

DRIVER EMPLOYMENT APPLICATION

HAVRE SAND & GRAVEL, INC.

1633 U.S. HIGHWAY 2 E HAVRE, MT 59501

An Equal Opportunity Employer

COMPLETE IN FULL OR IT WILL NOT BE CONSIDERED.

| APPLICANT INFORMATION | | | | | |
|-----------------------|--|----------------------|--|-------------------------|--|
| FIRST NAME | | MIDDLE NAME | | LAST NAME | |
| PHONE | | EMAIL | | | |
| DATE OF BIRTH | | SOCIAL SECURITY # | | | |
| DATE OF APPLICATION | | POSITION APPLIED FOR | | DATE AVAILABLE FOR WORK | |

DO YOU HAVE LEGAL RIGHT TO WORK IN THE UNITED STATES? YES NO

| PREVIOUS THREE YEARS RESIDENCY | | | | | |
|--------------------------------------------------------|--------|------|-------|----------|---------------------|
| <i>Attach additional sheet if more space is needed</i> | | | | | |
| | STREET | CITY | STATE | ZIP CODE | # OF YRS AT ADDRESS |
| CURRENT | | | | | |
| MAILING | | | | | |
| PREVIOUS | | | | | |
| PREVIOUS | | | | | |
| PREVIOUS | | | | | |

| LICENSE INFORMATION | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|--------------|-----------------|
| No person who operates a commercial motor vehicle shall at any time have more than one driver's license (49 CFR 383.21). I certify that I do not have more than one motor vehicle license, the information for which is listed below. Include all licenses held for the past 3 years; attach additional sheets if needed. | | | | |
| STATE | LICENSE # | TYPE/CLASS | ENDORSEMENTS | EXPIRATION DATE |
| | | | | |
| PREVIOUSLY HELD LICENSES | | | | |
| | | | | |
| | | | | |

| DRIVING EXPERIENCE | | | | |
|------------------------|----------------------------------------------|-----------|---------|-------------|
| CLASS OF EQUIPMENT | TYPE OF EQUIPMENT (VAN / TANK / FLAT / ETC.) | DATE FROM | DATE TO | TOTAL MILES |
| STRAIGHT TRUCK | | | | |
| TRACTOR & SEMI-TRAILER | | | | |

DRIVING EXPERIENCE

| CLASS OF EQUIPMENT | TYPE OF EQUIPMENT (VAN / TANK / FLAT / ETC.) | DATE FROM | DATE TO | TOTAL MILES |
|----------------------|----------------------------------------------|-----------|---------|-------------|
| TRACTOR & 2 TRAILERS | | | | |
| TRACTOR & TANKER | | | | |
| OTHER | | | | |

ACCIDENT RECORD FOR PAST 3 YEARS

Attach additional sheet if more space is needed. Check this box if none

| DATES (List most recent first) | NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.) | # OF FATALITIES | # OF INJURIES | CHEMICAL SPILLS (Y/N) |
|-----------------------------------|-----------------------------------------------------|-----------------|---------------|-----------------------|
| | | | | |
| | | | | |
| | | | | |

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

Attach additional sheet if more space is needed. Check this box if none

| DATE CONVICTED (MM/YY) | VIOLATION | STATE OF VIOLATION | PENALTY (FORFEITED BOND, COLLATERAL, AND/OR POINTS) |
|---------------------------|-----------|--------------------|-----------------------------------------------------|
| | | | |
| | | | |
| | | | |
| | | | |

HAVE YOU EVER BEEN DENIED A LICENSE, PERMIT, OR PRIVILEGE TO OPERATE A MOTOR VEHICLE? __ YES __ NO
 IF YES, EXPLAIN:

HAS ANY LICENSE, PERMIT, OR PRIVILEGE EVER BEEN SUSPENDED OR REVOKED? __ YES __ NO
 IF YES, EXPLAIN:

EMPLOYMENT HISTORY

The Federal Motor Carrier Safety Regulations (49 CFR 391.21) require that all applicants wishing to drive a commercial vehicle list all employment for the last three (3) years. *In addition, if you have driven a commercial vehicle previously, you must provide employment history for an additional seven (7) years (for a total of ten (10) years). Any gaps in employment in excess of one (1) month must be explained.*

Start with the last or current position, including any military experience, and work backward (attach separate sheets if necessary). You are required to list the complete mailing address, including street number, city, state, zip; and complete all other information.

EMPLOYMENT HISTORY**CURRENT (MOST RECENT) EMPLOYER**

| | | | | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|-----------------|-------|--------|---------------|--|
| NAME | | | | PHONE | | | |
| ADDRESS | | | | | | | |
| POSITION HELD | | | FROM (MM/YY) | | | TO (MM/YY) | |
| REASON FOR LEAVING | | | | | SALARY | | |
| EXPLAIN ANY GAPS IN EMPLOYMENT (Include MM/YY & Reason) | | | | | | | |
| WHILE EMPLOYED HERE, WERE YOU SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | | | |
| WAS THE JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DEPT OF TRANSPORTATION-REGULATED MODE SUBJECT TO ALCOHOL AND CONTROLLED SUBSTANCES TESTING AS REQUIRED BY 49 CFR, PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | | | |

SECOND (MOST RECENT) EMPLOYER

| | | | | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|-----------------|-------|--------|---------------|--|
| NAME | | | | PHONE | | | |
| ADDRESS | | | | | | | |
| POSITION HELD | | | FROM (MM/YY) | | | TO (MM/YY) | |
| REASON FOR LEAVING | | | | | SALARY | | |
| EXPLAIN ANY GAPS IN EMPLOYMENT (Include MM/YY & Reason) | | | | | | | |
| WHILE EMPLOYED HERE, WERE YOU SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | | | |
| WAS THE JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DEPT OF TRANSPORTATION-REGULATED MODE SUBJECT TO ALCOHOL AND CONTROLLED SUBSTANCES TESTING AS REQUIRED BY 49 CFR, PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | | | |

THIRD (MOST RECENT) EMPLOYER

| | | | | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|-----------------|-------|--------|---------------|--|
| NAME | | | | PHONE | | | |
| ADDRESS | | | | | | | |
| POSITION HELD | | | FROM (MM/YY) | | | TO (MM/YY) | |
| REASON FOR LEAVING | | | | | SALARY | | |
| EXPLAIN ANY GAPS IN EMPLOYMENT (Include MM/YY & Reason) | | | | | | | |
| WHILE EMPLOYED HERE, WERE YOU SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | | | |
| WAS THE JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DEPT OF TRANSPORTATION-REGULATED MODE SUBJECT TO ALCOHOL AND CONTROLLED SUBSTANCES TESTING AS REQUIRED BY 49 CFR, PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | | | |

ARE YOU WILLING TO DO DRUG & ALCOHOL TESTING? YES NO

EDUCATION

| SCHOOL | NAME & LOCATION | COURSE OF STUDY | YEARS COMPLETED | GRADUATE | | DETAILS |
|-------------|-----------------|-----------------|-----------------|----------|---|---------|
| | | | | Y | N | |
| HIGH SCHOOL | | | | | | |
| COLLEGE | | | | | | |
| OTHER | | | | | | |

OTHER QUALIFICATIONS

PLEASE LIST ANY OTHER QUALIFICATIONS THAT YOU HAVE AND WHICH YOU BELIEVE SHOULD BE CONSIDERED.

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make investigations (including contacting current and prior employers) into my personal, employment, financial, medical history, and other related matters as may be necessary in arriving at an employment decision. 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 also understand that I am required to abide by all rules and regulations of the Company.

I understand that the information I provide regarding my current and/or prior employers may be used, and those employer(s) will be contacted for the purpose of investigating my safety performance history as required by 49 CFR 391.23. I understand that I have the right to:

- Review information provided by current/prior employers;
- Have errors in the information corrected by previous employers, and for those previous employers to resend the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge. Note: A motor carrier may require an applicant to provide more information than that required by the Federal Motor Carrier Safety Regulations.

| | | | |
|-----------------------------|--|------|--|
| APPLICANT SIGNATURE | | DATE | |
| APPLICANT NAME (PRINTED) | | | |