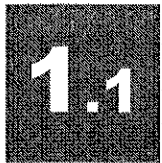


|     |      |
|-----|------|
| APP | MVR  |
| PEI | MED  |
| D&A | ROAD |

**PERM**



*QuickFile Applications™*  
**DRIVER'S APPLICATION FOR EMPLOYMENT**  
**Laughlin Trucking, Inc.**  
**PO Box 399**  
**Carlton, OR 97111-0399**  
**Ph. (800) 452-9436**

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, or the presence of a non job-related medical condition or handicap. All motor carriers regulated under Federal Motor Carrier Safety Regulations must meet the requirements of Title 49 CFR Part 391 and Part 382 as they apply to qualifying the applicant for a driving position.

Answer all questions. Please print legibly.

|  |       |  |           |
|--|-------|--|-----------|
| Position (s) applied for:  |       | 2. Date of application (Month/Day/Year):    /    / |           |
| 3. Name:   |       | 3A. DOB (Month/Day/Year):                          |           |
| 4. Addresses for past three years (Write on back if there's not enough room) |       | 4A. SSI No.:                                       |           |
| Street address   |       | Home Ph  | Cell Ph   |
| City   | State | Zip  | How long? |
| Street address   |       |  |           |
| City   | State | Zip  | How long? |
| Are you eligible to work in the US?  |       |  |           |
| In case of emergency notify:   |       |  |           |
| Address  |       | Phone  |           |
| Have you worked for this company before?                                     |       | If yes, where?                                     |           |
| Dates: From:   | To:   | Rate of pay:                                       | Position: |
| Reason for leaving?  |       |  |           |
| Are you now employed?  |       |  |           |
| If not, how long since leaving last employment?                              |       |  |           |
| Who referred you?  |       | Rate of pay expected?                              |           |

**PHYSICAL HISTORY**

|   |
|---|
| List any limitations that prevent you from performing the duties of a commercial motor vehicle driver. Specify any medical waivers. |
| Are you physically capable of heavy manual work?  |
| Would you be willing to take an examination?  |

**ALL INFORMATION MUST BE COMPLETED BEFORE AN APPLICATION CAN BE CONSIDERED.**

**5. EMPLOYMENT HISTORY**

**1.2**

CFR 391.21

Applicants for positions that require the driving of commercial motor vehicles must provide an additional 7 years' information on those employers for whom the applicant operated such vehicles, or up to 10 years employment history. **ALL INFORMATION MUST BE COMPLETED BEFORE AN APPLICATION CAN BE CONSIDERED. USE THE BACK OF THIS PAGE IF MORE ROOM IS NEEDED.**

Date of Birth:

Date of Application:

Date of Hire:

CHECK AND DATE EACH PREVIOUS EMPLOYMENT  PE AND DRUG & ALCOHOL  DA INQUIRY WHEN COMPLETED.

|  |  |
|--|--|
| <input type="checkbox"/> PE<br><input type="checkbox"/> DA | <b>1. EMPLOYER</b> <i>Did you operate vehicles weighing 10,001 lbs or more? Yes <input type="checkbox"/> No <input type="checkbox"/> Were you subject to Part 382 drug &amp; alcohol rules? Yes <input type="checkbox"/> No <input type="checkbox"/></i> |
|  | NAME <span style="float: right;">From      To</span>   |
|  | ADDRESS <span style="float: right;">Position</span>  |
|  | CITY <span style="margin-left: 100px;">STATE</span> <span style="margin-left: 100px;">ZIP</span> <span style="float: right;">Wage</span>   |
|  | CONTACT PERSON & PHONE <span style="float: right;"><i>Reason for leaving</i></span>  |
| <input type="checkbox"/> PE<br><input type="checkbox"/> DA | <b>2. EMPLOYER</b> <i>Did you operate vehicles weighing 10,001 lbs or more? Yes <input type="checkbox"/> No <input type="checkbox"/> Were you subject to Part 382 drug &amp; alcohol rules? Yes <input type="checkbox"/> No <input type="checkbox"/></i> |
|  | NAME <span style="float: right;">From      To</span>   |
|  | ADDRESS <span style="float: right;">Position</span>  |
|  | CITY <span style="margin-left: 100px;">STATE</span> <span style="margin-left: 100px;">ZIP</span> <span style="float: right;">Wage</span>   |
|  | CONTACT PERSON & PHONE <span style="float: right;"><i>Reason for leaving</i></span>  |
| <input type="checkbox"/> PE<br><input type="checkbox"/> DA | <b>3. EMPLOYER</b> <i>Did you operate vehicles weighing 10,001 lbs or more? Yes <input type="checkbox"/> No <input type="checkbox"/> Were you subject to Part 382 drug &amp; alcohol rules? Yes <input type="checkbox"/> No <input type="checkbox"/></i> |
|  | NAME <span style="float: right;">From      To</span>   |
|  | ADDRESS <span style="float: right;">Position</span>  |
|  | CITY <span style="margin-left: 100px;">STATE</span> <span style="margin-left: 100px;">ZIP</span> <span style="float: right;">Wage</span>   |
|  | CONTACT PERSON & PHONE <span style="float: right;"><i>Reason for leaving</i></span>  |
| <input type="checkbox"/> PE<br><input type="checkbox"/> DA | <b>4. EMPLOYER</b> <i>Did you operate vehicles weighing 10,001 lbs or more? Yes <input type="checkbox"/> No <input type="checkbox"/> Were you subject to Part 382 drug &amp; alcohol rules? Yes <input type="checkbox"/> No <input type="checkbox"/></i> |
|  | NAME <span style="float: right;">From      To</span>   |
|  | ADDRESS <span style="float: right;">Position</span>  |
|  | CITY <span style="margin-left: 100px;">STATE</span> <span style="margin-left: 100px;">ZIP</span> <span style="float: right;">Wage</span>   |
|  | CONTACT PERSON & PHONE <span style="float: right;"><i>Reason for leaving</i></span>  |
| <input type="checkbox"/> PE<br><input type="checkbox"/> DA | <b>5. EMPLOYER</b> <i>Did you operate vehicles weighing 10,001 lbs or more? Yes <input type="checkbox"/> No <input type="checkbox"/> Were you subject to Part 382 drug &amp; alcohol rules? Yes <input type="checkbox"/> No <input type="checkbox"/></i> |
|  | NAME <span style="float: right;">From      To</span>   |
|  | ADDRESS <span style="float: right;">Position</span>  |
|  | CITY <span style="margin-left: 100px;">STATE</span> <span style="margin-left: 100px;">ZIP</span> <span style="float: right;">Wage</span>   |
|  | CONTACT PERSON & PHONE <span style="float: right;"><i>Reason for leaving</i></span>  |
| <input type="checkbox"/> PE<br><input type="checkbox"/> DA | <b>6. EMPLOYER</b> <i>Did you operate vehicles weighing 10,001 lbs or more? Yes <input type="checkbox"/> No <input type="checkbox"/> Were you subject to Part 382 drug &amp; alcohol rules? Yes <input type="checkbox"/> No <input type="checkbox"/></i> |
|  | NAME <span style="float: right;">From      To</span>   |
|  | ADDRESS <span style="float: right;">Position</span>  |
|  | CITY <span style="margin-left: 100px;">STATE</span> <span style="margin-left: 100px;">ZIP</span> <span style="float: right;">Wage</span>   |
|  | CONTACT PERSON & PHONE <span style="float: right;"><i>Reason for leaving</i></span>  |

Please initial here to indicate that all required driving history where you drove a vehicle weighing more than 26,001 lbs. GCVWR, or was designed to carry 16 or more passengers including the driver, or which transported hazardous materials in placardable quantities for the period described above has been included in this application.

**6. ACCIDENT RECORD FOR PAST 3 YEARS.**  
*If none, write "None."*

| DATES         | NATURE OF ACCIDENT | FATALITIES | INJURY |
|---------------|--------------------|------------|--------|
| LAST ACCIDENT |                    |            |        |
| NEXT PREVIOUS |                    |            |        |

**7. TRAFFIC CONVICTIONS & FORFEITURES FOR PAST 3 YEARS.**  
*If none, write "None."*

| LOCATION | DATE | CHARGE | PENALTY |
|----------|------|--------|---------|
|          |      |        |         |
|          |      |        |         |

**8. EXPERIENCE & QUALIFICATIONS - *Valid licenses currently held.***

| STATE | LICENSE NUMBER | TYPE | EXPIRATION DATE |
|-------|----------------|------|-----------------|
|       |                |      |                 |
|       |                |      |                 |

**9. DRIVING EXPERIENCE - *Type of equipment & approximate miles/hours driven.***

| CLASS           | TYPE (Van, Tank, Flat, etc.) | FROM | TO | MILES |
|-----------------|------------------------------|------|----|-------|
| STRAIGHT TRUCK  |                              |      |    |       |
| TRACTOR/TRAILER |                              |      |    |       |
| DOUBLES         |                              |      |    |       |

- 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.) If you answered "yes" to question B, explain the details: \_\_\_\_\_

In the past 2 years, have you tested positive, or refused to test, on a pre-employment drug or alcohol test administered by an employer where you applied for a safety sensitive position and were not hired? YES \_\_\_\_\_ NO \_\_\_\_\_

LIST STATES LICENSED IN FOR PAST 5 YEARS: \_\_\_\_\_

**10. This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge.** I understand that the employment information I provided in the Employment History section of this application may be used, and my previous employers **will be contacted**, for the purpose of investigating my safety performance history information as required by 49 CFR 391.23(d) and (e). I authorize **Laughlin Trucking and its agents** to contact my former employers for the purpose of fulfilling the requirements of the 49 CFR Parts 391.23 and 382.413. I further authorize **Laughlin Trucking, Inc. and its agents** to make any such additional inquiries beyond the FMCSR minimum requirements that are necessary to qualify this application. I do hereby release **Laughlin Trucking, Inc., its agents and any of my former employers** from any and all liability which may result from obtaining and/or furnishing such information. I have received a copy of and been advised of my rights under 49 CFR 391.23(h) to (i) review information provided by previous employers upon submitting a written request within 30 days after being notified of denial of employment, (ii) have errors in information corrected, and (iii) have a rebuttal statement attached to alleged erroneous information. \_\_\_\_\_ *(Applicant's initials)*



\_\_\_\_\_  
 (Applicant's signature)

\_\_\_\_\_  
 (Date)

**ALL INFORMATION MUST BE COMPLETED BEFORE AN APPLICATION CAN BE CONSIDERED.**