

HERITAGE Trucking Inc.

2333 N. Country Club Dr., Mesa, AZ 85201 • Office (480) 222-8100 • Fax (480) 464-8879

APPLICATION FOR EMPLOYMENT

Thank you for your interest in employment with Heritage Trucking Inc. We are an equal opportunity employer and do not discriminate in any aspect of employment on the basis of race, color, religion, sex, national origin, marital status, age, veteran status, non-job related disability or any other protected group status.

Today's Date: _____

Position Applying For: _____ Rate of Pay Desired: _____

GENERAL INFORMATION

LAST NAME	FIRST NAME	MIDDLE	SOCIAL SECURITY #
CURRENT ADDRESS			HOW LONG?
CITY	STATE	ZIP CODE	
HOME PHONE	ALTERNATE PHONE/CELL		

PREVIOUS ADDRESSES (FOR THE LAST 3 YEARS)

ADDRESS	CITY	STATE	HOW LONG?
ADDRESS	CITY	STATE	HOW LONG?
ADDRESS	CITY	STATE	HOW LONG?

DATE OF BIRTH ____/____/____ CAN YOU PROVIDE PROOF OF AGE? _____
(REQUIRED FOR COMMERCIAL DRIVERS)

ARE YOU EMPLOYED NOW: YES NO IF NOT HOW LONG SINCE LEAVING YOUR LAST EMPLOYMENT? _____

HAVE YOU EVER WORKED FOR THIS COMPANY? _____ IF YES, EXPLAIN WHEN AND WHERE: _____

ARE YOU CURRENTLY OR HAVE YOU PREVIOUSLY PERFORMED SERVICES AS AN INDEPENDENT CONTRACTOR FOR HERITAGE TRUCKING INC?

NO _____ IF YES, EXPLAIN WHEN AND WHERE: _____

DATE AVAILABLE TO START WORK _____ DAYS AVAILABLE _____ HOURS AVAILABLE _____

ARE YOU WILLING TO WORK OVERTIME OR NIGHTS WHEN REQUIRED? YES NO

IS THERE ANY REASON YOU MIGHT BE UNABLE TO PERFORM THE FUNCTION OF THE JOB FOR WHICH YOU HAVE APPLIED (PLEASE REVIEW JOB POSTING BEFORE ANSWERING THIS QUESTION) YES NO IF YES, EXPLAIN: _____

ARE YOU LEGALLY AUTHORIZED TO WORK IN THE U.S.? _____
(YOU WILL BE REQUIRED UPON EMPLOYMENT TO SUBMIT VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE UNITED STATES.)

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR? _____ IF YES, PLEASE EXPLAIN FULLY ON A SEPARATE SHEET OF PAPER.

DO YOU HAVE ANY LEGAL ACTIONS PENDING RELATED TO A FELONY OR MISDEMEANOR CHARGE? _____ IF YES, PLEASE EXPLAIN FULLY ON A SEPARATE SHEET OF PAPER.

(PENDING ACTION AND/OR A CONVICTION OF A CRIME IS NOT AN AUTOMATIC BAR TO EMPLOYMENT. ALL CIRCUMSTANCES WILL BE CONSIDERED. FAILURE TO ANSWER HONESTLY MAY RESULT IN DISCONTINUED CONSIDERATION OF OR TERMINATION OF EMPLOYMENT.)

GENERAL INFORMATION (CON'T)

HAVE YOU EVER TESTED POSITIVE FOR ILLEGAL SUBSTANCES DURING A ROUTINE D.O.T. OR NON-D.O.T. DRUG TEST? YES NO

IF YES, EXPLAIN: _____

HAVE YOU EVER TESTED POSITIVE UNDER A BREATH ALCOHOL TEST WITH A CONCENTRATION OF .04 OR GREATER? YES NO

IF YES, EXPLAIN: _____

HAVE YOU EVER REFUSED TO SUBMIT TO A DRUG OR ALCOHOL TEST? YES NO

IF YES, EXPLAIN: _____

EDUCATIONAL BACKGROUND

CIRCLE THE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 HIGH SCHOOL: 1 2 3 4 COLLEGE: 1 2 3 4

LAST SCHOOL ATTENDED: NAME _____ CITY/State: _____

EMPLOYMENT HISTORY

ALL DRIVER APPLICANTS TO DRIVE INTERSTATE COMMERCE MUST PROVIDE THE FOLLOWING INFORMATION ON ALL EMPLOYMENT DURING THE PRECEDING THREE YEARS. LIST COMPLETE MAILING ADDRESS, STREET NUMBER, CITY, STATE, AND ZIP CODES. APPLICANTS TO DRIVE A COMMERCIAL MOTOR VEHICLE IN INTRASTATE OR INTERSTATE COMMERCE SHALL ALSO PROVIDE ADDITIONAL SEVEN YEARS INFORMATION ON THOSE EMPLOYERS FOR WHOM THE APPLICANT OPERATED SUCH VEHICLE. (NOTE: LIST EMPLOYERS IN REVERSE ORDER STARTING WITH THE MOST RECENT FIRST. WRITE ON THE BACK OF THE PAPER IF YOU NEED MORE ROOM.

YOUR PREVIOUS EMPLOYMENT HISTORY MUST GO BACK AT LEAST TEN YEARS.

EMPLOYER		DATE	
NAME:		FROM	TO
		MO. YR.	MO. YR.
ADDRESS		POSITION HELD	
CITY	STATE	ZIP	
		SALARY/WAGE	
REASON FOR LEAVING:	TYPE OF EQUIPMENT OPERATED:		
CONTACT PERSON:		PHONE #	
WHERE YOU SUBJECT TO THE FMCSRs WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO			
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG & ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO			

EMPLOYER		DATE	
NAME:		FROM	TO
		MO. YR.	MO. YR.
ADDRESS		POSITION HELD	
CITY	STATE	ZIP	
		SALARY/WAGE	
REASON FOR LEAVING:	TYPE OF EQUIPMENT OPERATED:		
CONTACT PERSON:		PHONE #	
WHERE YOU SUBJECT TO THE FMCSRs WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO			
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG & ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO			

EMPLOYER		DATE	
NAME:		FROM	TO
		MO. YR.	MO. YR.
ADDRESS		POSITION HELD	
CITY	STATE	ZIP	
		SALARY/WAGE	
REASON FOR LEAVING:	TYPE OF EQUIPMENT OPERATED:		
CONTACT PERSON:		PHONE #	
WHERE YOU SUBJECT TO THE FMCSRs WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO			
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG & ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO			

EMPLOYER		DATE	
NAME:		FROM	TO
		MO. YR.	MO. YR.
ADDRESS		POSITION HELD	
CITY	STATE	ZIP	
		SALARY/WAGE	
REASON FOR LEAVING:	TYPE OF EQUIPMENT OPERATED:		
CONTACT PERSON:		PHONE #	
WHERE YOU SUBJECT TO THE FMCSRs WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO			
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG & ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO			

EMPLOYER		DATE	
NAME:		FROM	TO
		MO. YR.	MO. YR.
ADDRESS		POSITION HELD	
CITY	STATE	ZIP	
		SALARY/WAGE	
REASON FOR LEAVING:	TYPE OF EQUIPMENT OPERATED:		
CONTACT PERSON:		PHONE #	
WHERE YOU SUBJECT TO THE FMCSRs WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO			
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG & ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO			

LICENSE INFORMATION

(Section 383.21 FMCSR states "No person who operates a commercial motor vehicle shall at any time have more than one drivers license". I certify that I do not have more than one vehicle license, the information for which is listed below.

STATE	LICENSE #	TYPE	EXPIRATION DATE

HAVE YOU EVER BEEN DENIED A LICENSE, PERMIT, OR PRIVILEGE TO OPERATE MOTOR VEHICLE? YES NO

HAS ANY LICENSE, PERMIT OR PRIVILEGE EVER BEEN SUSPENDED OR REVOKED? YES NO

IF YES, PLEASE GIVE DETAILS: _____

ACCIDENTS AND INCIDENTS

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF SPACE IS NEEDED) IF NONE, WRITE NONE.

DATE	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC)	COMMERCIAL OR PERSONAL VEHICLE	FATALITIES	INJURIES

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE NONE.

DATE CONVICTED	VIOLATION	STATE OF VIOLATION LOCATION	COMMERCIAL OR PERSONAL VEHICLE	PENALTY (FORFEITED BOND, COLLATERAL AND/OR POINTS)

EXPERIENCE / QUALIFICATIONS

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, DUMP, ETC)	TO	DATES FROM	APPROX. # OF MILES (TOTAL)
SUPER 16/18 TEN WHEEL DUMP				
TRACTOR AND SEMI-TRAILER				
TRACTOR – TWO TRAILERS				
OTHER:				

LIST STATES OPERATED IN FOR LAST FIVE YEARS: _____

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER: _____

WHICH SAFE DRIVING AWARDS TO YOU HOLD AND FROM WHOM? _____

LIST ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY: _____

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION: _____

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN ALREADY SHOWN): _____

PROFESSIONAL REFERENCES

List professional references that are familiar with the quality of your work, have worked directly with you, and have known you at least two years.

1. Reference

Work phone () _____ Home phone () _____

Address _____

City _____ State _____ Zip code _____

Relationship _____

2. Reference

Work phone ()	Home phone ()	
Address		
City	State	Zip code
Relationship		

PLEASE READ CAREFULLY AND SIGN

I understand that if I am hired, my employment will be for no definite period, regardless of the period of payment of my wages. I further understand that I have the right to terminate my employment at will at any time with or without notice or reason, and the Company has the same right. No one other than the President of the company has the authority to modify this relationship or make any agreement to the contrary. Any such modification or agreement must be in writing.

I understand that the Company reserves the right to require me to submit a drug test at any time and also reserves the right to require me to submit to an alcohol test and/or medical examination to the extent permitted by law. I further understand that the Company may contact my previous employers and I authorize those employers to disclose the Company all records and any other information pertinent to my employment with them. I release my previous employers from any liability as a result of their disclosure of information about me to the Company. I also authorize the Company to provide truthful information concerning my employment with it to my future prospective employers and I agree to hold it harmless for providing such information. I further understand that if employed I will be on a 90-day introductory period and that termination for unsatisfactory performance during that period will not result in any Company responsibility for unemployment benefits. I further understand that completion of the introductory period does not confer any expectation of continued employment, and that if employed, my employment will be for no definite period and "at-will".

By signing below, I certify that all of the information that I provide on this application and in an interview are and will be true, complete and accurate. I understand that if I am employed and any such information is later found to be false or misleading in any respect, I will be dismissed. I certify that I have received a written notification that the Company may obtain a consumer report or reports on me. I authorize this Company to obtain such a report or reports for use in connection with my application for employment and for other employment-related reasons. If hired, this authorization shall remain on file and serve as ongoing authorization for procurement of employment-related consumer reports at any time during my employment. I understand that the term consumer report includes, but is not limited to, credit checks, criminal background checks, department of motor vehicle reports and investigative consumer reports.

If I am hired, as a condition of employment, I understand that I will be required to sign certain employee agreements relating to company policies. I understand that, if hired, I am required to abide by all rules and regulations of Heritage Trucking inc. and to comply with all policies and procedures. I further understand that Heritage Trucking policies and procedures are subject to modification without notice.

Applicant's Signature _____

Date _____

REQUEST FOR CHECK OF DRIVING RECORD

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

Applicant's 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 1966 (Title II, Subtitle D, Chapter 1, of the 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 purposes;
4. The information being obtained will not be used in violation of any federal or state equal opportunity law or regulation; and;
5. Before taking an adverse action based on the whole or in part on the report the consumer (applicant) will receive a copy of the requested report and the summary of the consumer rights as provided with the report by the consumer reporting agency.

I also certify that this report request and the above applicant's release notice meet the definition of "permissible uses" of State motor vehicle records under the provisions of the Driver's Privacy Protection Act of 1994 (Public Law 103-322, Title xxx,

Signature of Requestor

Date

APPLICANT / DRIVERS RIGHTS

Applicants Rights Regarding Investigative Information required by the FMCSR Part 391.23

The applicant (Drivers) has the right to:

1. Review information provided by Heritage Trucking Inc. by previous employers.
2. Have errors in the information corrected by the previous employer, and for that previous employer to re-send the corrected information to Heritage Trucking Inc.
3. Have a rebuttal statement attached to the alleged erroneous information.

Drivers who have previous D.O.T. regulated employment history in the preceding three years and wish to review previous employer-provided investigative information must submit a written request to Heritage Trucking, Inc., 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. Heritage Trucking, Inc., will provide this information to the applicant within five (5) business days of receiving the written request. If Heritage Trucking, Inc., has not yet received the requested information from the previous employer(s), then the five-business days deadline will begin when Heritage Trucking, Inc., 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 Heritage Trucking, Inc., making them available, the prospective motor carrier may consider the driver to have waived his/her request to review the records.

I acknowledge Heritage Trucking Inc. has explained my rights as related to investigative information as required under FMCSR Part 391.23

Applicant's Signature

Date

Driver Job Responsibilities

(Initial each blank)

- _____ Will be required to drive various kinds of trucks, which may include semi-end dumps, belly dumps, 10-wheel dumps, Simple 16 and Simple/Super 18 dump trucks to transport construction aggregate materials, asphalt, and all other commodities that the company is engaged to haul.
- _____ May pull semi-trailer or trailer.
- _____ Must make normal operating adjustments to equipment.
- _____ Requires the use of strong detergents and corrosive acids to remove buildup on trucks.
- _____ Must perform daily, routine D.O.T. vehicle inspections.
- _____ Job requires shifting gears and covering/uncovering load.
- _____ Required to maintain cleanliness of truck, including trailer/truck bed.
- _____ Required to climb in and out of a truck, including but not limited to truck beds.
- _____ Operate vehicle efficiently and safely.
- _____ Requires regular and frequent lifting of 50 pounds.
- _____ May perform other related duties such as lifting and moving of transported materials.
- _____ Uses hand tools such as wrenches, screwdrivers hammers and chisels.
- _____ Must be able to read map and locate customers/job sites in a timely manner.
- _____ May be exposed to extremes of hot, cold and/or wet weather.
- _____ Varied, irregular work schedules, including:
 - _____ overtime
 - _____ night-time
 - _____ weekends
- _____ Requires the use of two-way radios and Track-It messaging to communicate with dispatchers.
- _____ Required to handle cash from C.O.D. tickets.
- _____ Must be able to communicate effectively with customers, other drivers, mechanics, dispatchers and plant operators.
- _____ Must possess a valid class "A" or "B" Commercial Driver's License as is appropriate for the type of vehicle required to operate.
- _____ Must be able to obtain a 39 month or 3-year motor vehicle report with no more than 2 moving violations and/or accidents.
- _____ Must possess and maintain a current DOT physical and medical examiner's certificate.
- _____ Must be able to remain seated in truck for extended periods of time.
- _____ Required to submit to drug and alcohol testing under the Federal Motor Carrier and D.O.T. guidelines.
- _____ Must comply with all company policies and direction given by management.
- _____ Must maintain appropriate grooming and attire.

I have read and understand the above Driver Job Description and attest that I am able and willing to perform the essential functions, with or without an accommodation.

Applicant Printed Name

Date Signed

Applicant Signature

Reviewed By

Inquiry to Past Employer
As required by Federal Motor Carrier Safety Regulations

To: Previous Employer

Company _____

Street _____

City _____ State _____ Zip _____

Phone _____

From: Prospective Employer

Heritage Trucking, Inc.

2333 N. Country Club

Mesa, AZ 85201

Phone: (480) 222-8100

Fax: (480) 464-8879

The following person has applied with Heritage Trucking, Inc. for employment. Your company is listed by the applicant as a previous employer. In accordance with Federal Motor Carrier Regulations, you are required to reply to this inquiry. Below, the applicant has waived any claim of liability against your company for information submitted in response to this inquiry.

Name of Applicant _____ Social Security Number _____

I hereby authorize you to release all information concerning my employment, including, but not limited to, assessments of my job performance, conduct, and all information pursuant to 49 CFR Parts 382, 391.23 and section 40.25 and any other violations of DOT regulations to Heritage Trucking, Inc. or their authorized agents. I hereby release the previous employer listed above from any and all liability of any type as a result of providing this information.

Applicants Signature _____ Date _____

EMPLOYMENT INFORMATION:

1. Employment Dates: _____
 - 1.1. Is this information correct? Yes _____ No _____
 - 1.2. If not correct, advise correct dates: _____
2. What was the applicant's job title? _____
3. If employed as a driver, what type of equipment _____
4. Why did this employee leave your company? Resigned _____ Discharged _____ Laid off _____ Seasonal _____ Other _____
 - 4.1. Reason for termination or "other" status: _____
5. Is this person eligible for rehire? Yes _____ No _____
6. Is there anything else about this individual you think we should know? _____

=====

Under U.S. Department of Transportation testing requirements for the last three years:

7. Was this person subject to drug and alcohol testing? Yes _____ No _____
 - 7.1. Did the employee have a breath alcohol concentration result of 0.04 or greater? Yes _____ No _____
 - 7.2. Did the employee have a positive controlled substance test result? Yes _____ No _____
 - 7.3. Did the employee refuse to be tested? Yes _____ No _____
 - 7.4. Did the employee have any other violations of DOT agency drug and alcohol testing regulations? Yes _____ No _____
 - 7.5. Has a previous employer reported a drug and/or alcohol rule violation to you? Yes _____ No _____
If "Yes" answered to 7.5, please include the previous employers report with your response.
 - 7.6. If "Yes", has the applicant completed a SAP's prescribed rehabilitation program? Unknown _____ Yes _____ No _____ N/A _____
If "yes" answered, please include all required documentation and SAP information as required by FMCSR.

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8. **ACCIDENTS:** Complete the following for any accidents included on your accident register (390.15(b)) that involved the applicant in the 3 years prior to the application date shown above or check here if there is no accident register data for this driver.

Date	Location and Description	No. of Injuries	No. of Fatalities	Hazmat Spill?	DOT Recordable?
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Information provided by:

PRINTED NAME _____

SIGNATURE _____

YOUR TITLE _____

DATE _____