

APPLICATION FOR EMPLOYMENT

(Valid for 90 days)

Applicant Name _____ Date of Application _____

Primary Phone # _____ Secondary Phone # _____

Email: _____

R.G. Huston Company, Inc. / R.G. Huston Trucking, LLC
2561 Coffeytown Road
Cottage Grove, WI 53527

AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER

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 have inquiries of my personal, employment, driver record, financial or medical history and other related matters as may be necessary in arriving at an employment decision. It is also agreed and understood that under the Fair Credit Reporting Act, Public Law 91-508, I have been told that this investigation may include an investigative Consumer Report, including information regarding my character, general reputation, personal characteristics, and mode of living. (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. I understand that as an applicant for a position with this company, I may be asked to demonstrate that I am capable of performing tasks which are pertinent to the job. I also understand that if offered a job, it may be conditioned on the results of a physical examination and/or drug test.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I agree to abide by all the rules and policies of the Company and also understand and agree that my employment is for no definite period and may, regardless of the day of payment of my wages and salary, be terminated without prior notice.

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.

Social Security # _____

Signature _____ Date _____

FOR COMPANY USE

PROCESS RECORD

APPLICANT HIRED _____ REJECTED _____

DATE EMPLOYED _____ WAGE/SALARY _____

DEPARTMENT _____ CLASSIFICATION _____

SIGNATURE OF INTERVIEWING OFFICER _____

APPLICANT TO COMPLETE

(answer all questions - please print)

Position(s) Applied for _____

Name _____
Last First Middle

List your addresses of residency for the past 3 years.

Current Address _____
Street City

_____ Phone _____ How Long? _____
State Zip Code yr./mo.

Addresses _____ How Long? _____
for previous *Street City State & Zip Code yr./mo.*
3 years

_____ How Long? _____
Street City State & Zip Code yr./mo.

_____ How Long? _____
Street City State & Zip Code yr./mo.

Do you have the legal right to work in the United States? _____

Date of Birth _____ / _____ / _____ Can you provide proof of age? _____
(Required for Commercial Drivers)

Have you worked for this company before? _____

Dates: From _____ To _____ Rate of Pay _____ Position _____

Reason for leaving _____

Are you now employed? _____ If yes, may we contact your present employer? _____

Who referred you? _____ Date you can start: _____ Rate of pay expected: _____

Union Member? Yes OR No Which Trade? _____ Level: Journeyworker OR Apprentice
Check One Check One

Can you perform, with or without reasonable accommodation, the essential functions of the job [as described in the attached job description]? YES NO

EMPLOYMENT HISTORY

ALL APPLICANTS MUST FILL OUT EMPLOYMENT HISTORY FOR PREVIOUS 3 YEARS

Applicants to drive a commercial motor vehicle (CMV) that requires a CDL must provide employment history for the previous 10 years.

EMPLOYER			DATE	
NAME	FROM		TO	
	MO.	YR.	MO.	YR.
ADDRESS	POSITION HELD			
CITY	STATE	ZIP	REASON FOR LEAVING	
CONTACT PERSON	PHONE NUMBER			SALARY
WERE YOU SUBJECT TO THE FMCSRs† WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO				

EMPLOYMENT HISTORY (continued)

EMPLOYER			DATE	
NAME			FROM MO. YR.	TO MO. YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	REASON FOR LEAVING	
CONTACT PERSON	PHONE NUMBER		SALARY	
WERE YOU SUBJECT TO THE FMCSRS† WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO				

EMPLOYER			DATE	
NAME			FROM MO. YR.	TO MO. YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	REASON FOR LEAVING	
CONTACT PERSON	PHONE NUMBER		SALARY	
WERE YOU SUBJECT TO THE FMCSRS† WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO				

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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? <input type="checkbox"/> YES <input type="checkbox"/> 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 8 passengers (including the driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

Emergency Contact: Name: _____ Address: _____

Phone: _____ Relationship: _____

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				
NEXT PREVIOUS				
NEXT PREVIOUS				

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

LOCATION	DATE	CHARGE	PENALTY

(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 or permits held in the past 3 years	STATE	LICENSE NO.	CLASS	ENDORSEMENT	EXPIRATION DATE

- A. If you have a CDL, was it received after June 2003? YES _____ NO _____
- B. Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES _____ NO _____
- C. Has any license, permit or privilege ever been suspended or revoked? YES _____ NO _____
- IF THE ANSWER TO EITHER B OR C IS YES, GIVE DETAILS _____

DRIVING EXPERIENCE CHECK YES OR NO

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

LIST STATES OPERATED IN FOR LAST FIVE YEARS: _____

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

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

EXPERIENCE AND QUALIFICATIONS - OTHER

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

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION

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

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) _____ (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: _____ Date: _____

R.G. HUSTON COMPANY, INC. / R.G. HUSTON TRUCKING, LLC
2561 Coffeytown Road * Cottage Grove, WI 53527 * (608) 255-9223

AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER

AFFIRMATIVE ACTION INFORMATION FORM

The purpose of this voluntary form is to provide the company with necessary information for its Affirmative Action Program. The information listed below will be treated in strict confidence, will not affect consideration of your application, and will assist in assuring that employment at R.G. Huston Company, Inc. / R.G. Huston Trucking, LLC is managed in a nondiscriminatory manner.

Name: _____ Date: _____

Gender: M _____ F _____

PLEASE CHECK THE APPROPRIATE ITEM(S) BELOW

RACIAL OR ETHNIC HERITAGE

- ____A. American Indian or Alaskan Native: All persons having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition.
- ____O. Asian or Pacific Islander: All persons having origins in any of the original peoples of the Far East (SouthEast Asia, the Indian subcontinent, or the Pacific Islands).
- ____B. Black (not of Hispanic origin): A person having origins in any of the black racial groups of Africa.
- ____S. Hispanic: All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
- ____C. White (not of Hispanic origin): All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

VIETNAM ERA VETERAN

- ____Yes Any veteran of the Armed Services who served on active duty for at least 181 days, any part of which occurred between the dates August 3, 1964 and May 7, 1973, and was discharged honorably or released sooner because of a service related disability.
- ____No

REFERRAL SOURCE

How did you learn about R.G. Huston Company, Inc./R.G. Huston Trucking, LLC as a possible place of employment?

____EM Employee ____PE Private Employment Agency ____WI Walk-in

____UN Union ____SE State Employment Agency ____NW Newspaper Advertisement