

PRE-EMPLOYMENT SCHEDULE & PROBATION REQUIREMENTS LUDTKE-PACIFIC TRUCKING, INC.

Prospective employees and driver applicants please read the following information.

As an applicant for employment as a truck driver for Ludtke-Pacific Trucking, Inc. you should be aware of the procedures involved to complete the process. We are very selective of the people that drive our trucks. As such, we go to great lengths to assure our customers and ourselves that the individuals we hire are capable and proficient in all areas that mark a professional and representative of Ludtke-Pacific Trucking, Inc.

The following procedures and time frame for each phase is outlined below.

- 1) Applicant reads this entire letter and decides if they want to pursue the process and are willing to invest the time and commitment we seek from all our potential employees.
- 2) A job application form is issued, taken home and completely filled out. This includes a complete background of work history for the previous three years. Ten years of work history **must** be provided if you have been employed as a driver beyond the three years. A copy of your Motor Vehicle Record should also be returned to us. This MVR should be current up to the time of application with our Company.
- 3) Once we receive the completed employment application, your signature allows us to make reference checks with all employers listed for the previous three years. **Make sure that the name of a contact person is listed along with correct addresses and telephone numbers.** This usually takes up to three days. FMCSR Part 391.23 requires that investigation of an applicant be made with former employers and their comments be recorded with respect to the driver applicant. Such inquiries include reasons for leaving your former employer, character references, general conduct, safety habits, initiative, attitude, loyalty and disposition. Any other information that we deem appropriate as a qualifying factor for potential employment may be discussed.

Regulations of the Federal Highway Administration (FHWA) (49 CFR, Part 382.413) require us to make inquiries with your former employers(s) regarding their knowledge of, or test results concerning potential use of alcohol or controlled substances. This includes any refusals to be tested. As required by the FHWA, this information will be treated as strictly confidential and may not in itself necessarily be a bar to employment.

- 4) After the background check is completed we will contact you to set up an interview. Come prepared to perform a skills qualification-driving test. The test will include:
 - a) **Pre-trip inspection**
 - b) **Actual driving of the truck**
 - c) **Coupling and uncoupling**
 - d) **Backing and Parking**
 - e) **Courtesy and Safety**
 - f) **General job knowledge**
 - g) **Handling of freight**
 - h) **Knowledge of Logbooks and D.O.T. regulations in general**

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LUDTKE-PACIFIC TRUCKING, INC.**

- 5) The next step is the mandatory D.O.T. pre-employment drug screen. This is required and we insist that the employee applicant be prepared to pay the cost as a show of good faith and a genuine interest in becoming a driver for Ludtke-Pacific Trucking, Inc. The cost of the test is fifty-four dollars. The cost of the test will be reimbursed to the employee, if hired, successfully completes probation and is currently receiving satisfactory job appraisals after six months of continuous service.
- 6) At this point, the information we have concerning all the areas previously covered will be presented to the supervisory committee. This committee will review all the information provided and make a recommendation based on the results.
- 7) If the applicant is qualified and has verifiable experience the hiring process will progress to the orientation phase and required paperwork. This phase generally takes up to a half a day. The new employee will be interviewed by the dispatch representative, accounts receivable, shop foreman and finally the President of the company.
- 8) Once orientation is completed and the Safety department has received a negative drug result, an initial run will be scheduled with a designated Driver/ Evaluator. This individual will determine if the new employee is in fact ready for his own truck or if further training or evaluation is necessary. Whichever is the case, the new employee will be in Probation for the first ninety days and subject to all the various criteria outlined in that policy.
- 9) Performance appraisals will be conducted at thirty-day intervals during the Probationary period.
- 10) After ninety days a meeting of the supervisory personnel will be conducted. At this time the performance appraisals will be reviewed and further continued employment will be either recommended or rejected.
- 11) This letter is not to be interpreted as an employment contract or intent for regular employment. Ludtke-Pacific Trucking, Inc. reserves the right to terminate any and all employees at any time, for any reason, with or without notice, and with or without cause. Completion of the introductory period or conferral of regular status does not change an employee's status as an employee-at-will or in any way restrict the company's right to terminate such an employee or change the terms or conditions of employment. Any and all company recruiting material, company memoranda, or other materials provided to applicants or employees shall not be considered as creating any contractual obligation on the company's part and is subject to revision, deletion or modification at any time without notice, written or otherwise, to the applicant or employee.

PLEASE NOTE: This is part of your application and must be signed. If any of the above seems objectionable to you, please reconsider your desire to be employed by Ludtke-Pacific Trucking, Inc.

(PRINT NAME)

(APPLICANT SIGNATURE)

(DATE)

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 into the driver's driving record during the preceding three years to the appropriate agency of every State in which the driver held a motor vehicle operator's license or permit during those three years; and
- (a) (2) An investigation of the driver's employment record during the preceding three years.
- (b) A copy of the driver record(s) obtained in response to the inquiry or inquiries to each State driver record agency 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 accident 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 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): _____

APPLICATION FOR QUALIFICATION

Ludtke-Pacific Trucking, Inc.
4059 Bakerview Valley Rd
Bellingham, WA 98226

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 to any question is "No" or "None", do not leave the item blank, but write "No" or "None".

Date _____ Position applying for; Check One: Contractor Driver Contractor's Driver
Name _____
(First) (Middle) (Last)

Phone Number (____) _____ 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

Please circle the 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

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 _____ 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 _____ Present or Last Employer:
From _____ To _____ Name _____

Position Held _____ Address _____
(Street) (City) (State/Zip)

Reason For Leaving _____ 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 _____ Present or Last Employer:
From _____ To _____ Name _____

Position Held _____ Address _____
(Street) (City) (State/Zip)

Reason For Leaving _____ 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 _____ Present or Last Employer:
From _____ To _____ Name _____

Position Held _____ Address _____
(Street) (City) (State/Zip)

Reason For Leaving _____ 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 _____ Present or Last Employer:
From _____ To _____ Name _____

Position Held _____ Address _____
(Street) (City) (State/Zip)

Reason For Leaving _____ 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 operates 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 pounds 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.*

DRIVING EXPERIENCE

Class of Equipment	Dates		Approximate Number of Miles (Total)
	From	To	
Straight Truck			
Tractor and Semi-trailer			
Tractor and two trailers (doubles)			
Tractor and three trailers (triples)			
Other			

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

List special courses/ training completed (PTD/DDC, HazMat, 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 Accidents (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 Number	Type	Endorsements	Expiration Date

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. 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)?..... YES NO

D. Have you ever been convicted of a felony?..... YES NO

If the answers to A, B, C or D is "YES", give detail _____

Personal References

List three persons for references, other than family members, who have knowledge of your safety habits.

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

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.

It is agreed and understood that Ludtke-Pacific Trucking, Inc. or his agent(s) 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, the 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 Ludtke-Pacific Trucking, Inc. 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.

My signature certifies that I have completed the application, and to the best of my knowledge, all entries and the information provided are true and complete.

Applicant Signature _____ **Date** _____

Remarks (For office use only) _____



Request for Driver's Safety Performance History Information from DOT Regulated Previous Employer(s)

From: LUDTKE-PACIFIC TRUCKING, INC
Address: 4059 BAKERVIEW VALLEY RD.
Phone Number: 360 733-6670 ext. 121

Contact Person: RICHARD S. POWELL, CDS
City, State, Zip: BELLINGHAM, WA 98226
Confidential Fax#: 360 733-6835

Driver to complete this section

As a Commercial Motor Vehicle (CMV) Driver, I understand that per the Federal Motor Carrier Safety Regulations (FMCSR) Part 391.21, the following information will be requested from all previous Employers for which I operated a CMV, subject to the FMCSR Parts 390 and/or 40, 382 & 383, **within the past three years**, from date shown below. I also acknowledge that this information will be used in determining my eligibility to be hired, that I have the right to review this information and rebut any errors in these statements from my prior employers, as described in the FMCSR Part 391.23.

I _____, hereby authorize this Company to release all records of employment including
PRINT NAME
 assessments of my job performance, ability and fitness (including dates of any and all alcohol or drug tests, those confirmed results and/or my refusal to submit to any alcohol or drug tests and any rehabilitation completion under direction of (SAP/MRO) to each and every company (or their authorized agents) which may request such information in connection with my application for employment with said company. 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.

Previous Employer: _____ **Contact Person:** _____

Mailing Address: _____ **City, State, Zip:** _____

Telephone Number: _____ **Fax Number:** _____

I worked for this Company from the dates of ____/____/____ **To:** ____/____/____

Applicant's Signature SSN or ID Number D.O.B Today's Date

SECTION 1 – Past Employer to Complete >> DRUG & ALCOHOL INFORMATION
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. ____

- | | <u>YES</u> | <u>NO</u> |
|---|------------|-----------|
| 1. Any alcohol test with a result of 0.04 or higher alcohol concentration? | _____ | _____ |
| 2. Any verified positive drug test? | _____ | _____ |
| 3. Any refusals to be tested (include verified adulterated or substituted drug test results?) | _____ | _____ |
| 4. Any other violations of DOT agency drug & alcohol testing regulations (Part 282 or Part 40)? | _____ | _____ |
| 5. If this Driver did successfully complete a SAP rehabilitation referral and remained in your employ, did he/she have any subsequent violations for; an Alcohol test result of 0.04 or greater, a verified positive drug test or a refusal to test (including a verified adulterated/ substituted drug tests result)? | _____ | _____ |
| 6. If yes to any of the above questions, please provide documentation of successful completion of a SAP evaluation, prescribed treatment and return-to-duty requirements (including follow-up tests) if they remained in your employ*. | _____ | _____ |

If this information is not available from the previous employer, you as a prospective employer, must get this information from the Driver/Applicant.

Drug and Alcohol information needs to be kept in a separate Personnel and/or Confidential file.

**Request for Driver's Safety Performance History
Information from DOT Regulated Previous Employer(s)**

SECTION II – Past Employer to Complete >> ACCIDENT INFORMATION

Please provide the following information as required by 391.23(d)(1)(2) on any accidents, as defined by 390.5 and / or from your Accident Register (FMCSR 391.15) which the above named Driver / Applicant was involved within the past three years while under your employment. Previous employers may include additional detailed information on minor accident / incidents at their discretion.

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

Date	Location (please give city/town or most near & State)	Any Vehicles Towed	HazMat Spill?	# of Fatalities?	# of Injuries?

SECTION III - Past Employer to Complete >> WORK HISTORY INFORMATION

Please provide the following information on the above name Driver/Applicant; He/She was employed for you as a:

_____ From ___/___/___ To ___/___/___.

- If employed as a Driver, what type of equipment did he/she operate?
 Straight Trucks _____ Tractor/Trailer _____ Doubles _____ Triples _____ Other _____

Explain: _____

Type of Trailer(s) pulled: _____

Was he/she a: Company Driver Yes _____ No _____ Contractor Yes _____ No _____
 Contractor's Driver Yes _____ No _____ Other Yes _____ No _____

General area traveled: _____

Commodities transported: _____

- While under your employment was he/she:
 - a. Bonded: Yes _____ No _____
 - b. Convicted of any traffic violations: Yes _____ No _____
 If yes, please list all, including date and type: _____

c. License(s) suspended, revoked or denied: Yes _____ No _____
 If yes, please explain: _____

- Reason for leaving: _____
- Would you re-employ this person: Yes _____ No _____
 Please explain: _____

Additional Comments: _____

Previous Employer Representative Supplying Information:

_____ Title _____

_____ Date _____

Please remember to retain a copy for your records; your timely response is appreciated.