

NAME \_\_\_\_\_



PO Box 80325, Billings, MT 59108      6925 Commercial Ave, Billings, MT 59101  
Phone: 406 656 6700    Fax: 406 652 3642  
kris@hiballtrucking.com

Thank you for expressing an interest in Hi-Ball Trucking as an employer.  
Enclosed you will find an employment application and other paperwork as required by DOT regulations.

**Previous employers phone and fax numbers MUST be included.**

Incomplete applications will not be considered. Please write neatly and fill out each page thoroughly. Sign all pages as required. You may return the application by mail, fax or email to Kris Fears in Human Resources.

If you have any questions, feel free to call.

## DRIVER'S RIGHTS PERTAINING TO RELEASE OF DRIVER INFORMATION UNDER REGULATION 391.23

Motor carriers have the responsibility to make the following investigations and inquiries with respect to each driver employed, other than a person who has been a regularly employed driver of the motor carrier for a continuous period that began prior to January 1, 1971.

- (a): (1) An inquiry into the driver's driving record during the preceding three years to the appropriate agency of every State in which the driver held a motor vehicle operator's license or permit during those three years, and;  
: (2) An investigation of the driver's employment record during the preceding three years.
- (b) A copy of the driver record(s) obtained in response to the inquiry or inquiries to each State driver record agency as required must be placed in the Driver Qualification File within 30 days of the date the driver's employment begins and be retained in compliance with 391.51.
- (c) Replies to the investigations of the driver's safety performance history must be placed in the Driver Investigation History File within 30 days of the date the driver's employment begins. This goes into effect after October 29, 2004.
- (d) Prospective motor carrier must investigate the information from all previous employers of the applicant that employed the driver to operate a CMV within the previous three years. This information must cover general driver identification and employment verification information, data elements as specified in 390.15 for accidents involving the driver that occurred in the three-year period preceding the date of the employment application, and any accidents the previous employer may wish to provide.
- (e) Prospective motor carrier must investigate the information from all previous DOT regulated employers that employed the driver within the previous three years from the date of the employment application in a safety-sensitive function that required alcohol and controlled substance testing specified by 49 CFR Part 40.

Drivers have the following rights:

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 the prospective employer.
3. The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

Drivers who wish to review previous employer-provided investigative information must submit a written request to the prospective employer when applying, up to 30 days after employed, or after being notified of denial of employment. The prospective employer must provide this information to the applicant within five business days of receiving the written request. If the driver has not arranged to pick up or receive the requested records within 30 days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived his/her request to review the records.

Drivers wishing to request correction of erroneous information in records must send the request for the correction to the previous employer that provided the records. After October 29, 2004, the previous employer must either correct and forward the information to the prospective motor carrier employer, or notify the driver within 15 days of receiving the driver's request that it does not agree to correct the data. Drivers wishing to rebut information in records must send the rebuttal to the previous employer with instructions to include the rebuttal in the driver's Safety Performance History.

*I acknowledge that I have read and understand the contents of this document*

**Driver's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Driver Name (Printed):** \_\_\_\_\_

**Over the Road Truck Driver Job Summary:**

Primary Job: The safe and efficient transportation of cargo.

**Essential Duties and Responsibilities:**

- Effectively manage time and trip planning
- Must maintain safe equipment
- Secure cargo safely per FMCSR and DOT requirements
- Move cargo in a timely manner
- Have the ability to safely enter and exit trucks unassisted
- Must be able to tarp and untarp unaided
- Oversee customer loading and unloading
- Update, maintain and turn in all appropriate paperwork in a timely manner
- Effectively communicate with the customer and dispatcher
- Maintain professional and clean appearance (driver and vehicle)
- Monitor work to ensure continual improvement and efficient operations
- Other duties as may be assigned and required
- Report all incidents and/or accidents immediately

**Minimum Qualifications:**

- Commercial Driver's License, Class A, Type 2 with airbrake endorsement required, and minimum of 2 years related driving experience, 26,000 GVW, with emphasis on specialized heavy haul equipment.
- Minimum of 23 years old, as required by insurance.
- Clean driving record for the past 3 years, as required by insurance.
- Must read, write, speak and understand English, communicate effectively, and able to interpret company transportation/driver documents and other company policies, procedures and practices.
- Pass DOT physical examinations as required by DOT.
- Willing to submit to random drug / alcohol testing.

**Educational Requirements:**

- High School Diploma or equivalent
- Professional driving school certificate preferred if less than 2 years related driving experience.

**Physical Demands & Working Conditions:**

- Extensive sitting, walking and standing
- Use of hands, arms and legs
- Climbing, squatting or kneeling
- Lifting and carrying up to and occasionally over sixty lbs.
- Repetitive movement
- Extreme weather working conditions
- Wear hard hat, sturdy footwear, hearing and eye protection or other personal protection equipment as required by working conditions
- Some close vision work, must be able to distinguish colors
- Excellent distance and peripheral vision
- Exposure to construction equipment
- Exposure to electrical hazard, tools, confined spaces, wet and slippery conditions
- Driving tractor-trailer unit over 26,000 GVW
- Away from home for up to two-week periods

**By my signature, I submit that I am capable of and agree to the above job demands.**

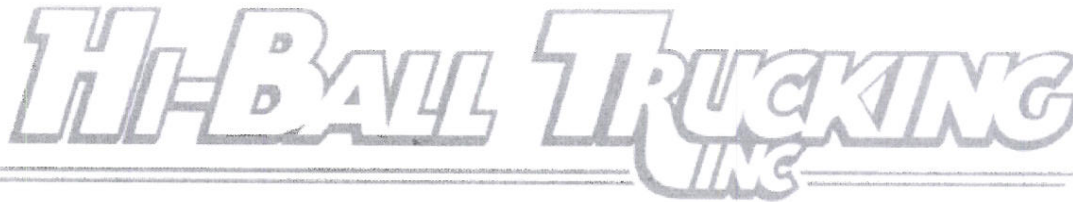
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Applicant Signature

Date



NAME \_\_\_\_\_



PO BOX 80325 \* BILLINGS MT 59108 \* PHN 406 656 6700 \* FAX 406 652 3642

## 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 and Hi-Ball Trucking, Inc.

### Instructions to Applicant

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

Date \_\_\_\_\_ Position applying for (Check One): ☐ Company Driver ☐ Owner/Operator

Full Name (First, Middle, Last) \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone Number (\_\_\_\_\_) \_\_\_\_\_ Cell Phone Number (\_\_\_\_\_) \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Emergency Phone# (\_\_\_\_\_) \_\_\_\_\_

Social Security Number \_\_\_\_\_ Physical Exam Expiration Date: \_\_\_\_\_

Date of Birth \_\_\_\_\_ DL # \_\_\_\_\_ State \_\_\_\_\_ Exp. Date \_\_\_\_\_

\*The Age Discrimination of Employment Act of 1967 prohibits discrimination on the basis of age with the respect to individuals who are at least 40 years of age. In order to be considered for employment at Hi-Ball Trucking, Inc. proof of age and insurability is required.

### Current & Three Previous Addresses:

Current: \_\_\_\_\_ / \_\_\_\_\_  
 \_\_\_\_\_ / \_\_\_\_\_  
 \_\_\_\_\_ / \_\_\_\_\_  
 \_\_\_\_\_ / \_\_\_\_\_  
 (Street / PO Box) (City) (ST) (Zip) (from/to)

Have you ever worked for this company before? ☐ Yes ☐ No

If yes, give dates: From \_\_\_\_\_ To \_\_\_\_\_

Reason for leaving? \_\_\_\_\_

### Personal References

List three references, other than family members, who have knowledge of your character and safety habits. Complete addresses required, including street address, city, and state!

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

### 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



**Employment History**

Give a Complete Record of all employment for the past three years, including any unemployment or self-employment, and all commercial driving experience for the past ten years. Use another sheet if necessary.

Mo/Yr                      Mo/Yr                      Present or Last Employer:

From \_\_\_\_\_ / \_\_\_\_\_ To \_\_\_\_\_ / \_\_\_\_\_ Name \_\_\_\_\_

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

(Street)                      (City)                      (State/Zip)

Phone # \_\_\_\_\_ Fax: \_\_\_\_\_ Reason For Leaving \_\_\_\_\_

Were you subject to the FMCSRs\* while employed here? (Check one) ☐ 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? (Check one) ☐ Yes ☐ No

.....

Mo/Yr                      Mo/Yr                      Employer:

From \_\_\_\_\_ / \_\_\_\_\_ To \_\_\_\_\_ / \_\_\_\_\_ Name \_\_\_\_\_

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

(Street)                      (City)                      (State/Zip)

Phone # \_\_\_\_\_ Fax: \_\_\_\_\_ Reason For Leaving \_\_\_\_\_

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Mo/Yr                      Mo/Yr                      Employer:

From \_\_\_\_\_ / \_\_\_\_\_ To \_\_\_\_\_ / \_\_\_\_\_ Name \_\_\_\_\_

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

(Street)                      (City)                      (State/Zip)

Phone # \_\_\_\_\_ Fax: \_\_\_\_\_ Reason For Leaving \_\_\_\_\_

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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? (Check one) ☐ Yes ☐ No

.....

Mo/Yr                      Mo/Yr                      Employer:

From \_\_\_\_\_ / \_\_\_\_\_ To \_\_\_\_\_ / \_\_\_\_\_ Name \_\_\_\_\_

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

(Street)                      (City)                      (State/Zip)

Phone # \_\_\_\_\_ Reason For Leaving \_\_\_\_\_

Were you subject to the FMCSRs\* while employed here? (Check one) ☐ 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? (Check one) ☐ Yes ☐ No

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\*The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone who operates a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) has a GVWR or weighs 10,001 pounds or more, (2) is designed or used to transport nine or more passengers, or (3) is of any size, used to transport hazardous materials in a quantity requiring placarding.

**Driving Experience**

Class of Equipment	Dates		Approximate Number of Miles (Total)
	From	To	
Straight Truck			
Tractor an Semi-trailer			
Tractor-two trailers			
Tractor-three trailers (triples)			
Straight Truck			

How many years of Tractor/Trailer experience have you had? \_\_\_\_\_

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: \_\_\_\_\_

(use another sheet of paper if more space is needed.)

Check the make of tractor(s) driven:

(Circle)

☐ IHC/Navistar      ☐ Cab Over      ☐ Conventional  
☐ Kenworth      ☐ Cab Over      ☐ Conventional  
☐ Freightliner      ☐ Cab Over      ☐ Conventional  
☐ Peterbilt      ☐ Cab Over      ☐ Conventional  
☐ Ford      ☐ Cab Over      ☐ Conventional  
☐ Other: \_\_\_\_\_

Check they type of transmissions(s) familiar with:

☐ 4x4 (16 speed)      ☐ 5 speed  
☐ Triplex (15 speed)      ☐ 6 speed  
☐ Fuller 12513 (13 speed)      ☐ 9 speed  
☐ Fuller 913 (13 speed)      ☐ 10 speed  
☐ 5 speed main-3 speed aux      ☐ RT 910  
☐ Other: \_\_\_\_\_

Check the type of trailers(s) pulled:

☐ Regular Van      ☐ Reefer unit      ☐ Flatbed      ☐ Drop deck  
☐ Grain      ☐ Hopper      ☐ Livestock      ☐ Bulk tanker  
☐ Liquid bulk tanker      ☐ Other: \_\_\_\_\_

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 last three years (other than parking violations)

Date	Location	Charge	Penalty

Drivers 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 answer to any of the preceding four questions is "YES", give details \_\_\_\_\_

**To Be Read and Signed by Applicant**

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- 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 and/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 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 Employment in no way obligates Hi-Ball Trucking, Inc. to employ or hire the applicant.
- It is agreed and understood that if qualified and hired, I may be on an evaluation period, during which time I may be disqualified and/or terminated without recourse.
- This certifies that I personally completed this application, and that all entries and information are true and complete to the best of my knowledge.

**Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Remarks (For office use only)**

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## Request for Driver's Safety Performance History Information from DOT Regulated Previous Employer(s)

Carrier Name: Hi-Ball Trucking, Inc.Contact Person: Kris FearsAddress: PO Box 80325Contact Person: Billings, MT 59108Phone: (406) 656-6700Confidential Fax #: (406) 652-3642

### Driver to Complete This Section

As a Commercial Motor Vehicle (CMV) Driver, I understand that, per the Federal Motor Carrier Safety Regulations (FMCSR) Part 391.21, the following information will be requested from all previous employers for which I operated a CMV, subject to the FMCSR Parts 390 and/or 40, 382 & 383, **within the past three years**, from the date (Today's Date) shown below. I also acknowledge that this information will be used in determining my eligibility to be hired, that I have the right to review this information and rebut any errors in these statements from my prior employers, as described in the FMCSR Part 391.23.

I \_\_\_\_\_, hereby authorize this company to release all records of employment, including assessments  
**Print Name**

of my job performance, ability and fitness, including dates of any and all alcohol or drug tests. Those confirmed results and/or my refusal to submit to any alcohol or drug tests and any rehabilitation completion under direction of (SAP/MRO) to each and every company (or their authorized agents), which may request such information in connection with my application for employment with said company. I hereby release this company, and its employees, officers, directors, and agents from any and all liability of any type as a result of providing information to the above-mentioned person and/or company.

Previous Employer: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City, State, and Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

I worked for this company from the dates of \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
Applicant's Signature\_\_\_\_\_  
SSN or ID Number\_\_\_\_\_  
Today's Date

### SECTION I – Past Employer to Complete >> DRUG & ALCOHOL INFORMATION

Please provide the following drug and alcohol information as required by FMCSR Part 391.23 & 40.25.

If no drug and alcohol information is available on above-named applicant, check here. ☐

	YES	NO
1. Any alcohol test with a result of 0.04 or higher alcohol concentration?	<input type="checkbox"/>	<input type="checkbox"/>
2. Any verified positive drug test?	<input type="checkbox"/>	<input type="checkbox"/>
3. Any refusals to be tested (including verified adulterated or substituted drug test results)?	<input type="checkbox"/>	<input type="checkbox"/>
4. Any other violations of DOT agency drug and alcohol testing regulations (Part 382 or Part 40)?	<input type="checkbox"/>	<input type="checkbox"/>
5. If this driver did successfully complete a SAP rehabilitation referral and remained in your employ, did he/she have any subsequent violations for: an alcohol test result of 0.04 or greater, a verified positive drug test or a refusal to test (including a verified adulterated/substituted drug test result)?	<input type="checkbox"/>	<input type="checkbox"/>

6. If yes to any of the above questions, please provide documentation of successful completion of a SAP evaluation, prescribed treatment and return-to-duty requirements (including follow-up tests) if they remained in your employ. \*

\* If this information is not available from the previous employer, you as a prospective employer must get this information from the driver/applicant.

**Drug and alcohol information will be kept in a separate personnel and/or confidential file.**

## Request for Driver's Safety Performance History Information from DOT Regulated Previous Employer(s)

### SECTION II – Past Employer to Complete >> ACCIDENT INFORMATION

Please provide the following information as required by FMCSR Part 391.23(d) (1) (2) on any accidents, as defined by 390.5 and/or from your Accident Register (FMCSR 391.15) which the above-named driver/applicant was involved within the past three years while under your employment. Previous employers may include additional detailed information on minor accidents/incidents at their discretion.

If there is no accident information for this driver, please check *here*. ☐

Date	Location (Please give city/town, or most near and state)	Any Vehicles Towed?	HazMat Spill?	# Of Fatalities?	# Of Injuries?

### SECTION III – Past Employer to Complete >> WORK HISTORY INFORMATION

Please provide the following information on the above-named driver/applicant:

He/She was employed for you as a: \_\_\_\_\_ from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

- If employed as a driver, what type of equipment did he/she operate?  
 Straight Trucks ☐    Tractor/Trailer ☐    Doubles ☐    Triples ☐    Other ☐

Explain: \_\_\_\_\_

Type of trailer(s) pulled: \_\_\_\_\_

Was he/she a:    Company Driver?    Yes ☐ No ☐    Contractor?    Yes ☐ No ☐  
                          Contractor's Driver?    Yes ☐ No ☐    Other?    Yes ☐ No ☐

General area traveled: \_\_\_\_\_ Commodities transported: \_\_\_\_\_

- While under your employment was he/she:
  - a) Bonded: Yes ☐ No ☐
  - b) Convicted of any traffic violations: Yes ☐ No ☐  
 If yes, please list all, including date and type: \_\_\_\_\_
- Reason for leaving: \_\_\_\_\_
- Would you re-employ this person: Yes ☐ No ☐ Upon Review ☐
- Please explain: \_\_\_\_\_
- Additional Comments: \_\_\_\_\_

#### Previous Employer Representative Supplying Information:

_____ Print Name	_____ Title
_____ Signature	_____ Date

*Please remember to retain a copy for your records; your timely response is appreciated..*



## Request for Driver's Safety Performance History Information from DOT Regulated Previous Employer(s)

Carrier Name: Hi-Ball Trucking, Inc.Contact Person: Kris FearsAddress: PO Box 80325City, ST Zip : Billings, MT 59108Phone: (406) 656-6700Confidential Fax #: (406) 652-3642

### Driver to Complete This Section

As a Commercial Motor Vehicle (CMV) Driver, I understand that, per the Federal Motor Carrier Safety Regulations (FMCSRs) Part 391.21, the following information will be requested from all previous employers for which I operated a CMV, subject to the FMCSR Parts 390 and/or 40, 382 & 383, within the past three years, from date shown below. I also acknowledge that this information will be used in determining my eligibility to be hired, that I have the right to review this information and rebut any errors in these statements from my prior employers, as described in the FMCSR Part 391.23.

I, \_\_\_\_\_, hereby authorize this company to release all records of employment, including assessments  
**Print Name**

of my job performance, ability and fitness, including dates of any and all alcohol or drug tests. Those confirmed results and/or my refusal to submit to any alcohol or drug tests and any rehabilitation completion under direction of (SAP/MRO) to each and every company (or their authorized agents), which may request such information in connection with my application for employment with said company. I hereby release this company, and its employees, officers, directors, and agents from any and all liability of any type as a result of providing information to the above-mentioned person and/or company.

Previous Employer: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City, State, and Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

I worked for this company from the dates of \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Applicant's Signature \_\_\_\_\_

SSN or ID Number \_\_\_\_\_

Today's Date \_\_\_\_\_

### SECTION I – Past Employer to Complete >> DRUG & ALCOHOL INFORMATION

Please provide the following drug and alcohol information as required by FMCSR Part 391.23 & 40.25.

If no drug and alcohol information is available on above-named applicant, check here. ☐

	YES	NO
1. Any alcohol test with a result of 0.04 or higher alcohol concentration?	<input type="checkbox"/>	<input type="checkbox"/>
2. Any verified positive drug test?	<input type="checkbox"/>	<input type="checkbox"/>
3. Any refusals to be tested (including verified adulterated or substituted drug test results)?	<input type="checkbox"/>	<input type="checkbox"/>
4. Any other violations of DOT agency drug and alcohol testing regulations (Part 382 or Part 40)?	<input type="checkbox"/>	<input type="checkbox"/>
5. If this driver did successfully complete a SAP rehabilitation referral and remained in your employ, did he/she have any subsequent violations for: an alcohol test result of 0.04 or greater, a verified positive drug test or a refusal to test (including a verified adulterated/substituted drug test result)?	<input type="checkbox"/>	<input type="checkbox"/>

7. If yes to any of the above questions, please provide documentation of successful completion of a SAP evaluation, prescribed treatment, and return-to-duty requirements (including follow-up tests) if they remained in your employ.\*

\* If this information is not available from the previous employer, you as a prospective employer, must get this information from the driver/applicant.

**Drug and alcohol information will be kept in a separate personnel and/or confidential file.**



## Request for Driver's Safety Performance History Information from DOT Regulated Previous Employer(s)

### **SECTION II – Past Employer to Complete >> ACCIDENT INFORMATION**

Please provide the following information as required by FMCSR Part 391.23(d) (1) (2) on any accidents, as defined by 390.5 and/or from your Accident Register (FMCSR 391.15) which the above-named driver/applicant was involved within the past three years while under your employment. Previous employers may include additional detailed information on minor accidents/incidents at their discretion.

If there is no accident information for this driver, please check *here*. ☐

Date	Location (Please give city/town, or most near and state)	Any Vehicles Towed?	HazMat Spill?	# Of Fatalities?	# Of Injuries?

### **SECTION III – Past Employer to Complete >> WORK HISTORY INFORMATION**

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He/She was employed for you as a: \_\_\_\_\_ from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

- If employed as a driver, what type of equipment did he/she operate?  
 Straight Trucks ☐      Tractor/Trailer ☐      Doubles ☐      Triples ☐      Other ☐

Explain: \_\_\_\_\_

Type of trailer(s) pulled: \_\_\_\_\_

Was he/she a:      Company Driver?    Yes ☐ No ☐      Contractor?      Yes ☐ No ☐  
                          Contractor's Driver?    Yes ☐ No ☐      Other?      Yes ☐ No ☐

General area traveled: \_\_\_\_\_ Commodities transported: \_\_\_\_\_

- While under your employment was he/she:
  - a) Bonded: Yes ☐ No ☐
  - b) Convicted of any traffic violations:      Yes ☐ No ☐

If yes, please list all, including date and type: \_\_\_\_\_

- Reason for leaving: \_\_\_\_\_
- Would you re-employ this person: Yes ☐ No ☐ Upon Review ☐
- Please explain: \_\_\_\_\_
- Additional Comments: \_\_\_\_\_

#### Previous Employer Representative Supplying Information:

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

***Please remember to retain a copy for your records; your timely response is appreciated..***

## Request for Driver's Safety Performance History

### Information from DOT Regulated Previous Employer(s)

Carrier Name: Hi-Ball Trucking, Inc. Contact Person: Kris Fears  
 Address: PO Box 80325 City, ST Zip : Billings, MT 59108  
 Phone: (406) 656-6700 Confidential Fax #: (406) 652-3642

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I, \_\_\_\_\_, hereby authorize this company to release all records of employment, including assessments  
**Print Name**

of my job performance, ability and fitness, including dates of any and all alcohol or drug tests. Those confirmed results and/or my refusal to submit to any alcohol or drug tests and any rehabilitation completion under direction of (SAP/MRO) to each and every company (or their authorized agents), which may request such information in connection with my application for employment with said company. I hereby release this company, and its employees, officers, directors, and agents from any and all liability of any type as a result of providing information to the above-mentioned person and/or company.

Previous Employer: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City, State, and Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

I worked for this company from the dates of \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Applicant's Signature

SSN or ID Number

Today's Date

#### SECTION I – Past Employer to Complete >> DRUG & ALCOHOL INFORMATION

Please provide the following drug and alcohol information as required by FMCSR Part 391.23 & 40.25.

If no drug and alcohol information is available on above-named applicant, check here. ☐

	YES	NO
1. Any alcohol test with a result of 0.04 or higher alcohol concentration?	<input type="checkbox"/>	<input type="checkbox"/>
2. Any verified positive drug test?	<input type="checkbox"/>	<input type="checkbox"/>
3. Any refusals to be tested (including verified adulterated or substituted drug test results)?	<input type="checkbox"/>	<input type="checkbox"/>
4. Any other violations of DOT agency drug and alcohol testing regulations (Part 382 or Part 40)?	<input type="checkbox"/>	<input type="checkbox"/>
5. If this driver did successfully complete a SAP rehabilitation referral and remained in your employ, did he/she have any subsequent violations for: an alcohol test result of 0.04 or greater, a verified positive drug test or a refusal to test (including a verified adulterated/substituted drug test result)?	<input type="checkbox"/>	<input type="checkbox"/>

8. If yes to any of the above questions, please provide documentation of successful completion of a SAP evaluation, prescribed treatment, and return-to-duty requirements (including follow-up tests) if they remained in your employ.\*

\* If this information is not available from the previous employer, you as a prospective employer, must get this information from the driver/applicant.

**Drug and alcohol information will be kept in a separate personnel and/or confidential file.**



## Request for Driver's Safety Performance History Information from DOT Regulated Previous Employer(s)

### **SECTION II – Past Employer to Complete >> ACCIDENT INFORMATION**

Please provide the following information as required by FMCSR Part 391.23(d) (1) (2) on any accidents, as defined by 390.5 and/or from your Accident Register (FMCSR 391.15) which the above-named driver/applicant was involved within the past three years while under your employment. Previous employers may include additional detailed information on minor accidents/incidents at their discretion.

If there is no accident information for this driver, please check *here*. ☐

Date	Location (Please give city/town, or most near and state)	Any Vehicles Towed?	HazMat Spill?	# Of Fatalities?	# Of Injuries?

### **SECTION III – Past Employer to Complete >> WORK HISTORY INFORMATION**

Please provide the following information on the above-named driver/applicant:

He/She was employed for you as a: \_\_\_\_\_ from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

- If employed as a driver, what type of equipment did he/she operate?  
 Straight Trucks ☐      Tractor/Trailer ☐      Doubles ☐      Triples ☐      Other ☐

Explain: \_\_\_\_\_

Type of trailer(s) pulled: \_\_\_\_\_

Was he/she a:      Company Driver?      Yes ☐ No ☐      Contractor?      Yes ☐ No ☐

Contractor's Driver?      Yes ☐ No ☐      Other?      Yes ☐ No ☐

General area traveled: \_\_\_\_\_ Commodities transported: \_\_\_\_\_

- While under your employment was he/she:
  - a) Bonded: Yes ☐ No ☐
  - b) Convicted of any traffic violations: Yes ☐ No ☐
  - If yes, please list all, including date and type: \_\_\_\_\_
- Reason for leaving: \_\_\_\_\_
- Would you re-employ this person: Yes ☐ No ☐ Upon Review ☐
- Please explain: \_\_\_\_\_
- Additional Comments: \_\_\_\_\_

#### Previous Employer Representative Supplying Information:

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

***Please remember to retain a copy for your records; your timely response is appreciated..***



**DRIVER APPLICANT CONTROLLED SUBSTANCE AND ALCOHOL  
PRE-EMPLOYMENT STATEMENT**

CFR Part 40.25(j) requires the employer to ask any applicant whether he or she has refused to test for or been tested positive on any pre-employment controlled substance or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol rules during the past two years.

If the potential employee admits that he or she refused to test for, or had a positive return on a controlled substance or alcohol test, we must not use the employee to perform safety-sensitive functions, until and unless the potential employee provides documentation of successful completion of the return-to-duty process.  
See Section 40.25(b) (5) and (e).

**Applicant Name:** \_\_\_\_\_ **SS Number:** \_\_\_\_\_  
(Please Print)

As an applicant applying to perform safety-sensitive functions for our company, you are required by CFR Part 40.25 (j) to respond to the following questions.

1. Have you tested positive on, or refused to test for, any pre-employment controlled substance or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years?  
Yes ☐ No ☐
2. If you answered yes, to the above question, can you provide proof that you have successfully completed the DOT return-to-duty requirements?  
Yes ☐ No ☐

My signature below certifies that the information provided is true and correct.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## CONTROLLED SUBSTANCE & ALCOHOL TESTING INFORMATION ACKNOWLEDGEMENT/CONSENT FORM

As a condition of employment with **Hi-Ball Trucking, Inc.**, Commercial Motor Vehicle (CMV) Driver Applicants must submit to a pre-employment controlled substances test as required by the Federal Motor Carrier Safety Regulations (FMCSR) Section 382.301. A motor carrier must receive verified negative test results in order for the applicant to be eligible for employment.

If hired, you will be subject the to laws requiring additional controlled substance and alcohol testing under situations including, but not limited to, the following:

Post-Accident – Section 382.303	Random – Section 382.305	Reasonable Suspicion – Section 382.307
Return to Duty – Section 382.309		Follow-up – Section 382.311

A driver who tests positive for a controlled substance(s) and/or alcohol test, will be immediately removed from a safety-sensitive position as required by Part 382 of the FMCSR. Federal law prohibits a driver from returning to a safety-sensitive position for any motor carrier until and unless the driver completes the Substance Abuse Professionals (SAP) evaluation, referral and educational/treatment process, as described in FMCSR Part 40, Subpart O.

The following is a referral list of Substance Abuse Professionals in Billings, MT:

NAME	RIMROCK FOUNDATION	BILLINGS CLINIC BEHAVIORAL HEALTH CLINIC
ADDRESS	1231 N. 29 <sup>TH</sup> ST BILLINGS, MT 59101	1020 NORTH 27 <sup>TH</sup> STREET-4 <sup>TH</sup> FLOOR 27 <sup>TH</sup> STREET MEDICAL BUILDING PO BOX 37000 BILLINGS, MT 59107-7000
PHONE #	(406) 248-3175 or (800) 227-3953	(406) 255-8550

All controlled substances and alcohol testing will be conducted in accordance with Parts 40 and 382 of the FMCSR.

I \_\_\_\_\_ have read the above controlled substance and alcohol  
(Print Name)  
testing requirements and understand them. I acknowledge receipt of the referral list of Substance Abuse Professionals.

\_\_\_\_\_  
(Applicant's signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Witnessed by Employer Representative)



## A Summary of Your Rights Under the Fair Credit Reporting Act

Pursuant to the federal Fair Credit Reporting Act (the "FCRA") the undersigned, on behalf of the commercial driver employer I represent, the "Employer", **Hi-Ball Trucking Inc.**, hereby certifies the following regarding each of the Driver Information Records (the "Records") that the Employer is requesting:

1. The requested Records will be used for pre-employment screening purposes only;
2. Prior to this request, Employer provided each Operator Applicant a clear, separate and conspicuous written disclosure that the Employer is permitted to obtain the Records for employment purposes;
3. Each Operator Applicant has provided the Employer with written authorization permitting Employer to obtain a copy of the Operator Applicant's records with PSP (Pre-Employment Screening Process)
4. You will be notified if the Employer elects to take an adverse action based upon information which came, or partly came, from Records received from PSP: [www.psp.fmcsa.dot.gov](http://www.psp.fmcsa.dot.gov). The FMCSA-DOT did not, and NICT (which operates the PSP Service) did not, make the decision to take adverse action and is unable to provide the Operator Applicant the specific reasons why the adverse action was taken.
5. If a request is made by the Operator Applicant to the Employer for the Operator Applicant's records with PSP, and proper identification is provided, Employer agrees to provide Operator Applicant with a free copy of the record within three (3) business days of his / her request.
6. You have the right to dispute incomplete or inaccurate information. Please contact: US Federal Motor Carrier Safety Administration – Department of Transportation (which maintains the PSP database) 1200 New Jersey Ave SE Washington DC 20590 (800) 832-5660 TTY (800) 877-8339 or by visiting <https://dataqs.fmcsa.dot.gov>. Only FMCSA- DOT can determine whether information should be corrected.
7. Consumer reporting agencies must correct or delete inaccurate, incomplete or unverifiable information usually within 30 days.
8. Consumer reporting agencies may not report outdated negative information.
9. Any information contained in any Record that the Employer obtains from PSP will not be used in violation of any applicable Federal or State or local Equal Opportunity laws or regulations.
10. To the extent any information in the Record from the PSP is "personal information" subject to the Driver Privacy Protection Act, found at 18 U.S.C. sections 2721 and following, the Record will only be used for commercial drivers' license Employer verification purposed as permitted by 18 U.S.C. section 2721 (b)(9).

X

Signature

X

Date



**THE BELOW DISCLOSURE AND AUTHORIZATION LANGUAGE IS FOR MANDATORY USE BY  
ALL ACCOUNT HOLDERS**

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

In connection with your application for employment with Hi-Ball Trucking ("Prospective Employer"), Prospective Employer, its employees, agents or contractors 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.

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. You may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If you challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. Your request will be forwarded by the DataQs system to the appropriate State for adjudication.

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 Federal Motor Carrier Safety Regulations (FMCSR) violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

The Prospective Employer cannot obtain background reports from FMCSA without your authorization.

**AUTHORIZATION**

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

I authorize Hi-Ball Trucking ("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 authorizing 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.

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 challenge 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.

I understand that any crash or inspection in which I was involved will display on my PSP report. Since the PSP report does not report, or assign, or imply fault, I acknowledge it will include all CMV crashes where I was a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, I understand all inspections, with or without violations, will appear



on my PSP report, and State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on my PSP report. I have read the above Disclosure Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this Disclosure and Authorization, 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 to monthly account holders by NIC 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 contained in this Disclosure and Authorization form to obtain an Applicant's consent. The language must be used in whole, exactly as provided. Further, the language on this form must exist as one stand-alone document. The language may NOT be included with other consent forms or any other language.

LAST UPDATED 12/22/2015

## DISCLOSURE AND RELEASE

This disclosure and release is being issued with my consent to  
**Hi-Ball Trucking, Inc.**

I understand that a claims history report may be requested from Great West Casualty Company. This report may include the following information with regard to my driving history: accident / claim dates, state of accident / claim location and a brief description of the accident or claim.

I understand that a MVR on my driving record will also be ordered and obtained.

I authorize without reservation, any party or agency contacted by Great West Casualty Company to furnish the above-mentioned information.

I have the right to make a request to Great West Casualty 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 any time during my employment (or contract) period.

Print Name \_\_\_\_\_ SSN \_\_\_\_\_

Driver's License # \_\_\_\_\_ State \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_



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4. You will be notified if the Employer elects to take an adverse action based upon information which came, or partly came, from Records received from PSP: [www.psp.fmcsa.dot.gov](http://www.psp.fmcsa.dot.gov). The FMCSA-DOT did not, and NICT (which operates the PSP Service) did not, make the decision to take adverse action and is unable to provide the Operator Applicant the specific reasons why the adverse action was taken.
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*Applicant Copy to Keep*