

DRIVER'S APPLICATION FOR EMPLOYMENT

Company Barole Trucking, Inc.
Address E-Logistics, Inc.
6805 20th Avenue South
City Centerville, MN 55038 State _____ Zip _____

(answer all questions - please print)

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.

Date of application _____

Position(s) Applied for _____

Name _____ Social Security No. _____
Last First Middle

List your addresses of residency for the past 3 years..

Current Address _____
Street _____ City _____
State _____ Zip Code _____ Phone _____ How Long? _____

Previous Addresses _____
Street _____ City _____ State & Zip Code _____ How Long? _____
Street _____ City _____ State & Zip Code _____ How Long? _____
Street _____ City _____ State & Zip Code _____ How Long? _____

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

Date of Birth _____ Can you provide proof of age? _____
(Required for Commercial Drivers)

Have you worked for this company before? _____ Where? _____

Dates: From _____ To _____ Rate of Pay _____ Position _____

Reason for leaving _____

Are you now employed? _____ If not, how long since leaving last employment? _____

Who referred you? _____ Rate of pay expected _____

Is there any reason you might be unable to perform the functions of the job for which you have applied [as described in the attached job description]?

If yes, explain if you wish. _____

EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state and zip code.

Applicants to drive a commercial motor vehicle* in 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 as necessary.)

EMPLOYER			DATE	
NAME	FROM MO.	YR.	TO MO.	YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER		
REASON FOR LEAVING				

EMPLOYER			DATE	
NAME	FROM MO.	YR.	TO MO.	YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER		
REASON FOR LEAVING				

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NAME	FROM MO.	YR.	TO MO.	YR.
ADDRESS			POSITION HELD	
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EMPLOYER			DATE	
NAME	FROM MO.	YR.	TO MO.	YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER		
REASON FOR LEAVING				

* Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED) IF NONE, WRITE NONE

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES
LAST ACCOUNT _____			
NEXT PREVIOUS _____			
NEXT PREVIOUS _____			

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE NONE

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8

HIGH SCHOOL: 1 2 3 4

COLLEGE: 1 2 3 4

LAST SCHOOL ATTENDED _____
 (NAME) (CITY)

EXPERIENCE AND QUALIFICATIONS - DRIVER

DRIVER LICENSES	STATE	LICENSE NO.	TYPE	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 _____

IF THE ANSWER TO EITHER A OR B IS YES, ATTACH STATEMENT GIVING DETAILS

DRIVING EXPERIENCE IF NONE, WRITE NONE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES		APPROX. NO. OF MILES (TOTAL)
		FROM	TO	
STRAIGHT TRUCK _____				
TRACTOR AND SEMI-TRAILER _____				
TRACTOR - TWO TRAILERS _____				
MOTOR COACH - SCHOOL BUS _____				
OTHER _____				

LIST STATES OPERATED IN FOR LAST FIVE YEARS _____

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER: _____

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM? _____

EXPERIENCE AND QUALIFICATIONS - OTHER

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

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWN)

TO BE READ AND SIGNED BY APPLICANT

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.

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

Date

Applicant's Signature

PROCESS RECORD

APPLICANT HIRED _____ REJECTED _____

DATE EMPLOYED _____ POINT EMPLOYED _____

DEPARTMENT _____ CLASSIFICATION _____

(IF REJECTED, SUMMARY REPORT OF REASONS SHOULD BE PLACED IN FILE)

THIS SECTION TO BE FILLED IN BY RESPONSIBLE OFFICER OR COMPANY REPRESENTATIVE

	SUPERIOR	GOOD	FAIR	BELOW AVERAGE	POOR	WRITTEN RECORD ON FILE
1. APPLICATION						
2. INTERVIEW						
3. PAST EMPLOYMENT						
4. WRITTEN EXAM						
5. ROAD TEST						
6. CRIMINAL AND TRAFFIC CONVICTIONS						

SIGNATURE OF INTERVIEWING OFFICER _____

TRANSFERS

FROM: _____ TO: _____
DATE: _____
REASON FOR TRANSFER _____

FROM: _____ TO: _____
DATE: _____
REASON FOR TRANSFER _____

FROM: _____ TO: _____
DATE: _____
REASON FOR TRANSFER _____

FROM: _____ TO: _____
DATE: _____
REASON FOR TRANSFER _____

TERMINATION OF EMPLOYMENT

DATE TERMINATED _____ DEPARTMENT RELEASED FROM _____

DISMISSED _____ VOLUNTARILY QUIT _____ OTHER _____

TERMINATION REPORT PLACED IN FILE _____ SUPERVISOR _____

49 CFR Part 391.23

U.S. Department of Transportation
Investigation and Inquiry for Driver's Record

(Driver's Name)

(Driver's Signature)

(Driver's License or Permit #)

(Driver's Social Security #)

State License is Issued From License Class []A []B []C []D Date of Birth

Did you hold a CDL in any other State other than the State listed above? []Yes []No

If "Yes" list all States that driver held a CDL in within the last 10 years

Dear Total Compliance Solutions, Inc.
(Name of agency that will perform MVR's for Motor Carrier making inquiry)

The above listed individual has made application with us for employment as a driver. The applicant has indicated that the above driver's license number or permit has been issued by your State to the applicant and that it is in good standing.

In accordance with 49 CFR Parts 383 and 391 of the Federal Regulations, we are required to make inquiry into the driving record. This inquiry must be for the preceding 10 years to every State in which an applicant-driver has held a motor vehicle driver's license or permit during those 10 years.

Therefore, please certify to us what the individual's driving record is for the preceding 10 years, or certify that no record exists if that would be the case.

In the event that this inquiry does not satisfy your requirements for making such inquiries, please send us such forms of yours as are necessary for us to complete our inquiry into the driving record of this individual.

This form is also being used to notify the applicant that the Motor Carrier listed below is required per 391.25, to at least once every 12 months, make inquiry into the driving record for each driver covering at least the preceding 12 months. The Motor Carrier may make inquiries as they feel are appropriate for employment purposes with this form. This inquiry must be made to the appropriate agency of every State in which the driver held a commercial drivers license or permit during the time period.

Print Name of Person Making Inquiry

Title of Person Making Inquiry

Motor Carrier Name Barole Trucking, Inc.

Motor Carrier Address Centerville, MN 55038

Total Compliance Solutions

ACORDTM MINNESOTA AUTHORIZATION

AGENCY CODE: AGENCY CUSTOMER ID	SUBCODE: 	APPLICANT'S NAME AND MAILING ADDRESS (include county & ZIP+4)	
		TELEPHONE NUMBER	
		COMPANY	ACCOUNT NUMBER

AUTHORIZATION TO COLLECT AND DISCLOSE PERSONAL OR PRIVILEGED INFORMATION

(We are required to obtain this authorization from you pursuant to Minnesota Statute 72A.501.)

I, the undersigned, hereby authorize the agent named above, if any, and/or the underwriting department of the insurance company named above to collect credit-related and other information about me from the following types of organizations:

- Credit bureaus
- Other organizations providing personal or privileged information

I understand this information will be used for the purpose of making underwriting decisions in connection with the insurance for which I have applied, sought reinstatement or requested a change in benefits. These decisions may include determinations to grant or deny me coverage and/or the rates I will be charged.

I understand that this temporary authorization will expire as soon as one of the following occurs:

- The above-named company makes the underwriting decision(s) in question, or
- One year elapses after the date I sign this authorization



APPLICANT/APPLICANT'S AUTHORIZED REPRESENTATIVE'S SIGNATURE



DATE (MM/DD/YYYY)