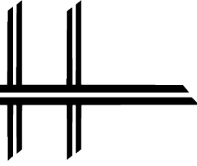


Application for Qualification

hoovestol



3321 Mike Collins Drive, Eagan, MN 55121 The purpose of this application is to determine

whether or not the applicant is qualified to operate motor carrier equipment according to the requirements of the Federal Motor Carrier Safety Regulations and the Company named above.

Instructions to Applicant

Please answer all questions. If the answer to any question is "No" or "None," do not leave the item blank, but write "No" or "None." This is important!

*The Age Discrimination of Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age.

Date _____

Check one: Contractor Driver

Name _____
(First) (Middle) (Last)

Phone Number (____) _____ Emergency Phone Number (____) _____

*Age _____ Date of Birth _____ Social Security Number _____

Physical Exam Expiration Date _____

Current & Three Years Previous Addresses:

(street address) (City, State, Zip) From _____ To _____
(mo/yr) (mo/yr)

(street address) (City, State, Zip) From _____ To _____
(mo/yr) (mo/yr)

(street address) (City, State, Zip) From _____ To _____
(mo/yr) (mo/yr)

Education and Employment History

Please circle the highest grade completed:

Grade School: 1 2 3 4 5 6 7 8 9 10 11 12

College: 1 2 3 4 Post-Graduate: 1 2 3 4

Give a **complete record** of all employment for the past three years, including any unemployment of self employment, and **all commercial driving experience for the past ten years.**

Mo/Yr Mo/Yr Present of Last Employer:
From _____ To _____ Name _____

Position Held _____ Address _____
(Street) (City) (State/Zip)

Reason for Leaving _____ Phone # (____) _____

Were you subject to FMCSRs* while employed here? 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

Mo/Yr Mo/Yr Present of Last Employer:
From _____ To _____ Name _____

Position Held _____ Address _____
(Street) (City) (State/Zip)

Reason for Leaving _____ Phone # (____) _____
Were you subject to FMCSRs* while employed here? 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
Mo/Yr **Mo/Yr** **Present of Last Employer:**

From _____ To _____ Name _____
Position Held _____ Address _____
(Street) (City) (State/Zip)

Reason for Leaving _____ Phone # (____) _____
Were you subject to FMCSRs* while employed here? 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
Mo/Yr **Mo/Yr** **Present of Last Employer:**

From _____ To _____ Name _____
Position Held _____ Address _____
(Street) (City) (State/Zip)

Reason for Leaving _____ Phone # (____) _____
Were you subject to FMCSRs* while employed here? 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
Mo/Yr **Mo/Yr** **Present of Last Employer:**

From _____ To _____ Name _____
Position Held _____ Address _____
(Street) (City) (State/Zip)

Reason for Leaving _____ Phone # (____) _____
Were you subject to FMCSRs* while employed here? 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
Mo/Yr **Mo/Yr** **Present of Last Employer:**

From _____ To _____ Name _____
Position Held _____ Address _____
(Street) (City) (State/Zip)

Reason for Leaving _____ Phone # (____) _____
Were you subject to FMCSRs* while employed here? 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
Mo/Yr **Mo/Yr** **Present of Last Employer:**

From _____ To _____ Name _____
Position Held _____ Address _____
(Street) (City) (State/Zip)

Reason for Leaving _____ Phone # (____) _____
Were you subject to FMCSRs* while employed here? 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

Driving Experience

Class of Equipment	Date		Approximate Number of Miles (Total)
	From	To	
Straight truck			
Tractor and Semi-trailer			
Tractor-two trailers			
Other			

List states operated in for the last five years: _____

List special courses/training completed (PTD/DDC, Haz Mat, etc): _____

List any Safe Driving Awards you hold and from whom: _____

Accident Record for past three years (attach sheet if more space is needed)

Date of Accident	Nature of Accidents (Head on, rear end, upset, etc.)	Location of Accident	# of Fatalities	# of People Injured

Traffic Convictions and Forfeitures for the last three years (other than parking violatons)

Date	Location	Charge	Penalty

Driver's License (list each driver's license held in the past three years)

State	License #	Type	Endorsements	Expiration Date

A. Have you ever been denied a license, permit of privilege to operate a motor vehicle? YES

NO

B. Has any license, permit or privilege ever been suspended or revoked? YES

NO

C. Have you ever tested positive or refused a DOT drug test or alcohol pre-employment test within the past two years from an employer who did not hire you? YES

NO

If the answers to A, B, or C is "YES", give details _____

Personal References

List three persons for references, other than family members, who have knowledge of your safety habits.

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

To Be Read and Signed by Applicant

It is agreed and understood that any misrepresentation given on this application for qualification shall be considered an act of dishonesty.

I give the motor carrier and its agents or representatives the right to investigate all references and to secure additional information about my employment background. I hereby release from all liability for damages the motor carrier and its agents or representatives for seeking such information and all other persons, corporations, or organizations for furnishing such information

I agree to furnish such additional information and complete such examinations as may be required to complete my employment file.

It is agreed and understood that this application for qualification in no way obligates the motor carrier to employ me.

It is agreed and understood that if qualified to operate motor carrier equipment, I may be on a probationary period, during which I may be disqualified without recourse.

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.

Applicant's Signature

Date