

**APPLICATION FOR EMPLOYMENT** {See 49 CFR 391.21}

📁 Employment + 3 years

This Application must be filled out completely or it will not be processed.

**Prospective Employer:**

Rick Kubiak Hutt Trucking Company Inc 1362 Lincoln Ave Holland MI 49423	Phone: 616-928-2300 FAX: 616-928-2335	Application Submitted: ___/___/___
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**Applicant: Read and sign the following notification prior to submitting this Application For Employment.**

(A) The information you provide in this Application, including but not limited to the information required by 49 CFR 391.21(b)(10)(11) below may be used, and your previous employer(s) will be contacted, for the purpose of investigating your safety performance history as required by 49 CFR 391.23(d)(e) and 49 CFR 40.25 (re drug and alcohol information).

(B) As the prospective employer, Hutt Trucking Company Inc hereby notifies you that you have the following rights regarding the investigative information that will be provided to us pursuant to 49 CFR 391.23(d)(e):

- (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 us as your prospective employer;
- (3) The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and you cannot agree on the accuracy of the information.

(C) **EQUAL OPPORTUNITY 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, or disability.

(D) I understand that if I have a protected handicap that effects my ability to perform the position, I may ask Hutt Trucking Company Inc to attempt to make accommodation as required by law. I must make my request in writing to Hutt Trucking Company Inc as soon as possible and no later than 182 days after the date I know or reasonably should know that accommodation is needed.

**X****Applicant's Signature**

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Print Applicant's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_ Yrs @ Address \_\_\_\_\_

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Applicant's Current Address \_\_\_\_\_ Home Phone # \_\_\_\_\_

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City/State/Zip \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Are there currently any felony charges against you?  Yes  No If "Yes" \_\_\_/\_\_\_/\_\_\_  
 Have you ever been convicted of any crime?  Yes  No If "Yes" \_\_\_/\_\_\_/\_\_\_  
 Have you ever been known by any name other than the one on this application?  Yes  No If "Yes" print name below.  
 If "Yes" to any of the above, explain:

Are you:  a U.S. Citizen,  a Lawful Permanent Resident, or  otherwise authorized to work in the United States?

Addresses at which Applicant has resided during the 3 years preceding date application submitted:

___/___/___ to ___/___/___:
___/___/___ to ___/___/___:
___/___/___ to ___/___/___:

In Case of Emergency notify: \_\_\_\_\_  
 (Name) (Relationship) (Address) (Phone)

Are you able to perform the essential functions of the job for which you are applying with or without accommodation? \_\_\_\_\_

Who referred you? \_\_\_\_\_

Have you worked for this company before?  Yes  No If "Yes," Where? \_\_\_\_\_

Dates: From \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_ Rate of pay: \_\_\_\_\_ Position: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**Education/Military Status**

U.S. Military (Branch): \_\_\_\_\_ Rank: \_\_\_\_\_ Presently in Guard/Reserves?  Yes  No  
 Circle Highest Grade Completed: 1 2 3 4 5 6 7 8 High School 1 2 3 4 College 1 2 3 4

**Previous Employment:** Information required by 49 CFR 391.21(b)(10)(11): Names and addresses of applicant's employers during the **10 years** preceding date this application submitted; dates employed by, reason for leaving employment, whether applicant subject to Federal Motor Carrier Safety Regulations (FMCSRs), and whether job designated as safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40 for each such employer. Previous employer information is also needed to comply with 49 CFR 40.25 and 391.23(e)(checking applicant's prior drug/alcohol test records) and/or required under authority of Hutt Trucking Company Inc as part of its application process.

Last Employer Company Name:		<div style="border: 1px solid black; padding: 5px; text-align: center;">                 Dates of Employment                  ___/___/___    ___/___/___                  Hired                      Left             </div>
Address:		
City/State/Zip:		
Supervisor Name:		Phone:
Position Held:	<input type="checkbox"/> Fleet Driver <input type="checkbox"/> Owner-Operator <input type="checkbox"/> Other: Applicant was subject to FMCSRs while employed by above employer.	<input type="checkbox"/> YES <input type="checkbox"/> NO
Reason for leaving:	Job was designated as safety sensitive function in any DOT regulated mode subject to alcohol & controlled substances requirements of 49 CFR part 40.	<input type="checkbox"/> YES <input type="checkbox"/> NO
		Salary:
In what states did you drive a CMV?		

2 <sup>nd</sup> Last Employer Company Name:		<div style="border: 1px solid black; padding: 5px; text-align: center;">                 Dates of Employment                  ___/___/___    ___/___/___                  Hired                      Left             </div>
Address:		
City/State/Zip:		
Supervisor Name:		Phone:
Position Held:	<input type="checkbox"/> Fleet Driver <input type="checkbox"/> Owner-Operator <input type="checkbox"/> Other: Applicant was subject to FMCSRs while employed by above employer.	<input type="checkbox"/> YES <input type="checkbox"/> NO
Reason for leaving:	Job was designated as safety sensitive function in any DOT regulated mode subject to alcohol & controlled substances requirements of 49 CFR part 40.	<input type="checkbox"/> YES <input type="checkbox"/> NO
		Salary:
In what states did you drive a CMV?		

3 <sup>rd</sup> Last Employer Company Name:		<div style="border: 1px solid black; padding: 5px; text-align: center;">                 Dates of Employment                  ___/___/___    ___/___/___                  Hired                      Left             </div>
Address:		
City/State/Zip:		
Supervisor Name:		Phone:
Position Held:	<input type="checkbox"/> Fleet Driver <input type="checkbox"/> Owner-Operator <input type="checkbox"/> Other: Applicant was subject to FMCSRs while employed by above employer.	<input type="checkbox"/> YES <input type="checkbox"/> NO
Reason for leaving:	Job was designated as safety sensitive function in any DOT regulated mode subject to alcohol & controlled substances requirements of 49 CFR part 40.	<input type="checkbox"/> YES <input type="checkbox"/> NO
		Salary:
In what states did you drive a CMV?		

4 <sup>th</sup> Last Employer Company Name:		<div style="border: 1px solid black; padding: 5px; text-align: center;">                 Dates of Employment                  ___/___/___    ___/___/___                  Hired                      Left             </div>
Address:		
City/State/Zip:		
Supervisor Name:		Phone:
Position Held:	<input type="checkbox"/> Fleet Driver <input type="checkbox"/> Owner-Operator <input type="checkbox"/> Other: Applicant was subject to FMCSRs while employed by above employer.	<input type="checkbox"/> YES <input type="checkbox"/> NO
Reason for leaving:	Job was designated as safety sensitive function in any DOT regulated mode subject to alcohol & controlled substances requirements of 49 CFR part 40.	<input type="checkbox"/> YES <input type="checkbox"/> NO
		Salary:
In what states did you drive a CMV?		

**Previous Employment:** Information required by 49 CFR 391.21(b)(10)(11): Names and addresses of applicant's employers during the **10 years** preceding date this application submitted; dates employed by, reason for leaving employment, whether applicant subject to Federal Motor Carrier Safety Regulations (FMCSRs), and whether job designated as safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40 for each such employer. Previous employer information is also needed to comply with 49 CFR 40.25 and 391.23(e)(checking applicant's prior drug/alcohol test records) and/or required under authority of Hutt Trucking Company Inc as part of its application process.

5 <sup>th</sup> Last Employer Company Name:		Dates of Employment ___/___/___    ___/___/___ Hired                      Left
Address:		
City/State/Zip:		
Supervisor Name:		Phone:
Position Held:	<input type="checkbox"/> Fleet Driver <input type="checkbox"/> Owner-Operator <input type="checkbox"/> Other: Applicant was subject to FMCSRs while employed by above employer.	<input type="checkbox"/> YES <input type="checkbox"/> NO
Reason for leaving:	Job was designated as safety sensitive function in any DOT regulated mode subject to alcohol & controlled substances requirements of 49 CFR part 40.	<input type="checkbox"/> YES <input type="checkbox"/> NO
		Salary:
In what states did you drive a CMV?		

6 <sup>th</sup> Last Employer Company Name:		Dates of Employment ___/___/___    ___/___/___ Hired                      Left
Address:		
City/State/Zip:		
Supervisor Name:		Phone:
Position Held:	<input type="checkbox"/> Fleet Driver <input type="checkbox"/> Owner-Operator <input type="checkbox"/> Other: Applicant was subject to FMCSRs while employed by above employer.	<input type="checkbox"/> YES <input type="checkbox"/> NO
Reason for leaving:	Job was designated as safety sensitive function in any DOT regulated mode subject to alcohol & controlled substances requirements of 49 CFR part 40.	<input type="checkbox"/> YES <input type="checkbox"/> NO
		Salary:
In what states did you drive a CMV?		

7 <sup>th</sup> Last Employer Company Name:		Dates of Employment ___/___/___    ___/___/___ Hired                      Left
Address:		
City/State/Zip:		
Supervisor Name:		Phone:
Position Held:	<input type="checkbox"/> Fleet Driver <input type="checkbox"/> Owner-Operator <input type="checkbox"/> Other: Applicant was subject to FMCSRs while employed by above employer.	<input type="checkbox"/> YES <input type="checkbox"/> NO
Reason for leaving:	Job was designated as safety sensitive function in any DOT regulated mode subject to alcohol & controlled substances requirements of 49 CFR part 40.	<input type="checkbox"/> YES <input type="checkbox"/> NO
		Salary:
In what states did you drive a CMV?		

8 <sup>th</sup> Last Employer Company Name:		Dates of Employment ___/___/___    ___/___/___ Hired                      Left
Address:		
City/State/Zip:		
Supervisor Name:		Phone:
Position Held:	<input type="checkbox"/> Fleet Driver <input type="checkbox"/> Owner-Operator <input type="checkbox"/> Other: Applicant was subject to FMCSRs while employed by above employer.	<input type="checkbox"/> YES <input type="checkbox"/> NO
Reason for leaving:	Job was designated as safety sensitive function in any DOT regulated mode subject to alcohol & controlled substances requirements of 49 CFR part 40.	<input type="checkbox"/> YES <input type="checkbox"/> NO
		Salary:
In what states did you drive a CMV?		

**License and Permit Information for every State in which Driver held a commercial motor vehicle operator's license or permit during past 3 years :**

State	License/Permit #	Type	Expiration Date
			__/__/__
			__/__/__
			__/__/__

List all violations of motor vehicle laws or ordinances (other than parking) of which applicant was convicted or forfeited bond or collateral during the 3 years preceding date application submitted:

Dates	Location	Charge	Penalty
__/__/__			
__/__/__			
__/__/__			

• Have you ever been disqualified under Federal Motor Carrier Safety Regulations guidelines?	<input type="checkbox"/> YES <input type="checkbox"/> NO
• Have you ever been convicted or are any charges pending for driving while under the influence of alcohol, a narcotic drug, amphetamines or methamphetamines or derivatives thereof?	<input type="checkbox"/> YES <input type="checkbox"/> NO
• Have you ever 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 three years?	<input type="checkbox"/> YES <input type="checkbox"/> NO
• Has any license, permit, or privilege to operate a motor vehicle issued to you ever been <u>Denied</u> ?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	<input type="checkbox"/> YES <input type="checkbox"/> NO
	<input type="checkbox"/> YES <input type="checkbox"/> NO
If "YES" to any of the above, list dates and circumstances:	: or <u>Suspended</u> ? <input type="checkbox"/> YES <input type="checkbox"/> NO

**Driving experience:**

Truck Driving School:	Graduation Date __/__/__
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Class/Type of Equipment (buses, trucks, truck tractors, semitrailers, full trailers, pole trailers)	Dates: From To	Approx Total Experience	Approx Total # Miles Driven
	__/__/__ to __/__/__	__/__ yrs/mos	
	__/__/__ to __/__/__	__/__ yrs/mos	
	__/__/__ to __/__/__	__/__ yrs/mos	
	__/__/__ to __/__/__	__/__ yrs/mos	

List all motor vehicle accidents applicant involved in for 3 years preceding date application submitted:

Dates	Nature of Accident (head-on, rear-end, upset, etc.)	#Fatalities	# Injuries
Last Accident: __/__/__			
Next previous: __/__/__			
Next previous: __/__/__			

**Driver Certification** Includes all additional sheets. Were any additional sheets used for this application?  YES  NO  
If "Yes" list here:

I understand that all employees of Hutt Trucking Company Inc (Company) are employed on an indefinite basis and are subject to termination at any time, with or without notice, with or without prior discipline or warning, and with or without cause. No person other than the President of the Company has authority to offer employment for any specified period or to make any contract contrary to the statement of at-will employment. Moreover, no such agreement by the President will be enforceable unless the document is in writing, dated, and signed by the President.

**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**

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

**JOB DESCRIPTION**  
**Over the Road Driver**  
**Hutt Trucking Co., Inc.**

This job requires that you operate a tractor and trailer on highways and city streets. You will be required to drive days and nights and in all kinds of weather. You must be able to legally operate a commercial vehicle. You must have a CDL-A license and be able to pass a Department of Transportation physical and drug screen. You will be required to drive for up to ten hours a day and sleep in the sleeper compartment of your truck. You must be able to lift and load cargo weighing up to 100 lbs.

I have read the job description for the “over the road driver” position at Hutt Trucking Inc., and feel I can perform the job as listed.

\_\_\_\_\_  
Applicants Signature

\_\_\_\_\_  
Date

**HUTT TRUCKING CO., INC.,**

1362 Lincoln Ave, Holland, MI 49423  
PH 800-841-9431 FX 616-928-2335

**RELEASE OF INFORMATION FROM PREVIOUS EMPLOYER**

I hereby authorize without liability, any person or organization, including but not limited to any educational institution, training facility or any institution, whose name I have given as a reference or by whom I have been previously employed to furnish Hutt Trucking Co. Inc (Company), any information they may have concerning my character, habits, ability, financial responsibility, job performance, reasons for leaving employment, and all information concerning my employment or training, to give such information to other companies and carriers requesting such information. I hereby authorize any law enforcement agency or court of record to furnish Hutt Trucking Co., Inc information concerning my Motor Vehicle Record, or any felony or misdemeanor of which I have been convicted.

Under the authority granted me by 49 CFR Parts 40 and 382, I hereby authorize and require my previous and/or current employers specifically listed as well as any other person or company provided by me in writing or by verbal interview by whom I was employed or to whom I applied for employment in the three year period preceding the date of this application, to release the date, type of test and result of all drug and alcohol tests taken by me, including the date and type of test, for any refusals by me to take a drug or alcohol test, to the hiring representative at Hutt Trucking Co., Inc. If I tested positive on any controlled substance test, had an alcohol test with a concentration of 0.04 or greater, or refused to take any drug or alcohol test. I also authorize the release of all information concerning my referral to a Substance Abuse Professional (SAP) including all records pertaining to my evaluation and treatment (if required by SAP). I authorize this release by whatever means is most expedient and agree to hold harmless any past employer or any person or company I applied with as well as their employees, agents or representatives from all liability or damage that may arise from the release of the information specifically authorized here.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Printed Name

**ATTENTION HUTT TRUCKING DRIVER APPLICANT!**

Once you've printed and completed the application, you can submit the application one of two ways.

1. Submit by fax (616)-928-2335 (Attn: Rick Kubiak)
2. You can mail a completed application to the address below:

Hutt Trucking Company  
Attn: Driver Recruiting  
1362 Lincoln Ave  
Holland, MI 49423

If you have any questions regarding the driver application or the company driver position, please feel free to contact us!

Rick Kubiak  
1-800-841-9431 ext 321  
Fax: 616-928-2335