

AVALON EXPRESS, INC.
32453 64th Avenue Way
Cannon Falls, MN 55009
507-650-0090(phone) 507-650-0092(fax)

Dear Applicant:

We will need the following items returned with your application:

- Copy of your Driver's License
- Copy of Social Security Card or Birth Certificate
- Copy of Current Physical

Please make sure that you **sign** on pages **5, 6, 8, 9 and 10**

The following information is an overview of employment at Avalon Express.

Payscale

Regional Drivers, up to **66¢ per mile**, paid on all practical miles, with a guarantee of \$1,300 per week:

- 47¢ per mile for drivers with more than 2 years of experience
- 48¢ per mile for drivers with more than 3 years of experience
- 49¢ per mile for drivers with more than 4 years of experience
- 50¢ per mile for drivers with more than 5 years of experience
- 8¢ per mile Mileage Bonus - over 2,800 miles for the week)
- 8¢ per mile Safety/Performance for Full Time Drivers (paid quarterly)

Relay Drivers, **up to 60¢ per mile**, paid on all practical miles, with a guarantee of \$1,300 per week:

- 41¢ per mile for drivers with more than 2 years of experience
- 42¢ per mile for drivers with more than 3 years of experience
- 43¢ per mile for drivers with more than 4 years of experience
- 44¢ per mile for drivers with more than 5 years of experience
- 8¢ per mile Mileage Bonus - over 2,800 miles for the week
- 8¢ per mile Safety/Performance for Full Time Drivers (paid quarterly)

Full Time Drivers: Benefits: Medical, Dental, Vision, Life, Short-Term Disability, Long-Term Disability, Supplemental Insurance, and 401k with company match is offered after 60 days of employment

Vacation: 1 week paid after one (1) year of employment
2 weeks paid after three(3) years of employment
3 weeks paid after ten(10) years of employment

Holidays: Six paid holidays each year after 90 days employment:

- New Year's Day
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving Day
- Christmas Day

Owner Operators:

Pay: 95¢ per mile plus fuel surcharge
6¢ per mile Safety/Performance Bonus

License Plates: Avalon Express will pay for your license plates after one year

Insurance: Discount bobtail insurance

Thank you -
AvalonExpress

APPLICATION FOR EMPLOYMENT

AVALON EXPRESS, INC.

32453 64th Avenue Way

Cannon Falls, MN 55009

507-650-0090 • 507-650-0092(fax)

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 is "No" or "None", do not leave the item blank, write "No" or "None".

Date _____ Position applying for (please check one) ☐ Owner Operator ☐ Company Driver

Name _____
(First) (Middle) (Last)

Cell Phone Number () _____ Home Phone Number () _____

Emergency Contact _____ Relationship _____

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

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 From	Dates To	Approximate # of Miles (Total)
Straight Truck			
Tractor & Semi-trailer			
Tractor – two trailers			
Tractor – three trailers (triples)			
Other			

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

List special courses/training completed (PTD/DDC, Haz Mat, etc.): _

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 Accident (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

- | | | |
|--|--------------------------|--------------------------|
| | YES | NO |
| A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Has any license, permit or privilege ever been suspended or revoked? | <input type="checkbox"/> | <input type="checkbox"/> |
| 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)? | <input type="checkbox"/> | <input type="checkbox"/> |
- If the answers to A, B or C is "YES", give details _

Employment History

Give a Complete Record of all employment for the past three years, including any unemployment or self-employment, and all commercial driving experience for the past ten years.

Mo/Yr	Mo/Yr	Present or Last Employer:
From	To	Name
Position Held		Address
		(Street) (City) (State/Zip)
Reason for leaving: Laid off		Discharged/Why:
Quit/Why:		Phone # ()

Were you subject to the FMCSRs* while employed here? ☐ 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

Mo/Yr	Mo/Yr	Employer:
From	To	Name
Position Held		Address
		(Street) (City) (State/Zip)
Reason for leaving: Laid off		Discharged/Why:
Quit/Why:		Phone # ()

Were you subject to the FMCSRs* while employed here? ☐ 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

Mo/Yr	Mo/Yr	Employer:
From	To	Name
Position Held		Address
		(Street) (City) (State/Zip)
Reason for leaving: Laid off		Discharged/Why:
Quit/Why:		Phone # ()

Were you subject to the FMCSRs* while employed here? ☐ 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

Mo/Yr	Mo/Yr	Employer:
From	To	Name
Position Held		Address
		(Street) (City) (State/Zip)
Reason for leaving: Laid off		Discharged/Why:
Quit/Why:		Phone # ()

Were you subject to the FMCSRs* while employed here? ☐ 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

Mo/Yr	Mo/Yr	Employer:
From	To	Name
Position Held		Address
		(Street) (City) (State/Zip)
Reason for leaving: Laid off		Discharged/Why:
Quit/Why:		Phone # ()

Were you subject to the FMCSRs* while employed here? ☐ 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

*The federal Motor carrier Safety Regulations (FMCSRs) apply to anyone who operated a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) has a GVWR or weighs 10,001 lbs. or more, (2) is designed or used to transport nine or more passengers, or (3) is of any size, used to transport hazardous materials in a quantity requiring placarding.

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 and may result in my employment being terminated.

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.

I certify that this application was completed by me and the information provided is true and complete to the best of my knowledge.

Applicant Signature _____

Date _

Remarks (For office use only)

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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 a regularly employed driver of the motor carrier for a continuous period which began before January 1, 1971.

- (a)(1) An inquiry to each State where the driver held or holds a motor vehicle license or operator's permit during the preceding 3 years to obtain that driver's motor vehicle record; and
- (a)(2) An investigation of the driver's safety performance history with DOT regulated employers during the preceding 3 years.
- (b) A copy of the driver motor vehicle record(s) obtained in response to the inquiry or inquiries to each State, 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 accidents 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 29, 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):

**THE BELOW DISCLOSURE AND AUTHORIZATION LANGUAGE IS FOR MANDATORY USE BY ALL
ACCOUNT HOLDERS**

IMPORTANT DISCLOSURE

REGARDING BACKGROUND REPORTS FROM THE PSP Online Service

In connection with your application for employment with **Avalon Express, 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.

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. You may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If you challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. Your request will be forwarded by the DataQs system to the appropriate State for adjudication.

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 Federal Motor Carrier Safety Regulations (FMCSR) violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

The Prospective Employer cannot obtain background reports from FMCSA without your authorization.

AUTHORIZATION

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

I authorize Avalon Express, Inc. 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 authorizing 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.

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 challenge 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.

I understand that any crash or inspection in which I was involved will display on my PSP report. Since the PSP report does not report, or assign, or imply fault, I acknowledge it will include all CMV crashes where I was a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, I understand all inspections, with or without violations, will appear on my PSP report, and State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on my PSP report.

I have read the above Disclosure Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this Disclosure and Authorization, 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)

NOTICE: This form is made available to monthly account holders by NIC on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain an Applicant's written or electronic consent prior to accessing the Applicant's PSP report. Further, account holders are required by FMCSA to use the language contained in this Disclosure and Authorization form to obtain an Applicant's consent. The language must be used in whole, exactly as provided. Further, the language on this form must exist as one stand-alone document. The language may NOT be included with other consent forms or any other language.

NOTICE: The prospective employment concept referenced in this form contemplates the definition of "employee" contained at 49 C.F.R. 383.5.

LAST UPDATED 2/11/2016

language must be used in whole, exactly as provided. The language may be included with other consent forms or language at the discretion of the account holder, provided the four paragraphs remain intact and the language is unchanged.

CONTROLLED SUBSTANCE & ALCOHOL TESTING INFORMATION ACKNOWLEDGEMENT/CONSENT FORM

As a condition of employment with Avalon Express applicants must submit to a pre-employment controlled substance test as required by the Federal Motor Carrier Safety Regulations 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 Return to Duty – Section 382.309
Random – Section 382.305 Reasonable Suspicion – Section 382.307
Follow-up – Section 382.311

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

I _____ have read the above controlled substances and
(Print Name)
alcohol testing requirements and understand them.

(Applicant's Signature)

(Date)

DRIVER APPLICANT DRUG AND ALCOHOL PRE-EMPLOYMENT STATEMENT

CFR Part 40.25(j) requires the employer to ask questions, 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 40.25 (b)(5) and (e).

Applicant Name: _____ **Social Security Number** _____

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 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's Signature)

(Date)

REQUEST FOR DRIVER'S SAFETY PERFORMANCE HISTORY INFORMATION FROM DOT REGULATED PREVIOUS EMPLOYER(S)

Driver to Complete This Section

I hereby authorize this company to release all records of employment, including assessments of my job performance, ability to fitness, including dates of any and all alcohol or drug tests to Avalon Express, Inc. as required by Section 391.23 and allowed by Section 383.35 of the FMCSR. I hereby release this company, and its employees, officers, directors, and agents from any and all liability of any type as a result of providing information to the above-mentioned person and/or company.

Dated: _____ Applicant's Signature: _____

Name & Address of Previous Employer _____

Dear Madam/Sir:

The below named individual has made an application to Avalon Express, Inc. for a position as _____ and states that he/she was employed by as a _____ from _____ to _____. We appreciate your time in completing, in confidence, the information requested below. Thank you for your courtesy.

Avalon Express, Inc.
32453 - 64th Avenue Way
Cannon Falls, MN 55009
507.650.0090
507.650.0092 (fax)

Name of Applicant: _____

SSN: _____

Employed from _____ to _____ as _____ at a wage or salary of _____
Did he/she drive a motor vehicle for you? _____ Straight Truck? _____ Tractor-Semi Trailer? _____
Bus? _____ Other? (Please specify) _____

Was he/she a safe and efficient driver? _____

Reason for leaving your employment: Discharged ☐ Lay-off ☐ Resignation ☐
Other (Please specify) _____

Was his/her general conduct satisfactory? _____

Did this employee have any work comp claims while employed with your company? _____

Please advise history of past driving record, if available, for past three years: _____

Please provide the following accident information as required by Section 391.23(d)(1)(2), as defined by 390.5 and/or from your Accident Register (FMCSR 391.15).

If there is no accident information for this driver, please check here. _____

Date	Location (please give city/town, or most near and state)	Vehicles Towed?	HazMat. Spill?	# of Fatalities?	# of Injuries?

Please provide the following drug and alcohol information as required by FMCSR Part 391.23 & 40.25.

If no drug and alcohol information is available on above-named applicant, check here. _____

- Any alcohol test with a result of 0.04 or higher alcohol concentration? Yes ☐ No ☐
- Any verified positive drug test? Yes ☐ No ☐
- Any refusals to be tested (including verified adulterated or substituted drug test results)? Yes ☐ No ☐
- Any other violations of DOT agency drug and alcohol testing regulations? Yes ☐ No ☐
- If this driver has violated a DOT drug and alcohol regulation, do you have documentation of the employee's successful completion of DOT return-to-duty requirement, including follow-up tests? Yes ☐ No ☐

PLEASE SEND THIS DOCUMENTATION BACK WITH THIS FORM, IF APPLICABLE.

In answering these questions, include any drug or alcohol testing information obtained from previous employers under Section 40.25 or other applicable DOT agency regulations.

Previous Employer Representative Supplying Information:

(Print Name)

(Title)

(Signature)

(Date)