

Utah Office
PO Box 880
St. George, Utah
84771- 0880
(435) 673-1566
1-800-888-5838



California Office
Fontana,
California
(909) 428-9257

Applicant's e-mail _____

APPLICATION for EMPLOYMENT Andrus Fax 866-581-3250 / 435-627-0085

Signature of Applicant _____
Name _____
First Middle Last

Date _____
Phone() _____

*Current Address _____
Street City State Zip Code

*If at the above residence less than three years, list below all residences for the past three years. Attach a separate sheet if necessary.

Street City State Zip Code

Street City State Zip Code

Position applying for _____ Temporary _____ Part Time _____ Full Time _____

Who referred you? _____ Rate of pay expected? _____

Have you worked for this company before? _____ Dates: From _____ To _____
month/year month/year

Where? _____ Rate of Pay _____ Position _____

Reason for leaving _____

Names of any relatives employed by this company _____

Are you currently employed? _____ If not, how long since leaving last employment? _____

EDUCATION

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 College: 1 2 3 4

Last school attended _____
Name Address

GENERAL

Have you ever been bonded? _____ Name of bonding company _____

Have you ever been convicted of a felony? _____
 If yes, please explain fully on a separate sheet of paper. Conviction of a crime is not an automatic bar to employment-all circumstances will be considered.

Have you ever worked for this company under another name?_ If so, under what name? _____

DRIVER EXPERIENCE & QUALIFICATION

Name _____

Date of Birth _____ The U.S. Department of Transportation requires that driver applicants state their date month/day/year

of birth (§391.21 (b)(2)) Social Security No. _____ - _____ - _____

DRIVER EXPERIENCE & QUALIFICATION

Drivers licenses held in past 3 years must be shown

State	License No.	Class	Endorsement (s)	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. Have you ever been disqualified for violations of the Federal Motor Carrier Safety Regulations? Yes _____ No _____
- D. **Have you had a controlled substance test with a positive result or an alcohol test with a confirmed breath alcohol concentration 0.04 or greater in the past two years?** Yes _____ No _____

If you answered "yes" to A, B, C,D. attach a statement giving details.

Driving Experience

Class of Equipment	Type of Equipment (Van, Tank, Flat, etc.)	Dates		Approximate Total Miles
		From	To	
Straight Truck				
Tractor and Semi-Trailer				
Twin Trailers-LCV's				
Other				

List states that you operated in, during the last five years _____

List special courses or training that will help you as a driver _____

List driving awards held and who awards were presented by _____

Accident Review for past 3 years (Attach separate sheet of paper, if more space is needed)

Dates	Nature of accident (Head-On, Rear-End, Overturn, etc.)	Fatalities	Injuries
Last Accident			
Next Previous			
Next Previous			

Traffic Convictions and Forfeitures for the past 3 years other than parking violations

Location	Date	Charge	Penalty

EMPLOYMENT RECORD

The U.S. Department of Transportation requires that driver applications show all employment for the past three years. They must also show commercial driver employment for the seven years immediately preceding this three-year period. §391.21(b)(10), (11)

Start with last or current position, including military experience, and work back. (Attach a separate sheet of paper if necessary)

Current Employer: _____ Supervisor's Full Name: _____

Street Address: _____ City: _____

State: _____ Zip: _____ Phone: () _____

Position Held: _____ From: _____ To: _____ Salary: _____
month/year month/year

Reason for leaving; _____

Past Employer: _____ Supervisor's Full Name: _____

Street Address: _____ City: _____

State: _____ Zip: _____ Phone: () _____

Position Held: _____ From: _____ To: _____ Salary: _____
month/year month/year

Reason for leaving; _____

Past Employer: _____ Supervisor's Full Name: _____

Street Address: _____ City: _____

State: _____ Zip: _____ Phone: () _____

Position Held: _____ From: _____ To: _____ Salary: _____
month/year month/year

Reason for leaving; _____

Past Employer: _____ Supervisor's Full Name: _____

Street Address: _____ City: _____

State: _____ Zip: _____ Phone: () _____

Position Held: _____ From: _____ To: _____ Salary: _____
month/year month/year

Reason for leaving; _____

Past Employer: _____ Supervisor's Full Name: _____

Street Address: _____ City: _____

State: _____ Zip: _____ Phone: () _____

Position Held: _____ From: _____ To: _____ Salary: _____

month/year month/year

Reason for leaving; _____

Past Employer: _____ Supervisor's Full Name: _____

Street Address: _____ City: _____

State: _____ Zip: _____ Phone: () _____

Position Held: _____ From: _____ To: _____ Salary: _____
month/year month/year

Reason for leaving; _____

Past Employer: _____ Supervisor's Full Name: _____

Street Address: _____ City: _____

State: _____ Zip: _____ Phone: () _____

Position Held: _____ From: _____ To: _____ Salary: _____
month/year month/year

Reason for leaving; _____

Past Employer: _____ Supervisor's Full Name: _____

Street Address: _____ City: _____

State: _____ Zip: _____ Phone: () _____

Position Held: _____ From: _____ To: _____ Salary: _____
month/year month/year

Reason for leaving; _____

APPLICANT MUST READ AND SIGN

I certify that I have read and understood all of this employment application. It is agreed and understood that the employer or his agents may investigate my background to ascertain any and all information of concern to my employment history, whether same is of record or not, and I release employers and other persons named herein from all liability for any damages on account of furnishing such information. I understand that, as an applicant for a position with this company, I may be asked to demonstrate that I am capable of performing tasks, which are pertinent to the job. I also understand that if offered a job, it may be conditioned on the results of a physical examination and drug test.

I further certify that I am a genuine applicant for employment and this application is being submitted solely for the purpose of seeking employment with the employer and for no other reason.

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 investigative Consumer Report, including information regarding 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 employment file.

I also understand that misrepresentation or omission of information of facts may result in my rejection or dismissal.

If hired, I agree to abide by all the rules and policies of the employer.

This certifies that this application was completed by me, and that all entries on it and information in it are true and correct to the best of my knowledge.

Date

Signature of Applicant

ANDRUS TRANSPORTATION SERVICES, INC.

FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT

In accordance with the provisions of Section 604 (b)(2)(A) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I, of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol tests results, and your driving record may be obtained on you for employment purposes. These reports are required by Sections 382.413, 391.23, and 391.25 of the Federal Motor Carrier Safety Regulations.

Signature of Applicant

Date

Print name

Social Security number

ANDRUS TRANSPORTATION SERVICES, INC. (EMPLOYER) TO BE READ AND SIGNED BY APPLICANT:

By completing and submitting this application, I :

1. Authorize Employer to divulge information, pertaining to my employment, to prospective employers during the course of my employment, or upon my termination;
2. Authorize employer, or its agent, to investigate my background, character, general reputation, and prior employment by contacting my prior employers, references, or any other individuals Employer considers necessary, (understanding that I may have the right to request in writing disclosures of certain information obtained by Employer in the course of its investigation of my background and experience);
3. Authorize my prior employers, references, and any other individuals contacted by Employer, to release any and all information requested, and absolve those parties who provide information requested, from any and all liability released to their doing so;
4. Acknowledge that any employment offered to me is "at the will" of Employer, and may be terminated by Employer at any time, with or without cause;
5. Acknowledge that I will be required, and agree, to submit to a physical examination and testing for drug use as part of Employer's evaluation procedures, and authorize release of my results to Employer's unrestricted use of those results in deciding whether I should be offered employment, and further acknowledge and agree that an express condition of my employment is that I stay drug-free, and promptly submit to random drug testing whenever requested by Employer, and agree that evidence of drug use, prior to, or during my employment, will be grounds for immediate termination without recourse;
6. Certify that this application was completed by me, in my own handwriting, and that all entries on it, and information in it, are TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE, and acknowledge and agree that providing false, misleading, or incomplete statements in this application, or in connection with Employer's evaluation of me as a candidate for employment, is grounds for immediate termination of my employment, regardless of when such information is discovered.

Applicant's Signature

Date

AUTHORIZATION RELEASE FOR ALCOHOLAND / OR CONTROLLED SUBSTANCE TEST INFORMATION

Previous Contractor / Employer

Employee

Company

Name

Address

Social Security #

In accordance with 49 CFR 382.405 (f) and 382.413 (b) of the fleet safety compliance manual, you are hereby authorized, and requested, to furnish any and all information pertaining to my participation in an alcohol and controlled substance testing program under 49 CFR 382. I specifically authorize you to release any and all information pertaining to my participation in an alcohol test resulting with a breath concentration of 0.04 or greater, controlled substance test with a positive result, and/or refusal to be tested within two (2) years preceding the date of their request. I authorize and request you to release any and all information pertaining to my evaluation by a Substance Abuse Professional (SAP), and the identity of the Substance Abuse Professional (SAP)

Employee's Signature _____

Date _____

Based upon the review of your company's Drug & Alcohol Test Records:

Has this individual had an alcohol test with a confirmed breath alcohol concentration

of 0.04 or greater in the past 2 years? _____ { } Yes { } No

Has this individual had a controlled substance test with a positive result in the past 2 years? ----- { } Yes { } No

Has this individual refused (includes a verified adulterated or submitted results) a controlled substance test and / or alcohol test within the past 2 years? ----- { } Yes { } No

Has this individual violated other DOT drug/alcohol regulations? ----- { } Yes { } No

Have you received information from a previous employee that this individual violated DOT drug and alcohol regulations? ----- { } Yes { } No

If YES to any of the above questions, please release the name, address, and phone number of the Substance Abuse Professional (SAP) for further reference.

Name: _____ Address: _____ Phone # _____

JOB DESCRIPTION

POSITION – OVER THE ROAD TRUCK DRIVER

1. Driver must be at least 23 years of age.
2. Driver must be able to read, write, and speak the English language, in accordance with Section 391.11(b)(2) of the Federal Motor Carrier Regulations, and possess the ability to communicate with satellite communications technology.
3. At all times, driver must possess a valid commercial driver's license issued in his/her state of residence, with appropriate endorsements and state requirements.
4. Driver must qualify physically, and obtain a medical examiner's certificate under the requirements of Sub-part E, Section 391 of the Federal Motor Carrier Safety Regulations.
5. Driver must sit for extended periods of time, up to 11 hours per drive shift, in the seat and cab of a truck tractor.
6. Driver must drive for periods of up to 11 hours per drive shift, while transporting hazardous, or non-hazardous cargo in various weather conditions.
7. Driver must demonstrate safety and professional driving courtesy at all times.
8. Driver must be able to walk, bend, reach, push, pull, stoop, squat, and climb, as necessary, to perform vehicle inspections required under Section 396.13 of the Federal Motor Carrier Safety Regulations.
9. Driver must be able to walk, bend, reach, push, pull, stoop and squat, as well as grasp, lift, and handle heavy equipment as necessary to ensure the essential function of safety during the coupling and uncoupling processes of tractor/trailer combinations.
10. Driver must be able to walk, bend, reach, push, pull, stoop, and squat, as well as lift a minimum of 50 pounds to the waist. This is essential to the function of commercial driving for the purpose of the installation of tire chains, when road conditions and the local law requires it of combination vehicles.
11. Driver must be able to walk, bend, reach, push, pull, stoop, and squat as well as grasp and lift a minimum of 75 pounds to waist, and a minimum of 50 pounds over the head. This is essential to the function of commercial driving for the purpose of loading and unloading freight.
12. Driver must read a map, plan a trip, and prepare daily logs, as well as all necessary trip reports, fuel reports, damage reports, and other paperwork as required by the Company in the efficient and safe routing for pick-up and delivery to all dispatches.
13. Driver must set, and complete, individual daily goals, as prescribed by hours of service regulations and safety practices, with regard to on-time delivery of customers' freight.
14. Driver must report for dispatch at time(s) specified, and maintain contact with dispatch offices, as required.
15. Drivers must familiarize themselves, and comply with, the proper methods of loading and unloading various cargo to be transported, and comply with, the proper procedures for mount and dismount from tractor, trailer and platform facilities.
16. Driver must follow company guidelines regarding acceptable conduct when dealing with customers, fellow employees and the motoring public.

I HAVE READ AND UNDERSTAND THE JOB DESCRIPTION, AND I CAN PERFORM THE ESSENTIAL FUNCTIONS WITH OR WITHOUT REASONABLE ACCOMMODATIONS.

Applicant's Signature

Date

**Andrus Transportation Services, Inc.
St. George, UT 84771-0880
Driver Pay and Benefits**

SECTION 1.0: DRIVER PAY

Section 1.1: Experienced Solo Driver. The Base Rate of Pay is outlined on the following schedule. Drivers with minimum of:

Experienced New Hires	Mileage Pay	Per Diem Pay	Total Mileage Pay	Total Mileage Bonus Pay
0 - 6 months	\$.16/mile	\$.07/mile	\$.26/mile	\$
6 - 12 months	.19	.07	.26 to .28	.28
12 - 18 months	.21	.07	.28 to .30	.28
18 - 24 months	.21	.07	.28 to .30	.30
24 - 36 months	.22	.07	.29 to .30	.30
36+ months	.23	.07	.30 to .32	.32

Per Diem = Travel Allowance for expenses incurred on the road.

Solo Driver will receive $\frac{1}{2}$ cent increase per year for longevity.

- Three years seniority with Andrus Transportation gives you a .01¢ per mile increase in addition to your $\frac{1}{2}$ ¢ increase.

If your driving record shows a, Preventable 'Accident-Free-Year', and you have been able to keep your idle time at or below 20% each month you will qualify for a 2¢ per mile bonus increase for that month. (This bonus is calculated monthly). New bonus incentive for solo drivers \$.02/mile for all miles at 11,000 or above/month. For teams we are offering \$.04/mile to run a min. of 17,000/miles/month and the bonus is paid on all of the miles run during the month.

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Section 1.2: Team Driver Base Rate of Pay is Based on the Following Schedule:

Experienced New Hires	Mileage Pay	Per Diem Pay	Total Mileage Pay
0 - 24 months	\$.13/mile	\$.04/mile	\$.17/mile
24 - 48 months	.14	.04	.18
48+ months	.15	.04	.19

Note: Teams will receive an additional 2 cent bonus, at the beginning of each month, if they have run the team minimum of 17,000 miles per month. The bonus will be paid on all miles. EX: 23,000 miles X .02 = \$460.00 each.

Per Diem = Travel Allowance for expenses incurred on the road.

Team Drivers will receive $\frac{1}{4}$ cent increase per year for longevity.

Section 1.3: Student Drivers:

Tuition Reimbursement: Students will be reimbursed up to \$5,000.00 for tuition at the rate of \$100.00 per month (\$25.00 per week) after the student has been upgraded to team or solo status for more than 60 days. The reimbursement will start in the last pay period of the month following the month the driver reaches 60 days of employment after training, and will be reimbursed to driver's pay. This reimbursement can be up to \$5,000.00, depending on the total payment set forth in the School Contract. The School Contract must be presented at the first day of Orientation.

Student Drivers will be paid \$0.09 per mile as "Student Pay" on total miles the truck runs, until authorized to drive as a qualified Team Driver (see Section 1.2), or a qualified Solo Driver status (see Section 1.1).

If the Student Driver does not remain employed by the Andrus for six (6) contiguous months after hiring, the Student agrees to repay, as Student Pay received by Student, the full amount of Student pay. Students, who leave Andrus after 180 days from date of hire, but before 270 days from date of hire, will repay 50% of all training pay. Students, who leave Andrus after 270 days from date of hire, but before 365 days from date of hire, will repay 25% of all training pay. Such repayment shall be made at the time Student's employment is terminated, and to be deducted from Student's final paycheck. Contract to be signed to reflect the above at time of hire.

Section 1.4: Other Pay:

- Drop Pay:** Effective 1/19/05: After the first drop the drivers are paid \$30 for each additional stop (team split). Additional drops after the first drop, (up to 6 drops) are paid at \$30 for each additional drop. After 6 drops the pay is \$50 per drop. Note, no drop pay will be paid for pick up and last drop delivery, as these are part of the original trip
- Extra Pay:** Drivers pulling doubles will be paid an additional \$.01 cent per mile. Drivers Pulling triples, or Rocky Mountain Doubles, will be paid \$.03 cents per mile.
- Unload Pay:** Drivers will be paid \$1.25 per 1,000 pounds to unload a load by hand. Drivers will be paid a minimum of \$20 to unload a load by hand.

Anniversary Raise:

Solo Drivers will receive a $\frac{1}{2}$ cent increase per year. Team Drivers will receive $\frac{1}{4}$ cent increase per year. Increase effective on the Driver's anniversary date.

Section 1.5: Driver Quality Control:

Solo and team drivers continue to qualify for their current pay status by achieving the following:

- A. Be available for dispatch.
- B. Operate clean. Deliver all loads on time.
- C. When a driver, or a team, is late on a load, a solo driver will be charged \$.05 per tariff mile, and a team will each be charged \$.025 per tariff mile for that late load. The minimum charges will be \$50.00. This charge will be deducted from that trip.

SECTION 2.0: DRIVER BENEFITS

Section 2.1 Other Benefits Available to Drivers Are:

- A A Benefits Package consisting of Medical, Vacation, 401(K) Plan, and Life Insurance Plans is available to full-time employees who meet the qualifying requirements.

SECTION 3.0 TRAVEL EXPENSES

Section 3.1 Travel Expenses and Reimbursements:

- A. Driver will be reimbursed up to \$100 for costs incurred to travel to St. George, UT, for Driver Orientation, or company will pay travel costs. Driver is responsible to turn in receipts at time of hire. Drivers who terminate employment within the first ninety (90) days of continuous employment will be charged back travel reimbursements.
- B. If driver ends his/her employment with Andrus Transportation, it is the responsibility of the driver to supply transportation back to his home base.

SECTION 4.0: NEW HIRES

- Section 4.1** New hires will have an amount of \$25 per week deducted until a \$400 reserve account is met. This reserve account will be held for costs incurred by the driver to include initial pre-employment drug screen, load locks, any penalties associated with preventable accidents, cargo claims, or recovery of equipment. If a driver incurs more costs than he/she has in a reserve account, and leaves the employment of Andrus Transportation, any additional amount will be withheld from final paycheck. Rehires will be charged for pre-employment drug screening at time of hire. Cost: \$55.00 however, pre-employment drug screen will be charged to the driver if he/she leaves Andrus Transportation prior to 60 days after hire.
- 4.2 All monies in reserve account will be refunded two weeks after final paycheck should the driver leave without owing an outstanding penalty due to accident, recovery, or not fulfilling his/her student contract.
 - 4.3 When a driver - has been employed by Andrus Transportation for a period of two years, the reserve account will be returned to driver.
 - 4.4 In the event that a driver should fail the drug test, they will be responsible to pay for their own travel home.

YOUR APPLICATION WILL NOT BE PROCESSED WITHOUT THE FOLLOWING:

- A COPY OF CURRENT CDL, OR PERMIT WITH HAZMAT. () YES
- A COPY OF SOCIAL SECURITY CARD. () YES
- A COPY OF PHYSICAL LONG FORM AND MEDICAL CARD. () YES
- A COPY OF CURRENT MVR. () YES

Effective date of this policy is January 31, 2005

ACKNOWLEDGED BY: _____

Date: _____

WITNESSED BY: _____

Date: _____

To: Drug Records Dept / 800-322-5298

From: _____
(Company Contact Name)



(Company Name)

Use Fax # 800-267-4093 (Manual Service)

Fax #: (_____) _____ - _____

Use Fax # 800-257-8069 (If Database Retrieval)

USIS Customer #: _____ USIS Sub-account: _____

PART I - DOT DRUG AND ALCOHOL RELEASE

I authorize, per 49 CFR Part 40, the release of information from my DOT regulated drug and alcohol testing records by the carriers (company/school) listed below to USIS for the sole purpose of transmitting such records to the above listed employer. I authorize release of the following information concerning DOT drug and alcohol testing violations including pre-employment tests during the past three years: (i) alcohol tests with a result of 0.04 or higher; (ii) verified positive drug tests; (iii) refusals to be tested (including verified adulterated or substituted results); (iv) other violations of DOT drug and alcohol testing regulations; (v) information obtained from previous employers of a drug and alcohol rule violation(s); and (vi) documents, if any, of completion of a return-to-duty process following a rule violation.

The information that I have authorized USIS to review involves tests required by DOT. If any carrier (company/school) listed below furnishes USIS with information concerning items (i) through (vi) above, I also authorize that carrier (company/school) to release and furnish the dates of my negative drug and/or alcohol tests and/or tests with results below 0.04 during the three-year period and the name and phone number of any substance abuse professional who evaluated me during the past three years.

Company	City	State	Phone Number
_____	_____	_____	(____) _____ - _____
_____	_____	_____	(____) _____ - _____
_____	_____	_____	(____) _____ - _____
_____	_____	_____	(____) _____ - _____

(Attach additional forms for additional past employers. That form must also include the individual's signature and social security number.)

Print Applicant Name: _____ X Applicant Signature: _____

Social Security No: _____ X Date: _____

PART II - CONSUMER REPORT DISCLOSURE AND RELEASE

In connection with your employment or application for employment (including contract for services), consumer reports may be requested from USIS Commercial Services ("USIS"). These reports may include the following types of information: names and dates of previous employers, reason for termination of employment, work experience, accidents, academic history, professional credentials, and drugs/alcohol use. Such reports may contain public record information concerning your driving record, workers' compensation claims, credit, bankruptcy proceedings, criminal records, etc., from federal, state and other agencies which maintain such records; as well as information from USIS concerning previous driving record requests made by others from such state agencies and state provided driving records.

You have the right to make a request to USIS, upon proper identification, to request the nature and substance of all information in its files on you at the time of your request, including the sources of information and the recipients of any reports on you that USIS has previously furnished within the three-year period preceding your request. USIS may be contacted by mail at P.O. Box 33181, Tulsa, Oklahoma, 74153, or by phone at (800) 381-0645.

I AUTHORIZE, WITHOUT RESERVATION, USIS, AND ANY PARTY OR AGENCY CONTACTED BY USIS, TO FURNISH THE ABOVE-MENTIONED INFORMATION. THIS AUTHORIZATION DOES NOT APPLY TO DRUG AND ALCOHOL INFORMATION OBTAINED UNDER PART I

I hereby consent to your obtaining the above information from USIS, and I agree that such information which USIS has or obtains, and my employment history (not DOT Drug and Alcohol information without a specific consent by me) with you if I am hired, will be supplied by USIS to other companies which subscribe to USIS. I hereby authorize procurement of consumer report(s). If hired or contracted this authorization, for Part II reports only, shall remain on file and shall serve as ongoing authorization for you to procure consumer reports at any time during my employment or contract period.

Print Applicant Name: _____ X Applicant Signature: _____

Notice to California Applicants

Under California law, the consumer reports we order on you for employment purposes within the State of California are defined as investigative consumer reports. These reports may contain information on your character, general reputation, personal characteristics and mode of living. Under section 1786.22 of the California Civil Code, you may view the file maintained on you by USIS during normal business hours. You may also obtain a copy of this file upon submitting proper identification and paying the costs of duplication services, by appearing at USIS in person or by mail. The agency is required to have personnel available to explain your file to you and the agency must explain to you any coded information appearing in your file. If you appear in person, a person of your choice may accompany you, provided that this person furnishes proper identification.

I request to receive a free copy of any investigative consumer report ordered on me by checking this box. (California applicants only)

CONVICTION FORM

Please Print Information

Applicant's Name: _____

Daytime phone #: _____ After Hours Phone # _____

S.S. # _____ Date of Birth: _____

Date of Arrest _____ Date of Arrest _____

Charge 1: _____ Charge 2: _____

Location _____ Location: _____

County _____ State _____ County _____ State _____

Date of Conviction _____ Date of Conviction _____

Charge _____ Charge _____

Sentence _____ Sentence _____

Time Served _____ Time Served _____

Dates of Probation or Parole _____ Dates of Probation or Parole _____

Any other convictions? _____

Any charges pending now? _____

Any other names used: maiden, married, etc. _____

Please describe what happened

