14461 Lake Drive NE Columbus, MN 55025 7870 218<sup>th</sup> Street W Lakeville, MN 55044

2360 South Rollie Avenue Fort Lupton, CO 80621

NAME									
(FIRST)			(MIDDLE) (LA			LAST)	AST)		
ADDRESS									
(ST	REET)	(CITY)		(STATE	& ZIP CODE)		(HOW LC	NG?)	
DATE OF BIRTH		SOCIAL SE	SOCIAL SECURITY NO.			HIRE DATE			
TELEPHONE NUMBER			E-MAIL ADDRESS						
		PREVIO	US THREE	YEARS RE	SIDENCY				
(ST	REET)	(CITY)		(STATE	& ZIP CODE)	(HOW LOI	 NG?)		
(ST	REET)	(CITY)		(STATE	& ZIP CODE)	HOW LOI	 NG?)		
(ST	REET)	(CITY)		(STATE	& ZIP CODE)	(HOW LO	 NG?)		
		1.16	CENSE INF		N.				
Section 383.21 FMCSR driver's license." I certif		o person who opera	ites a comme	ercial motor	vehicle shall a				
STATE		LICENSE N	LICENSE NO		TYPE		EXPIRAT	ION DATE	<u> </u>
ENDORSEMENTS:									
ACCIDENT RE	CORD F	FOR PAST 3 YEAF	RS OR MO	RE (ATTAC	CH SHEET IF	MORE SP	ACE IS N	NEEDED)	)
DATES NAT		JRE OF ACCIDENT AD-ON, REAR-END)					CHEN	ЛІCAL SP	ILLS
							YES	NC	)
							YES	NC	)
							YES	NC	)
							YES	NC	)

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 5 YEARS (OTHER THAN PARKING VILOATIONS)

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DATE CONVICTED	VIOLATION	STATE OF VIOLATION	PENALTY
Have you ever been denied a	license, permit or privilege t	o operate a motor vehicle?	YES NO
•		•	
Has any license, permit or pr If yes, please explain	ivilege ever been suspended	or revoked?	YES NO
i yes, piease explain			<del></del>
	EMPLOYME	NT RECORD	
	(ATTACH SHEET IF MC	ORE SPACE IS NEEDED)	
			_
	e in intrastate/interstate comme rs. You must give the same infor		• •
	ior to the initial three years (tota		
Must list the comp	lete mailing address: stree	et number and name city	state and zin code
widst list the comp	icte mannig address. stree	et namber and name, city,	state and zip code.
Gap Explanation: (explain	any 30+ day gap from last	employer to present)	
LAST EMPLOYER:			
ADDRESS:			
POSITION HELD:	FRC	OMTO	SALARY
REASON FOR LEAVING:			
Were you subject to the Federal If yes, please provide the regula	Motor Carrier Safety Regulation	ns (FMCSRs) while employed by t	he previous employer? YES NO
CLASS OF EQUIPMENT	TYPE OF EQUIPMENT	DATES DRIVEN DURING	APPROXIMATELY NUMBER
CLASS OF EQUIPMENT	(VAN, TANK,FLAT,ETC)	EMPLOYMENT FROM: TO:	OF MILES TOTAL
	I .	T. Control of the Con	I .

Was the previous job position designated as a safety sensitive function in any DOT (Department of Transportation) regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? YES NO

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Gap Explanation: (explain	any 30+ day gap from last o	employer to present)		
LAST EMPLOYER:				
SUPERVISOR NAME:				
POSITION HELD:	FRO	MTO	SALARY	
REASON FOR LEAVING:				
Were you subject to the Federal If yes, please provide the regula		s (FMCSRs) while employed by	the previous employer? YES NC	
CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK,FLAT,ETC)	DATES DRIVEN DURING EMPLOYMENT FROM: TO:	APPROXIMATELY NUMBER OF MILES TOTAL	
	esignated as a safety sensitive fu ntrolled substances testing requi			
Gap Explanation: (explain	any 30+ day gap from last (	employer to present)		
LAST EMPLOYER:				
POSITION HELD:	FRC	MTO	SALARY	
REASON FOR LEAVING:				
Were you subject to the Federal If yes, please provide the regula	• •	s (FMCSRs) while employed by	the previous employer? YES NC	
CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK,FLAT,ETC)	DATES DRIVEN DURING EMPLOYMENT FROM: TO:	APPROXIMATELY NUMBER OF MILES TOTAL	

Was the previous job position designated as a safety sensitive function in any DOT (Department of Transportation) regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? YES NO

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Gap Explanation: (explain any 30+ day gap from last employer to present)				
LAST EMPLOYER:				
SUPERVISOR NAME:				
ADDRECC.				
POSITION HELD:			SALA	RY
REASON FOR LEAVING:				
Were you subject to the Federal If yes, please provide the regulat		ns (FMCSRs) while employed	by the previ	ous employer? YES NO
CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK,FLAT,ETC)	DATES DRIVEN DURING EMPLOYMENT FROM: TO:		OXIMATELY NUMBER OF MILES TOTAL
Was the previous job position de mode subject to alcohol and con  I certify that I have provide Department of Transportation in 10 years (Initial)	strolled substances testing requ	irements as required by 49 C 3 years and any periods of e	FR Part 40? mployment r	YES NO egulated by the
	EDUC	ATION		
High School:		Location:		
From: To:		Did you graduate?	YES	NO
College:		Location:		
From: To	<b>)</b> :	Did you graduate?	YES	NO
Degree:				

### **REFERENCES**

14461 Lake Drive NE Columbus, MN 55025

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Name:	Relationship:
Company:	Phone:
Name:	Relationship:
Company:	Phone:
Name:	Relationship:
Company:	Phone:

#### TO BE READ AND SIGNED BY APPLICANT

I authorize you to make sure investigations and inquiries to my personal, employment, financial, or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended). I hereby release employers, schools, healthcare providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23 (d) and (e.) I understand that I have the right to:

- Review information provided by current/previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information if the previous employer(s) and I cannot agree on the accuracy of the information.

26.00 0 1 0.001.007 0 1 0	
(DATE)	(APPLICANT'S SIGNATURE)
This certifies that I completed this application, and thof my knowledge.	nat all entries on it and information in it are true and complete to the best

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(DATE)

(APPLICANT'S SIGNATURE)

Note: A motor carrier may require an applicant to provide information in addition to the information required by the Federal Motor Carrier Safety Regulations.

#### Core Values and Supplemental Questionnaire

**Extended Employee:** Here at DHV<sup>TM</sup> we view ourselves as an **Extended Employee.** We are more involved with our customers, we have a better understanding of projects, and we can often offer helpful advice from previous experiences. We understand that being willing, flexible, and approachable develops continuity. We offer a premium service which allows us to develop long lasting relationships with our customers.

Integrity: Integrity is how Davids™ maintains the high standard of excellence. Being up front and honest about our work and the value it brings to our customers, following through on all projects and never saying no when times get tough. We are a driven team and committed to doing the right thing for both the customer and the company. With a crew of employees that take pride in their work, we hold each other accountable for our actions and to ultimately follow through with what we say we are going to do.

**Safety:** With **Safety** in mind all the time at Davids™, we communicate all the needs of the customers with our employees with thorough training to be prepared so we can respond in a timely fashion. We as a company are cautious with every aspect of the job. We are aware of the dangers with everyday life, and we listen to all input. We as a company are not afraid to discipline anyone that does not follow the high standard that we set forth.

**Atmosphere:** The passionate **Atmosphere** here at DHV™ is family and team oriented. We employ the work hard- play hard mentality while setting clear expectations that anything less than 100 percent is not good enough. We are dedicated to continuously improve and strive toward perfection. Our enthusiastic staff displays an impressive amount of positive energy while keeping the customers profitability in mind. We enjoy celebrating our victories and promote within. Our work is impressive, and our employees are very resourceful, all while providing ultimate transparency.

**Setting the Bar:** Davids<sup>™</sup> is **SETTING THE BAR** with our confidence, quality and knowledge. We have positive work habits which show in our efficient and timely work practices; thus, creating value for our customers. We are consistent and wise when it comes to anticipating our customers' needs. And all of this starts when we arrive at the shop and continues until we leave the shop.

#### Questionnaire:

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- 1. Do you have a clean driving record for the last 5 years? If not, please explain.
- 2. Do you have any experience in outdoor work environments such as construction/landscaping, utilities, etc.? We work year-round in all weather conditions.
- 3. Do you have, or are you willing to obtain a CDL-A license within 2 months of joining our team?
- 4. Attendance is paramount at DHV™. Do you have reliable transportation to and from our Columbus or Lakeville facilities?
- 5. Do you have a mechanical aptitude? Part of the laborers position is to help recognize mechanical issues before they become a problem grease the equipment, perform small maintenance tasks, etc.
- 6. Do you have any equipment experience such as skid steer loaders?