



(419) 423-9555
 FAX (419) 425-8034
 TOLL-FREE (866) HTI-HALL (484-4255)
 110 BENTLEY COURT, FINDLAY, OHIO 45840

HALL TRUCKING EXPRESS

DRIVER APPLICATION

DATE OF APPLICATION: _____
 COMPANY: HTI Hall Trucking Express, Inc.
 110 Bentley Court
 Findlay, OH 45840

In compliance with Federal and State equal opportunity laws, qualified applicants are considered for all positions without regard to race, religion, sex, national origin, age, marital status, or non-job related disability.

TO BE READ AND SIGNED BY APPLICANT

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e).

I also understand that I have the right to:

- Review the information provided by previous employers
- Have errors in the information corrected by previous employers and for those previous employers to resend the corrected information to the prospective employer, and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information

Applicant Signature: _____ **Date** _____

DRIVER NAME _____ (LAST) (FIRST) (MIDDLE)
CURRENT ADDRESS _____
CITY _____ STATE _____ ZIP _____
TELEPHONE NUMBER (____) _____ CELL PHONE NUMBER (____) _____
DATE OF BIRTH ____/____/____ SOCIAL SECURITY NUMBER _____
EMAIL ADDRESS _____

PREVIOUS ADDRESSES FOR THE PAST THREE (3) YEARS

1) ADDRESS _____ CITY _____ STATE _____ ZIP _____ FROM _____ TO _____
2) ADDRESS _____ CITY _____ STATE _____ ZIP _____ FROM _____ TO _____
3) ADDRESS _____ CITY _____ STATE _____ ZIP _____ FROM _____ TO _____



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WORK EXPERIENCE

In accordance with §391.21 & .23 of the Federal Motor Carrier Safety Regulations (FMCSR), an applicant must list all previous work experience for the three (3) years prior to the date of application shown on page one, as well as all commercial driving experience for seven (7) years prior to those three years, for a total of 10 years. If you are an owner operator, list carriers leased to.

PLEASE LIST STARTING WITH MOST RECENT EMPLOYER, USE ADDITIONAL SHEET IF NEEDED.

CURRENT OR LAST EMPLOYER - COMPANY NAME: _____

ADDRESS: _____ CITY _____ STATE _____ ZIP _____

PHONE: _____ FAX: _____ E-MAIL: _____

SUPERVISOR NAME: _____ REASON FOR LEAVING? _____

JOB DESCRIPTION: _____ FROM: ___/___/___ TO: ___/___/___

Were you subject to controlled substances and alcohol testing specified by 49 CFR Part 40 during this period? YES NO

*Was this job subject to FMCSA Regulations? YES NO

**ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month/year) and reason _____

SECOND TO LAST EMPLOYER - COMPANY NAME: _____

ADDRESS: _____ CITY _____ STATE _____ ZIP _____

PHONE: _____ FAX: _____ E-MAIL: _____

SUPERVISOR NAME: _____ REASON FOR LEAVING? _____

JOB DESCRIPTION: _____ FROM: ___/___/___ TO: ___/___/___

Were you subject to controlled substances and alcohol testing specified by 49 CFR Part 40 during this period? YES NO

*Was this job subject to FMCSA Regulations? YES NO

**ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month/year) and reason _____

THIRD TO LAST EMPLOYER - COMPANY NAME: _____

ADDRESS: _____ CITY _____ STATE _____ ZIP _____

PHONE: _____ FAX: _____ E-MAIL: _____

SUPERVISOR NAME: _____ REASON FOR LEAVING? _____

JOB DESCRIPTION: _____ FROM: ___/___/___ TO: ___/___/___

Were you subject to controlled substances and alcohol testing specified by 49 CFR Part 40 during this period? YES NO

*Was this job subject to FMCSA Regulations? YES NO

**ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month/year) and reason _____

* The Federal Motor Carrier Safety Regulations 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 pounds 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.

**Any gaps in employment and/or unemployment must be explained.



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WORK EXPERIENCE CONTINUED

FOURTH TO LAST EMPLOYER - COMPANY NAME: _____

ADDRESS: _____ CITY _____ STATE _____ ZIP _____

PHONE: _____ FAX: _____ E-MAIL: _____

SUPERVISOR NAME: _____ REASON FOR LEAVING? _____

JOB DESCRIPTION: _____ FROM: ___/___/___ TO: ___/___/___

Were you subject to controlled substances and alcohol testing specified by 49 CFR Part 40 during this period? YES NO

*Was this job subject to FMCSA Regulations? YES NO

**ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month/year) and reason _____

FIFTH TO LAST EMPLOYER - COMPANY NAME: _____

ADDRESS: _____ CITY _____ STATE _____ ZIP _____

PHONE: _____ FAX: _____ E-MAIL: _____

SUPERVISOR NAME: _____ REASON FOR LEAVING? _____

JOB DESCRIPTION: _____ FROM: ___/___/___ TO: ___/___/___

Were you subject to controlled substances and alcohol testing specified by 49 CFR Part 40 during this period? YES NO

*Was this job subject to FMCSA Regulations? YES NO

**ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month/year) and reason _____

SIXTH TO LAST EMPLOYER - COMPANY NAME: _____

ADDRESS: _____ CITY _____ STATE _____ ZIP _____

PHONE: _____ FAX: _____ E-MAIL: _____

SUPERVISOR NAME: _____ REASON FOR LEAVING? _____

JOB DESCRIPTION: _____ FROM: ___/___/___ TO: ___/___/___

Were you subject to controlled substances and alcohol testing specified by 49 CFR Part 40 during this period? YES NO

*Was this job subject to FMCSA Regulations? YES NO

**ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month/year) and reason _____

* The Federal Motor Carrier Safety Regulations 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 pounds 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.

**Any gaps in employment and/or unemployment must be explained.



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COMMERICAL DRIVERS LICENSE

LICENSE # _____ TYPE _____ STATE _____ EXP. DATE ____/____/____
 (A,B, OR C)

ENDORSEMENTS(check all that apply): DOUBLE/TRIPLE TRAILERS TANK VEHICLES
 PASSENGER VEHICLES HAZARDOUS MATERIALS

LIST ANY ADDITIONAL LICENSE(S) HELD IN THE PAST 3 YEARS:
 STATE: _____ NUMBER: _____ EXPIRATION DATE: ____/____/____
 STATE: _____ NUMBER: _____ EXPIRATION DATE: ____/____/____

HAS YOUR PERMIT, CDL, OR PRIVILEGE TO OPERATE A MOTOR VEHICLE EVER BEEN DENIED,
 SUSPENDED, REVOKED OR CANCELLED? NO YES IF YES, PLEASE EXPLAIN _____

COLLISIONS

PLEASE LIST ALL MOTOR VEHICLE COLLISIONS IN WHICH YOU WERE INVOLVED (BOTH COMMERCIAL AND PRIVATE VEHICLES) DURING THE PAST THREE YEARS PRIOR TO THE APPLICATION DATE.
 IF NONE, CHECK NUMBER OF DOT REPORTABLE _____

DATE	CITY, STATE & DESCRIPTION	# OF INJURIES	# OF FATALITIES	HAZMAT	PREVENTABLE
____/____/____	_____	_____	_____	_____	_____
____/____/____	_____	_____	_____	_____	_____
____/____/____	_____	_____	_____	_____	_____

TRAFFIC CONVICTIONS AND FORFEITURES

PLEASE LIST ALL TRAFFIC CONVICTIONS AND/OR FORFEITURES (BOTH COMMERCIAL AND PRIVATE VEHICLES) FOR THE PAST THREE YEARS (OTHER THAN PARKING). IF NONE, WRITE "NONE"

DATE	STATE	VIOLATION	PENALTY	CMV?
____/____/____	_____	_____	_____	<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

DRIVING EXPERIENCE

EQUIPMENT CLASS	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES FROM TO	APPROX. MILES DRIVEN
STRAIGHT TRUCK	_____	_____	_____
TRACTOR & SEMI TRAILER	_____	_____	_____
OTHER	_____	_____	_____
LIST COMMODITIES HAULED: _____			



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EDUCATION

PLEASE CIRCLE THE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 9 10 11 12 COLLEGE: 1 2 3 4

OTHER TRAINING : _____

HAVE YOU RECEIVED ANY SAFETY AWARDS OR SPECIAL TRAINING? _____

DO YOU HAVE FULL KNOWLEDGE OF THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS? YES NO

GENERAL

HAVE YOU BEEN A DRIVER FOR THIS COMPANY BEFORE? YES NO

IF SO, WHEN ____/____ WHERE _____

IS THERE ANY REASON YOU MIGHT BE UNABLE TO PERFORM THE FUNCTIONS OF THE JOB FOR WHICH YOU HAVE APPLIED? YES NO

HAVE YOU EVER BEEN CONVICTED FOR DUI, DWI OR OUI? YES NO

IN CASE OF EMERGENCY, CONTACT: _____ (_____) _____
 Name Telephone number Relationship

MUST BE READ AND SIGNED BY THE APPLICANT

I authorize the carrier to make such inquiries and investigations of my personal, employment, driving, financial, medical history and any other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I agree to abide by the rules and regulations of the carrier as well as the Federal Motor Carrier Safety Regulations. I also agree and understand that if I am selected to drive for the carrier that I will be on a probationary period during which time I may be discharged without recourse.

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.

Applicant Signature

Date



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EMPLOYMENT VERIFICATION INQUIRY

APPLICANT – PLEASE READ AND SIGN INSIDE THIS BOX ONLY

I authorize HTI Hall Trucking Express, Inc. (HTI), and its agents or representatives the right to investigate all references and to secure additional information about my employment background, and information related to my controlled substance and alcohol testing and/or results pursuant to Regulation 49 CFR 391.23d & e and obtain answers to the questions listed below. I further authorize HTI and its agents or representatives' permission to receive consumer reports regarding my employment history, criminal background, and worker compensation claims from third party agencies, which may be requested by HTI to provide such information. I hereby release from all liability for damages HTI and its agents or representatives for seeking such information and all other persons, corporations or organizations for furnishing such information:

Applicant Print Name: _____ SS#: _____ Date of Birth: _____
 Applicant's Signature: _____ Date: _____

COMPANY: _____ PHONE #: _____

ADDRESS: _____

Dates of Employment: From: _____ To: _____ AND From: _____ To: _____

What type of position held? _____ If driver, see below

- Type of Driving: Solo Team
 Type of operation: Company Driver Owner Operator Drive for Owner Operator
 Was It: Over the Road Regional Local
 Type Equipment: Tractor-Trailer Straight Truck Tri-Axle Other
 Type of Trailer: Pneumatic Van/Reefer Dump Tank
 Flatbed Other _____ Trailer dimensions/capacity: _____
 Types of commodities hauled: Dry Bulk Iron, Steel, Etc. Coils Machine
 Gen. Freight Produce Liquid Scrap

ACCIDENTS; IF NONE, CHECK NUMBER OF DOT REPORTABLE _____

DATE	CITY, STATE & DESCRIPTION	# OF INJURIES	# OF FATALITIES	HAZMAT PREVENTABLE
___/___/___	_____	_____	_____	_____
___/___/___	_____	_____	_____	_____
___/___/___	_____	_____	_____	_____

What was reason for leaving? () Voluntarily Quit () Layoff () Discharged Why? _____
 Is driver eligible for rehire? () Yes () No Why? _____

DRUG/ALCOHOL TEST(S):

Was this person employed in a safety-sensitive function that required alcohol and controlled substance testing specified by 49 CFR Part 40 () Yes () No
 Has this person had an alcohol test with a result of .04 or higher alcohol concentration? () Yes () No
 Has this person tested positive or adulterated or substituted a test specimen for controlled substance? () Yes () No
 Has this person refused to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test? () Yes () No
 Has this person committed other violations of Sub Part B of Part 382 or Part 40? () Yes () No
 Has this person violated a DOT drug or alcohol regulation and completed a SAP prescribed rehabilitation program in your employment, including a return to duty and follow-up test. () Yes () No
 - If Yes above, has this person, after successfully completing a SAP's Rehabilitation referral, remained in your employ, but subsequently had an alcohol test result of .04 or greater, or a verified positive drug test or refusal to be tested? () Yes () No
 In providing this information, any drug or alcohol testing information obtained from previous employers under 40.25 or other applicable DOT regulations is included below:

Name _____ Address _____ Phone: _____

VERIFIED BY: _____ TITLE: _____ DATE: _____

1ST ATTEMPT 2ND ATTEMPT 3RD ATTEMPT



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**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 *HTI Hall Trucking Express, Inc.* (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.

-continued-



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PSP AUTHORIZATION

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

I authorize *HTI Hall Trucking Express, Inc.* (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)

NOTICE: This form is made available to monthly account holders by NIC on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain an Applicant's written or electronic consent prior to accessing the Applicant's PSP report. Further, account holders are required by FMCSA to use the language contained in this Disclosure and Authorization form to obtain an Applicant's consent. The language must be used in whole, exactly as provided. Further, the language on this form must exist as one stand-alone document. The language may NOT be included with other consent forms or any other language. NOTICE: The prospective employment concept referenced in this form contemplates the definition of "employee" contained at 49 C.F.R. 383.5



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

391.23(j)(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



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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 I, of Public Law 104-208). I have been informed the Company will procure a motor vehicle report (MVR), criminal background check and reference checks, all of which are defined as a consumer report regarding my driving and background record to determine my suitability for work at the Company. These reports are required by 382.413, 391.23 and 391.25 of the Federal Motor Carrier Safety Regulations. I understand that I have the rights to request, in writing, information pertaining to the nature and scope of the inquiry and a written summary of my rights under the Fair Credit Reporting Act. I understand that I may have additional rights under applicable state and federal laws.

I hereby authorize the Company to obtain this information and release and hold harmless any person, firm, or entity that discloses such information in accordance with this authorization. This authorization shall remain on file and shall serve as ongoing authorization for the Company to procure a motor vehicle report (MVR), at minimum annually, and a criminal check which is defined as a consumer report at **any time** during my employment period. Any copy of this authorization shall have the same authority as the original.

Signature

Date

Name (Please Print)

Social Security Number

As the representative of the company, I am attesting that the above information is necessary to determine if the licensee can be employed, or remain employed, as a commercial driver on public roadways.

I am hereby authorizing my safety director or insurance agent to obtain any or all of the above information on this company's behalf.

Company Supervisor Signature

Date



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HALL TRUCKING EXPRESS

REQUEST FOR DRIVING RECORD

I hereby authorize you to release the following information to MOTOR CARRIER COMPLIANCE & SAFETY CO for purposes of investigation as required by Sections 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.

I am also authorizing you to release the following information to MOTOR CARRIER COMPLIANCE & SAFETY CO for purposes of investigation as required by 391.25 of the Federal Motor Carrier Safety Regulations, at a minimum annually, for as long as I am employed as a driver for HTI Hall Trucking Express Inc. You are released from any and all liability, which may result from furnishing such information.

Driver's Signature

Date

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 I, of Public Law 104-208), I hereby certify the following:

- 1. The applicant has authorized in writing the procurement of this report;
2. The 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. employment purposes) and not for any other purpose;
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 in whole or in part on the report the applicant will receive a copy of the requested report and the summary of consumer rights as provided by that reporting agency.

I hereby 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, Section 300002(a)).

Dear Sir or Madam,

The above named individual has made application with our company for the position of driver. Please furnish the undersigned with the applicant's driving record for the past three years.

Should our company hire the following person, a driving record must be obtained in accordance with Section 391.25 of the Federal Motor Carrier Safety Regulations, at a minimum annually, for as long as this person is a driver for this company. Please furnish the undersigned with the applicant's driving record for the past three years.

Driver's Name _____ Social Security # _____
Please Print

Driver's Address _____
Street Address (P.O. Box) City State Zip

Date Of Birth ____/____/____ Driver's License No. _____ State _____

Requested By:
MOTOR CARRIER COMPLIANCE & SAFETY CO
312 W. Drinker St.
Dunmore, PA 18512
(570) 207-1742 Fax: (570) 207-1743

Company Representative

Title

Date



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MOTOR VEHICLE DRIVER'S CERTIFICATION OF VIOLATIONS

Drivers Name: _____

I certify that the following is a true and complete list of traffic violations (other than parking tickets) for which I have been convicted or forfeited bond or collateral during the past 12 months. If no violations during the past 12 month period, write "NONE"

Date of Conviction	Location	Vehicle Type	Description of Violation (e.g. speeding 69/55)

Driver/License Information

License #:		Expiration Date:	
State of Issue:		Social Security #:	

If no violations are listed above I certify I have not been convicted or forfeited bond or collateral on account of any violation required to be listed during the past 12 months. I further certify that the above license is the only one I hold

 Driver's Signature

 Date of Certification

Motor Carrier: HTI Hall Trucking Express, Inc. 110 Bentley Ct., Findlay, OH 45840 Ph.419-423-9555

COMPANY USE ONLY – ANNUAL REVIEW OF DRIVING RECORD

Carrier Instructions: At least once every 12 months a review of a driver's driving record must be performed to determine whether the driver meets minimum requirements for safe driving or is disqualified to drive a motor vehicle pursuant to Section 391.15. In accordance with Section 391.25 FMCSR, all information pertinent to the driver listed above safety of operation, including all collisions and the list of violations furnished by him/her in accordance with Section 391.27 FMCSR for the past 12 months has been reviewed.

I have hereby reviewed the driving record of the above named driver in accordance with Section 391.25 and find;

Date	Name of Person Reviewing	Meets Minimum Requirements for Safe Driving	Is Disqualified to drive a CMV pursuant to Section 391.15
_____	_____	YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/>

 Reviewer's Signature

Remarks concerning disqualification: _____



(419) 423-9555
 FAX (419) 425-8034
 TOLL-FREE (866) HTI-HALL (484-4255)
 110 BENTLEY COURT, FINDLAY, OHIO 45840

HALL TRUCKING EXPRESS

DRIVER STATEMENT OF ON-DUTY HOURS

INSTRUCTIONS: Motor carriers when using a driver for them intermittently shall obtain from the driver a signed statement giving the total time on-duty during the immediately preceding 7 days and time at which such driver was last relieved from duty prior to beginning work for such carrier. Rule 395.8(j)(2) Federal Motor Carrier Safety Regulations. NOTE: Hours for any compensated work during the preceding 7 days, including work for a non-motor carrier entity, must be recorded on this form.

Driver Name (Print) _____

Social Security Number _____

Driver's License State: _____ Number: _____ Class: _____
 Endorsement): _____ Restrictions: _____

DAY	1 (Yesterday)	2	3	4	5	6	7	
DATE								
HOURS WORKED								TOTAL HOURS

I hereby certify that the information given above is correct to the best of my knowledge and belief, and that I was last relieved from work on;

_____ On _____
 Time(Specify AM or PM) Day Month Year

 Driver's Signature Date

DRIVER CERTIFICATION FOR OTHER COMPENSATED WORK

INSTRUCTIONS: when employed by a motor carrier, a driver must report to the carrier all on-duty time including time working for other employers. The definition of on-duty time found in Section 395.2 paragraphs (8) and (9) of the Federal Motor Carrier Safety Regulations includes time performing any other work in the capacity of, or in the employ or service of, a common, contract or private motor carrier, also performing any compensated work for any non-motor carrier entity.

Are you currently working for another employer? (Circle One)
 Yes No
 At this time, do you intend to work for another employer while still employed by this Company? Yes No

I hereby certify that the information given above is true and I understand that once I become employed with this company, if I begin working for any additional employer(s) for compensation that I must inform this company immediately of such employment activity.

 Driver's Signature Date
 Witness _____
 Company Representative Date



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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 required 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 No.: _____

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 you evaluation.

Name of SAP: _____

Address: _____

Telephone No.: _____

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

Driver's Signature

Date



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**PRE-CONSENT CONTROLLED SUBSTANCES AND/OR
 ALCOHOL TEST NOTIFICATION**

All drivers and/or applicants to this company must comply with Part 382 – Controlled Substances and Alcohol Use Testing of the Federal Motor Carrier Safety Regulations (FMCSR). The alcohol and/or controlled substances test is a required by Part 382.301.

Company Name: HTI Hall Trucking Express Inc.

Driver/Applicant Name: _____
 (Please Print)

You are hereby notified the following test will be administered in compliance with the Federal Motor Carrier Safety Regulations.

The test is scheduled:

Date: _____ Time: _____ a.m. p.m.

Location: _____

Check type of test: Alcohol Controlled Substances

Check reason for test: Pre-Employment Random Reasonable Suspicion
 Post-Accident Return-To-Duty Follow-Up

I understand as a condition of my employment with this company, the above identified test is required. I also understand that a refusal to take the above identified test or a positive test result will medically disqualify me from the operation of a commercial motor vehicle. The results of the drug test will be maintained by the Medical Review Officer for the company who will report the test results rather negative or positive. The results will not be released to additional parties without my written authorization. The following applies to Driver Applicants only: I further understand that the Federal DOT requires a split sample to be performed for CDL drivers. If this test comes back positive and you request the second sample to be tested, there will be a charge of \$150.00 and will be at the expense of the perspective driver. In addition, any driver who resigns or is discharged before 90 days of employment has elapsed must reimburse HTI the full cost of the pre-employment test.

 Driver's Signature

 Date

Witness

 Company Representative

 Date



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PRE-CONSENT DRUG AND ALCOHOL CLEARINGHOUSE

I, _____ hereby provide consent to HTI Hall Trucking Express, Inc. to conduct a limited query of the FMCSA Commercial Driver's License Drug and Alcohol Clearinghouse, hereby known as the Clearinghouse, to determine whether drug or alcohol violation information about me exists in the Clearinghouse. This is in accordance with 49 CFR 382 and this query will be done at a minimum annually, for as long as I am employed as a driver for HTI Hall Trucking Express Inc. I understand that if the limited query conducted by HTI Hall Trucking Express Inc. indicates that drug or alcohol violation information about me exists in the Clearinghouse, FMCSA will not disclose that information to HTI Hall Trucking Express Inc. without first obtaining additional specific consent from me. I further understand that if I refuse to provide consent for HTI Hall Trucking Express Inc. to conduct a limited query of the Clearinghouse, HTI Hall Trucking Express Inc. must prohibit me from performing safety-sensitive functions, including driving a commercial motor vehicle, as required by FMCSA's drug and alcohol program regulations.

Driver's Signature

Date