

Date: _____

PART II - CONSUMER REPORT DISCLOSURE AND RELEASE

In connection with my application for employment (including contract for services) with the employer named above. I understand that consumer reports which may contain public record information may be requested from DAC Services, Tulsa, Oklahoma. These reports may include the following types of information: names and dates of previous employers, reason for termination of employment, work experience, accidents, etc. I further understand that such reports may contain public record information concerning my driving record, workers' compensation claims, credit, bankruptcy proceedings, criminal records, etc., from federal, state and other agencies which maintain such records, as well as information from DAC concerning previous driving record requests made by others from such state agencies, and state provided driving records. I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY DAC TO FURNISH THE ABOVE MENTIONED INFORMATION. THIS AUTHORIZATION DOES NOT APPLY TO DRUG AND ALCOHOL INFORMATION OBTAINED UNDER PART I.

I have the right to request from DAC, upon presentation of proper identification, the nature and substance of all information in its files on me at the time of my request, including the sources of information; and the recipients of any reports on me which DAC has previously furnished within the two year period preceding my request. I hereby consent to your obtaining the above information from DAC, and I agree that such information which DAC has or obtains, and my employment history (not DOT Drug and Alcohol Information without a specific consent by me) with you if I am hired, will be supplied by DAC to other companies which subscribe to DAC Services.

I hereby authorize procurement of consumer report(s). If hired or contracted this authorization, for Part II reports only, shall remain on file and shall serve as ongoing authorization for you to procure consumer reports at any time during my employment or contract period.

Print name: _____ (Applicant Name)

Signed: _____ (Applicant Signature Required)

Social Security No: _____

Date: _____



Halvor Lines, Inc.
 217 Grand Ave.
 Superior, WI 54880

Phone # 800-346-1472
 Phone # 715-392-8161
 Fax # 715-392-1969
 Fax # 715-392-1418

FROM:

DRIVER-APPLICANT AUTHORIZATION TO RELEASE DRUG AND ALCOHOL TEST INFORMATION

In conformity with sections 382.413, 382.405, and 391.89 of Title 49 of the code of Federal Regulations, I hereby authorize the companies listed below to furnish **Halvor Lines, Inc.** and its agents the following information concerning drug and alcohol tests, including pre-employment tests conducted during the past two years: (1) the dates on which I tested positive for a controlled substance, and the controlled substance(s) involved; (2) the dates on which I tested 0.04 or greater for alcohol and the test result levels; (3) the dates on which I refused to be tested for controlled substances and/or alcohol.

I fully understand that the information I authorize **Halvor Lines, Inc.** and its agents to receive involves the tests which were required by the Department of Transportation (DOT), and may also include information concerning tests which DOT did not require but which the companies listed below may have voluntarily conducted under their own authority unless I instruct the companies in writing not to release information concerning non-DOT tests to Halvor Lines, Inc. and its agents. If any company listed below furnishes Halvor Lines, Inc. and its agents with information concerning items (1), (2), or (3), I also authorize that company to release and furnish: (4) the dates of my negative drug and/or alcohol tests and/or tests with results below 0.04 during the two-year period; and (5) the name and phone number of any substance abuse professional who evaluated me during the past two years.

PRINT CLEARLY

COMPANY NUMBER	CITY	STATE	PHONE

(Attach additional form if needed.)

By signing below, I certify that I have read and fully understand this release, that prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction, and that I executed this release voluntarily and with the knowledge that the information being released could affect my being hired. I further certify that all of the information which I have furnished on this form is true and complete, and that I have listed every company for which I worked during the past two years, and every company for which I took a pre-employment drug and/or alcohol test during the past two years.

Print Name: _____
 Applicant Name

Signed: _____
 Applicant Signature Required

Social Security # _____ - _____ - _____

Date: _____

Please complete this form so we can process your application in a timely manner.