

Horab Transport Company
 PO Box 4005 - 14021 Hwy 2 West
 Williston, ND 58802-4005
 Bus: 701-774-8318 Fax: 701-774-9883
 Email: hr@mccody.com

DRIVER APPLICATION

Check one Box

McCody Concrete Products, Inc.
 PO Box 4005 - 14021 Hwy 2 West
 Williston, ND 58802-4005
 Bus: 701-572-5300 Fax: 701-774-9883
 Email: hr@mccody.com

Name

Address

City State Zip

Position Applying for

Telephone

Cell Phone

Email

RESIDENCE (LAST 3 YEARS)

Street Address <input type="text"/>	City <input type="text"/>	State <input type="text"/>	Months/Yrs <input type="text"/>
Street Address <input type="text"/>	City <input type="text"/>	State <input type="text"/>	Months/Yrs <input type="text"/>
Street Address <input type="text"/>	City <input type="text"/>	State <input type="text"/>	Months/Yrs <input type="text"/>

EXPERIENCE AND QUALIFICATIONS

(PLEASE LIST ALL DRIVER LICENSES ISSUED TO YOU IN THE PAST 3 YEARS)

	State	License Number	Type	Expiration Date	Endorsements
Driver License	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

DRIVING EXPERIENCE

Class of Equipment	Type of Equipment (van, tank, flat, etc.)	From	Dates	To	Approx # of Miles (Total)
Straight Truck	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tractor & Semi-Trailer	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tractor with Two Trailers	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

PAST EMPLOYMENT INFORMATION (INCLUDE ALL EMPLOYERS FOR THE PAST THREE (3) YEARS AND ANY EMPLOYMENT THAT REQUIRED DRIVING FOR THE PAST 10 YEARS. IF MORE SPACE NEEDED, PLEASE ATTACH A SEPARATE SHEET.)

MAY WE CONTACT YOUR PRESENT EMPLOYER? YES NO

Employer	<input type="text"/>	Dates Employed	<input type="text"/>
Address	<input type="text"/>	Hourly Rate/Salary	<input type="text"/>
Telephone	<input type="text"/>	Supervisor	<input type="text"/>
Job Title	<input type="text"/>	Reason for Leaving	<input type="text"/>

While employed by this employer were you subject to the Federal Motor Carrier Safety Regulations? Yes No

Was this job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40? Yes No

Work Performed

Employer	<input type="text"/>	Dates Employed	<input type="text"/>
Address	<input type="text"/>	Hourly Rate/Salary	<input type="text"/>
Telephone	<input type="text"/>	Supervisor	<input type="text"/>
Job Title	<input type="text"/>	Reason for Leaving	<input type="text"/>

While employed by this employer were you subject to the Federal Motor Carrier Safety Regulations? Yes No

Was this job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40? Yes No

Work Performed

Employer	<input type="text"/>	Dates Employed	<input type="text"/>
Address	<input type="text"/>	Hourly Rate/Salary	<input type="text"/>
Telephone	<input type="text"/>	Supervisor	<input type="text"/>
Job Title	<input type="text"/>	Reason for Leaving	<input type="text"/>

While employed by this employer were you subject to the Federal Motor Carrier Safety Regulations? Yes No

Was this job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40? Yes No

Work Performed

Employer	<input type="text"/>	Dates Employed	<input type="text"/>
Address	<input type="text"/>	Hourly Rate/Salary	<input type="text"/>
Telephone	<input type="text"/>	Supervisor	<input type="text"/>
Job Title	<input type="text"/>	Reason for Leaving	<input type="text"/>

While employed by this employer were you subject to the Federal Motor Carrier Safety Regulations? Yes No

Was this job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40? Yes No

Work Performed

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST THREE YEARS

Location	Date	Charge	Penalty

No traffic convictions or forfeitures in the past three years (Please initial in the box)

Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes No

If yes, provide details:

Has any license, permit or privilege ever been suspended or revoked? Yes No

If yes, provide details:

Can you legally drive in Canada? Yes No *Note: It is illegal to drive in Canada if you have had a DUI or felony conviction.*

Have you ever tested positive or refused to be tested on a Pre-Employment Drug Screen for an employer that you did not go to work for? Yes No

If yes, give date and name of employer:

ACCIDENT RECORD FOR THE PAST THREE YEARS

Date	Nature of Accident (head on, rear end, etc.)	Fatalities/Injuries/Property Damage

No accidents in the past three years (Please initial in the box)

Have you ever been convicted of a felony in the last five years? Yes No

Note: This may not exclude you from being hired

TO BE READ AND SIGNED BY THE APPLICANT

I understand that a copy of my Motor Vehicle Record and the information in the application, including past employment information, will be used and that prior employers will be contacted for purposes of investigating my safety performance history information as required by paragraph (d) and (e) of Part 391.23 of the Federal Motor Carrier Safety Regulations.

I also understand that I have the following right regarding the investigative information that will be provided to Horab Transport Company/McCody Concrete Products, Inc. 1) the right to review information provided by previous employers: 2) 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 Horab Transport Company/McCody Concrete Products, Inc. 3) the right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and I cannot agree on the accuracy of the information.

In order to review previous employer provided investigative information I must submit a written request to Horab Transport Company/McCody Concrete Products, 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. Horab Transport Company/McCody Concrete Products, Inc. will provide this information to me within five business days of receiving my written request. If Horab Transport Company/McCody Concrete Products, Inc. has not yet received the requested information from the previous employer(s), the five business days deadline will begin when Horab Transport Company/McCody Concrete Products, Inc. receives the requested safety performance history information. If I have not arranged to pick up or receive the requested records within thirty (30) days of Horab Transport Company/McCody Concrete Products, Inc. making the available, Horab Transport Company/McCody Concrete Products, Inc. may consider me to have waived my request to review the records.

I also understand that misrepresentation or omission of information or facts may result in my rejection or dismissal. My signature on the application 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

SIGNATURE

We will review and respond to your application within 30 days if we are interested in an interview with you.

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), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on you for employment purposes. These reports are required by Sections 382.413, 391.23 and 391.25 of the Federal Motor Carriers Safety Regulations.

APPLICANT'S SIGNATURE

DATE

APPLICANT'S PRINTED NAME

SOCIAL SECURITY NUMBER

DRIVER'S LICENSE INFORMATION

DRIVER'S LICENSE #

ISSUING STATE

EXPIRATION DATE OF LICENSE

DATE OF BIRTH

AUTHORIZATION TO RELEASE INFORMATION

I hereby authorize all previous employers listed on my application to release records of my employments, including assessment of my job performance, commercial driving, accidents, general work ability/fitness and drug & alcohol history to Horab Transport Company/McCody Concrete Products, Inc. I hereby release this company from any and all liability as a result of providing the requested information to Horab Transport Company/McCody Concrete Products, Inc.

I also understand that I have the following rights regarding the investigative information that will be provided to Horab Transport Company/McCody Concrete Products, Inc: 1) the right to review information provided by previous employers; 2) 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 Horab Transport Company/McCody Concrete Products, Inc; 3) the right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and I cannot agree on the accuracy of the information.

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APPLICANT'S SIGNATURE

DATE