

DRIVER'S APPLICATION FOR EMPLOYMENT

Referred by: name _____

Applicant Name name _____ Date of Application date _____
(print)

Company Littau Trucking, LLC _____

Address 855 Rogue Ave. _____

City Stayton _____ State OR _____ Zip 97383 _____

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, veteran status, non-job related disability, or any other protected group status.

TO BE READ AND SIGNED BY APPLICANT

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.

I understand that information I provide regarding current and/or previous 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(d) and (e). I understand that I have the right to:

- Review information provided by previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send 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.

Signature signature _____ Date date _____

FOR COMPANY USE

PROCESS RECORD

APPLICANT HIRED _____ REJECTED _____

DATE EMPLOYED _____ POINT EMPLOYED _____

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

SIGNATURE OF INTERVIEWING OFFICER _____

TERMINATION OF EMPLOYMENT

DATE TERMINATED _____ DEPARTMENT RELEASED FROM _____

DISMISSED _____ VOLUNTARILY QUIT _____ OTHER _____

TERMINATION REPORT PLACED IN FILE _____ SUPERVISOR _____

This form is made available with the understanding that J. J. Keller & Associates, Inc. is not engaged in rendering legal, accounting, or other professional services. J. J. Keller & Associates, Inc. assumes no responsibility for the use of this form, or any decision made by an employer which may violate local, state, or federal law.

APPLICANT TO COMPLETE

(answer all questions - please print)

Position(s) Applied for position

Name last first middle Social Security No. social#
Last First Middle

List your addresses of residency for the past 3 years.

Current Address street city
Street City

street zip Phone phone How Long? yr./mo.
State Zip Code yr./mo.

Previous Addresses street city state zip How Long? yr./mo.
Street City State & Zip Code yr./mo.

street city state zip How Long? yr./mo.
Street City State & Zip Code yr./mo.

street city state zip How Long? yr./mo.
Street City State & Zip Code yr./mo.

Do you have the legal right to work in the United States? yes/no

Date of Birth xx / xx / xxxx Can you provide proof of age? yes/no
(Required for Commercial Drivers)

Have you worked for this company before? yes/no Where? where

Dates: From xx/xx To xx/xx Rate of Pay rate Position position

Reason for leaving reason

Are you now employed? yes/no If not, how long since leaving last employment? last

Who referred you? referred Rate of pay expected rate

Have you ever been bonded? yes/no Name of bonding company company
(Answer only if a job requirement)

Have you ever been convicted of a felony? yes/no

If yes, please explain fully on a separate sheet of paper. Conviction of a crime is not an automatic bar to employment-all circumstances will be considered.

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]?

reason

If yes, explain if you wish.

line1

line2

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 <u>name</u>		FROM MO. <u>xx</u> YR. <u>xx</u>	TO MO. <u>xx</u> YR. <u>xx</u>
ADDRESS <u>address</u>		POSITION HELD <u>position</u>	
CITY <u>city</u>	STATE <u>state</u> ZIP <u>zip</u>	SALARY/WAGE <u>salary</u>	
CONTACT PERSON <u>contact</u>	PHONE NUMBER <u>phone</u>	REASON FOR LEAVING <u>reason</u>	
WERE YOU SUBJECT TO THE FMCSRS <input type="checkbox"/> WHILE EMPLOYED? 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? YES NO			

EMPLOYMENT HISTORY (continued)

EMPLOYER			DATE	
NAME name			FROM MO. XX YR. XX	TO MO. XX YR. XX
ADDRESS address			POSITION HELD position	
CITY city	STATE state	ZIP zip	SALARY/WAGE salary	
CONTACT PERSON contact		PHONE NUMBER phone	REASON FOR LEAVING reason	
WERE YOU SUBJECT TO THE FMCSRS <input type="checkbox"/> WHILE EMPLOYED? 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? YES NO				

EMPLOYER			DATE	
NAME name			FROM MO. XX YR. XX	TO MO. XX YR. XX
ADDRESS address			POSITION HELD position	
CITY city	STATE state	ZIP zip	SALARY/WAGE salary	
CONTACT PERSON contact		PHONE NUMBER phone	REASON FOR LEAVING reason	
WERE YOU SUBJECT TO THE FMCSRS <input type="checkbox"/> WHILE EMPLOYED? 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? YES NO				

EMPLOYER			DATE	
NAME name			FROM MO. XX YR. XX	TO MO. XX YR. XX
ADDRESS address			POSITION HELD position	
CITY city	STATE state	ZIP zip	SALARY/WAGE salary	
CONTACT PERSON contact		PHONE NUMBER phone	REASON FOR LEAVING reason	
WERE YOU SUBJECT TO THE FMCSRS <input type="checkbox"/> WHILE EMPLOYED? 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? YES NO				

EMPLOYER			DATE	
NAME name			FROM MO. XX YR. XX	TO MO. XX YR. XX
ADDRESS address			POSITION HELD position	
CITY city	STATE state	ZIP zip	SALARY/WAGE salary	
CONTACT PERSON contact		PHONE NUMBER phone	REASON FOR LEAVING reason	
WERE YOU SUBJECT TO THE FMCSRS <input type="checkbox"/> WHILE EMPLOYED? 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? YES NO				

EMPLOYER			DATE	
NAME name			FROM MO. XX YR. XX	TO MO. XX YR. XX
ADDRESS address			POSITION HELD position	
CITY city	STATE state	ZIP zip	SALARY/WAGE salary	
CONTACT PERSON contact		PHONE NUMBER person	REASON FOR LEAVING reason	
WERE YOU SUBJECT TO THE FMCSRS <input type="checkbox"/> WHILE EMPLOYED? 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? YES NO				

*Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 16 or more passengers (including the driver), or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport more than 8 passengers (including the driver), OR (3) is of any size and is 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	HAZARDOUS MATERIAL SPILL
LAST ACCIDENT <u>date</u>	<u>nature</u>	<u>fatalities</u>	<u>injuries</u>	<u>hazardous</u>
NEXT PREVIOUS <u>date</u>	<u>nature</u>	<u>fatalities</u>	<u>injuries</u>	<u>hazardous</u>
NEXT PREVIOUS <u>date</u>	<u>nature</u>	<u>fatalities</u>	<u>injuries</u>	<u>hazardous</u>

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

LOCATION	DATE	CHARGE	PENALTY
<u>location</u>	<u>date</u>	<u>charge</u>	<u>penalty</u>
<u>location</u>	<u>date</u>	<u>charge</u>	<u>penalty</u>
<u>location</u>	<u>date</u>	<u>charge</u>	<u>penalty</u>

(ATTACH SHEET IF MORE SPACE IS NEEDED)

EXPERIENCE AND QUALIFICATIONS – DRIVER

List all driver licenses or permits held in the past 3 years

DRIVER LICENSES	STATE	LICENSE NO.	TYPE	EXPIRATION DATE
	<u>state</u>	<u>license no.</u>	<u>type</u>	<u>expirationdate</u>
	<u>state</u>	<u>license no.</u>	<u>type</u>	<u>expirationdate</u>
	<u>state</u>	<u>license no.</u>	<u>type</u>	<u>expirationdate</u>

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, GIVE DETAILS details

line2

line3

DRIVING EXPERIENCE CHECK YES OR NO

CLASS OF EQUIPMENT			CIRCLE TYPE OF EQUIPMENT (VAN, TANK, FLAT, DUMP, REFER)	DATES		APPROX. NO. OF MILES (TOTAL)
	YES	NO		FROM (M/Y)	TO (M/Y)	
STRAIGHT TRUCK				M/Y	M/Y	miles
TRACTOR AND SEMI-TRAILER				M/Y	M/Y	miles
TRACTOR - TWO TRAILERS				M/Y	M/Y	miles
TRACTOR - THREE TRAILERS				M/Y	M/Y	miles
MOTORCOACH - SCHOOL BUS		More than 8 passengers	...	M/Y	M/Y	miles
MOTORCOACH - SCHOOL BUS		More than 15 passengers	...	M/Y	M/Y	miles
OTHER <u>other</u>			...	M/Y	M/Y	miles

LIST STATES OPERATED IN FOR LAST FIVE YEARS: states

line2

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

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

EXPERIENCE AND QUALIFICATIONS – OTHER

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

experience

line2

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION

training

line2

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

equipment

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) name (CITY, STATE) city,state

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.

Signature: signature

Date: date

Credit Report Request Pursuant to FCRA

All candidates for employment: Please read carefully before signing below.

In accordance with the provisions of Section 604(b)(2)(A) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I, of Public Law 104-208, Littau Trucking LLC may obtain or have prepared a consumer/investigative consumer report concerning my prior employment, military record, education, credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, criminal background, or mode of living), as part of its employment application process. These reports are required by Sections 382.413, 391.23, and 391.25 of the Federal Motor Carrier Safety Regulations.

I understand that upon written request to Littau Trucking LLC, I will be informed whether an investigative consumer report was requested, and given full information as to the nature and scope of such investigation. I understand that an investigative consumer report is a report in which information regarding my character, general reputation, personal characteristics, or mode of living, is obtained through personal interviews with neighbors, friends, or associates with whom I am acquainted.

By signing below, I authorize Littau Trucking LLC, its brokers, and insurance companies to obtain a consumer/investigative consumer report on me as part of its pre-employment background investigation process. If I am offered employment by Littau Trucking LLC, I further authorize Littau Trucking LLC to obtain additional consumer/investigative consumer reports on me for employment purposes at any time during my employment.

By signing below, I also acknowledge that Littau Trucking LLC has provided me with a summary of my rights under the federal Fair Credit Reporting Act.

 name
Name of Candidate (please print)

 signature
Signature of Candidate

 date
Date



SCOTTSDALE INSURANCE COMPANY®

National Casualty Company

Scottsdale Indemnity Company

COMMERCIAL DRIVER EMPLOYMENT HISTORY (Truckers)

Insured Name: Littau Trucking, LLC Policy No.: LFO0002293

Driver Name: name Date of Birth: date License Number: licenseno.

Total Yrs Experience: yrs Date Comm'l Lic Obtained: date VIN of unit owned: Not Applicable

Experience listed should be for the same type of equipment you will be driving on this policy. The Commercial License obtained date should be the date of license for the same type of equipment.

Including Current Employer, list in order of most recent employer first. MUST HAVE FULL THREE YEARS.

Employer: employer MC/DOT No.: no. Phone: phone
Address: address
Amount of Experience: Straight Truck xx% Tractor/Semi Trailer xx% Dump Truck xx%
Driving Vehicle Types Listed: Log Truck xx% Service Vehicle xx% Other xx%
Type of Driving: For-Hire Private Carrier Farm Passenger Other xx
Date of Employment: From (MO/YR): MO/YR To (MO/YR): MO/YR
Radius of Use: 0-100 Miles 101-300 Miles 301-500 Miles Over 500 Miles

Employer: employer MC/DOT No.: no. Phone: phone
Address: address
Amount of Experience: Straight Truck xx% Tractor/Semi Trailer xx% Dump Truck xx%
Driving Vehicle Types Listed: Log Truck xx% Service Vehicle xx% Other xx%
Type of Driving: For-Hire Private Carrier Farm Passenger Other xx
Date of Employment: From (MO/YR): MO/YR To (MO/YR): MO/YR
Radius of Use: 0-100 Miles 101-300 Miles 301-500 Miles Over 500 Miles

Employer: employer MC/DOT No.: no. Phone: phone
Address: address
Amount of Experience: Straight Truck xx% Tractor/Semi Trailer xx% Dump Truck xx%
Driving Vehicle Types Listed: Log Truck xx% Service Vehicle xx% Other xx%
Type of Driving: For-Hire Private Carrier Farm Passenger Other xx
Date of Employment: From (MO/YR): MO/YR To (MO/YR): MO/YR
Radius of Use: 0-100 Miles 101-300 Miles 301-500 Miles Over 500 Miles

Have you had any accidents in the last three years? Yes No
If yes, please describe: line2

During the past three years, have you had at least two years over-the-road driving experience with equipment similar to that which you will be operating for this employer? Yes No

The undersigned applicant represents that the information provided herein is true and correct. I further understand that by applying for insurance, I authorize Scottsdale Insurance Company to verify the information provided above.

signature
Signature of the Named Insured or Driver

date
Date

MANDATORY USE FOR ALL ACCOUNT HOLDERS

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

1. In connection with your application for employment with Littau Trucking, LLC ("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.

The Prospective Employer cannot obtain background reports from FMCSA unless you consent in writing.

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

2. I authorize Littau Trucking, LLC("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 consenting to 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.

3. 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 am challenging 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.

4. Please note: 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 FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

I have read the above Notice Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this consent form, 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: date

signature
Signature

name
Name (Please Print)

NOTICE: This form is made available to monthly account holders by NICT 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 provided in paragraphs 1-4 of this document to obtain a prospective Applicant's consent. The language must be used in whole, exactly as provided. The language may be included with other consent forms or language at the discretion of the account holder, provided the four paragraphs remain intact and the language is unchanged.