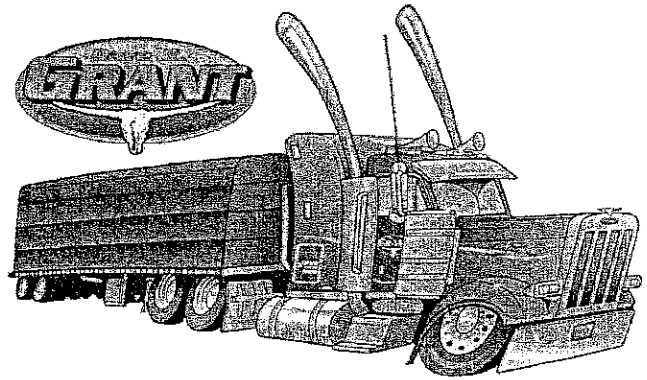


**Dave R. Grant Hay, Inc**  
**910 W. 24<sup>th</sup> St.**  
**Ogden, UT 84401**  
**(800)453-2227**



ADVERTISING SOURCE \_\_\_\_\_ DRIVER REFERRAL \_\_\_\_\_

**APPLICANT: READ AND SIGN BEFORE SUBMITTING THIS APPLICATION**

I understand that the information in this application will be used and that prior employers will be contacted for purposes of investigation as required by section 301.23 of the Motor Carrier Safety Regulations. I authorize my past employers and any others contacted to answer all questions asked by the Company concerning my ability, character, and reputation. I release all such persons and Dave R. Grant Hay, Inc. from any liability on account of furnishing such information to Dave R. Grant Hay, Inc.

I understand the Company also may request or obtain investigative consumer report(s) including information about my character, reputation, personal characteristics and mode of living; that upon my timely written request, the Company will disclose the nature and scope of the investigative report(s) it requested; and that I am entitled to the name and address of the reporting agency making such report(s) if I am denied employment because of such report.

I understand that I must pass a pre-employment drug test. I also understand that, if I am employed, I will be required to submit to and pass drug and alcohol tests on a reasonable cause and random basis, as well as drug and alcohol testing after any recordable accident or otherwise as may be required or permitted by law or Company policy. I hereby authorize the Company and its medical review officers to release any such drug or alcohol test results to the Company, its attorneys, governmental, regulatory, and law enforcement agencies and personnel, and other such persons as may legally be entitled thereto and I release the Company and its medical review officers from any liability on account of the release of such information.

I understand that my employment, if any, can be terminated with or without cause, and with or without notice, at any time, at the option of either the Company or myself. I understand that no manager or other representative of Dave R. Grant Hay, Inc. has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

I understand that I have the right to review information provided by previous employers, have errors corrected by previous employer and resubmitted to Dave R. Grant Hay, Inc. and/or have a rebuttal statement attached to erroneous information if my previous employer and I cannot agree on the accuracy of the information. I understand that I must request past employer information obtained by Dave R. Grant Hay, Inc. in writing within 30-days of employment or denial of employment.

I certify that I am providing this information and submitting this application solely to obtain a driver position with Dave R. Grant Hay, Inc. I understand that I will be considered only for a driving position and that Dave R. Grant Hay, Inc. will consider this application active for no more than 30 days. If I do not personally renew this application within 30 days, it will signify that I no longer desire to be further considered for employment.

\_\_\_\_\_ DATE \_\_\_\_\_ x \_\_\_\_\_ APPLICANT'S SIGNATURE

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Social Security No. \_\_\_\_\_  
 First Middle Last

Phone: (\_\_\_\_) \_\_\_\_\_ Message Phone: (\_\_\_\_) \_\_\_\_\_ Relationship: \_\_\_\_\_

Present Address: \_\_\_\_\_ How Long: \_\_\_\_\_

Previous Address: \_\_\_\_\_ How Long: \_\_\_\_\_

Residence for Past 3 Years: \_\_\_\_\_ How Long: \_\_\_\_\_

Are you 21 years or older?  Yes  No

Are you a US Citizen?  Yes  No If no, do you have a legal right to live and work in the U.S.? \_\_\_\_\_

Have you worked for this company before?  Yes  No If yes, when? \_\_\_\_\_

Have you previously applied for employment with this firm?  Yes  No If yes, when? \_\_\_\_\_

List 3 Personal References:

NAME	ADDRESS	CITY	STATE	ZIP CODE	PHONE NUMBER
1. _____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____

### DRIVER SELECTION STANDARDS

Dave R. Grant Hay, Inc. selection standards and requirements for hiring drivers include:

1. Must live within the Grant hiring area.
2. Must be at least 21 years old and have at least 2 years verifiable OTR experience.
3. Must have CDL License issued by the state in which you reside.
4. Must be able to meet all applicable D.O.T. regulations. D.O.T. physical administered by Impact company doctor at Impact expense.
5. No license suspension for moving violations in the past 5 years.
6. No B.A.C.s, D.U.I.s or D.W.I.s in the past five (5) years or more than one (1) in a lifetime.
7. Must pass pre-employment drug test.
8. Must have and maintain neat, clean appearance.
9. Must be able to meet all legal requirements to drive a commercial truck in USA.
10. No felony convictions in history. Cannot be on probation for any reason.
11. Must be able to meet Impact work attendance/availability requirements.
12. Must complete personal interview.
13. With regard to preventable motor vehicle accidents and moving violations, Dave R. Grant Hay, Inc. reserves the right to judge each applicant on an individual basis.

\* These standards may be waived in Dave R. Grant Hay, Inc. sole discretion.

CHECK ONE OF THE FOLLOWING: I will drive a:  Company Truck  Owner/Operators truck  
Discontinuation of the qualification process will be enforced if you fail the drug screen or falsify the application.  
I have read and agree to the standards presented above.

\_\_\_\_\_  
DATE

X

\_\_\_\_\_  
APPLICANT'S SIGNATURE

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### STUDENT DRIVER SELECTION STANDARDS

The following are the qualifications and requirements for entering the Dave R. Grant Hay, Inc. Student Driver program:

1. Must be willing to come to Dave R. Grant Inc. terminal (at student's expense) for a Personal Meeting.
2. Must be at least 21 years of age.
3. Must be able to obtain a Class A Commercial Driver's License.
4. Must be able to pass a pre-employment drug test.
5. Must have no B.A.C.s, D.U.I.s, or D.W.I.s in the past five (5) years or more than one (1) in a lifetime.
6. Must be able to meet all legal requirements to drive a commercial truck in USA.
7. Must have no felony convictions in history. Cannot be on probation for any reason.
8. Must complete personal interview.
9. Must meet all Grant requirements to qualify as OTR Driver, including work attendance/availability requirements.
10. With regard to preventable motor vehicle accidents and moving violations, Impact reserves the right to judge each applicant on an individual basis.

\* These standards may be waived in Dave R. Grant Hay, Inc.'s sole discretion.

\_\_\_\_\_  
DATE

X

\_\_\_\_\_  
APPLICANT'S SIGNATURE

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**To submit an application, you will need to account for the last ten (10) years of your activities.**

You will need:

1. Company names, addresses, phone numbers, and name of person to contact.
2. All motor vehicle accidents or incidents listed that you have been involved in for the last three (3) years.
3. All tickets listed in all states and in all vehicles in the last three (3) years.
4. Beginning and ending dates of employment, self-employment or unemployment (month/year).
5. If (1) a company you worked for is out of business, (2) you were self-employed, or (3) you were unemployed and not drawing unemployment, you will need two (2) personal references with specific dates from two separate individuals or businesses (other than a relative)
6. If you received unemployment benefits, a printout of benefits can be obtained from your employment office.

**EMPLOYMENT RECORD**

Begin with your present or most recent job and work backward in order, listing your employers for the last three years including all full- and part-time employment, self-employment, military service, and any periods of unemployment. Then continue by providing all employers for the previous seven years, following the three-year period mentioned above, for which you were an operator of a commercial motor vehicle (driving jobs only). Use another sheet of paper if necessary.

**Current/Most Recent Employer:** Name \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Are you presently employed? Yes  No  May we call your current employer? Yes  No

Address \_\_\_\_\_  
Street City State/Zip Code

Position Held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
(month/year) (month/year)

Reason For Leaving? \_\_\_\_\_

Were you subject to the FMCSR's? Yes \_\_\_ No \_\_\_

Was Job Designated as a Safety Sensitive function in any DOT regulated mode subject to drug and alcohol testing as required by 49 CFR part 40? Yes \_\_\_ No \_\_\_

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**Second Last Employer:** Name \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_  
Street City State/Zip Code

Position Held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
(month/year) (month/year)

Reason For Leaving? \_\_\_\_\_

Were you subject to the FMCSR's? Yes \_\_\_ No \_\_\_

Was Job Designated as a Safety Sensitive function in any DOT regulated mode subject to drug and alcohol testing as required by 49 CFR part 40? Yes \_\_\_ No \_\_\_

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**Third Last Employer:** Name \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_  
Street City State/Zip Code

Position Held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
(month/year) (month/year)

Reason For Leaving? \_\_\_\_\_

Were you subject to the FMCSR's? Yes \_\_\_ No \_\_\_

Was Job Designated as a Safety Sensitive function in any DOT regulated mode subject to drug and alcohol testing as required by 49 CFR part 40? Yes \_\_\_ No \_\_\_

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**Fourth Last Employer:** Name \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_  
Street City State/Zip Code

Position Held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
(month/year) (month/year)

Reason For Leaving? \_\_\_\_\_

Were you subject to the FMCSR's? Yes \_\_\_ No \_\_\_

Was Job Designated as a Safety Sensitive function in any DOT regulated mode subject to drug and alcohol testing as required by 49 CFR part 40? Yes \_\_\_ No \_\_\_

### LICENSE

List all drivers licenses held in the past three (3) years.

STATE	LICENSE NUMBER	CLASS/ENDORSEMENTS	EXPIRATION DATE

### TRAFFIC CITATIONS

Traffic convictions and forfeitures for the past three (3) years on record (if none, write "none")  
Truck and Car (other than parking violations)

DATE	LOCATION (STATE)	CHARGE	PENALTY

### MOTOR VEHICLE ACCIDENTS

Motor Vehicle Accident Record for last 3 years(if none, write none)  
List all involvement with truck and car including property damage, regardless of fault.

DATE	TYPE VEHICLE	NATURE OF ACCIDENT	WHO WAS AT FAULT	FATALITIES	INJURIES

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| A. Have you ever been denied a license, permit or privilege to operate a motor vehicle?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| B. Has any license, permit, or privilege been suspended or revoked?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| C. Have you ever been convicted of any alcohol related driving offense?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| D. Have you ever been convicted for possession, sale, or use of a narcotic drug, amphetamine, or other controlled substance?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| E. Have you ever been convicted of a crime?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| F. 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 employment during the past two years. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If you answered yes to either A, B, C, D, E, or F please state the circumstances and date

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### DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (Van, Tank, Flat, Etc.)	DATES		APPROX. NO. OF MILES (Total)
		From	To	
Straight Truck				
Tractor and Semi-Trailer				
Tractor Two-Trailers				
Other				

List States Operated in for the last 5 Years \_\_\_\_\_

DO YOU HAVE A D.O.T. PHYSICAL CERTIFICATE? \_\_\_\_\_  
Doctor Address Date

CAN YOU DO THE FOLLOWING THINGS?

- Yes  No  Get in and out of a semi-truck?
- Yes  No  Get in and out of a semi-trailer?
- Yes  No  Get under unit to perform duties, such as checking brakes and visual inspection of equipment?
- Yes  No  Raise and lower trailer dollies when under a load?
- Yes  No  Unload insulation?
- Yes  No  Apply enough pressure to release fifth wheel pin?
- Yes  No  Apply enough force to open and close semi-trailer doors?
- Yes  No  Repeatedly lift and carry cargo weighing up to 70 lbs. per item?
- Yes  No  Sit stationary in a driver's seat for long periods of time?
- Yes  No  Apply enough pressure to trailer tandem lever to release locking pins when sliding tandems?
- Yes  No  Be on duty the maximum hours allowed by D.O.T. Hours of Service Regulations?

IF ANY "NO" ANSWERS TO ABOVE, COULD YOU DO WITH REASONABLE ACCOMODATION? EXPLAIN \_\_\_\_\_

**EDUCATION**

Highest Grade Completed: 4  5  6  7  8  High School: 1  2  3  4  College: 1  2  3  4

Did you graduate High School or College? \_\_\_\_\_ When? \_\_\_\_\_

List any other training or schools \_\_\_\_\_

Truck Driving School \_\_\_\_\_ Did you graduate? \_\_\_\_\_ When? \_\_\_\_\_

Can you read and write the English language? \_\_\_\_\_

**MISCELLANEOUS INFORMATION**

Have you ever been discharged or requested to resign from a position? Yes  No   
How many days were you absent from work during the past year? \_\_\_\_\_ Three Years \_\_\_\_\_

I authorize my past employers and any other person or entity who has drug tested me in the past to release to Dave R. Grant Hay, Inc. the results and information regarding such testing. I further agree that if I am employed by Dave R. Grant Hay, Inc. I will submit to physical examinations, blood and urine tests as requested by the Company.

I understand that if I am employed by Impact, I will be an employee at will. I will not have any employment contract, but instead, I will be hired at the mutual consent of the Company and myself. Under this arrangement, my employment can be discontinued at any time, with or without cause, and with or without notice, at the option of either the Company or myself. I expressly deny that I am contractually bound to the Company, or that the Company is contractually bound to me.

I understand that the Company may provide me with employee handbooks, employee benefits manuals, and other written materials intended to help employees follow and understand the Company's work rules, personnel policies, benefits, etc. I also understand that such materials are not contracts, and that the Company may update, supplement, increase, decrease, eliminate, or otherwise change any policies, rules, or benefits as it deems appropriate. If employed, I agree to familiarize myself with such materials as to abide by all present and future rules, policies, or procedures of the Company.

I understand that no representative of the company has any authority to make any agreement contrary to the foregoing. I also agree that my employment relationship with the Company should be construed according to the laws of the State of Utah.

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. I UNDERSTAND THAT ANY MISSTATEMENT OR OMISSION OF INFORMATION IN THIS APPLICATION MAY RESULT IN MY DISMISSAL.

\_\_\_\_\_  
DATE

x \_\_\_\_\_  
APPLICANT'S SIGNATURE