

APPLICATION FOR QUALIFICATION

COMPANY DAVE EVANS TRANSPORTS, INC.
ADDRESS 1122 CEDAR AVENUE MAILING ADDRESS P.O. BOX 1406
CITY SUPERIOR STATE WI ZIP CODE 54880

The purpose of this application is to determine whether or not the applicant is qualified to operate motor carrier equipment according to the requirements of the Federal Motor Carrier Safety Regulations and the Company named above.

Instructions to Applicant

Please answer all questions. If the answer to any question is "no" or "None", do not leave the item blank, but write "No" or "None".

Date _____ Position applying for, Check One: Independent Contractor Driver

Name _____
(First) (Middle) (Last)

Phone Number (_____) _____ Emergency Phone Number (_____) _____

*Age _____ Date of Birth _____ Social Security Number _____ - _____ - _____

*The Age Discrimination of Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age.

Physical Exam Expiration Date: _____

Current & Three Years Previous Addresses:

From _____ To _____

From _____ To _____

From _____ To _____

From _____ To _____

Have you ever worked for this company before? Yes No

If yes, give dates: From _____ To _____

Reason for leaving? _____

Education History

Please circle the highest grade completed:

Grade School: 1 2 3 4 5 6 7 8 9 10 11 12

College: 1 2 3 4 Post-Graduate: 1 2 3 4

Driving Experience

Class of Equipment	Dates		Approximate Number of Miles (Total)
	From	To	
Straight Truck			
Tractor and Semi-Trailer			
Tractor-two Trailers			
Tractor-three Trailers (Triple)			
Other			

List states operated in, for the last five years: _____

List any Safe Driving Awards you hold and from whom: _____

Accident Record for the past three years *(attach sheet if more space is needed)*

Date of Accident	Nature of Accidents (Head on, rear end, upset, etc.)	Location of Accident	# of Fatalities	# of People Injured

Traffic Convictions and Forfeitures for the last three years *(other than parking violations)*

Date	Location	Charge	Penalty

Driver's License *(list each driver's license held in the past three years)*

State	License #	Type	Endorsements	Expiration Date

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle?... YES NO
- B. Has any license, permit or privilege ever been suspended or revoked?..... YES NO
- C. Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the job description)?..... YES NO
- D. Have you ever been convicted of a felony?..... YES NO

If the answers to A, B, C or D is "YES", give details _____

Personal References

List three persons for references, other than family members, who have knowledge of your safety habits.

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

PREVIOUS EMPLOYER INFORMATION REQUEST

You are authorized to give/release to *Dave Evans Transports, Inc.* all information regarding my services, character, conduct, accidents, workman compensation, drug & alcohol testing and results while I was in your employ. You are released from all liability by furnishing the requested information.

(Former Employer) (Date)

(Dave Evans Transports Witness) (Applicant Sign HERE ONLY) (Date)

APPLICANT DO NOT WRITE BELOW THIS LINE

APPLICANT: Name: _____

SSN: _____ Date of Birth: _____

TO BE COMPLETED BY PREVIOUS EMPLOYER

- 1. Please list dates employed: _____ to _____
- 2. Reason for leaving? _____Resigned _____Laid Off _____Discharged _____Other
If discharged, Why? _____
- 3. Would you rehire _____Yes _____No _____Review Required
- 4. Equipment Operated: _____Tr-Tl _____Straight Truck _____Vans _____Flats _____Tanks
- 5. Areas Driven: _____West _____Midwest _____South _____East _____All 48 _____Local _____Canada
- 6. Chargeable Accidents: #_____ Please list date(s) and type of each accident: _____

- 7. Any Late Deliveries? _____Yes _____No
- 8. Any Customer Complaints? _____Yes _____No
- 9. Ever refused a Drug or Alcohol test? _____Yes _____No
- 10. Ever had a positive Drug test? _____Yes _____No
- 11. Ever have an Alcohol test resulting in 0.02 or greater? _____Yes _____No

Please explain any Yes answers to questions 9, 10 or 11: _____

- 12. Any Workman's Compensation Claims? _____Yes _____No

Completed by: _____ **Title:** _____ **Date:** _____

(All information shall be held in strict confidence)

Please complete and fax to (715)392-5755
1st Request ____ **2nd Request** ____ **3rd Request** ____