



PHONE 712-362-5812 or 712-362-5813  
FAX 712-362-3019

# HOLIDAY EXPRESS CORPORATION

P.O. Box 452

Estherville, Iowa 51334-0452

## DRIVER APPLICATION FOR EMPLOYMENT

Applicants are considered for positions without regard to race, color, creed, age, sex, disability, or national origin.

### I. GENERAL

Please print plainly and complete all blanks

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_  
                    First                    Middle                    Last                    (Area)

Current Address \_\_\_\_\_  
                    Number                    Street                    City                    State                    Zip

Other Addresses \_\_\_\_\_  
Past 3 years \_\_\_\_\_  
                    Street                    City                    State                    How Long  
                    Street                    City                    State                    How Long

Date of Birth / /	Social Security No. - - -	Height "	Weight Lbs.	Marital Status: _____ Single _____ Married _____ Divorced _____ Separated _____ Remarried	Number of Dependents: _____
Name of Father	Address (St, City, State, Zip)	Tel. #	Occupation	Company-Employed	
Name of Mother	Address (St, City, State, Zip)	Tel. #	Occupation	Company-Employed	
Name of Spouse	Address (St, City, State, Zip)	Tel. #	Occupation	Company-Employed	

IN CASE OF EMERGENCY NOTIFY: \_\_\_\_\_  
Relationship \_\_\_\_\_ (Name) \_\_\_\_\_ (Address) \_\_\_\_\_ (City/State) \_\_\_\_\_ (Phone)

Do you have any friends and/or relatives employed by this company?  Yes  No

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Three personal references, other than relative

Name: \_\_\_\_\_ Workday Telephone # \_\_\_\_\_

Name: \_\_\_\_\_ Workday Telephone # \_\_\_\_\_

Name: \_\_\_\_\_ Workday Telephone # \_\_\_\_\_

- 1 - Have you been given a job description?  Yes  No
  - 2 - Have the requirements of this job been explained to you?  Yes  No
  - 3 - Do you understand these requirements?  Yes  No
  - 4 - Can you perform the requirements of this job with or without reasonable accommodation?  Yes  No
- TRUCKING EXPERIENCE, OTR \_\_\_\_\_ YRS.  
SOLO \_\_\_\_\_ TEAM \_\_\_\_\_ REEFER \_\_\_\_\_  
STATES \_\_\_\_\_

How did you hear about this company?  Advertisement — Name of Publication \_\_\_\_\_  
 Friend  Relative  Other \_\_\_\_\_

Referred by: \_\_\_\_\_ ID #: \_\_\_\_\_ Terminal: \_\_\_\_\_

## II. EMPLOYMENT RECORD FOR PAST 10 YEARS

Begin with your present or most recent job and work backward in order, listing your employers for at least the past 10 years including all full-time and part-time employment. All time must be accounted for including military service, self-employment and periods of unemployment. Use supplementary sheet if necessary. **We must have telephone numbers. Include periods of unemployment.**

**Current Or Most Recent Employer:** Name \_\_\_\_\_ Supervisor \_\_\_\_\_

Are you presently employed? Yes \_\_\_\_\_ No \_\_\_\_\_ May we call your current employer? Yes \_\_\_\_\_ No \_\_\_\_\_

Address \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

Position Held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Rate of Pay \_\_\_\_\_

Why do you want to change employers? \_\_\_\_\_ Number of states Driven in \_\_\_\_\_

No. of Accidents \_\_\_\_\_ Please Explain \_\_\_\_\_

**Second Last Employer:** Name \_\_\_\_\_ Supervisor \_\_\_\_\_

Address \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

Position Held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Rate of Pay \_\_\_\_\_

Reason for Leaving? \_\_\_\_\_ Number of states Driven in \_\_\_\_\_

No. of Accidents \_\_\_\_\_ Please Explain \_\_\_\_\_

**Third Last Employer:** Name \_\_\_\_\_ Supervisor \_\_\_\_\_

Address \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

Position Held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Rate of Pay \_\_\_\_\_

Reason for Leaving? \_\_\_\_\_ Number of states Driven in \_\_\_\_\_

No. of Accidents \_\_\_\_\_ Please Explain \_\_\_\_\_

**Fourth Last Employer:** Name \_\_\_\_\_ Supervisor \_\_\_\_\_

Address \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

Position Held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Rate of Pay \_\_\_\_\_

Reason for Leaving? \_\_\_\_\_ Number of states Driven in \_\_\_\_\_

No. of Accidents \_\_\_\_\_ Please Explain \_\_\_\_\_

**Fifth Last Employer:** Name \_\_\_\_\_ Supervisor \_\_\_\_\_

Address \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

Position Held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Rate of Pay \_\_\_\_\_

Reason for Leaving? \_\_\_\_\_ Number of states Driven in \_\_\_\_\_

No. of Accidents \_\_\_\_\_ Please Explain \_\_\_\_\_

**Sixth Last Employer:** Name \_\_\_\_\_ Supervisor \_\_\_\_\_

Address \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

Position Held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Rate of Pay \_\_\_\_\_

Reason for Leaving? \_\_\_\_\_ Number of states Driven in \_\_\_\_\_

No. of Accidents \_\_\_\_\_ Please Explain \_\_\_\_\_

**Seventh Last Employer:** Name \_\_\_\_\_ Supervisor \_\_\_\_\_

Address \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

Position Held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Rate of Pay \_\_\_\_\_

Reason for Leaving? \_\_\_\_\_ Number of states Driven in \_\_\_\_\_

No. of Accidents \_\_\_\_\_ Please Explain \_\_\_\_\_

**Eighth Last Employer:** Name \_\_\_\_\_ Supervisor \_\_\_\_\_

Address \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

Position Held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Rate of Pay \_\_\_\_\_

Reason for Leaving? \_\_\_\_\_ Number of states Driven in \_\_\_\_\_

No. of Accidents \_\_\_\_\_ Please Explain \_\_\_\_\_



### III. DRIVING RECORD/EXPERIENCE

#### LICENSE

List **ALL** drivers licenses/permits held in past.

STATE	LICENSE NUMBER	TYPE	EXPIRATION DATE

Is your current license a CDI?  Yes  No State \_\_\_\_\_ Endorsements: 1) Combination vehicles over 26,001 lbs.  Yes  No  
 2) Hazardous material  Yes  No  
 3) Air brakes  Yes  No

#### TRAFFIC CONVICTIONS/FORFEITURES

List **ALL** vehicle moving traffic convictions and forfeitures for the past three years (IF NONE, WRITE NONE)

DATE	LOCATION (STATE)	CHARGE	PENALTY

#### ACCIDENT RECORD

List **ALL** accidents/incidents with vehicles for past three years, include preventable and non-preventable, **WHETHER OR NOT ON MVR.** (IF NONE, WRITE NONE)

Date	Type of Vehicle	Nature of Accident (Head on, rear-end, upset, etc.)	Indicate Preventable or Non-Preventable	Fatalities	Injuries	Amount of Property Damage
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

#### NATURE AND EXTENT OF EXPERIENCE

Type	Trailer Length	Dates		Approx. Number of Miles	States Operated
		From	To		
Tractor with Flatbed					
Tractor with Van					
Tractor with Reefer					
Tractor with Tank					
Straight Truck					
Other (Specify)					
Other (Specify)					

List special courses or training you have completed that will help you as a Driver: \_\_\_\_\_

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

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle?  Yes  No
- B. Have you ever had any license, permit or privilege suspended or revoked?  Yes  No
- C. Have you ever been convicted for driving while under the influence of alcohol or drugs?  Yes  No
- D. Have you ever been convicted for possession, sale, or use of a narcotic drug, amphetamine, or derivative thereof?  Yes  No
- E. Have you ever been refused liability insurance?  Yes  No
- F. Have you ever been convicted of a Felony?  Yes  No
- G. Have you ever been convicted of a Misdemeanor?  Yes  No
- H. Have you ever been disqualified to drive by Federal Regulations?  Yes  No
- I. Have you ever been refused a security bond?  Yes  No

If answer to any question is yes, state details, circumstances, and date \_\_\_\_\_

### IV. PHYSICAL QUALIFICATIONS

FEDERAL MOTOR CARRIER SAFETY REGULATIONS SECTION 391.41 provides that a person shall not drive a motor vehicle unless that person is physically qualified to do so. It is an essential function of the over-the-road driver to satisfy the DOT qualification: Please answer YES or NO to the following questions as they apply to you:

- |   | YES                      | NO                       |
|---|--------------------------|--------------------------|
| 1. Do you have a loss of a foot, leg, hand, or an arm?<br>If you answered Yes to Question 1 above, do you have a DOT waiver pursuant to Section 391.49?<br>(If your answer to Question 1 was NO do not answer this question)  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you have an impairment of:<br>A. a hand or finger which interferes with prehension of power grasping?<br>B. an arm, foot, or leg which interferes with the ability to perform the normal tasks associated with operating a motor vehicle; or any other significant limb defect which interferes with the ability to perform normal tasks associated with operating a motor vehicle?                                     | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do you have an established medical history or clinical diagnosis of diabetes mellitus currently requiring insulin for control?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do you have a current clinical diagnosis or myocardial infarction, angina pectoris, coronary insufficiency, thrombosis, or do you have any other cardiovascular disease of variety known to be accompanied by syncope, dyspnea, collapse, or congestive cardiac failure?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Do you have an established medical history or clinical diagnosis of a respiratory dysfunction likely to interfere with your ability to drive a motor vehicle safely?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Do you have a current clinical diagnosis of high blood pressure likely to interfere with your ability to control and drive a motor vehicle safely?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Do you have an established medical history or clinical diagnosis of rheumatic, arthritic, orthopedic, muscular, neuromuscular, or vascular disease which interferes with your ability to control and operate a motor vehicle safely?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Do you have an established medical history or clinical diagnosis of epilepsy or any other condition which is likely to cause loss of consciousness or any loss of ability to control a motor vehicle?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Do you have any mental, nervous, organic, or functional disease or psychiatric disorder likely to interfere with your ability to drive a motor vehicle safely?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Do you have a current clinical diagnosis of alcoholism?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Do you use a Schedule 1 drug, an amphetamine, narcotic, or any other habit-forming drug, except that you may use such a substance or drug if the substance or drug is prescribed by a licensed medical practitioner who is familiar with your medical history and assigned duties and who has advised you that the prescribed substance or drug will not adversely affect your ability to safely operate a motor vehicle? | <input type="checkbox"/> | <input type="checkbox"/> |

If answer to any of the above is YES, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- |   |                          |                          |
|---|--------------------------|--------------------------|
| 12. Do you have a distant visual acuity of at least 20/40 (Snellen) in each eye with corrective lenses, or visual acuity separately corrected to 20/40 (Snellen) or better with corrective lenses, distant binocular acuity of at least 20/40 (Snellen) in both eyes with or without corrective lenses? | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Do you have a field of vision of at least 70 degrees with horizontal meridian in each eye?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Do you have the ability to recognize the colors of traffic signals and devices showing standard red, green, and amber?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Can you perceive a forced whispered voice in the better ear at not less than 5 feet with or without the use of a hearing aid?   | <input type="checkbox"/> | <input type="checkbox"/> |

If answer to 12-15 is NO please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6

### V. EDUCATIONAL BACKGROUND

Type of School	Name and City/State	Graduated	How many years attended?	Major
Grade		<input type="checkbox"/> Yes <input type="checkbox"/> No		
High School		<input type="checkbox"/> Yes <input type="checkbox"/> No		
College		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Graduate		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Trade School		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Driving School		<input type="checkbox"/> Yes <input type="checkbox"/> No	Graduation Date: _____	

### VI. MILITARY STATUS

Have you served in the U.S. Armed Forces? \_\_\_\_\_ Branch? \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_

DD214 Narrative reason for discharge \_\_\_\_\_

Honorable discharge?  Yes  No

Do you have a DD214?  Yes  No

PLEASE INCLUDE YOUR DD214 IF MILITARY SERVICE WAS IN THE LAST THREE YEARS.

### VII. AGREEMENT

#### TO BE READ AND SIGNED BY APPLICANT

This application for employment and any resulting conditional job offer or contract of hire, shall be deemed to be completed and executed in the state of Iowa.

It is agreed and understood that any misrepresentations of any information by applicant shall be considered an act of dishonesty and may subject applicant to immediate discharge if hired.

It is agreed and understood that the employer 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 former and/or current employers named herein from all liability for any damages for furnishing such information. It is understood that the information in this application will be used and that prior employers will be contacted for purposes of investigation as required by the motor carrier safety regulations.

It is also agreed and understood that under the Fair Credit Report 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 employment file.

(MA/GA/KS) - I understand that as a condition of employment, I will obtain from the State Motor Vehicle Agency, within my probationary period, and without cost to the employer, a copy of my motor vehicle violations record.

(MA) - "An applicant for employment with a sealed record on file with the commissioner of probation may answer 'no record' with respect to any inquiry herein relative to prior arrests, criminal court appearances or convictions. An applicant for employment with a sealed record on file with the commissioners of probation may answer 'no record' with respect to any inquiry relative to prior arrests, court appearances and adjudications in all cases of delinquency or as a child in need of services which did not result in a complaint transferred to the superior court for criminal prosecution."

(PA) - I authorize my employer to obtain from the Registry of Motor Vehicles a copy of my Motor Vehicle Violations Record.

It is understood that this application for employment and any conditional offer of employment in no way obligates the employer to employ me and it is understood that if hired, my employment is "at will."

It is agreed that the applicant, by presenting the application for employment, represents that the statements given by the applicant to the information requested in the application are true, correct and complete, and that any false, misleading or incomplete statement of the information requested in this application shall be sufficient grounds for discharge if employed.

It is agreed and understood that as a condition of employment, all drivers will be subject to drug/alcohol testing and a physical examination. I affirm that I have a genuine interest and no other purposes in applying for a job with the company.

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.

\_\_\_\_\_  
Date

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

### FOR OFFICE USE ONLY

Hire Date: \_\_\_\_\_ Safety Supervisor approval: \_\_\_\_\_

Termination date: \_\_\_\_\_  Student driver  Experienced driver

Three I Division: \_\_\_\_\_

Processed In: \_\_\_\_\_

### AUTHORIZATION RELEASE FORM

I authorize Holiday Express Corp. to contact any organization or individual that I have listed on my employment application or resume or mentioned in job interviews and obtain from them any relevant information about my job qualifications, including my experience, skills, and abilities. I understand that I am consenting to the release of safety performance information including crash data from the previous three (3) years and inspection history from the pervious three (3) years, as well as any reference-related information about me held or known by my former employers, supervisors, and co-workers. In addition, I consent to the release of any information about my education, experience, abilities, or work-related characteristics or traits held or known by other organizations or individuals, including schools and educational institutions, professional or business associates, and friends and acquaintances that Holiday Express Corp. might contact in the course of conducting a reference check or background investigation of my suitability for employment.

I understand and acknowledge that this release of information can involve my qualifications, performance, credentials or other characteristics or factors affecting my suitability for employment with Holiday Express Corp. Specifically, I am authorizing the release of any information about my performance, experience, capability, attitude, specific events, or other work-related characteristics that currently are in the possession of the requested organizations or their managers or representatives. Included and not limited to Section 391.23 and 382.413 of the FMCSR.

In exchange for Holiday Express Corp.'s consideration of my employment application, I agree not to file or pursue any complaints, claims, or legal actions of any kind against any organization or individual that provides work-related information about me to Holiday Express Corp. or its agents in accordance with the terms and intent of this release. I also agree not to file or pursue any complaints, claims, or legal actions against Holiday Express Corp. or any of its employees, representatives, or agents arising out of their efforts to obtain work-related information about me.

I have read the above Notice Regarding Background Reports provided to my by Holiday Express Corp. and I understand that if I sign this consent form, Holiday Express Corp. and/or any entity it retains to obtain such background reports may obtain reports of my credit, driving and/or criminal background history in addition to information regarding my background, references, education, specific events, and past employment.

I hereby authorize Holiday Express Corp. and its employees, agents and affiliates to obtain the information authorized above.

Date: \_\_\_\_\_

\_\_\_\_\_

Signature

\_\_\_\_\_

\_\_\_\_\_

Social Security Number

Name (Please Print)