

APPLICATION FOR EMPLOYMENT

Haynes Trucking, LLC
P.O. Box 8638
Lexington, KY 40533

****Answer ALL questions**

In compliance with Federal & State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, sex, national origin, age, martial status, or the presence of a non-job related medical conditions or handicap.

Position(s) Applied For _____ **Date** _____

Name _____
Last _____ **First** _____ **Middle** _____

Address _____
Street _____ **Apartment/Lot Number** _____

_____ **City** _____ **State** _____ **Zip** _____

Telephone Number() _____ **Social Security #** _____

How Long at Above Address? _____ **Date of Birth** _____

List other Addresses if Less that 3 years at Above Address

_____ **Street** _____ **City** _____ **State** _____ **Zip** _____

_____ **Street** _____ **City** _____ **State** _____ **Zip** _____

Have You Ever Been Known By Another Name? _____ **If "Yes", Explain:**

In case of emergency notify _____
Name _____ **Telephone Number** _____

_____ **Address** _____ **City** _____ **State** _____ **Zip** _____

Do you have the legal right to work in the United States? _____

Are you now employed? _____

List any handicap that prevents you from doing certain kinds of work, and list the kind of work you are unable to perform _____

Are you physically capable of heavy manual work? _____

Ever injured on the job? _____ **Nature & Degree of injury** _____

EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the proceeding 3 years. *****YOU MUST PROVIDE COMPLETE ADDRESS. ******

Applicants to drive a commercial motor vehicle* in intrastate commerce shall provide an additional 7 years' information on those employers for whom the applicant operated such vehicle.

(Note: List employers in reverse order starting with the most recent.)

<p>EMPLOYER</p> <p>NAME _____</p> <p>ADDRESS _____</p> <p>CITY _____ ST _____ ZIP _____</p> <p>PHONE NUMBER _____</p>	<p>DATES</p> <p>FROM</p> <p>MO. _____ YR. _____</p> <p>TO</p> <p>MO. _____ YR. _____</p>	<p>POSITION HELD</p> <p>_____</p> <p>REASON FOR LEAVING</p> <p>_____</p>
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<p>EMPLOYER</p> <p>NAME _____</p> <p>ADDRESS _____</p> <p>CITY _____ ST _____ ZIP _____</p> <p>PHONE NUMBER _____</p>	<p>DATES</p> <p>FROM</p> <p>MO. _____ YR. _____</p> <p>TO</p> <p>MO. _____ YR. _____</p>	<p>POSITION HELD</p> <p>_____</p> <p>REASON FOR LEAVING</p> <p>_____</p>
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<p>EMPLOYER</p> <p>NAME _____</p> <p>ADDRESS _____</p> <p>CITY _____ ST _____ ZIP _____</p> <p>PHONE NUMBER _____</p>	<p>DATES</p> <p>FROM</p> <p>MO. _____ YR. _____</p> <p>TO</p> <p>MO. _____ YR. _____</p>	<p>POSITION HELD</p> <p>_____</p> <p>REASON FOR LEAVING</p> <p>_____</p>
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Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placard.

Have you ever been convicted of a felony? _____ If "Yes", give details of conviction, including date of conviction, date of parole release, and state in which you were convicted.

Certification of a Positive Pre-employment Drug and Alcohol Test result or Report of a Refusal to Test
In compliance with the provisions of the Federal Motor Carrier Safety Regulations regarding Procedures for Transportation Workplace Drug & Alcohol Testing Programs (49 CFR Part 40.25(j)) every person applying for a safety-sensitive position with a Commercial Motor Carrier must answer the following questions:

1. Have you ever tested positive on any pre-employment drug test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT Agency Drug & Alcohol testing rules during the past two years?

Yes _____ No _____

2. Have you ever tested positive on any pre-employment alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT Agency Drug & Alcohol testing rules during the past two years?

Yes _____ No _____

3. Have you ever refused any pre-employment drug & alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT Agency Drug & Alcohol testing rules during the past two years?

Yes _____ No _____

If ANY of the above questions were answered "YES", please complete the following:

Company name & address for which you applied for, but did not obtain, safety sensitive transportation work:

Company Name: _____ Address: _____

City/State/Zip: _____ Phone: _____

Person to contract: _____ Date of Positive Test or Refusal _____

Name, address and telephone number of Substance Abuse Professional (SAP) that approved your return to duty:

Name: _____ Address: _____

City/State/Zip: _____ Phone: _____

_____ I did NOT see a Substance Abuse Professional following the event.

I certify with my signature below that the information above is true & correct. I understand that providing false or misleading information is a serious violation of federal law and, if approved for a driving position, doing so could be cause for immediate termination of any employment or contract agreement I may have with the company.

Applicant Signature

Date

Social Security #

**Motor Vehicle Driver's
Certification of Compliance
With Drivers License Requirements**

Motor Carrier Instructions: The requirements in Part 383 apply to every driver who operates in intrastate, interstate, or foreign commerce and operates a vehicle weighing 26,001 pounds or more, can transport more than 15 people, or transport hazardous materials that require placarding.

The requirements in Part 391 apply to everyone who operates in interstate commerce and operates a vehicle weighing 10,001 pounds or more, can transport more than 15 people, or transport hazardous materials that require placarding.

Driver Requirements: Part 383 and 391 of the Federal Motor Carrier Safety Regulations contain some requirements that you as a driver must comply with. These requirements are in effect as of July 1, 1987. They are as follows:

- 1) You, as a commercial vehicle driver may not possess more than one license. The only Exception is if a state requires you to have more than one license. The exception is allowed until January 1, 1990.

If you currently have more than one license, you should keep the license from your state of residence and return the additional licenses to the states that issued them. DESTROYING a license does not close the record in the state that issued it: you must notify the state. If a multiple license has been lost, stolen, or destroyed, you should close your record by notifying the state of issuance that you no longer want to be licensed by that state.

- 2) Part 392.42 and Part 383.33 of the Federal Motor Carrier Safety Regulations require that you notify your employer the NEXT BUSINESS DAY of any revocation or suspension of your driver's license. In addition, Part 383.31 requires that any time you violate a state or local traffic law (other than parking), you must report it to your employing motor carrier and the state that issued you within 30 days.

Driver Certification: I certify that I have read and understand the above requirements.

The following license is the only one I possess:

Driver's License No: _____ **State** _____ **Exp.Date** _____

Driver's Signature: _____

Notes: _____

**Request/ Consent for Information from Previous Employer(s)/Carrier(s)
for Alcohol and Controlled Substances Testing Records to Elkchester Trucking Co. Inc.
And changes in Part 390 and 391 of the FMCSA**

X _____
DATE

X _____
Social Security Number

X _____
Print Name (First, MI, Last)

x _____
Signature

I _____ hereby authorize my previous employer to release
and forward in accordance with the following regulation, all known information
pertaining to my alcohol and controlled substances testing/training records.

DOT DRUG AND ALCOHOL RELEASE

In accordance with DOT Regulation 49 CFR Part 382/391 Part 40, I authorize the release of information from my DOT
regulated rug and alcohol testing records by the carriers (company/school) listed above for the sole
purpose of transmitting such records to Elkchester Trucking Co Inc.

I authorize release of the following information concerning DOT drug and 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 the return to duty process following a rule violation.

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

DRIVERS Lic