



APPLICATION FOR QUALIFICATION

6978 10TH AVENUE SW • ROCHESTER, MN 55902

READ AND SIGN BEFORE SUBMITTING APPLICATION FOR QUALIFICATION

I understand that the information in this Application for Qualification will be used and that prior employers will be contacted for purposes of investigation as required by 391.23 of the Motor Carrier Safety Regulations.

| | |
|------------------------|-----|
| DATE | AGE |
| SOCIAL SECURITY NUMBER | |
| | |
| DATE OF BIRTH | |

Signature of Driver or Independent Contractor _____ Date _____

PERSONAL HISTORY

| | | | | | |
|--|----------|---------|----------|------------|-----------|
| NAME: | (Last) | (First) | (Middle) | TELEPHONE: | |
| ADDRESS: | (Street) | (City) | (State) | (Zip) | HOW LONG? |
| ALL OTHER ADDRESSES IN THE LAST 3 YEARS: | (Street) | (City) | (State) | (Zip) | HOW LONG? |
| | (Street) | (City) | (State) | (Zip) | HOW LONG? |

REMARKS:

Are you related to anyone employed by or under contract to Steve Yaggy Specialized Truck Service? _____
 If yes, who _____ Relationship _____
 Have you previously worked for this company? _____ Date _____
 At what office or terminal? _____ Reason for leaving _____

| | | |
|--|-------------------------------|-----------|
| NAME OF PERSON TO BE NOTIFIED IN CASE OF EMERGENCY | RELATIONSHIP | |
| ADDRESS: | (Street) (City) (State) (Zip) | TELEPHONE |

Have you served in the U.S. Armed Forces: _____ Branch _____ Dates: from _____ to _____
 Rank at discharge _____ Date of discharge _____
 Draft Status _____ Reserve Status _____

Education: Circle Grade Completed: 1 2 3 4 5 6 7 8 High School: 1 2 3 4 College: 1 2 3 4

| What experience operating motor vehicles have you had? | | | | |
|--|------------|-------------------|---------------------|----------------------------------|
| Vehicle Type | Year Began | Approximate Miles | States of Operation | Types of Commodities Transported |
| STRAIGHT TRUCK | | | | |
| TRACTOR SEMI – (TANK) TRAILER | | | | |
| TRACTOR SEMI – (VAN) TRAILER | | | | |
| TRUCK AND FULL TRAILER | | | | |
| OTHER | | | | |

What valid operating permits and licenses do you have?

| Type | License Number | Endorsements Held | State | Expiration Date |
|-------------|----------------|-------------------|-------|-----------------|
| Driver's | | | | |
| Chauffeur's | | | | |

Have you held a license in any other state in the last 5 years? _____ Where _____ License No. _____

Have you ever had any type of license or permit denied, suspended, or revoked? _____

If yes, give particulars: _____

Have you ever been issued a "Safety Letter" or been required to present yourself for interview by any regulatory agency? _____

If yes, give particulars: _____

MOTOR VEHICLE ACCIDENTS. List ALL accidents and incidents regardless of where they may have occurred, what was damaged or to what extent and regardless of who was at fault.

| | Date | Type | Vehicle driven: Truck, Bus or Auto | PROPERTY DAMAGE (Yes or No) | PERSONAL INJURY (Yes or No) |
|---------------|------|------|---------------------------------------|--------------------------------|--------------------------------|
| MOST RECENT | | | | | |
| NEXT PREVIOUS | | | | | |
| NEXT PREVIOUS | | | | | |

What awards do you hold for safe driving? _____

TRAFFIC VIOLATIONS. List ALL violations of vehicle traffic control which you were convicted of or forfeited bond or collateral

| Type | Date | Places | Charges | Dispositions |
|--------------------|------|--------|---------|--------------|
| Traffic Violations | | | | |
| Traffic Violations | | | | |
| Traffic Violations | | | | |

Drivers are held responsible for all laws they break. Do you accept this rule? _____

Are you familiar with the Department of Transportation Motor Carrier Safety Regulations? _____

Are you familiar with the methods of keeping the Driver's Log as required by the Department of Transportation for: _____

Single Operation Yes No 2-Man Operation Yes No

Do you agree to submit only true and correct Driver's Log sheets? _____

Does your spouse work? _____ Where? _____ Full time? _____

Have you ever owned or operated your own equipment? _____

EMPLOYMENT HISTORY

Do you object to our communicating with your present or past employer? _____

If so, please indicate which employer (explain): _____

Have you ever received unemployment compensation? _____

State number of times and amounts: _____

Have you ever been garnished? _____

State number of times and amounts: _____

List all jobs in the past 10 years, beginning with the most recent. Include all periods of unemployment. You must show a street address or box number, and telephone number

| | | | | | | | |
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| PREVIOUS EMPLOYER: (Firm Name | | Street Address or P. O. Box | | City and Street) | | Telephone: | |
| POSITION HELD: | | | | Supervisor's Name | | Salary: | |
| TYPE OF VEHICLE DRIVEN: | | | | | | Dates of Employment | |
| | | | | | | From: To: | |
| REASON FOR LEAVING: | | | | | | | |

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| TYPE OF VEHICLE DRIVEN: | | | | | | Dates of Employment | |
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| POSITION HELD: | | | | Supervisor's Name | | Salary: | |
| TYPE OF VEHICLE DRIVEN: | | | | | | Dates of Employment | |
| | | | | | | From: To: | |
| REASON FOR LEAVING: | | | | | | | |

REFERENCES

List the names of five (5) persons who are not related to you. They must be householders and of good standing who have known you well at least three (3) of the past five (5) years. (Do not show former employers).

| NAME | ADDRESS | TELEPHONE NUMBER | YEARS KNOWN |
|------|---------|------------------|-------------|
| | | | |
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THE UNDERSIGNED AGREES TO THE FOLLOWING CONDITIONS: 1) this Application for Qualification will not be accepted unless all required information is entered hereon by Driver and that such information must be fully legible; 2) Driver will be given no further consideration if answers are evasive or the history of previous events is not presented in proper order with respect to dates; 3) Driver authorizes the Company to contact his former employers, references furnished, and all other sources they see fit to verify the facts and information furnished; 4) that Application for Qualification in no way assures the Driver of a position with this company; 5) that, if such is required, will take a physical examination; 6) that if, in making this data sheet, he has made any misrepresentations, which may later come to the attention of the company, it shall be considered sufficient grounds to be declared unqualified.

CERTIFICATION:

This certifies that this Application for Qualification was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

| | |
|------|--------------------------------------|
| DATE | SIGNATURE OF DRIVER EEO 1 2 3 4 5 |
| | |

STATEMENT OF CARRIER OR AGENT: This is to certify that the undersigned has informed Driver prior to acceptance of this Application for Qualification that the information supplied by him relative to previous employers may be used, and that the employers named may be contacted for the purpose of investigating Independent Contractor or Driver's background in conformance with Section 391.23, Motor Carrier Safety Regulations.

Signature of Carrier's Agent