



Walbon & Company, Inc.
 Personalized Trucking Services • Frozen • Fresh • Dry • TL • LTL Services • Common and Contract Hauling • ICC MC 148153
"Heaviest Capacity in the Industry"
 Serving Midwest, Southeast, East Since 1979

4230 Pine Bend Trail
 Rosemount, MN 55068-2562
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8576 County Road 229
 Wildwood, FL 34785-963
 Phone: (352) 748-5500
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 FAX (352) 748-4482

Basic Qualifications for Walbon Drivers

1. Must be at least 23 years of age.
2. Must have a minimum of one (1) year of verifiable over-the-road experience.
3. Must have a driving record acceptable to Walbon and our insurer.
4. No DUI convictions in the past three (3) years.
5. No more than 3 jobs in the past 3 years.
6. Must pass a Walbon road test, DOT drug screening, and be Medically Qualified.
7. No chargeable accidents in the past three (3) years.
8. No felonies in the past 5 years.
9. No license suspension in the past three (3) years.
10. No convictions of reckless, careless, leaving the scene of an accident, operating a motor vehicle without permission or while under suspension or revocation, evading, fleeing or eluding a police officer.
11. Must have a current valid CDL from the state you reside in.
12. Must have a mailing address and maintain a working telephone.

IMPORTANT

Before filling out the attached application, please carefully read the following:

A. Ten (10) Years Employment History:

Reference for your last ten (10) consecutive years of employment. This must include any periods of unemployment as well as any non-driving related jobs, school or military service. ALL CDL driving jobs held in the past ten (10) years must be accounted for—No Gaps.

B. Experience: Must be Verifiable:

Verifiable means you must have a correct phone number included and that phone number must be able to put us in contact with someone who can verify your experience as a CDL driver. An "Out of Business" reference is of no value unless you supply us with tax records or other legal documents showing proof of employment.

The attached application must be filled out by the applicant and in ink. All information must be filled out completely and accurately. Upon review and verification of employment record, application and all supplements will be forwarded to our Minnesota location for final approval.

Walbon & Co. Inc.
4230 Pine Bend Trail
Rosemount, MN 55068

DRIVER'S QUALIFICATION and/or EMPLOYMENT APPLICATION

The Civil Rights Act of 1964 prohibits discrimination because of race, color, religion, sex or national origin. PL 90-202 prohibits discrimination because of age. Note: Read and complete all portions of this proposal in your own handwriting (legible) in ink (please print). Applications that are incomplete or filled out in pencil may be rejected.

Personal Information

Application Date _____

Name _____ Home Phone (_____) _____

Cell Phone (_____) _____

Last 3 Years Addresses (This information is required by DOT):

Address Now: _____ City _____ State _____ Zip _____ How Long? _____
Prior Address: _____ City _____ State _____ Zip _____ How Long? _____
Prior Address: _____ City _____ State _____ Zip _____ How Long? _____
Prior Address: _____ City _____ State _____ Zip _____ How Long? _____

Social Security Number _____ Date of Birth _____

*Walbon requires a driver applicant be at least 23 years of age.

Driver Status

I am applying to operate as a:

_____ Over the Road Company Driver
_____ Regional/Local Company Driver
_____ Owner/Operator leasing on with own tractor. Year__ Make__ Model _____
Fueled Weight: _____

Have you ever been known by another name (maiden, nickname, etc.)? _____
If yes, list name/s: _____

General Information

Do you have the legal right to accept employment in the U.S.? Yes _____ No _____

How were you referred to our company? _____

Emergency Information

In case of emergency notify _____
(must be different than home phone) Name Address

City State Phone

Military Service Record

Have you served in the U.S. Armed Services? _____ Branch _____
Dates of Service _____
Type of discharge: _____ Honorable _____ Dishonorable

Print Name _____

Education and Training			
Grade School: 1 2 3 4 5 6 7 8 High School: 0 1 2 3 4 College: 0 1 2 3 4			
List any training program presently attending or completed:			

School Name	City	State	Phone

School Name	City	State	Phone

Motor Vehicle Record Qualifications: (Information required to obtain an MVR)
List all driver license held in past five (5) years.

State	Type	License Number	Height	Weight	Exp. Date

Accident Record: List all accident involvements with any motor vehicle for past five (5) years regardless of fault:

Date	Type of Vehicle	Nature of Accident

Traffic Convictions: List all traffic convictions and forfeitures for the past five (5) years. If none, write none:

Date	Location (State)	Violation

Have you refused or received a positive on a Pre-Employment Drug Test? Yes___ No___
Have you ever been convicted of a felony? Yes___ No___
Have you ever been denied a license, permit, or privilege to operate a motor vehicle? Yes___ No___
Has any license, permit or privilege ever been suspended or revoked? Yes___ No___
Have you ever been convicted, or are any charges pending for reckless or careless operation of a motor vehicle? Yes___ No___
Have you ever been discharged or suspended by an employer? Yes___ No___
Have you failed a DOT mandated Drug or Alcohol Test Yes___ No___
If yes, to any of the above, please explain_____

Print Name _____

Personal History for the past ten (10) years:

Begin with your present experience and work backward in order, listing **ALL** of your employers, driving school and other training programs, periods of military service, self-employment and unemployment for the last ten (10) years. Indicate by circling Y for Yes or N for No in the area marked **FMCSR**, if you were subject to Federal Motor Carrier Safety Regulations, and again in the area marked **Safety Sensitive** if the job was Safety Sensitive and you were subject to Drug and Alcohol Testing.

Dates: From:	To:	Position:
Company:		
Address:	City:	State: Zip:
Telephone:	Number of Accidents:	
Supervisor:	Reason for Leaving:	
FMCSR: Y N	SAFETY SENSITIVE: Y N	

May we contact your present employer to verify your work record? Yes ___ No ___

Periods of unemployment: Dates: From: _____ To: _____

Dates: From:	To:	Position:
Company:		
Address:	City:	State: Zip:
Telephone:	Number of Accidents:	
Supervisor:	Reason for Leaving:	
FMCSR: Y N	SAFETY SENSITIVE: Y N	

Periods of unemployment: Dates: From: _____ To: _____

Dates: From:	To:	Position:
Company:		
Address:	City:	State: Zip:
Telephone:	Number of Accidents:	
Supervisor:	Reason for Leaving:	
FMCSR: Y N	SAFETY SENSITIVE: Y N	

Periods of unemployment: Dates: From: _____ To: _____

Dates: From:	To:	Position:
Company:		
Address:	City:	State: Zip:
Telephone:	Number of Accidents:	
Supervisor:	Reason for Leaving:	
FMCSR: Y N	SAFETY SENSITIVE: Y N	

Print Name _____

Supplementary Personal History Sheet:

Use this sheet to list additional employers, programs, training programs, periods of military service, self-employment and unemployment not listed on your application.

Dates: From:	To:	Position:
Company:		
Address:	City:	State: Zip:
Telephone:	Number of Accidents:	
Supervisor:	Reason for Leaving:	
FMCSR: Y N	SAFETY SENSITIVE: Y N	

Periods of unemployment: Dates: From: _____ To: _____

Dates: From:	To:	Position:
Company:		
Address:	City:	State: Zip:
Telephone:	Number of Accidents:	
Supervisor:	Reason for Leaving:	
FMCSR: Y N	SAFETY SENSITIVE: Y N	

Periods of unemployment: Dates: From: _____ To: _____

Dates: From:	To:	Position:
Company:		
Address:	City:	State: Zip:
Telephone:	Number of Accidents:	
Supervisor:	Reason for Leaving:	
FMCSR: Y N	SAFETY SENSITIVE: Y N	

Periods of unemployment: Dates: From: _____ To: _____

Dates: From:	To:	Position:
Company:		
Address:	City:	State: Zip:
Telephone:	Number of Accidents:	
Supervisor:	Reason for Leaving:	
FMCSR: Y N	SAFETY SENSITIVE: Y N	

Job Description

Job Description.....Driver of semi tractor/trailer
Department/Terminal.....Florida – Minnesota
Report to (title).....Operations (Dispatcher)
General Purpose.....Pick up and deliver freight to assigned
locations.

Essential Functions:

1. Receive dispatch orders.
2. Pre-trip, inspect vehicle(s) as required by Federal Motor Carrier Safety Regulations.
3. Hook up to correct trailer as per dispatch sheet.
4. Count product to ensure that the correct number of cases are being loaded and unloaded to prevent claims.
5. Probe the product with a temp. probe to ensure that the product is within desired temp range prior to loading.
6. Drive vehicle on specified route observing DOT and safe driving rules and regulations.
7. Send in the proper Qualcomm messages in a timely manner: daily check call, arrived at loading and unloading location, backed into door, empty and loaded messages.
8. Check refrigerated trailer while in route to the delivery location to make sure the refrigerated trailer is maintaining the proper temperature. Adjust accordingly.
9. Communicate to dispatch as directed.
10. Sleep in sleeper bunk when team driver is driving.
11. Deliver & assist in loading and unloading at destination(s).
12. Backhaul or return to domicile location as directed.
13. Communicate with Operations Department for direction on breakdowns and problems.
14. Fuel tractor/trailer as needed at approved locations.
15. Prepare trip record and DOT logs daily.
16. Participate in process and quality improvement activities.
17. Complete trip envelopes at completion of trip.
18. Other duties as assigned.

Requirements

1. All requirements as stated on attached Driver Pre-Qualification form.
2. Demonstrate sound judgment in operation of vehicle.
3. Work 65-70 hours per week within federal guidelines, including nights and weekends.
4. Pull, twist, bend and lift 75 pounds over your head in the loading/unloading process.
5. Climb in or out of tractor and to top of trailer for inspection.
6. Ability to climb on the back of the tractor to check & service the water, oil and general conditions of the unit.
7. Sit for up to 11 hours per day.
8. Drive vehicle and load/unload in extreme winter and summer temperatures and conditions.
9. Communicate, read, understand and write as required to perform essential functions.
10. Present neat, clean appearance and proper business etiquette.

I have read and understand the duties required to safely perform this job. By my signature I am stating I have both the ability and knowledge to safely perform these duties.

Date

Signature of Company Representative

Drivers Signature

Drivers Printed Name

By completing and submitting this application I:

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;

Authorize my prior employer, 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 related to their doing so;

Authorize Employer or its agent to investigate and obtain a current and up-to-date motor vehicle record.

Acknowledge that any employment offered to be at will of Employer and may be terminated by Employer at any time, with or without cause;

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 and Employer's unrestricted use of those results indicating whether I should be offered employment;

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;

Acknowledge and agree that evidence of drug use during my employment may be grounds for immediate termination without recourse;

Certify that this application was completed by me, and that all entries on it are information in it are true and complete to the best of my knowledge;

Certify that this application was completed by me, in my own handwriting and acknowledge and agree that providing false, misleading or incomplete statements in the 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.

Date

Drivers Signature

Signature of Company Representative

Drivers Printed Name

DISCLOSURE AND RELEASE

In connection with my application for employment or contract for services with **Walbon & Company, Inc. or Walbon Transport** (both henceforth referred to within this document as **Walbon**), I understand that I will be subjected to a background investigation that may include (but is not limited to) consumer reports that may contain public record information requested by **Walbon** from individuals, state and federal agencies, past employers, credit reporting services, including **USIS, Tulsa, Oklahoma** aka **DAC Services, Tulsa, Oklahoma** (both henceforth referred to within this document as **USIS**). These reports may include the following types of information: names and dates of pervious employers, reason for termination of employment, work experience, equipment operated, safety history, drug and alcohol testing results, etc. I further understand that such reports may contain public record information concerning my 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 and employment record requests made by others from such state agencies, and state provided driving records.

I AUTHROIZE, WITHOUT RESERVATION, ANY PERSON, COMPANY, OR AGENCY CONTACTED BY WALBON and/or USIS TO FURNISH COMPLETE AND TRUTHFULL INFORMATION.

I have the right to request that providers or agencies including USIS, upon proper identification, disclose to me the nature and substance of all information in their possession at the time of my request, including the sources of the information; and a current list of the names and addresses of any and all requestors and/or recipients of such information or report(s) regarding me, which those agencies and/or USIS have previously furnished within the three year period preceding my request. I hereby consent to Walbon obtaining information from individuals, previous employers, creditors, or agencies including USIS, and I agree that such information which USIS has or obtains, and my employment history with Walbon if I am hired, will be supplied by USIS to other USIS subscribers.

In compliance with The Fair Credit Reporting Act and FMCSR 391.23, I do hereby authorize procurement of consumer report(s) by Walbon and by USIS and understand that under provisions of The Fair Credit Reporting Act and FMCSR 391.23, I have the right to any information in their possession regarding me, the right to copies of any reports so furnished, have the right to redress derogatory information with the reporting agency and with my initials in the appropriate space hereunder, I indicate that I, a) wish to receive copies of such reports, or b) waive my right to receive copies of such reports. If hired (or contracted), this authorization shall remain on file and shall serve as ongoing authorization for Walbon to procure consumer reports at any time during my employment (or contract) period.

I do want report copies _____
Applicant Initials

I do not want copies of the reports _____
Applicant Initials

Print Name

Social Security Number

Applicant's Signature

Date

**ACKNOWLEDGEMENT OF RIGHTS
UNDER
FMCSR RIGHTS OF PROSPECTIVE APPLICANTS**

Under Federal Motor Carriers Safety Administration Regulation 391.23 prospective applicants are afforded the following rights regarding the Investigative information that will be provided to the prospective employer:

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.
4. Drivers who have previous Department of Transportation regulated employment history in the preceding three years, and wish to review previous employer-provided investigative information must submit a written request to the prospective employer, which may be done at any time, including when applying, or as late as 30 days after being employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five (5) business days of receiving the written request. If the prospective employer has not yet received the requested information from previous employer(s), then the five-business day's deadline will begin when the prospective employer receives the requested safety performance history information. If the driver has not arranged to pick up or receive the requested records within thirty (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.
5. Drivers wishing to request correction of erroneous information in records received pursuant to these rights must send the request for the correction to the previous employer that provided the records to the prospective employer.
6. 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 a driver's request to correct the data that it does not agree to correct the data. If the previous employer corrects and forwards the data as requested, the employer must also retain the corrected information as part of the driver's safety performance history record and provide it to subsequent prospective employers when requests for this information are received. If the previous employer corrects the data and forwards it to the prospective motor carrier employer, there is no need to notify the driver.
7. Drivers wishing to rebut information in records received pursuant to these rights must send the rebuttal to the previous employer with instructions to include the rebuttal in that driver's safety performance history.
8. After October 29, 2004, within five business days of receiving a rebuttal from a driver, the previous employer must:
 - a. Forward a copy of the rebuttal to the prospective motor carrier employer;
 - b. Append the rebuttal to the driver's information in the carrier's appropriate file, to be included as part of the response for any subsequent for any subsequent investigating prospective employers for the duration of the three-year data retention requirement.
9. The driver may submit a rebuttal initially without a request for correction, or subsequent to a request for correction.
10. The driver may report failures of previous employers to correct information or include the driver's rebuttal as part of the safety performance information, to the FMCSA following procedures specified at 386.12.
11. The prospective motor carrier employer must use the information described in paragraphs (d) and (e) of 391.23 only as part of deciding whether to hire the driver.
12. The prospective motor carrier employer, its agents and insurers must take all precautions reasonably necessary to protect the records from disclosure to any person not directly involved in deciding whether to hire the driver. The prospective motor carrier employer may not provide any alcohol or controlled substances information to the prospective motor carrier employer's insurer.
13. No action or proceeding for defamation, invasion of privacy, or interference with a contract that is based on the furnishing or sue of information in accordance with this section may be brought against:
 - a. A motor carrier investigating the information, described in paragraphs (d) and (e) of 391.23, of an individual under consideration for employment as a commercial motor vehicle driver,
 - b. A person who has provided such information: or
 - c. The agents or insurers of a person described in paragraph (l)(1)(i) or (ii) of 391.23, except insurers are not granted a limitation on liability for alcohol and controlled substance information.
14. The protections in paragraph (l)(1) of 391.23 do not apply to persons who knowingly furnish false information, or who are not in compliance with the procedures specified for these investigations.

Applicants Printed Name: _____ Date: _____

Applicants Signature: _____

Signature of Company Representative: _____

ACKNOWLEDGEMENT OF RIGHTS

The Fair Credit Reporting Act

Acknowledgement of my rights under The Fair Credit Reporting Act

I am aware of and realize that under **The Fair Credit Reporting Act**, I have the following rights by law:

- 1) Credit reporting agencies must disclose to me everything in my report, including medical information, and in most cases, the source(s) of information. They must provide me with a list of everyone who has requested my report within the past year.
- 2) There is no charge for a credit report if a company takes adverse action against me, such as denying me credit, insurance or employment. Under **FCRA** rules, I understand that I must request a report within 60 days of receiving notice of the action. The notice will provide the name, address and phone number of the credit reporting agency.
- 3) **FCRA** holds credit agencies responsible for correcting inaccurate information in my report at my written request. If I believe that I have found inaccurate information within my credit report, I have the right to contact the credit agency and request that they reinvestigate the items I believe to be inaccurate or wrong. The credit agency must provide notice of dispute to the information provider regarding what information is in dispute. The provider must investigate the information in dispute and inform the agency of its findings. If the provider finds their information to be inaccurate, they must notify all credit agencies so they can correct their information in my file. After investigation, the agency must provide me with the written results and a free copy of my credit report if the dispute results in a change.
- 4) Investigative consumer reports are detailed reports that result from information gathered in interviews with co-workers or neighbors about direct or indirect knowledge they may have regarding my character, reputation or lifestyle. These reports may be used in connection with insurance or employment applications. I will be notified in writing when a company orders such a report. The notice will explain my right to request certain information about the report from the company I applied to. If I apply for credit and my application is denied, I may get additional information from the credit agency. They however, do not have to reveal the source(s) of their information.
- 5) I understand that information may be retained as follows:
 - a) Credit information, 7 years on credit report
 - b) Criminal Convictions, no time limit
 - c) Bankruptcy, 10 years
 - d) Report information regarding application for a job providing salary of \$75,000.00 per year (or more), no time limit
 - e) Report information due to an application for more than \$150,000.00 worth of credit or life insurance, no time limit
 - f) Information regarding lawsuits or unpaid judgments, 7 years or until the statute of limitations runs out

Applicants Printed Name: _____ Date: _____

Applicants Signature: _____

Signature of Company Representative: _____