

APPLICATION FOR QUALIFICATION

Company _____

Address _____

City _____ State _____ Zip Code _____

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".

Date _____ Position applying for; Check One:
_____ Contractor _____ Driver _____ Contractor's Driver

Name: _____
(First) (Middle) (Last)

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

*Age _____ Date of Birth _____ Social Security Number _____

*The Age Discrimination of Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age.

Physical Exam Expiration Date: _____

Current & Three Years Previous Addresses:

_____ From _____ To _____
_____ From _____ To _____
_____ From _____ To _____
_____ From _____ To _____

Have you worked for this company before? Yes No

If yes, give dates: From _____ To _____

Reason for leaving? _____

Education 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

Driving Experience

Class of Equipment	Dates		Approximate Number of Miles (Total)
	From	To	
Straight Truck			
Tractor & Semi Trailer			
Tractor-two trailers			
Tractor-three trailers(Triples)			
Other			

List states operated in, for the last five years: _____

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 violations)

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 or privilege to operate a motor vehicle?

Yes No

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

Yes No

C. Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the job description)?.....

Yes No

D. Have you ever been convicted of a felony?.....

Yes No

If the answers to A, B, C, or D 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 shall be considered an act of dishonesty.

It is agreed and understood that the motor carrier or his agents may investigate the applicant's background to ascertain any and all information of concern to applicant's record, whether same is of record or not, and applicant releases employers and persons named herein from all liability for any damages on account of his furnishing such information.

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 investigating Consumer Report, including information regarding my character, general reputation, personal characteristics, and mode of living.

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

It is agreed and understood that this Application for Qualification in no way obligates the motor carrier to employ or hire the applicant.

It is agreed and understood that if qualified and hired, I may be on a probationary period during which time 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 Signature _____

Date _____

Remarks (For Office Use Only)

Krause Brothers Construction
520 1/2 Dakota Avenue
Wahpeton, ND 58075
Phone: 701.642.4488 Fax: 701.642.5526

APPLICATION FOR EMPLOYMENT

LAST NAME:		FIRST NAME:		MI:	DATE:
PRESENT ADDRESS/BOX			CITY		
STATE		ZIP CODE		TELEPHONE NUMBER	
DRIVERS LICENSE YES / NO		CLASS & STATE		CDL HOLDERS ONLY, SATE OF LAST DOT	
LICENSE #				PHYSICAL?	
(NOTE: All applican't driving records are subject to verification prior to employment)					

GENERAL INFORMATION

POSITION APPLYING FOR (be specific)		DATE YOU CAN START	EXPECTED WAGE
CAN YOU LIFT AT LEAST 70 POUNDS? YES / NO			
WHOM TO CONTACT IN CASE OF EMERGENCY (name, phone number, relationship to you)			
ARE YOU CURRENTLY EMPLOYED? YES / NO		IF NO, HOW LONG SINCE LAST EMPLOYED?	
HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES / NO			
IF YES, PLEASE EXPLAIN:			
HAVE YOU EVER TESTED POSITIVE ON AN EMPLOYMENT DRUG SCREEN? IF YES, GIVE DATE AND NAME OF EMPLOYER			
ARE YOU AT LEAST 18 YEARS OF AGE? YES / NO			

EDUCATION/TRAINING

NUMBER OF YEARS	NAME OF SCHOOL	CITY & STATE	DEGREE, CERTIFICATE TYPE
HIGH SCHOOL			
COLLEGE			
TRADE			
OTHER			

HAVE YOU HAD EXPERIENCE IN THE FOLLOWING AREAS, INDICATE NUMBER OF YEARS:

CARPENTRY	CONCRETE FLATWORK
MECHANICS (either diesel or other)	CONCRETE FOUNDATIONS
WELDING	HEAVY EQUIPMENT OPERATIONS
DRAFTING OR SURVEYING	CUTTING TORCH

MILITARY INFORMATION

ARE YOU A VETERAN YES / NO	DATES OF SERVICE: TO:	FROM:
BRANCH:		

EMPLOYMENT HISTORY:

NAME & ADDRESS OF MOST RECENT EMPLOYER:	
CONTACT PERSON'S NAME & PHONE NUMBER:	
POSITION HELD:	DUTIES INCLUDED:
DATE STARTED:	
DATE LEFT:	
REASON FOR LEAVING:	
MAY WE CONTACT THIS EMPLOYER? YES / NO	

NAME & ADDRESS OF MOST RECENT EMPLOYER:	
CONTACT PERSON'S NAME & PHONE NUMBER:	
POSITION HELD:	DUTIES INCLUDED:
DATE STARTED:	
DATE LEFT:	
REASON FOR LEAVING:	
MAY WE CONTACT THIS EMPLOYER? YES / NO	

NAME & ADDRESS OF MOST RECENT EMPLOYER:	
CONTACT PERSON'S NAME & PHONE NUMBER:	
POSITION HELD:	DUTIES INCLUDED:
DATE STARTED:	
DATE LEFT:	
REASON FOR LEAVING:	
MAY WE CONTACT THIS EMPLOYER? YES / NO	

PERSONAL REFERENCE INFORMATION:

NAME, ADDRESS & PHONE NUMBER OF FIRST REFERENCE:	
RELATION TO YOU?	HOW LONG KNOWN?
NAME, ADDRESS & PHONE NUMBER OF SECOND REFERENCE:	
RELATION TO YOU?	HOW LONG KNOWN?
NAME, ADDRESS & PHONE NUMBER OF THIRD REFERENCE:	
RELATION TO YOU?	HOW LONG KNOWN?

I Hereby agree that all the information in this application for employment is true and accurate. I further acknowledge that any information that is not true and accurate may be cause for termination of employment. By signing this application, I am allowing my former employers, except as noted above, to be contacted and release reference information.

My employment relationship with Unique Railroad Contractors, Inc., dba Krause Bros Construction, is voluntarily entered into and is subject to termination by me or my employer at will, with or without cause, at any time either party believes such action is appropriate. I also understand that every newly hired employee is considered a probationary employee for the first 90 calendar days of employment.

DATE:	SIGNATURE:	WITNESS:
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DRIVER'S RIGHTS PERTAINING TO RELEASE OF DRIVER INFORMATION UNDER REGULATION 391.23

Motor carriers have the responsibility to make the following investigations and inquiries with respect to each driver employed, other than a person who has been regularly employed driver of the motor carrier for a continuous period which began before January 1, 1971.

- * (a)(1) An inquiry into the driver's driving record during the preceding three years to the appropriate agency of every State in which the driver held a motor vehicle operator's license or permit during those three years; and
- * (a)(2) An investigation of the driver's employment record during the preceding three years.
- * (b) A copy of the driver record(s) obtained in response to the inquiry or inquiries to each State driver record agency as required must be placed in the Driver Qualification File within 30 days of the date the driver's employment begins and be retained in compliance with 391.51.
- * (c) Replies to the investigations of the driver's safety performance history must be placed in the Driver Investigation History File within 30 days of the date the driver's employment begins. This goes into effect after October 29, 2004.
- * (d) Prospective motor carrier must investigate the information from all previous employers of the applicant that employed the driver to operate a CMV within the previous three years. This information must cover general driver identification and employment verification information, data elements as specified in 390.15 for accident involving the driver that occurred in the three-year period preceding the date of the employment application, and any accidents the previous employer may wish to provide.
- * (e) Prospective motor carrier must investigate the information from all previous DOT regulated employers that employed the driver within the previous three years from the date of the employment application in a safety-sensitive function that required alcohol and controlled substance testing specified by 49 CFR Part 40.

Drivers have the following rights:

1. The right to review information provided by previous employers.
2. The right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to the prospective employer.
3. The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

Drivers who wish to review previous employer-provided investigative information must submit a written request to the prospective employer when applying or as late as 30 days after employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five business days of receiving the written request. If the driver has not arranged to pick up or receive the requested records within 30 days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived his/her request to review the records.

Drivers wishing to request correction of erroneous information in records must send the request for the correction to the previous employer that provided the records. After October 29th, 2004, the previous employer must either correct and forward the information to the prospective motor carrier employer or notify the driver within 15 days of receiving the driver's request to correct the data that it does not agree to correct the data. Drivers wishing to rebut information in records must send the rebuttal to the previous employer with instruction to include the rebuttal in the driver's Safety Performance History.

I acknowledge that I have read and understand the contents of this document.

Driver's Signature: _____

Date: _____

Driver Name (Printed) _____

VIOLATION AND REVIEW RECORD

Driver's Name _____
(please print)

Certification of Violations

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

<u>Date of</u>	<u>Offense</u>	<u>Location</u>	<u>Type of Vehicle Operated</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

_____ (Date of Certification) _____ (Drivers' Signature)

_____ (Motor Carrier's Name) _____ (Motor Carrier's Address)

_____ (Reviewed by: Signature) _____ (Title)

REVIEW AND EVALUATION OF DRIVER'S RECORD

In accordance with Section 391.25 Motor Carrier Safety Regulations, all information pertinent to the driver's safety of operations, including the list of violations furnished by him/ her in accordance with Section 391.27, has been reviewed for the past 12 months.

Action Taken: _____

_____ (Motor Carrier's Name) _____ (Motor Carrier's Address)

_____ (Reviewed by: Signature) _____ (Date) _____ (Title)

**DRIVER APPLICANT DRUG AND ALCOHOL
PRE-EMPLOYMENT STATEMENT**

CFR Part 40.25(j) requires the employer to ask any applicant, whether he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol rules during the past two years. If the potential employee admits that he or she had a positive test or refusal to test, we must not use the employee to perform safety-sensitive functions, until and unless the potential employee provides documentation of successful completion of the return-to-duty process. (See Section 40.55 (b) (5) and (e).

Applicant Name: _____
(Please Print)

As an applicant, applying to perform safety-sensitive functions for our company, you are required by CFR Part 40.25 (j) to respond to the following questions.

1. Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years?

Yes

No

2. If you answered yes, to the above question, can you provide proof that you have successfully completed the DOT return-to-duty requirements?

Yes

No

My signature below certifies that the information provided is true and correct.

Applicant Signature

Date

SEVEN-DAY PRIOR LOG FORM

(data sheet for new, casual, or temporary drivers)

Name: _____ Soc. Sec. # _____

Address: _____ Phone #: _____

Driver's License #: _____ State: _____

Instructions:

At the time of initial employment as a driver, or when being employed occasionally, the regulations of the Department of Transportation (Section 395.8 (j) (2)) require the motor carrier to obtain from you a signed statement giving that total time on duty during the immediately preceding 7 days and the time at which you were last relieved from duty prior to beginning work for the motor carrier. In the spaces below, show the number of hours worked (on duty) in each of the last 7 days.

Day	1	2	3	4	5	6	7	Total
Date								
Hours Worked								

I hereby certify that the information given above is correct to the best of my knowledge and belief, and that I was last relieved from work at:

_____ on _____
Time Day Month Year

Signature: _____

Witness: _____ Date: _____
Company Representative

Krause Brothers Construction

520 ½ Dakota Avenue
Wahpeton, ND 58075
Phone: 701.642.4488 Fax: 701.642.5526

SUBSTANCE ABUSE PROFESSIONALS
(SAPs)

Robert E. Howe, M-ED
1445 1st Ave North
Fargo, ND 58102
701-261-8668
701-271-8066 (answering service)

Meritcare Occupational Health
3838 12th Ave North
Fargo, ND 58102
(will provide list of SAPs)
1-800-437-4010 ext: 4700
701-280-4591 (Vicki Hansen)

Drake Counseling Services Inc.
1202 23rd Street South
Fargo, ND 58103-2318
701-293-5429
(drakecounseling@aol.com)

CONTROLLED SUBSTANCE & ALCOHOL TESTING INFORMATION ACKNOWLEDGEMENT/CONSENT FORM

As a condition of employment with Krause Bros Construction, Commercial Motor Vehicle (CMV) Driver Applicants must submit to a pre-employment controlled substances test as required by the Federal Motor Carrier Safety Regulations (FMCSR) Section 382.301. A motor carrier must receive verified negative test results for the applicant driver for the applicant to be eligible for employment.

If you are hired, you will be subject to laws requiring additional controlled substances and alcohol testing on you under numerous situations including, but not limited to, the following:

Post-Accident Section 382.303	Random Section 382.305	Reasonable Suspicion Section 382.307
Return to Duty Section 382.309		Follow -up Section 382.311

A driver who tests positive for a controlled substance(s) and/or alcohol test, will be immediately removed from a safety sensitive position as required by Part 382 of the FMCSR. Federal law prohibits a driver from returning to a safety sensitive position for any motor carrier until and unless the driver completes the Substance Abuse Professionals (SAP) evaluation, referral and educational/treatment process, as described in FMCSR Part 40, Subpart O.

The following is a referral list of Substance Abuse Professionals: (to be completed by Carrier)

NAME	George E Kane Alcohol & Drug Counselor	Meritcare Chemical Dependency Services
ADDRESS	403 Center Ave, Suite 405 Moorhead, MN 56560	1720 South University Drive ND 58103 Fargo,
PHONE #	218-861-6127	701-461-5300

All controlled substances and alcohol testing will be conducted in accordance with Parts 40 and 382 of the FMCSR.

I _____ have read the above controlled
Print Name
 substance and testing requirements and understand them. I acknowledge receipt of the referral list of Substance Abuse Professionals.

 Applicant's Signature

 Date

 Employer Representative