



DOT/DRIVER APPLICATION FOR EMPLOYMENT

Hodges Trucking Company, (the "Company" or "Hodges") is an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, age, sex, color, national origin, religion, military status, disability or sexual orientation that does not prohibit performance of essential job functions.

PERSONAL INFORMATION

Name	FIRST	MIDDLE	LAST	Date
Present address	City	State	Zip	How long?
Permanent address (if different)	City	State	Zip	How long?
Home phone number ()	Cell phone number ()	Email address		
Social security number	Date of birth			

ADDRESSES OF RESIDENCES FOR THREE PRIOR YEARS (if at current address less than three years)

Address	City	State	Zip	How long?
Address	City	State	Zip	How long?
Address	City	State	Zip	How long?

1. Position applied for:

2. How did you learn about Hodges?

- Hodges employee. Who? _____
- Advertisement Employment Agency Relative Website Other

3. Is there any information we would need about your name or use of another name for us to be able to check your background and work record? If so, please explain and list any other name(s) used (including maiden name) if applicable:

4. Do any of your friends, relatives or a current/former spouse, work at Hodges? Yes No

If yes, state name and relationship:

5. Are you over 21 years old? Yes No

6. Are you authorized to work in the United States? Yes No

7. Will you now or in the future require sponsorship for employment visa status (e.g. H-1B visa status)? Yes No

8. Have you worked at Hodges before? Yes No

If so, when?

Position:

9. Have you ever been employed by PricewaterhouseCoopers LLC or any PwC legacy firm? Yes No

If yes: where and dates of employment:

10. Have you been told the essential functions of this job, or have you been shown a copy of the job description listing the essential functions of the job?

Yes No

11. Have you ever been convicted of, pled "guilty" or "no contest" to a felony or a misdemeanor crime and/or have you ever been subject to deferred adjudication? Please note: This includes felony and/or misdemeanor DUI's.

Yes No (Conviction will not necessarily disqualify applicant from eligibility for employment.)

If yes, please explain:

Federal Law prohibits the employment of unauthorized aliens. All persons that are hired must submit satisfactory proof of employment authorization and identity (valid driver's license, birth certificate, Green Card, etc.) within three days of being hired. Failure to submit such proof within the required time shall result in immediate employment termination.



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EMPLOYMENT HISTORY

Complete all data for EACH previous employer COMPLETELY. The U.S. Department of Transportation requires that driver applicants show all employment for the past three years. In addition, you must also show commercial driver employment for the seven years preceding this three year period. Sec 391.21(B)(10)(11). Account for any gaps in employment between employers.

1. Current/ most recent employer

Company name	Position held	
Company address	Dates employed	
Supervisor/Manager	Telephone number	Salary
Reason for leaving		
Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Did you perform any safety sensitive functions in this job, regulated by DOT and subject to drug and alcohol testing requirements as required by Federal Regulations 49 CFR part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No		

2. Previous employer

Company name	Position held	
Company address	Dates employed	
Supervisor/Manager	Telephone number	Salary
Reason for leaving		
Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Did you perform any safety sensitive functions in this job, regulated by DOT and subject to drug and alcohol testing requirements as required by Federal Regulations 49 CFR part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No		

3. Previous employer

Company name	Position held	
Company address	Dates employed	
Supervisor/Manager	Telephone number	Salary
Reason for leaving		
Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Did you perform any safety sensitive functions in this job, regulated by DOT and subject to drug and alcohol testing requirements as required by Federal Regulations 49 CFR part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No		

4. Previous employer

Company name	Position held	
Company address	Dates employed	
Supervisor/Manager	Telephone number	Salary
Reason for leaving		
Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Did you perform any safety sensitive functions in this job, regulated by DOT and subject to drug and alcohol testing requirements as required by Federal Regulations 49 CFR part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No		



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EMPLOYMENT HISTORY (continued)

5. Previous employer

Company name	Position held	
Company address	Dates employed	
Supervisor/Manager	Telephone number	Salary
Reason for leaving		
Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Did you perform any safety sensitive functions in this job, regulated by DOT and subject to drug and alcohol testing requirements as required by Federal Regulations 49 CFR part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No		

6. Previous employer

Company name	Position held	
Company address	Dates employed	
Supervisor/Manager	Telephone number	Salary
Reason for leaving		
Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Did you perform any safety sensitive functions in this job, regulated by DOT and subject to drug and alcohol testing requirements as required by Federal Regulations 49 CFR part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No		

7. Previous employer

Company name	Position held	
Company address	Dates employed	
Supervisor/Manager	Telephone number	Salary
Reason for leaving		
Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Did you perform any safety sensitive functions in this job, regulated by DOT and subject to drug and alcohol testing requirements as required by Federal Regulations 49 CFR part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No		

NOTE: Use a separate sheet to list all employers, if necessary. We will contact all of the employers listed on this application.



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REFERENCES

Professional references only. Please do not list friends or relatives.

1. Name	Occupation	Years known
Address	Telephone number	
2. Name	Occupation	Years known
Address	Telephone number	
3. Name	Occupation	Years known
Address	Telephone number	

WORK AVAILABILITY

1. If your application receives favorable consideration, when would you be available to begin work?

2. Do you have any objection to working overtime? Yes No

3. Can you work on a Saturday or a Sunday if your department's workload requires it? Yes No

4. Are you available to travel if it is required by this position? Yes No

SALARY / HOURLY RATE REQUIREMENTS

5. If your application receives favorable consideration, what salary / hourly rate would you require?

\$ _____ per _____

*The following information is only required if you are applying for a DOT FMCSA regulated position

QUALIFICATIONS AND EXPERIENCE

D.L. Number	State	Type	Expiration Date	Endorsements	Restrictions

DRIVING EXPERIENCE

Equipment class (Check if operated)	Type of equipment (Van, Pole, Flat, etc.)	To: Dates	From:	Approximate number of miles operated
Straight truck _____				
Tractor-trailer _____				
Crane _____				
Other _____				

ACCIDENT RECORD FOR PREVIOUS THREE (3) YEARS

Dates	Type of accident (Head-on, roll-over, etc)	Fatalities involved	Injuries involved
Last accident:			
Previous:			
Previous:			
Previous:			



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RECORD OF TRAFFIC VIOLATIONS (OTHER THAN PARKING) FOR PREVIOUS THREE YEARS			
Dates	Violation	Penalty	Location

Have you ever been denied a driver's license, permit or privileges to operate a motor vehicle? Yes No

If yes, please explain:

Has your driver's license, permit or privileges ever been suspended or revoked? Yes No

If yes, please explain:

List all states you have operated in during the last 10 years:

List any special courses or training:

List any safe driving awards:

List any special equipment you are qualified to operate:

List any platform experience:

Date of Last D.O.T. required physical:

Applicants have the following rights regarding the investigative information that will be provided to HODGES pursuant to FMCSA Reg 391.23 (i) (1):

1. The right to review information provided by previous employers. Applicants who have previous DOT regulated employment history in the preceding three years, and wish to review previous employer-provided investigative information must submit a written request to HODGES within 30 days after being employed or of being notified of denial of employment.
2. The right to have errors in the information corrected by their previous employer and for that employer to re-send the corrected information to HODGES. Applicants must send the request for the correction to the previous employer that provided the records to HODGES.
3. The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the applicant cannot agree on the accuracy of the information. Applicant must send the rebuttal to the previous employer with instructions to include the rebuttal in that applicant's safety performance history.

Address: Hodges Trucking • P.O. Box 270660 • Oklahoma City, OK 73137

I certify that the facts set forth in this Application for Employment are true and complete to the best of my knowledge. I understand that false statements, omissions or misrepresentations may result in denial or termination of employment. I authorize HODGES to investigate any of the facts set forth in this application and release from liability both HODGES and those who supply reference information. I authorize HODGES to obtain my Motor Vehicle Records. I agree to participate in the drug and alcohol testing program required by HODGES.

I understand that employment at this Company is "at-will", which means that I or the Company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I understand that no supervisor or manager or executive officer of HODGES, other than the president, has any authority to offer employment with HODGES or to alter the foregoing.

Date _____ Applicant's signature _____



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APPLICANT - do not write below this line

PROCESS RECORD	
Was applicant hired? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date hired
New terminal	Position
Supervisor	
TRANSFERS	
Date	New position
New terminal	New supervisor
Date	New position
New terminal	New supervisor
TERMINATION RECORD	
Date terminated	Reason for termination
Fired _____ Quit _____ Laid Off _____ No Show _____ Other _____	
Supervisor	Eligible for rehire
Rehire date	Position
Terminal	Supervisor
Comments	



DOT/DRIVER APPLICATION FOR EMPLOYMENT

FMCSA - Application authorization to release safety performance history

(As required by 49 CFR parts 40.25 and 391.23)

Print name of applicant	Date of birth
Social security number	

I, _____, do hereby authorize you to release the following information to Hodges Trucking Company, for the purposes of investigation as required by Section 391.23 of the Federal Motor Carrier Safety Regulations.

Check this box if you have NOT performed DOT functions in the past three years.

Signature of applicant	Date
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APPLICANT - do not write below this line

Previous employer		
Address	State	Zip
Phone number	Fax number	

The above named applicant has applied to this company for a position as _____

and states that he/she was employed by you as (position) _____

from (date) _____ to (date) _____

_____ In accordance with Section 391.23, we are obligated to request the information below from all previous employers of the applicant that employed him/her to operate a commercial motor vehicle within the three (3) years preceding the date above. Please complete the information below and return to us within thirty (30) days, as required by Section 391.23 (g). Please phone/fax/mail or e-mail the following information to:

Hodges Trucking Company
Attn: Diana Kelley
P.O. Box 270660 • Oklahoma City, OK 73137
Phone: 405-947-7764 • Fax: 405-942-5636 • E-mail: Diana.Kelley@hodgestruck.com

TO BE COMPLETED BY PREVIOUS EMPLOYER

Safety performance history:

Did he/she drive a commercial motor vehicle for you? Yes No

If yes, what type? Straight Truck Tractor - Semi Trailer Bus Cargo Tank Doubles/Triple Other _____

Reason for leaving your company: Discharged Resignation Lay off Military Duty

Check here if there is no safety performance history to report, sign below and return.

Accidents: Complete the following for any accidents included on your accident register (390.15 (b)) that involved the applicant in the three (3) years prior to the application date shown above.

Date	Location	Number of injuries	Number of fatalities	Hazmat spill
1.				
2.				
3.				

Enclosed is other accident information pursuant to the employer's internal policies for reliant minor accident information (391.23(d)(2)(ii)).

Signature _____ Title _____ Date _____



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Application Authorization to Release DOT Drug/Alcohol Test Results

(As required by 49 CFR parts 40.25 and 391.23)

TO BE COMPLETED BY APPLICANT

I, _____, as the "Applicant," understand that as a condition of hire with Hodges, as the "Company", I must consent to the release of all DOT mandated drug and alcohol information from all of the employers for which I worked in a DOT safety-sensitive position, or for which I took a DOT pre-employment drug test, during the previous two (2) years as required by DOT Part 40.25, (or three (3) years as required by Part 391.23 for any driver of a commercial motor vehicle).

Below, I have listed all of the employers for which I have worked during the past two years (or three years as a CDL driver). I hereby authorize all of my previous employers listed below to furnish to the company, listed above, the DOT information described below.

A Commercial Driver's License (CDL) is required for my employment: Yes No

(If No, provide all DOT previous employers in the past 2 years.) (If Yes, provide all DOT previous employers in the past 3 years.)

Previous employer name	Address	Phone number	Fax number	Date of employment

Applicant Certification: I have read and fully understand this authorization to release my previous drug and alcohol test information, identified by the check boxes below, to the company listed above. In signing below, I certify that all of the information I have furnished on this form is true and complete, and that I have identified all of the employers for which I have worked in a DOT safety-sensitive position during the previous two years (or three years as a CDL driver). I also understand that I am responsible for all costs associated with any pending Substance Abuse Professional assessment, recommendations, education and treatment, including costs involving return-to-duty testing and follow-up testing yet to be completed.

- Check this box if you have NOT performed DOT functions in the past two years (or three years as a CDL driver).
- Check this box if you have tested positive, or refused to test, on any DOT pre-employment drug or alcohol test for an employer who did not hire you during the past two years (or three years as a CDL driver).

Signature of applicant _____ Social security number _____ Date _____

Release of Previous Employer's DOT Drug/Alcohol Testing Results

TO BE COMPLETED BY PREVIOUS EMPLOYER

In accordance with DOT regulations, the Company, named above, is required to obtain — and as a Previous Employer, you are required to release — DOT drug and alcohol information, listed below, concerning the Applicant, named above. This information request covers any period of employment of the Applicant by you going back two years (or three years, if employee utilized a CDL license), from the date of this request. Please complete the following:

- Yes No 1. Any DOT alcohol test results of 0.04 or greater?
- Yes No 2. Any DOT positive drug test results?
- Yes No 3. Refusal to submit to a DOT required drug/alcohol test? (incl. adulterated or substituted results)
- Yes No 4. Other violations of DOT drug and alcohol testing regulations?
- Yes No 5. If "yes" for any of the above items, did the employee complete the return-to-duty process?*
- 6. Check this box if the applicant was employed by you but was **not** subject to DOT regulations.

*Note, If "yes" for item 5, you must also transmit the appropriate return-to-duty documentation (e.g., SAP report(s), follow-up testing record).

Previous employer's company name _____

Name of person completing form _____ Date _____

FAX COMPLETED FORM TO: HODGES TRUCKING COMPANY FAX: 405-942-5636

*A reproduction of this form shall be deemed as effective and valid as an original.



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DRIVER RECORD REQUEST

Each motor carrier shall make an investigation of each driver's driving record during the preceding three (3) years to the appropriate agency of every state in which the driver held a motor vehicle operator's license or permit during those three (3) years. The motor carrier is required to make this investigation with respect to each driver it employs or wishes the employ. The inquiry to state agencies must be made within thirty (30) days of the date the driver's employment begins and shall be made in the form and manner those agencies prescribe. A copy of the response by each state be showing the driver's driving record of certifying that no driving record exists for the driver, shall be retained in the carrier's files as part of the diver's qualification file.

Name (print)		Date of birth	
Address	City	State	Zip
Social security number		License number	
State that issued drivers license		Expiration date of drivers license	

I, _____, the above referenced driver, certify that I have read the requirements set forth in the Federal Motor Carrier Safety Regulations regarding the inquiry into my past driving record. I understand that such inquiry is necessary on the part of Hodges Trucking Company. I hereby release any and all agencies involved in the act of obtaining my driving record from any and all liability which could result from furnishing such information. I understand that a firm retained by Hodges Trucking Company may actually request my driving record from a state for the benefit of Hodges Trucking Company and I further release any such company or firm from any and all liability which could result from obtaining such information.

Drivers signature	Today's date
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APPLICANT - do not write below this line

Company official requesting driving record	Date of request
Company official's title	Date driving record received



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COMPLIANCE WITH COMMERCIAL DRIVER LICENSE REQUIREMENTS CERTIFICATE

Per the Federal Motor Carrier Safety Regulations, a commercial motor vehicle driver may not possess more than one license. If a driver has licenses from more than one state the driver must keep the one issued by the driver's state of residence and surrender all other licenses. Also, a driver is required to notify their employer the next business day if any revocations or suspensions of a driver's license, permit or privilege to drive a motor vehicle. Additionally, drivers are required to notify their employers any time the driver violates a state or local traffic law (other than parking offenses) within thirty (30) days. The driver is also required to report the violations to the state that has issued their driver's license within thirty (30) days.

In signing this certification, I declare that I have read the above driver requirements. I further certify that the license I show below is the only one I possess at this time and that I will only possess one license at any given time during my employment with this company.

Driver's signature	Today's date	
Driver license number	Issuing date	Expiration date

APPLICANT - do not write below this line

Previewed by (company official)	Date of review
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MOTOR VEHICLE DRIVER'S CERTIFICATION OF VIOLATIONS

FMCSR§391.27 – Each motor carrier shall, at least once every twelve (12) months, require each driver it employees to prepare and furnish it with a list of all violation of motor vehicle traffic laws and ordinances (other than violation involving only parking) of which the driver has been convicted or on account of which he has forfeited bond or collateral during the proceeding twelve (12) months. Each driver shall furnish the list required. If the driver has not been convicted of, or forfeited bond or collateral on account of, any violation which must be listed, he shall so certify.

DRIVER: YOU MUST LIST ANY AND ALL TRAFFIC VIOLATIONS (OTHER THAN PARKING) YOU HAVE BEEN CONVICTED OF IN THE PRECEDING TWELVE (12) MONTHS. IF YOU HAVE NOT BEEN CONVICTED OF ANY TRAFFIC VIOLATIONS IN THE PRECEDING TWELVE (12) MONTHS, SIMPLY LEAVE THE SPACES BLANK AND SIGN AND DATE THE BOTTOM OF THIS FORM.

I certify that the following is a true and complete list of traffic violations (other than parking) for which I have been convicted of, or forfeited bond or collateral for, during the past twelve (12) months:

Date of Conviction	Offense	Location	Type of vehicle operated

If no violations are listed above, I certify that I have not been convicted of, or forfeited bond or collateral on account of, any violation required to be listed during the proceeding twelve (12) months.

Driver's signature _____ Today's date _____

APPLICANT - do not write below this line

Print name of company official requesting driving record	Company official signature
Company official's title	Date received