



# DRIVER'S APPLICATION FOR EMPLOYMENT

(Answer all questions, please print clearly)

**PRECISION HEAVY HAUL, INC**  
**P.O. BOX 797**  
**TOLLESON, AZ 85353**

This application is intended to comply with FMCSR 391.12 for commercial truck drivers. All applicants must meet minimum requirements for truck drivers per these regulations. In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or non-job related disability.

**AMERICANS WITH DISABILITIES ACT NOTICE:** All applicants are evaluated on their ability to perform job-related functions. Please do not include any information on this application which may indicate you have a disability. If you are selected for an employment interview, please be prepared to describe and/or demonstrate how, with or without reasonable accommodations, you will perform the job related functions. Also, please inform the Employment Office Staff if you need any reasonable accommodation to take any pre-employment tests.

Date of application: \_\_\_\_\_ Position applied for: **CDL TRUCK DRIVER**

NAME \_\_\_\_\_  
Last First Middle

ADDRESS \_\_\_\_\_  
Street Number City, State, Zip

HOME PHONE \_\_\_\_\_ CELL \_\_\_\_\_

ADDRESS FOR \_\_\_\_\_ How Long? \_\_\_\_\_  
Street Number City, State, Zip

PAST 3 YEARS \_\_\_\_\_ How Long? \_\_\_\_\_  
Street Number City, State, Zip

\_\_\_\_\_ How Long? \_\_\_\_\_  
Street Number City, State, Zip

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

Date of Birth \_\_\_ / \_\_\_ / \_\_\_\_\_ Can you provide proof of age? \_\_\_\_\_ Rate of pay expected? \_\_\_\_\_

Have you worked for this company before? \_\_\_\_\_ Where/When? \_\_\_\_\_

Who referred you? \_\_\_\_\_ How did you hear about us? \_\_\_\_\_

Is there any reason you might be unable to perform the functions of the job for which you have applied?

\_\_\_\_\_  
\_\_\_\_\_

# PRE-EMPLOYMENT QUESTIONNAIRE

How many years of commercial tractor/trailer experience? \_\_\_\_\_ Have you ever been convicted of a felony? \_\_\_\_\_

State CDL issued in: \_\_\_\_\_ Endorsements – list all: \_\_\_\_\_

Are you familiar with the local height routes? \_\_\_\_\_ Curfew zones/times \_\_\_\_\_

Approximate number of miles commercially driven? \_\_\_\_\_ List all states operated in \_\_\_\_\_

Which safe driving awards do you hold and from whom? \_\_\_\_\_

Circle the make(s) of tractors driven:

Kenworth	Cab Over or Conventional	IHC/Navistar	Cab Over or Conventional
Peterbilt	Cab Over or Conventional	Ford	Cab Over or Conventional
Freightliner	Cab Over or Conventional	OTHER LIST	_____

Check the type of transmission(s) and rear axles used:

10 speed	_____	2 speed aux	_____	2 speed rear ends	_____
13 speed	_____	4 speed aux	_____	Planetary	_____
15 speed	_____	Automatic	_____	OTHER	_____
18 speed	_____	OTHER	_____		

**For the types of trailer(s) listed below write in all makes and models & capacity that you have pulled:**

- Flatbed \_\_\_\_\_
- Stretch Flat bed \_\_\_\_\_
- RGN Mechanical \_\_\_\_\_
- RGN Hydraulic \_\_\_\_\_
- Hydraulic sliding axle \_\_\_\_\_
- Stretch lowboy \_\_\_\_\_
- Steerable trailers \_\_\_\_\_
- Steerable dolly \_\_\_\_\_
- Holland type dollies \_\_\_\_\_
- Basket dolly \_\_\_\_\_
- Bolster & dolly \_\_\_\_\_
- Suspension beams \_\_\_\_\_
- Schnabel's \_\_\_\_\_
- Perimeter frame \_\_\_\_\_
- Platform trailers (Goldhofer type) \_\_\_\_\_
- Dual lane equipment \_\_\_\_\_
- List any other trailers \_\_\_\_\_

**Circle all the numbers of axle combination (s) pulled with power unit combination: 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24+**

**List all makes & model of the equipment you have transported below:**

- Aircraft \_\_\_\_\_
- Bridges \_\_\_\_\_
- Bridge beams \_\_\_\_\_
- Cranes \_\_\_\_\_
- Crushing equipment \_\_\_\_\_
- Dozers \_\_\_\_\_
- Drillrigs \_\_\_\_\_
- Excavators \_\_\_\_\_
- Hot plants \_\_\_\_\_
- Loaders \_\_\_\_\_
- Marine \_\_\_\_\_
- Mining equipment \_\_\_\_\_
- Misc. equipment \_\_\_\_\_
- Motor graders \_\_\_\_\_

- Paving equipment \_\_\_\_\_
- Pipe \_\_\_\_\_
- Power Generation Equipment (Transformers, Generators, Turbines, Est.) \_\_\_\_\_
- Prefab concrete structures \_\_\_\_\_
- Rail Road equipment \_\_\_\_\_
- Rock trucks \_\_\_\_\_
- Scrapers \_\_\_\_\_
- Steel fabricated equipment \_\_\_\_\_
- Trenchers \_\_\_\_\_

RIGGING EXPERIENCE: List type of experience (what you did) and the type of rigging equipment used:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

CRANE OPERATING EXPERIENCE (what and how long)

\_\_\_\_\_

\_\_\_\_\_

FORKLIFT CERTIFIED? DATE OF EXPIRATION, TYPE OF FORKLIFTS USED: \_\_\_\_\_

\_\_\_\_\_

SHOW ANY SPECIALIZED TRUCKING, TRANSPORTATION, OR EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY \_\_\_\_\_

\_\_\_\_\_

LIST ANY COURSES OR TRAINING ADDITIONAL TO WHAT IS SHOWN ELSEWHERE IN THIS APPLICATION

\_\_\_\_\_

\_\_\_\_\_

LIST OTHER SPECIAL EQUIPMENT OR TECHNICAL MATERIALS OR SKILLS THAT YOU CAN WORK WITH \_\_\_\_\_

\_\_\_\_\_

### EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. Applicants to drive a commercial motor vehicle intrastate or interstate commerce shall also 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.** Add another sheet if necessary. PLEASE fill out completely and accurately with ALL information and no missing dates in employment!

Give a COMPLETE RECORD of all employment for the past three (3) years, including any unemployment or self-employment periods, and all commercial driving experience for the past ten (10) years.

1. Mo/Yr                      Mo/Yr                      Present or Last Employer From \_\_\_\_\_ To \_\_\_\_\_  
 Name \_\_\_\_\_

Position Held \_\_\_\_\_ Address \_\_\_\_\_

Reason for leaving \_\_\_\_\_ Company phone (     ) \_\_\_\_\_

Were you subject to the FMCSRs while employed here? \_\_\_\_\_ Yes \_\_\_\_\_ No

Was your job designated as a safety-sensitive function in any DOT- regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? \_\_\_\_\_ Yes \_\_\_\_\_ No

2. Mo/Yr \_\_\_\_\_ Mo/Yr \_\_\_\_\_ Present or Last Employer From \_\_\_\_\_ To \_\_\_\_\_  
Name \_\_\_\_\_

Position Held \_\_\_\_\_ Address \_\_\_\_\_

Reason for leaving \_\_\_\_\_ Company phone ( ) \_\_\_\_\_

Were you subject to the FMCSRs while employed here? \_\_\_\_\_ Yes \_\_\_\_\_ No

Was your job designated as a safety-sensitive function in any DOT- regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? \_\_\_\_\_ Yes \_\_\_\_\_ No

3. Mo/Yr \_\_\_\_\_ Mo/Yr \_\_\_\_\_ Present or Last Employer From \_\_\_\_\_ To \_\_\_\_\_  
Name \_\_\_\_\_

Position Held \_\_\_\_\_ Address \_\_\_\_\_

Reason for leaving \_\_\_\_\_ Company phone ( ) \_\_\_\_\_

Were you subject to the FMCSRs while employed here? \_\_\_\_\_ Yes \_\_\_\_\_ No

Was your job designated as a safety-sensitive function in any DOT- regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? \_\_\_\_\_ Yes \_\_\_\_\_ No

4. Mo/Yr \_\_\_\_\_ Mo/Yr \_\_\_\_\_ Present or Last Employer From \_\_\_\_\_ To \_\_\_\_\_  
Name \_\_\_\_\_

Position Held \_\_\_\_\_ Address \_\_\_\_\_

Reason for leaving \_\_\_\_\_ Company phone ( ) \_\_\_\_\_

Were you subject to the FMCSRs while employed here? \_\_\_\_\_ Yes \_\_\_\_\_ No

Was your job designated as a safety-sensitive function in any DOT- regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? \_\_\_\_\_ Yes \_\_\_\_\_ No

5. Mo/Yr \_\_\_\_\_ Mo/Yr \_\_\_\_\_ Present or Last Employer From \_\_\_\_\_ To \_\_\_\_\_  
Name \_\_\_\_\_

Position Held \_\_\_\_\_ Address \_\_\_\_\_

Reason for leaving \_\_\_\_\_ Company phone ( ) \_\_\_\_\_

Were you subject to the FMCSRs while employed here? \_\_\_\_\_ Yes \_\_\_\_\_ No

Was your job designated as a safety-sensitive function in any DOT- regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? \_\_\_\_\_ Yes \_\_\_\_\_ No

6. Mo/Yr \_\_\_\_\_ Mo/Yr \_\_\_\_\_ Present or Last Employer From \_\_\_\_\_ To \_\_\_\_\_  
Name \_\_\_\_\_

Position Held \_\_\_\_\_ Address \_\_\_\_\_

Reason for leaving \_\_\_\_\_ Company phone ( ) \_\_\_\_\_

Were you subject to the FMCSRs while employed here? \_\_\_\_\_ Yes \_\_\_\_\_ No

Was your job designated as a safety-sensitive function in any DOT- regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? \_\_\_\_\_ Yes \_\_\_\_\_ No

7. Mo/Yr \_\_\_\_\_ Mo/Yr \_\_\_\_\_ Present or Last Employer From \_\_\_\_\_ To \_\_\_\_\_  
Name \_\_\_\_\_

Position Held \_\_\_\_\_ Address \_\_\_\_\_

Reason for leaving \_\_\_\_\_ Company phone ( ) \_\_\_\_\_

Were you subject to the FMCSRs while employed here? \_\_\_\_\_ Yes \_\_\_\_\_ No

Was your job designated as a safety-sensitive function in any DOT- regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? \_\_\_\_\_ Yes \_\_\_\_\_ No

## EDUCATION HISTORY

Circle highest grade completed: 1 2 3 4 5 6 7 8  
 Last School attended: \_\_\_\_\_

High School 1 2 3 4

College 1 2 3 4

(name)

(city)

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

Have you ever had your license revoked or suspended?

Yes  No

Have you had any accidents in the last 3 years?

Yes  No

Have you had any tickets in the last 3 years?

Yes  No

Have you been convicted of DWI, DUI or BAC in the last 5 years?

Yes  No

Have you ever been convicted of a crime?

Yes  No

If you answered 'Yes' to any of the previous 5 questions please give details below.

### TO BE READ AND SIGNED BY APPLICANT

I agree that any false statement, misrepresentation, or omission in this application is sufficient cause for rejection for employment or for dismissal if hired. I authorize my former employer(s) and others to give PRECISION HEAVY HAUL, INC, all information regarding my services, character, and conduct, and furthermore do release them and their company from any liability for any damage resulting there from. I also authorize a credit check, drivers license check, application for bonding, and agree to submit to medical examinations as deemed necessary by PRECISION (generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended. All drivers must fit minimum physical requirements as required by the FMCSR.)

I understand that I may be randomly tested for substance use at any time as a condition of employment.

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

\_\_\_\_\_  
Printed Name

### DISCLOSURE AND RELEASE

In connection with my application for employment (including contract for services) with you, I understand that consumer reports which may contain public record information may be requested from Hays Companies of Utah or any other any other consumer reporting agency, or any state agency. These reports may include the following types of information; names and dates of previous employers, reason for termination of employment, work experience, accidents, etc. I further understand that such reports may contain public record information concerning my driving record, workers' compensation claims, credit, bankruptcy proceedings, criminal records, etc., from federal, state, and other agencies which maintain such records; as well as information from Hays Companies concerning previous driving record requests made by others from such state agencies, and state provided driving records.

I also understand that a claims history report may be requested from our insurance company. This report may include the following information with regard to my driving history, accident dates, state of accident location, and a brief description of the accident.

**I AUTHORIZE, WITHOUT RESERVATION, ANY PART OR AGENCY CONTACTED BY US TO FURNISH THE ABOVE MENTIONED INFORMATION.**

I have the right to make a request to Hays Companies upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including the sources of the information, and the recipients of any reports on me which Hays Companies has previously furnished within the two year period preceding my request. I hereby consent to your obtaining the above information from Hays Companies and I agree that such information which Hays Companies has or obtains, and my employment history with you if I am hired, will be supplied by Hays Companies to other companies which subscribe to Hays Companies services.

I also have the right to make a request to our insurance company, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request.

I hereby authorize procurement of consumer report (s). If hired (or contracted), this authorization shall remain on file and shall serve as an ongoing authorization for you to procure consumer reports at anytime during my employment (or contract) period.

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
SSN

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
LICENSE NUMBER

\_\_\_\_\_  
STATE

\_\_\_\_\_  
DATE OF BIRTH

\_\_\_\_\_  
YEARS COMMERCIAL EXPERIENCE

**MANDATORY USE FOR ALL INDUSTRY SERVICE PROVIDER ACCOUNT HOLDERS**

**IMPORTANT NOTICE  
REGARDING BACKGROUND REPORTS FROM THE PSP Online Service**

1. In connection with your application for employment with Precision Heavy Haul, Inc. (“Prospective Employer”), it 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.

The Prospective Employer cannot obtain background reports from FMCSA unless you consent in writing.

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

**2. I authorize Precision Heavy Haul, 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 consenting to 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.**

3. 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 am challenging 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.

4. Please note: 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 FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

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I have read the above Notice Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this consent form, 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 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 provided in paragraphs 1-4 of this document to obtain a prospective Applicant’s consent. The language must be used in whole, exactly as provided. **The language may be included with other consent forms or language at the discretion of the account holder, provided the four paragraphs remain intact and the language is unchanged.**