

Hueneman Farms LC

Mailing 575 HWY 69 Physical 835 N. State St
Garner, IA 50438
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APPLICATION FOR QUALIFICATION

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.

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: Contractor Driver Contractor's Driver

Phone Number (_____) _____ Secondary Phone Number (_____) _____

Name _____
First Middle Last

Address _____
Street City Zip How Long?

E-mail Address _____

List all Previous Addresses for past 3 years:

_____ From _____ To _____
_____ From _____ To _____
_____ From _____ To _____

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

Driver License# _____ State _____ Class _____ Years of Experience _____

Do you have a DOT Medical Card? Yes No Physical Exam Expiration Date: _____

Have you worked for this company before? Yes No If yes, give dates: From _____ To _____

Reason for leaving? _____

Incase of emergency, whom should we contact.

Name _____ Phone Number _____ Relationship _____

Name _____ Phone Number _____ Relationship _____

Education

Highest grade completed: _____ Years of College: _____
Check the following that apply: ___ High School Diploma ___ G.E.D ___ College Degree

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 (triples)			
Other			

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

List special courses/training competed (PTD/DDC, Haz Mat, etc.): _____

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

Accident Record for 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 _____

How did you hear about us? (Check all that apply)

- Search Engine (Google, Bing, etc.)
- Social Media (Facebook, Instagram or TikTok)
- Radio
- Newspaper
- Billboard
- Word of Mouth
- Referral (How were you referred to us?) _____
- Other (Please specify) _____

To Be Read and Signed by Applicant

It is agreed and understood that any misrepresentation given on this application shall be considered an act of dishonesty.

It is agreed and understood that the motor carrier or his agents may investigate the applicant's background to ascertain any and all information of concern to applicant's record, whether same is of record or not, and applicant releases employers and persons named herein from all liability for any damages on account of his furnishing such information.

It is also agreed and understood that under the Fair Credit Reporting Act, Public Law 91-508, I have been told that this investigation may include an investigating Consumer Report, including information regarding my character, general reputation, personal characteristics, and mode of living.

I agree to furnish such additional information and complete such examinations as may be required to complete my application file.

It is agreed and understood that this Application for Qualification in no way obligates the motor carrier to employ or hire the applicant.

It is agreed and understood that if qualified and hired, I may be on a probationary period during which time I may be disqualified 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** _____

REQUEST FOR CHECK OF DRIVING RECORD

1. In accordance with the provisions of Section 604 and Section 607 of the Fair Credit Reporting Act, Public Law No. 91.508, I hereby certify that the information Requested below will be used for a "permissible purpose." as defined in the Act, and that the information received will be used for no other purpose.
2. I further certify that if the applicant named below is denied employment based upon the information received, I will identify the source of the report in accordance with Section 615(e) of the Fair Credit Reporting Act.

(Signature of Safety Director)

(Date)

SIR OR MADAM:

The Following named person has made application with our company for the position of _____ Driver _____ As in accordance with Section 391.23, Federal Department of Transportation Regulations, please furnish the undersigned with the applicant's driving record for the past three years.

SIGNATURE OF APPLICANT: _____

NAME OF APPLICANT: _____

ADDRESS _____
(Number & Street) (City) (State) (Zip Code)

FORMER ADDRESS _____
(Number & Street) (City) (State) (Zip Code)

DATE OF BIRTH _____

SOCIAL SECURITY NUMBER _____ LICENSE NUMBER _____

REQUESTED BY

HUENEMAN FARMS LC
(Name of Company)

575 Highway 69
(Address)

Garner Iowa
(City) (State)

Todd Jass
(Typed Name)

Safety Director
(Title)

(Signature of Safety Director)