



TRUCKING, INC.

HOME OFFICE

P.O. BOX 5328

MISSOULA, MONTANA 59806-5328

TOLL FREE 800-548-8895

LOCAL 406-532-6121

FAX 800-409-9151

Dear Driver Applicant

I am very pleased that you have requested information about driver positions at Watkins and Shepard Trucking, Inc. Before you start to fill out the following application, please review the list of Essential Job Functions and Minimum Qualification Standards. If you cannot meet all of the Essential Job Functions and Minimum Qualification Standards please call us immediately.

Be very thorough when filling out this application. Every line is important. If a question doesn't apply mark it "N/A." We will also need a copy of your official state motor vehicle record (not older than 60 days) for the state in which you are currently licensed. Please send this along with your completed application.

There are 2 releases included in the application.

- 1) Authorization to Release Information (to Past Employers)
- 2) Watkins and Shepard Trucking Inc Disclosure and Release

Provide ONLY your signature, and date ONLY where indicated on the Authorization to Release Information form. The rest of this form will be filled out by your past employers.

We look forward to receiving your completed application **as soon as possible**. Faxed copies are perfectly acceptable. If your application meets our Minimum Qualification Standards and our current hiring requirements, we will contact you for an interview. Upon acceptance of your application and a successful interview, the Company may make you an offer of employment, which is conditioned upon the following:

- Completion of the required controlled substance pre-employment screening with a negative test result;
- Obtaining a valid D.O.T. Long Form Physical (not more than 1 year old);
- Completion of training or orientation;
- Obtaining a valid Commercial Driver's License;
- Obtaining your official motor vehicle record from the state in which you are currently licensed;
- Completion of the Post Job Offer Questionnaire process to include but not limited to passing a Human Performance Exam.

In addition, all accepted driver applicants will need to provide documentation verifying eligibility to work within the United States. Acceptable documentation includes any one of the following: 1) social security card; 2) birth certificate; 3) a valid driver's license; 4) military card; 5) U.S. passport; 6) certificate of U.S. citizenship or naturalization; or 7) valid alien registration card with photo.

Thank you again for your interest in Watkins and Shepard Trucking, Inc. We look forward to welcoming you into our "family."

Sincerely,
Curt Weidner
Director of Driver Recruiting

7/15/07

PLEASE READ PRIOR TO COMPLETING APPLICATION

JOB DESCRIPTION, ESSENTIAL JOB FUNCTIONS AND MINIMUM QUALIFICATION STANDARDS FOR WATKINS AND SHEPARD TRUCKING, INC.

GENERAL JOB DESCRIPTION

TITLE: Company Driver (Over-the-Road, Regional, Short Line or Local)

GENERAL PURPOSE:

Safely transport, deliver, and if necessary, load and unload freight, as assigned by the Company.

GENERAL DESCRIPTION:

Intrastate, interstate and international (Canada) transportation of freight by tractor and trailer in various combinations from origin to destination. Includes intermittent hand loading and unloading from dock to trailer, trailer to dock or trailer to ground. Daily paperwork maintenance including but not limited to log book, trip envelopes, freight movement records, bills of lading, fuel and toll receipts, collection of freight or merchandise C.O.D. payments, and proofs of delivery. Minor equipment maintenance including but not limited to daily vehicle inspections, brake inspections and adjustments, load checks, equipment checks, and fueling. Any other duties as may be assigned by the Company.

ESSENTIAL JOB FUNCTIONS

All Company driving positions have the following minimum Essential Job Functions which may vary depending upon the type of driving position for which you are employed:

1. You must be able to read, speak and understand the English language sufficiently to converse with the general public, to understand highway traffic signs and signals, to report and respond to officials and to make entries on reports and records. Section 391.11(b)(2) of the Federal Motor Carrier Safety Regulations ("FMCSR").
2. You must (by reason of experience, training, or both) safely operate the type of commercial motor vehicle you are asked to drive in your driving position. Section 391.11(b)(3) of the FMCSR.
3. You must be physically qualified to drive a commercial motor vehicle in accordance with the rules of the FMCSR and maintain such qualification. Section 391.11(b)(4) of the FMCSR.
4. You must be able to sit for extended periods of time in the commercial motor vehicle you are asked to drive in your driving position.
5. You must be able to operate the commercial motor vehicle you are asked to drive in your driving position in all types of weather conditions and on all types of terrain including steep mountainous areas.
6. You must be able to walk, bend, reach, push, pull, stoop, squat, climb, grasp, lift, and handle heavy equipment, necessary to:
 - Perform vehicle inspection required under Section 396.13 of the FMCSR, including (1) pull open the tractor hood for six point brake, cotter pins, and fuel level inspection, (2) crawl under tractor and trailer for equipment inspections, (3) crawl onto hood to wash windows, (4) fuel truck and (5) check all lines.
 - Secure loads by pulling breaker bars to secure load straps, setting chains, assembling side kit, rolling out and securing tarp (for flatbed driving positions).
 - Apply tire chains in icy/snowy weather conditions.
 - Ensure safety during the hooking and dropping of trailers with all types of tractor/trailer combinations, including operating air brake system and fifth wheel system to raise or lower landing gear and releasing fifth wheel.
 - Load or unload (manually or with equipment) trailer (flatbed or van) including lift heavy objects.
 - Drive tractor/trailer combinations by pulling self into truck and operating hand controls, steering wheel, and transmission.
 - Ensure proper body mechanics when physical labor is required.
7. You must be able to read a road map and complete daily logs and all necessary trip reports, fuel reports, damage reports, and other paperwork required by the Company to be turned in as instructed.
8. You must be able to work every day of the week and at any time of the day or night.
9. If you live in MT, ID, or WA you must be eligible, able, and willing to operate a commercial motor vehicle in Canada.
10. You must be able to be away from place of residence at least three consecutive weeks. **Applies to long haul over-the-road driving positions only.**



TRUCKING, INC.

DRIVER APPLICATION FOR EMPLOYMENT

Fill in all blanks, original signatures in spaces
provided – return stapled book to below address.

Please keep the cover sheet that explains the job description.

HOME OFFICE
P.O. BOX 5328
MISSOULA, MONTANA 59806-5328
TOLL FREE (800) 548-8895
LOCAL (406) 532-6121
FAX (800) 409-9151



TRUCKING, INC.
An Equal Opportunity Employer

www.wksh.com

DRIVER

APPLICATION FOR EMPLOYMENT

Please answer all questions. Do not leave any spaces blank.

If the answer to any question is "No," "None," or "Not Applicable," respond accordingly.

*All information you provide will be verified.

PLEASE PRINT CLEARLY

Name _____ <small>Last, First, MI</small>	Phone Number _____
Address _____	How long at this address _____
City/State/Zip _____	Social Security Number _____
Birth Date (required by FMCSR Sect 391-21) _____	E-Mail Address: _____
Birth Certificate Number _____	and State of Issue _____

5 Years Previous Addresses _____ From _____ To _____
_____ From _____ To _____

What position are you applying for? Answer 1-4 as appropriate.

1) Orientation for Experienced Drivers _____ Orientation for Driving School Graduate _____ Watkins and Shepard Truck Driving School _____

2) Long Haul (48 States & Canada)

a) What is the maximum time you are able to be away from home? _____

b) Are there any areas of the country you will not to travel? If your answer is yes, please list them: _____

3) Regional Which terminal? _____

4) Local Which terminal? _____

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status Yes _____ No _____
(Proof of citizenship or immigration status will be required upon employment)

Have you worked for this company before? _____ Where? _____

Dates: From _____ To _____ Rate of Pay _____ Position _____

Reason for leaving _____

Rate of pay expected _____

Are there any vehicle combinations you would not operate? If your answer is yes, please list them: _____

If offered a position, when could you start? _____

IN CASE OF EMERGENCY CALL: _____

NAME RELATION PHONE

ADDRESS

From: _____ To: _____ Name _____
Phone# (_____) _____ Address _____
Supervisor _____ Position Held _____ street city State
May we call your
present employer? Yes ___ No _____ Reason for leaving _____

With this job, were you subject to the Federal Motor Carrier Safety Regulations (* - FMCSR)? Yes ___ No ___
Was this job designated as a Safety Sensitive Function in any DOT regulated mode subject to drug and alcohol testing
as required by 49 CFR part 40? Yes ___ No ___

From: _____ To: _____ Name _____
Phone# (_____) _____ Address _____
Supervisor _____ Position Held _____ street city State
May we call your
present employer? Yes ___ No _____ Reason for leaving _____

With this job, were you subject to the Federal Motor Carrier Safety Regulations (* - FMCSR)? Yes ___ No ___
Was this job designated as a Safety Sensitive Function in any DOT regulated mode subject to drug and alcohol testing
as required by 49 CFR part 40? Yes ___ No ___

From: _____ To: _____ Name _____
Phone# (_____) _____ Address _____
Supervisor _____ Position Held _____ street city State
May we call your
present employer? Yes ___ No _____ Reason for leaving _____

With this job, were you subject to the Federal Motor Carrier Safety Regulations (* - FMCSR)? Yes ___ No ___
Was this job designated as a Safety Sensitive Function in any DOT regulated mode subject to drug and alcohol testing
as required by 49 CFR part 40? Yes ___ No ___

From: _____ To: _____ Name _____
Phone# (_____) _____ Address _____
Supervisor _____ Position Held _____ street city State
May we call your
present employer? Yes ___ No _____ Reason for leaving _____

With this job, were you subject to the Federal Motor Carrier Safety Regulations (* - FMCSR)? Yes ___ No ___
Was this job designated as a Safety Sensitive Function in any DOT regulated mode subject to drug and alcohol testing
as required by 49 CFR part 40? Yes ___ No ___

From: _____ To: _____ Name _____
Phone# (_____) _____ Address _____
Supervisor _____ Position Held _____ street city State
May we call your
present employer? Yes ___ No _____ Reason for leaving _____

With this job, were you subject to the Federal Motor Carrier Safety Regulations (* - FMCSR)? Yes ___ No ___
Was this job designated as a Safety Sensitive Function in any DOT regulated mode subject to drug and alcohol testing
as required by 49 CFR part 40? Yes ___ No ___

PLEASE MAKE A COPY OF THIS SHEET TO CONTINUE EMPLOYMENT HISTORY, IF NECESSARY

FOR CURRENT TRUCK DRIVING SCHOOL STUDENTS OR RECENT GRADUATES

Please attach your transcripts and certificates of completion Graduation Date: _____
 Name of Truck Driving School: _____ Phone#: (____) _____
 Street Address/City/State: _____

If applying for the Watkins and Shepard Driving School in Missoula, MT list the month you want to attend: _____

EXPERIENCE IN TRUCKING:

FB: years of experience _____ Types of cargo Hauled: _____

Van: years of experience _____ Length of trailers pulled: 53' _____ 48' _____ Other (list): _____

Local: years of experience: _____ Length of trailers pulled: 53' _____ 48' _____ Other (list): _____

Other: please list _____

Do you have a hazardous materials endorsement? Yes _____ No _____ (HAZMAT Endorsement is NOT required for employment)

Do you have any Safe Driving Awards? _____

The rest of the page must be completed. If an answer is not applicable, write 'N/A'

ACCIDENT RECORD FOR ANY AND ALL VEHICLES DRIVEN FOR THE PAST 5 YEARS (ATTACH SHEET IF MORE SPACE REQUIRED)

***NOTE: LIST ALL ACCIDENTS OR INCIDENTS REGARDLESS OF CHARGEABILITY OR SEVERITY.**

	DATES	NATURE OF ACCIDENT/INCIDENT (Head-on, Rear end, Roll over, etc.)	FATALITIES Number or 'None'	INJURIES (Explain)
LAST ACCIDENT				
NEXT PREVIOUS				
NEXT PREVIOUS				

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE LAST 5 YEARS (Other than parking violations).

LOCATION	CONVICTION DATE AND CHARGE	PENALTY

DRIVER LICENSES - List each motor vehicle operator's license or permit issued to you in the last 5 years.

DRIVER LICENSES	STATE	LICENSE NUMBER	TYPE	EXPIRATION DATE

A. Have you **ever** had any license, permit, or privilege to operate a motor vehicle suspended, revoked or denied? Yes _____ No _____
 If yes, list date, reason and length of suspension _____

B. Have you **ever** been convicted of a DUI/DWI? Yes _____ No _____ Dates: _____

C. Have you **ever** been convicted of possession of a controlled substance? Yes _____ No _____ Dates: _____

D. Have you **ever** been convicted of reckless, careless, or negligent operation of a motor vehicle? Yes _____ No _____
 If yes, list date and reason: _____

E. Have you **ever** been convicted of a felony? Yes _____ No _____ If yes, list date and offense: _____

Have you **ever** been convicted of a misdemeanor? Yes _____ No _____ If yes, list date and offense: _____

F. Are you currently on probation or parole? Yes _____ No _____ Are you currently under investigation for any criminal matter? Yes _____ No _____

CERTIFICATION OF PRE-EMPLOYMENT DRUG AND ALCOHOL TESTING

During the last 3 years from the date of this application, have you tested positive for a controlled substance or alcohol or refused to be tested on any pre-employment controlled substance or alcohol test as required by 49 C.F.R. Section 382.301? This includes any pre-employment test administered by an employer to which you applied for safety-sensitive transportation work covered by D.O.T. regulations requiring pre-employment controlled substance or alcohol testing. Yes _____ No _____ .

If yes, have you been evaluated by a Substance Abuse Professional? Yes _____ No _____ .

MILITARY SERVICE

Have you ever served in the U.S. armed forces: _____ Date and Type of Discharge _____

EDUCATION

Circle Highest Grade Completed : 9 10 11 12 College _____

How did you become acquainted with Watkins and Shepard Trucking, Inc.?:

Advertisement - Where? _____

Watkins Shepard Employee Who? _____

Other? _____

Please use the space provided below for additional comments about yourself, as well as capabilities that you feel may be imperative.

CERTIFICATION OF APPLICANT

My signature below certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge. I understand that I may be disqualified if I falsify my application.

It is agreed and understood that any misrepresentation of information or information withheld will be considered an act of dishonesty and will be sufficient cause to nullify my application or if hired will be cause for dismissal.

It is agreed and understood that Watkins and Shepard Trucking, Inc. or agents may investigate my background to ascertain any and all information of concern to my record, whether same is of record or not, and I release all present and former employers and other persons herein from all liability for any damages on account of their furnishing such information.

I understand that the information in this application will be used and that prior employers will be contacted for purposes of investigation as required by section 391.23 of the Motor Carrier Safety Regulations. I authorize my past employers, and any others contacted, to answer all questions asked by the Company concerning my ability, character, and reputation. I release all such persons and Watkins and Shepard Trucking, Inc. from any liability on account of furnishing such information to Watkins and Shepard Trucking, Inc.

I understand that per CFR section 391.23(i), I have the right to review information provided by previous employers, have errors corrected by previous employers and resubmitted to Watkins and Shepard Trucking, Inc. and/or have a rebuttal statement attached to erroneous information. I understand that I must request past employer information in writing within 30-days of my application. 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 Report, including information regarding my character, general reputation, personal characteristics, and mode of living.

I agree to furnish additional information and complete examinations as may be required to complete my employment file.

It is agreed and understood that if hired, I will be employed for a 90-day New Employee Probationary Period. At the completion of the 90-day New Employee Probationary Period, Watkins and Shepard Trucking, Inc. will review and evaluate my job performance and 1) place me as a non-probationary driver, 2) continue the New Employee Probationary Period, or 3) take other action as may be appropriate in the sole discretion of the company.

X _____
Signature of Applicant Date

WATKINS AND SHEPARD TRUCKING, INC. TO: _____

P.O. BOX 5328
MISSOULA, MT 59806-5328
TOLL FREE (800) 548-8895
FAX (800) 409-9151

ATTN: _____

AUTHORIZATION TO RELEASE INFORMATION

Applicant: Sign/Date in box below. Leave rest of page blank

I hereby authorize you to release all information concerning my employment, including oral assessments of my job performance, ability, fitness and positive results of any alcohol and controlled substance testing as required by Section 382.413 of the FMCSR to Watkins and Shepard Trucking, Inc. in connection with my application. I hereby release you from any and all liability of any type as a result of providing the below information to Watkins and Shepard Trucking, Inc.

Applicant Signature _____

Date _____

The person named below has applied to this company for employment. Your firm is listed as a past employer. As required by FMCSR 391.23 we must inquire about all driver applicants' past employment. Please reply to the questions below concerning this applicant. Your answers will be confidential. **The applicant has waived any claim of liability against your company (and its agents) for information submitted in response to this inquiry.** **Sincerely, Watkins Shepard Trucking, Inc.**

Name of applicant: _____ Social Security No. _____

Job applied for: _____

To Be Completed By Previous Employer Only

Previous Employer _____

1. This applicant lists dates of employment with your firm from: _____ to: _____ Is this correct? Yes ___ No ___

If not, please list correct dates: _____

2. What kind(s) of work did he/she do? (Please circle all that apply.) For Drivers: type of truck/tractor: _____

Tractor trailer ; Van ; 48' ; 53' ; Flatbed ; Pups ; Straight truck

OTR ; Local ; Dock ; Office ; Shop ; Other _____

3. Did the applicant have any accidents while in your employ? Yes ; No ; If yes, how many? _____

Dates Preventable
____/____/____ Yes ; No Description _____

____/____/____ Yes ; No Description _____

____/____/____ Yes ; No Description _____

4. Is there anything in the applicant's history that could suggest he or she may not be trusted to handle company funds? _____

5. Did the applicant pose disciplinary problems? Yes ; No ; If so, please explain: _____

6.. Reason for Leaving Please circle all that apply; Resigned w/notice; Resigned w/o notice; No show; Terminated/Disqualified; Abandonment:

Quit under dispatch; Laid off; Other _____

7. Would you re-employ this person? Yes ; No . If no, please explain: _____

Release of Alcohol and Controlled Substance test information as required by FMCSR 382.413;

8. Was this person ever drug tested while at your company? Yes No

9. During the last 3 years, did the applicant listed above: **Date of Positive Drug or Alcohol Test of Refusal**

A. Have a positive controlled substance test result? Yes No _____

B. Have an alcohol test with a concentration result of 0.04 or above? Yes No _____

C. Refuse to be tested for alcohol or controlled substances? Yes No _____

10. Additional remarks on overall work performance would be appreciated: _____

By _____ Date: _____
(Signature of person supplying information)

**WATKINS AND SHEPARD TRUCKING INC.
DISCLOSURE AND RELEASE**

In connection with my application for employment (including contract for services) with you, I understand that consumer reports which may contain public record information may be requested from selected driver information service agents under contract with Watkins and Shepard Trucking such as USIS and FATS (“driver information service agents”). These reports may include the following types of information: names and dates of previous employers, reason for termination of employment, work experience, accidents, 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 driver information service agents concerning previous driving record requests made by others from such state agencies, and state provided driving records.

I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY THE DRIVER INFORMATION SERVICE AGENTS TO FURNISH THE ABOVEMENTIONED INFORMATION.

I have the right to make a request to the driver information service agents, upon proper identification, to request the nature and substance of all information in its files on me, including the sources of information; and the recipients of any reports on me which the company has previously furnished within the 3-year period preceding my request. I hereby consent to your obtaining the above information from such companies, and I agree that such information which such companies have or obtain, and my employment history with you, if I am hired, will be supplied by these companies to other companies which subscribe to these services.

I understand and agree that during my employment and upon termination of my employment (or contract for services cancellation) my employment history with Watkins and Shepard Trucking may be released to driver information service agents for future dissemination to other companies which subscribe to their services.

I hereby authorize procurement of consumer report(s). If hired (or contracted,) this authorization 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.

I have the right to be informed of possible adverse action to be taken on my application based on information provided by driver information service agents prior to such adverse action being taken. In such a case, I have the right to review the information provided and may dispute the accuracy or completeness of the information with the providing driver services agent.

Print Name

Social Security

Applicant’s Signature

Date

We receive many applications that are incomplete. Please help us help you.

You DO NOT need to return this page. It is only a reminder sheet.

Go back through the application to ensure that it has been completed with all questions answered.

Students/Student Grads - Please include your 5-year state Motor Vehicle Record

You DO NOT need to return this page. It is only a reminder sheet.



TRUCKING, INC.

WATKINS AND SHEPARD TRUCKING, INC.

PO BOX 5328

MISSOULA, MONTANA 59806-5328

MINIMUM QUALIFICATION STANDARDS

1. General Age/Knowledge/License Requirements

- You must be at least 21 years of age at the time of hire.
- You must have and *maintain* a current Class A, Type 1 CDL license with air brakes notation, and for dry van drivers, doubles/triples endorsement.
- You must be able to operate in the U.S. and Canada without restrictions. Note: A felony or DUI may restrict the driver from entering into Canada unless a Canadian waiver has been obtained. Some misdemeanors in the U.S. may be considered felonies in Canada. **Only applies to long haul over-the-road driving positions and terminal-based driving positions where part of the operations include Canadian deliveries, such as MT, ID, or WA.**
- You must not have any restrictions which would prevent transportation of specific types of freight such as alcohol, tobacco, hazardous materials, firearms, certain food groups, or any other freight.

2. Experience Requirements

- In addition to completing the training or orientation required by the Company, all drivers must have one of the following minimum experience requirements:
- A minimum of 1 year verifiable Class A over-the-road driving experience; or
- Successful graduation from a Watkins and Shepard-approved truck driving school; or
- Successful graduation from the Watkins and Shepard Truck Driving School.

3. Motor Vehicle Record Requirements

During the initial processing of your application, we receive a motor vehicle record report from D.A.C. Services, which documents at least the last 3 years of your driving record for each state in which you held a license during the last 5 years. Subsequent to this initial review you are required to provide us with an official copy of your motor vehicle record for the state in which you are currently licensed. Both motor vehicle reports are used to determine whether you meet the motor vehicle record requirements. To qualify for hire or to maintain your continued qualification as a driver for Watkins and Shepard Trucking, your motor vehicle record:

- Must not include a DUI/DWI or possession of a controlled substance or possession of alcohol conviction in a commercial motor vehicle;
- Must not include a DUI/DWI or possession of a controlled substance conviction in a non-commercial motor vehicle within the last five years;
- Must not include a conviction for death by vehicle, hit and run, or racing in either a commercial motor vehicle or noncommercial motor vehicle;
- Must not include any more than two moving violation convictions in the twelve months prior to the date of the application and no more than three moving violation convictions within five years from the date of the application;
- Must not include a reckless, careless, or negligent operation of a motor vehicle conviction within five years from the date of the application;
- Must not include any Department of Transportation (D.O.T.) recordable, at-fault collision within three years of the date of the application and no more than one D.O.T. recordable, at-fault collision during your entire commercial motor vehicle career;
- Must not include any more than two non-D.O.T. reportable, at-fault collisions in any motor vehicle within three years of the date of the application;
- Must not include any felony conviction within the seven years from the date of the application, and, if beyond seven years from the date of the application, you must obtain a waiver permitting entry into Canada.

4. Physical Requirements

- Driver must have passed or be able to pass the D.O.T. physical qualification standards set out in Section 391.11(b)(4) of the FMCSR, including a long-form physical examination AND a company defined functional capacity test.
- Driver must have passed a pre-employment controlled substance test in accordance with Section 382.301(a) of the FMCSR, and continue to pass an alcohol or controlled substance test requirement in accordance with Sections 382.303-311 of the FMCSR.

5. Equipment Operation Minimum Standards

- Driver must be able to operate truck and trailer combinations in any combination.
- Driver must be able to (at the time of application or by subsequent training) operate freight-moving devices including pallet jacks or forklifts.