

Hulk Heavy Haul Inc.

Driver's name: _____

SSN: _____ DOB: _____

DL#: _____ State: _____ Class: _____ CDL

- Completed and signed application
- 10 years of employment history
- Request for past employment verification and drug and alcohol inquiries from the past three years
- Driver physical exam Exp Date: _____ CDL-7 Confirmation Receipt
- Valid License Exp Date: _____
- Other credentials: Social Security Card TWIC Resident Card
- MVR (Original) Date: _____
- PSP Report Signed Release
- MVR (Annual) Exp Date: _____
- Certificate of violations
- Annual review of driving record
- New-hire data sheet
- Pre-employment drug test results: Date: _____ COC
- Previous pre-employment drug & alcohol statement
- Received copy of drug & alcohol policy
- Consent for DOT drug & alcohol testing
- Employment Eligibility Verification (I-9)
- MCS-21 Form Fax Confirmation Results
- Hazardous Materials Training: Exp. Date: _____
- H2S (Hydrogen Sulfide) Training: Exp. Date: _____
- Road Test Certificate/Test

VERIFIED BY: _____

DATE: _____

Billed

DRIVER'S APPLICATION

Hulk Heavy Haul Inc.
14013 FM 529 RD., Ste. C
Houston, TX 77041
(281) 772-1525

AUTHORIZATION (Sign and Date Below)

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 a decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer 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 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 Hulk Heavy Haul Inc.. 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 resend 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 _____ Date _____

PERSONAL INFORMATION: Please Print CLEARLY. Please list all addresses for past 3 years.

LAST NAME *APELLIDO* _____ FIRST NAME *NOMBRE* _____ MI _____

STREET ADDRESS *DIRECCION* NO. _____ CITY CIUDAD _____ STATE _____ ZIP _____

STREET ADDRESS *DIRECCION* NO. _____ CITY CIUDAD _____ STATE _____ ZIP _____

() -- _____ () -- _____
HOME PHONE *TELEFONO* _____ ALT. PHONE *OTRO TELEFONO* _____

--- --- _____ / / _____
SOCIAL SECURITY *SEGURO SOCIAL* _____ DATE OF BIRTH *FECHA DE NACIMIENTO* _____

LICENSE NUMBER STATE CLASS EXPIRATION DATE CDL

DRIVING EXPERIENCE

Type of Equipment <i>TIPO DE EQUIPO</i>	Years of Experience <i>AÑOS DE EXPERIENCIA</i>	Years/Miles Driven <i>MILLAS MANEJADAS</i>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

ACCIDENT RECORD (*Previous Three Years*) *ACCIDENTES*

Accident Dates	Type of Accident	Fatalities	Injuries
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

TRAFFIC CONVICTIONS (*Previous Three Years*) *CITACIONES*
(Excluding parking violations)

Location	Date	Charge
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

LICENSE AND CRIMINAL BACKGROUND

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:

Have you ever been arrested and/or convicted of a misdemeanor or felony?
 YES NO

If yes, please explain fully. Conviction of a crime is not an automatic bar to employment, all circumstances will be considered. _____

EMERGENCY CONTACT: _____

PHONE: (_____) _____ RELATIONSHIP: _____



PREVIOUS EMPLOYMENT

All driver applicants to drive in interstate or intrastate 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. **LIST ALL EMPLOYMENT FOR LAST 10 YEARS—PLEASE ACCOUNT FOR ALL TIME.**

Present or Last Employer: *EMPLEADO PRESENTE*

Name of Company: _____
Contact Person _____ Phone _____
Address: _____ City _____ State & Zip _____
Position Held: _____ From _____ To _____
Reason for Leaving _____ Type of Trailer: _____
Were you subject to the FMCSRs+ 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: *EMPLEADO*

Name of Company: _____
Contact Person _____ Phone _____
Address: _____ City _____ State & Zip _____
Position Held: _____ From _____ To _____
Reason for Leaving: _____ Type of Trailer: _____
Were you subject to the FMCSRs+ 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:

Employer: *EMPLEADO*

Name of Company: _____
Contact Person _____ Phone _____
Address: _____ City _____ State & Zip _____
Position Held: _____ From _____ To _____
Reason for Leaving: _____ Type of Trailer: _____
Were you subject to the FMCSRs+ 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: *EMPLEADO*

Name of Company: _____
Contact Person _____ Phone _____
Address: _____ City _____ State & Zip _____
Position Held: _____ From _____ To _____
Reason for Leaving: _____ Type of Trailer: _____
Were you subject to the FMCSRs+ 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: *EMPLEADO*

Name of Company: _____
Contact Person _____ Phone _____
Address: _____ City _____ State & Zip _____
Position Held: _____ From _____ To _____
Reason for Leaving: _____ Type of Trailer: _____

Were you subject to the FMCSRs+ 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: *EMPLEADO*

Name of Company: _____
Contact Person _____ Phone _____
Address: _____ City _____ State & Zip _____
Position Held: _____ From _____ To _____
Reason for Leaving: _____ Type of Trailer: _____

Were you subject to the FMCSRs+ 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: *EMPLEADO*

Name of Company: _____
Contact Person _____ Phone _____
Address: _____ City _____ State & Zip _____
Position Held: _____ From _____ To _____
Reason for Leaving: _____ Type of Trailer: _____

Were you subject to the FMCSRs+ 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: *EMPLEADO*

Name of Company: _____
Contact Person _____ Phone _____
Address: _____ City _____ State & Zip _____
Position Held: _____ From _____ To _____
Reason for Leaving: _____ Type of Trailer: _____

Were you subject to the FMCSRs+ 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: *EMPLEADO*

Name of Company: _____
Contact Person _____ Phone _____
Address: _____ City _____ State & Zip _____
Position Held: _____ From _____ To _____
Reason for Leaving: _____ Type of Trailer: _____

Were you subject to the FMCSRs+ 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: *EMPLEADO*

Name of Company: _____
Contact Person _____ Phone _____
Address: _____ City _____ State & Zip _____
Position Held: _____ From _____ To _____
Reason for Leaving: _____ Type of Trailer: _____

Were you subject to the FMCSRs[†] 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: *EMPLEADO*

Name of Company: _____
Contact Person _____ Phone _____
Address: _____ City _____ State & Zip _____
Position Held: _____ From _____ To _____
Reason for Leaving: _____ Type of Trailer: _____

Were you subject to the FMCSRs[†] 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: *EMPLEADO*

Name of Company: _____
Contact Person _____ Phone _____
Address: _____ City _____ State & Zip _____
Position Held: _____ From _____ To _____
Reason for Leaving: _____ Type of Trailer: _____

Were you subject to the FMCSRs[†] 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: *EMPLEADO*

Name of Company: _____
Contact Person _____ Phone _____
Address: _____ City _____ State & Zip _____
Position Held: _____ From _____ To _____
Reason for Leaving: _____ Type of Trailer: _____

Were you subject to the FMCSRs[†] 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 15 or more passengers, 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 9 or more passengers, OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

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.

X _____
Signature of Applicant *FIRMA* Date *FECHA*

***FAIR CREDIT REPORTING ACT
DISCLOSURE STATEMENT***

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), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on you for employment/contract purposes. These reports are required by Sections 382.413, 391.23, and 391.25, of the Federal Motor Carrier Safety Regulations.

De acuerdo con las provisiones de la Sección 604 (b)(2)(A) del Acto Justo de la Cobertura del Crédito, la Ley Pública 91-508, como enmendado por el Crédito al consumidor que Informa el Acto de 1996 (Titula II, Subtítulo D, el Capítulo yo, de la Ley Pública 104-208), usted es informado que informa verificando su empleo previo, la droga previa y los resultados de la prueba de alcohol, y su registro que maneja se pueden obtener en usted para propósitos de arrendamiento contrato. Estos informes son requeridos por Secciones 382,413, 391,23, y 391,25, de las Regulaciones Federales de la Seguridad de Transporte Automotriz.

Applicant's Signature *FIRMA*

Date *FECHA*

Print Name *NOMBRE*

Social Security Number

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 Hulk Heavy Haul Inc. ("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 Hulk Heavy Haul Inc. ("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: _____

Signature

Name (Please Print)

SAFETY PERFORMANCE HISTORY

TO BE COMPLETED BY: **APPLICANT**

Printed Name: _____ SSN: _____ DOB: _____

Signature: _____ Date: _____

I hereby authorize previous employers to release and forward the information requested by concerning my Alcohol and Controlled Substances testing records within the previous three (3) years from date of application
To:

**Hulk Heavy Haul Inc.
Houston, TX 77041**

In compliance with 40.25 (g) and 391.23 (h), release of this information must be made in
Written form that ensures confidentiality such as fax, email, or letter.

PREV. EMPLOYER: _____ **Phone:** _____

STREET: _____ **Fax:** _____

CITY, ST, ZIP: _____ **Email:** _____

TO BE COMPLETED BY: **PREVIOUS EMPLOYER**

Section I Employment Verification

The applicant named above **WAS/IS NOT** employed/contracted by the Company.

The applicant named above **WAS/IS** employed/contracted by the Company:

Employed from: _____ to _____ as a _____

Section II Experience

Did he drive a motor vehicle for you? Yes No . If yes, what type?

Tractor-Semi trailer Straight truck Bus Cargo Tank Other: _____

LENGTH AND TYPE OF TRAILER PULLED: _____

Section III Separation Reason

Reason for leaving your employment: Quit Resigned Lay Off

Comments: _____ Co. Terminated Still Employed

Section IV Accident Register (390.15(b))

None to Report (Sign Below)

Applicant was involved in the following accidents in the last three years:

Date	Location	Injuries	Fatalities	Hazmat Spill?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Section V Certification

Signature: _____ Title: _____ Date: _____

SAFETY PERFORMANCE HISTORY

APPLICANT NAME: _____ SSN: _____ EMPLOYER: _____

TO BE COMPLETED BY: PREVIOUS EMPLOYER

Section I: DRUG AND ALCOHOL HISTORY

- Driver **WAS NOT** subject to the Department of Transportation testing requirements while employed by employer. Fill out Section II DATES OF EMPLOYMENT: _____ TO _____
- Driver **WAS** subject to Department of Transportation testing requirements and the following questions apply while he was under employment/contract: **In answering these questions, include any required DOT drug or alcohol testing information obtained from previous employers in the previous three (3) years prior to date of application.**

- | | YES | NO |
|---|--------------------------|--------------------------|
| 1. Has this person had an alcohol test with a result of 0.04 or higher alcohol concentration? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Has this person tested positive, adulterated, or substituted a test specimen for controlled substances? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Has this person refused to submit to post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Has this person committed other violations of Subpart B of Part 382, or Part 40? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. If this person has violated a DOT drug and alcohol regulation, did this person complete a SAP-prescribed rehabilitation program in your employ, including return-to-duty and follow up tests? If yes, please send documentation back with this form. | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. For a driver who successfully completed a SAP's rehabilitation referral and remained in your employment, has driver subsequently had an alcohol test result of 0.04 or greater, a verified positive drug test, or refusal to be tested? | <input type="checkbox"/> | <input type="checkbox"/> |

Section II If the answer to QUESTION 5 OR 6 is "Yes", please list SAP Professional Information:

NAME _____ ADDRESS _____ CITY _____
STATE-ZIP _____ PHONE _____

Section III Affirmation: This form was filled out by:

Name: _____ Title: _____ Company: _____
Signature: _____ Date: _____

THIS FORM WAS:

FAXED MAILED EMAILED VERBALLY (OTHER) _____

DATE: _____ TIME: *(IF VERBAL)* _____ BY: _____

INFORMATION OBTAINED FROM: _____



Texas Commercial Driver License Self-Certification Affidavit



Federal Regulations along with the State of Texas Administrative Rules require a commercial driver to certify in one of the 4 categories listed below to determine if a medical certificate is required. If you select category one (1) or three (3), you must present a valid medical certificate.

Last Name	First Name	Middle Name	Maiden Name
Driver License Number	Birth Date	Social Security Number	

I certify my commercial transportation is:

- Category 1. Non-expected Interstate.** I operate or expect to operate in interstate commerce, am both subject to and meet the qualification requirements under 49 CFR part 391, and am required to obtain a medical examiner's certificate by § 391.45. *(CDL-4, CDL-10 box 7, medical certificate is required)*
- Category 2. Excepted Interstate.** I operate or expect to operate in interstate commerce, but engage exclusively in transportation or operations excepted under 49 CFR 390.3(f), 391.2, 391.68 or 398.3 from all or parts of the qualification requirements of 49 CFR part 391. *(CDL-10)*
- Category 3. Non-Excepted Intrastate.** I operate or expect to operate in intrastate commerce, and am subject to the physical qualifications of 49 CFR Part 391. *(CDL-5 part b, medical certificate is required)*
- Category 4. Excepted Intrastate.** I operate or expect to operate in intrastate commerce, and engage exclusively in transportation or operations that exempt me from meeting the medical standards of 49 CFR Part 391. *(CDL-5 part a, CDL-10 box 10 or box 11)*

I certify that I have read, understand and meet the above checked categories for a commercial driver license.

Signature

Date

Please email, fax, or mail the medical certificate (if applicable) and the Self-Certification affidavit to:

Email (pdf format only): CDLMedCert@dps.texas.gov
Fax: 512-424-2002
Mail: Texas Department of Public Safety
 Enforcement & Compliance Service
 Attention: CDL Section
 P.O. Box 4087
 Austin, Texas 78773

**MOTOR VEHICLE
DRIVER'S CERTIFICATION
OF VIOLATIONS**

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

Date	Offense	Location	Type of Vehicle Operated
_____	_____	_____	_____
_____	_____	_____	_____

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.

(Driver's Signature)

(Date of Certification)

Hulk Heavy Haul Inc. 14013 FM 529 RD. Ste. C Houston, TX 77041

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

(Reviewed by: Signature)

SAFETY
(Title)

**U.S. DEPARTMENT OF TRANSPORTATION
MOTOR CARRIER SAFETY PROGRAM
ANNUAL REVIEW OF DRIVING RECORD
391.25**

X _____
Name (Last, First, M.I.)

X _____
(SSN)

This day I reviewed the driving record of the above named driver in accordance with 391.25 of the Federal Motor Carrier Safety Regulations. I considered any evidence that the driver has violated applicable provisions of the Federal Motor Carrier Safety Regulations and the Hazardous Materials Regulations. I considered the driver's accident record and any evidence that he/she has violated laws governing the operation of motor vehicles, and gave great weight to violations, such as speeding, reckless driving and operation while under the influence of alcohol or drugs, that indicate that the driver has exhibited a disregard for the safety of the public. Having done the above, I find that

the driver meets the minimum requirements for safe driving, or

the driver is disqualified to drive a motor vehicle pursuant to 391.15

Date of Review

Hulk Heavy Haul Inc.
Motor Carrier's Name

Reviewed by: Signature and Title

SAFETY

NEW HIRE DRIVER DATA SHEET



Name (Print) _____

Social Security Number _____

Driver's License Number _____

Type of License _____ Issuing State _____

Instructions: At the time of initial employment as a driver, or when being employed occasionally, the regulations of the Department of Transportation, Rule 395.8(2), require you to furnish a statement of the amount of time worked during the last period of seven (7) consecutive days. In the spaces below, show the number of hours worked (on duty) in each of the last 7 days.

	1	2	3	4	5	6	7	
DATE								
HOURS								

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 _____
(Day) (Month) (Year)

(Signature) _____

Witness _____ Date _____
 Company Representative



PREVIOUS PRE-EMPLOYMENT DRUG & ALCOHOL STATEMENT

Sec. 40.25(j) As the employer, you must also ask the employee 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 the DOT agency drug and alcohol testing rules during the past two years. If the employee admits that he or she had a positive test or a refusal to test, you must not use the employee to perform safety-sensitive functions for you, until and unless the employee documents successful completion of the return-to-duty process. (See Sec. 40.25(b)(5) and (e))

Prospective /Employee Contractor name: _____

Social Security Number: _____

The prospective employee/contractor is required by Sec. 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?

Check one: Yes No

- 2) If you answered yes, can you provide/obtain proof that you've successfully completed the DOT return-to-duty requirements?

Check one: Yes No Not Applicable

I certify that the information provided on this document is true and correct.

Signature: _____

Date: _____

Witnessed By: _____
(Signature)

Date: _____

Hulk Heavy Haul Inc.

ACKNOWLEDGEMENT & EMPLOYEE COMMITMENT

I, the undersigned, certify that I have read and understand **Hulk Heavy Haul Inc.** Statement of Policy on Drug and Alcohol Abuse and have received a copy of the policy.

By accepting employment with the Company, I also consent to submit to urine, breath or saliva for the testing of alcohol, drugs, and controlled substances and I agree to comply with all of the requirements of the Company, and with state or local laws and rules governing the use of drugs and controlled substances.

I understand that my failure to honor the terms of this Agreement will be grounds for the termination of my employment or the consideration of my application for employment.

I further understand that, notwithstanding the policy or this Acknowledgement and Employee Commitment, employment is at will, that the terms of my employment or employment itself may be terminated as the Company may choose in its sole discretion, that the Policy does constitute a contractual commitment or binding legal obligation on the Company and that the Policy does not create an employment contract between the Company and me.

(Employee\Contractor Signature)

(Printed Name)

(Date)

**CONSENT FOR DOT MANDATED
CONTROLLED SUBSTANCE AND ALCOHOL TEST**

The Federal Motor Carrier Safety Regulations, Section 382.113...before performing an alcohol or controlled substance test under this part (382), each employer shall notify a driver that the alcohol or controlled substance test is required by part 382-Controlled Substance and Alcohol use and Testing.

382.301 Pre-Employment testing requirements:

(a) Prior to the first time a driver-applicant performs safety-sensitive functions for an employer, the driver shall undergo testing for controlled substance.

382.302 Post-Accident Testing

382.305 Random Testing

382.306 Reasonable Suspicion Testing

As a condition of my employment: I agree to controlled substance test for the drugs (Marijuana, Cocaine, Phencyclidine "PCP", Opiates, and Amphetamines) and Alcohol Test as required by part 382.

I understand a positive test for controlled substance or an Alcohol 0.04 or greater Alcohol concentration, will disqualify me from operating a commercial motor vehicle for this company.

This consent is given voluntarily in exchange for the employer's verification that testing will be required in accordance with Part 382.

I have read and understand the above conditions.

Applicants Name: _____

Applicants Signature: _____ Date: _____

Company Representative's Signature: _____ Date: _____



Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 03/31/2016

▶ START HERE. Read instructions carefully before completing this form. The instructions must be available during completion of this form.
ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation <i>(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)</i>					
Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Names Used (if any)
Address (Street Number and Name)			Apt. Number	City or Town	State Zip Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		E-mail Address		Telephone Number
	[][] - [][] - [][][][]				

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- A citizen of the United States
- A noncitizen national of the United States *(See instructions)*
- A lawful permanent resident (Alien Registration Number/USCIS Number): _____
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____. Some aliens may write "N/A" in this field. *(See instructions)*

For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Number:

- 1. Alien Registration Number/USCIS Number: _____
- OR**
- 2. Form I-94 Admission Number: _____

3-D Barcode
Do Not Write in This Space

If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: _____

Country of Issuance: _____

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. *(See instructions)*

Signature of Employee:	Date (mm/dd/yyyy):
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Preparer and/or Translator Certification *(To be completed and signed if Section 1 is prepared by a person other than the employee.)*

I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator:			Date (mm/dd/yyyy):	
Last Name (Family Name)		First Name (Given Name)		
Address (Street Number and Name)		City or Town	State	Zip Code



Employer Completes Next Page





RELEASE OF CDL HOLDER'S REPORTED POSITIVE ALCOHOL OR CONTROLLED SUBSTANCE TEST RESULTS



Use this form to obtain the CDL holder's reported positive alcohol or controlled substance test results information.

This form should ONLY be used if you wish to inquire whether or not a prospective driver (CDL Holder) has had a positive alcohol or controlled substance test result reported to the Texas Department of Public Safety in compliance with state law.

THIS FORM IS NOT REQUIRED FOR REPORTING A POSITIVE ALCOHOL OR CONTROLLED SUBSTANCE TEST.

1. This form must be completed in full and include the driver's original signature.
(Electronic signatures will not be accepted)

2. Deliver, mail, Email or FAX the completed form to:

Texas Department of Public Safety
Motor Carrier Bureau, MSC #0521
6200 Guadalupe, Building P
Austin, Texas 78752-4019 / Facsimile: 512-424-5310
Email: MCB.VPR@dps.texas.gov

Check here if CDL Holder is requesting results on self

Print Name of CDL Holder _____ Phone Number _____

Print full Address, City, State and Zip Code of CDL Holder _____ Social Security # _____

Driver License Number of CDL Holder _____ State _____ Date of Birth _____

authorize release of any and all of CDL holder's reported positive alcohol or controlled substance test results reported under Texas state law to

Print Motor Carrier's Name _____ Phone Number _____

Print full Address, City, State and Zip Code of Motor Carrier _____

Signature of Driver X	Date _____
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If you wish to request and receive this information by electronic mail, submit a completed and notarized Electronic Mail Verification Form (MCS-32), available at the following web address: <http://www.dps.texas.gov.htm>.

**CERTIFICATE OF DRIVER'S
ROAD TEST**

Instructions: If the test is successfully completed, the person who gave it shall complete a certificate of the driver's road test. The original or copy of the certificate shall be retained in the employing motor carrier's driver qualification file of the person examined and a copy given to the person who was examined. (49 CFR 391.31/391.33)

CERTIFICATION OF ROAD TEST

Driver's Name _____

Social Security Number _____

Operator's or Chauffeur's License Number _____

State _____

Type of Power Unit _____

Type of Trailer(s) _____

If passenger carrier, type of bus _____

This is to certify that the above-named driver was given a road test under my supervision on _____, _____, _____, consisting of approximately _____ miles of driving.

It is my considered opinion that this driver
possesses sufficient driving skill to operate safely the
type of commercial motor vehicle listed above.

(Signature of Examiner)

(Title)

Hulk Heavy Haul Inc. 14013 FM 529 Rd. Ste. C Houston, TX 77041

(Organization and Address of Examiner)

DRIVER'S ROAD TEST EXAMINATION

Driver's Name _____ Phone _____

Driver's Address _____

City _____ State _____ Zip Code _____

The road test shall be given by the motor carrier or a person designated by it. However, a driver who is a motor carrier must be given the test by another person. The test shall be given by a person who is competent to evaluate and determine whether the person who takes the test has demonstrated that he or she is capable of operating the vehicle and associated equipment that the motor carrier intends to assign.

**Rating of
Performance**

- _____ The pretrip inspection. (As required by Sec. 392.7)
- _____ Coupling and uncoupling of combination units, if the equipment he or she may drive includes combination units.
- _____ Placing the equipment in operation.
- _____ Use of vehicle's controls and emergency equipment.
- _____ Operating the vehicle in traffic and while passing other vehicles.
- _____ Turning the vehicle.
- _____ Braking, and slowing the vehicle by means other than braking.
- _____ Backing, and parking the vehicle.
- _____ Other, Explain: _____

Type of equipment used in giving test: _____

Date _____ 19 _____ Examiner's Signature _____

If the road test is successfully completed, the person who gave it shall complete a certificate of driver's road test.

Remarks _____



Service Authorization

This form should be sent to Transafe, Inc. **at the time services are rendered.** Applicants WILL NOT be processed if authorization form is not completely filled out and signed by the Company representative. One form should be submitted for each applicant sent for qualification. Please fill out this form in its entirety.

Today's Date:		Company Name: SOUTHSTAR TRUCKING, INC.	
DRIVER			
Last Name:		First Name:	
Interviewed By:		Driver Type:	Date Sent to Transafe:
Years of Experience:	Flatbed (yrs):	Van (yrs):	Other (yrs):
Moving Violations (last 3 years):		Accidents (last 3 years):	
SERVICES			
<input type="checkbox"/> MVR (Motor Vehicle Record)	<input type="checkbox"/> Nationwide Criminal Check	<input type="checkbox"/> PSP (Pre-employment Screening Program)	<input type="checkbox"/> Sex Offender Check
<input type="checkbox"/> Physical: <input type="checkbox"/> DOT <input type="checkbox"/> Non-DOT	<input type="checkbox"/> Count Criminal Check	<input type="checkbox"/> SSN Trace	<input type="checkbox"/> File Audit
<input type="checkbox"/> Driver Orientation	<input type="checkbox"/> Drug Test: <input type="checkbox"/> Pre-Employment <input type="checkbox"/> Random <input type="checkbox"/> Post-Accident <input type="checkbox"/> Follow-up <input type="checkbox"/> Other		
<input type="checkbox"/> Truck Inspection	<input type="checkbox"/> Breath Alcohol Test: <input type="checkbox"/> Pre-Employment <input type="checkbox"/> Random <input type="checkbox"/> Post-Accident <input type="checkbox"/> Other		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AUTHORIZATION			
Authorized Signature:		Printed Name:	

*****STOP*****		FOR TRANSAFE USE ONLY		*****STOP*****	
DRIVER PROCESSING					
MVR: (State):	Date:	By:	Criminal Check	Date:	By:
PSP	Date:	By:	SSN Trace	Date:	By:
Physical	Date:	By:	Drug Test	Date:	By:
Breath Alcohol	Date:	By:	Orientation	Date:	By:
Truck Inspection	Date:	By:	File Audit	Date:	By:
Sex Offender Check	Date:	By:		Date:	By:
	Date:	By:		Date:	By:
Billing Code:	Billing Date:	Submitted By:			
BILLING					
Representative:		Signature:		Date:	
Inv#:					

Transafe Inc.
217 Airtex Drive, Houston, TX 77090
O: 281-272-1803 I F: 281-272-1381