



HUMAN PERFORMANCE FACTORS ATTACHMENT

Volvo Driver's Employment Application

Greenville, AL

HWY21MH009

(4 pages)

WOOD FORK

425
BC
BT

Commercial Driver Employment Application

Company Applied for: Hansen and Adkins Auto Transport X Harbor Auto Transport _____
3611 Farquhar Ave Los Alamitos, CA 90720

Region Applied in: East X West _____ State: ALABAMA
Terminal City Location: BIRMINGHAM

EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER
QUALIFIED APPLICANTS ARE CONSIDERED WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE, MARITAL STATUS, VETERAN STATUS OR DISABILITY. COMPANY PERSONNEL ARE EMPLOYED ON AN EQUAL BASIS. EMPLOYMENT IS AT WILL. THIS MEANS THAT THE EMPLOYMENT RELATIONSHIP MAY BE TERMINATED BY EITHER PARTY WITHOUT NOTICE AT ANY TIME BY EITHER THE EMPLOYEE OR THE COMPANY.

Personal Information

Name: JAMES B WOODFORK *Date of Birth: [REDACTED]
First MI Last *required by FMCSR 391.11
Current Address: [REDACTED] Social Security # [REDACTED]
Number/street address
GARDENDALE AL 35071 Telephone: [REDACTED]
City State Zip
Previous Address: [REDACTED] Cell Phone: SAME AS ABOVE
Number/street address optional
BESSEMER AL 35022 E-mail Address: [REDACTED]
City State Zip optional

Important: If at current address for less than three years, list all addresses for the previous three years, attach separate sheet if necessary

In case of emergency notify: [REDACTED] Name Address Phone
--Have you ever been known by another name? NO, if so, please list _____
--Have you ever applied to this Company? YES, if so, when AUG 2011
--Have you ever been employed by this Company or a subsidiary? NO, if so give dates from _____ to: _____
--If previously employed by the Company, give reason for leaving: N/A
--If hired, can you present evidence of your U.S. Citizenship or your legal right to live and work in this country? X Yes ___ No
--Are you able to perform the duties of the job as contained in the job description with reasonable accommodation? X Yes ___ No
--How did you find out about this company? Employee Referral X Newspaper ___ Other ___

PLEASE READ CAREFULLY

A. Have you ever been denied a license, permit, or privilege to operate a motor vehicle? ___ Yes X No
B. Has your driver's license, permit or privilege ever been suspended or revoked? X Yes ___ No
C. Have you ever been charged with driving while intoxicated or under the influence of alcohol or drugs? ___ Yes X No
D. Have you ever used any illegal drugs (including marijuana)? X Yes ___ No If yes, when was the last time? 1982
E. Have you ever been convicted for possession, sale, or use of a narcotic drug, amphetamine, or a derivative thereof? ___ Yes X No
F. Have you ever been convicted of a criminal offense? ___ Yes X No
G. Do you currently have any criminal actions pending in which you are a defendant? ___ Yes X No
H. Are you currently on probation or parole status ___ Yes X No
If yes to any of the above questions, state specific circumstances and dates: N/A

EDUCATION

Circle highest grade completed 1 2 3 4 5 6 7 8 High School 1 2 3 4 College (1) 2 3 4 Graduate School 1 2 3
Have you attended a Professional Truck Driving School? ___ Yes X No If yes, did you graduate? ___ Yes ___ No
List specialty training or schools attended (including Truck driving school). Include dates of attendance and degrees or certifications achieved: _____
MILITARY TRAINING DRIVING SEVERAL TYPES OF EQUIPMENT

MILITARY STATUS

Have you ever served in the U.S. Armed Forces? X Yes ___ No Branch US ARMY RESERVE **Dates: From 1/82 To 8/06
Duties: PLT SGT LOADING SUPERVISOR EQUIPMENT OPERATOR
Rank at time of Discharge SFC / E-7 Discharge classification HONORABLE

** If service occurred within the last three years, please provide copy of DD 214 for verification purposes
Revised 06/01/05

EMPLOYMENT RECORD FOR PASSENGER VEHICLES

All applicants must list all full and part-time employment including military service, self employment, and periods of unemployment during preceding 10 years. Any employment gaps of greater than 30 days must be explained and verified. Independent contractors should include contact information for the Company "leased to" unless contractor operated under their own authority. Contractors operating on own authority must include ICC and DOT numbers. NOTE: List employers in reverse order starting with the most recent. USE AN ADDITIONAL SHEET IF NECESSARY

CURRENT OR MOST RECENT EMPLOYER

May We Call? Yes No

Name UNITED ROAD SERVICES

From: 8 29 11 To: PRESENT

Address 10711 MIDDLEBOLT ROMULUS MI
Street City State zip code

Phone # [REDACTED]

Position Held DRIVER - AUTO HAULER

Supervisor [REDACTED] (GREEN TERMINAL)

Reason for Leaving NEED MORE HOME TIME

Type of Equip. Driven AUTO HAULER

Gap in employment From: N/A To: Explain N/A

Were you subject to compliance with DOT FMCSR? Yes No Were you enrolled and subject to Random Drug Screen? Yes No

SECOND PRIOR EMPLOYER

Name ALLIED SYSTEMS LTD

From: 3/18/11 To: 7/29/11

Address 3600 BALL ST BIRMINGHAM AL 35215
Street City State zip code

Phone # [REDACTED]

Position Held DRIVER - AUTO HAULER

Supervisor [REDACTED]

Reason for Leaving TERMINAL CLOSED

Type of Equip. Driven AUTO HAULER

Gap in employment From: N/A To: Explain N/A

Were you subject to compliance with DOT FMCSR? Yes No Were you enrolled and subject to Random Drug Screen? Yes No

THIRD PRIOR EMPLOYER

Name UNITED ROAD SERVICES

From: 7-11-05 To: 3-17-11

Address 10711 MIDDLEBOLT ROMULUS MI
Street City State zip code

Phone # [REDACTED]

Position Held DRIVER - AUTO HAULER

Supervisor [REDACTED]

Reason for Leaving NEED MORE HOME TIME

Type of Equip. Driven

Gap in employment From: N/A To: Explain N/A

Were you subject to compliance with DOT FMCSR? Yes No Were you enrolled and subject to Random Drug Screen? Yes No

FOURTH PRIOR EMPLOYER

Name US ARMY RESERVES

From: 12 29 03 To: 3-11-05

Address 9400 GREENSPRINGS B'ham AL
Street City State zip code

Phone # () N/A

Position Held PLT SGT

Supervisor CPT. HALL

Reason for Leaving RETIRED

Type of Equip. Driven LAWBOY LOWBOY

Gap in employment From: 3/05 To: 7/05 Explain JUST BACK FROM DEPLOYMENT TO AFGHANISTAN

Were you subject to compliance with DOT FMCSR? Yes No Were you enrolled and subject to Random Drug Screen? Yes No

FIFTH PRIOR EMPLOYER

Name ALLIED SYSTEMS LTD

From: 7 02 To: 12 03

Address 3600 BALL ST BIRMINGHAM AL
Street City State zip code

Phone # [REDACTED]

Position Held DRIVER - AUTO HAULER

Supervisor [REDACTED]

Reason for Leaving MILITARY UNIT ACTIVATED

Type of Equip. Driven AUTO HAULER

Gap in employment From: N/A To: Explain N/A

Were you subject to compliance with DOT FMCSR? Yes No Were you enrolled and subject to Random Drug Screen? Yes No

SIXTH PRIOR EMPLOYER

Name SDS

From: 5 2000 To: 7 02

Address 41ST CT Bham AL
Street City State zip code

Phone # () N/A

Position Held DRIVER OPERATOR - AUTO HAULER

Supervisor [REDACTED]

Reason for Leaving CHANGING COMPANY BECAUSE OF BAD PRACTICES

Type of Equip. Driven AUTO HAULER

Gap in employment From: N/A To: Explain N/A

Were you subject to compliance with DOT FMCSR? Yes No Were you enrolled and subject to Random Drug Screen? Yes No

DRIVING EXPERIENCE				
CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, CARHAUL, ETC)	FROM (date)	TO (date)	APPROX # OF MILES
Straight Truck	10-WHEEL CARGO	1-82	8-06	
Tractor and semi-trailer	LOW BOY, FLAT BED	1-82	8-6	
Tractor and two trailers				
Auto Transport	CARHAULER / HIGH RAIL / QUICK LOADER	12/92	PRESENT	

LICENSE INFORMATION				
STATE OF ISSUE	LICENSE NUMBER	TYPE	ENDORSEMENTS	EXPIRATION DATE
AL	[REDACTED]	CLASS A	NT	2-8-2013

TRAFFIC CONVICTIONS AND VIOLATIONS			
DATE OF CONVICTION	LOCATION (STATE)	CHARGE	PENALTY
2005	MARSHALL IL	OUTSTANDING TICKETS FROM 1989	PAID FINE

ACCIDENT RECORD						
DATE	Type of vehicle	BRIEF DESCRIPTION (i.e. backing, head on, lane change, rear end, upset, etc)	Preventable or Non-Preventable	# of Fatalities	# of Injured	\$ Amount of Property Damage
		N/A				

PERSONAL REFERENCES

1. Name [REDACTED] Relationship CO-WORKER
 Address [REDACTED] Phone # [REDACTED]

2. Name [REDACTED] Relationship CO-WORKER
 Address [REDACTED] Phone # [REDACTED]

ACKNOWLEDGEMENT - PLEASE READ CAREFULLY BEFORE SIGNING

As part of our procedure for processing your application, an investigation report may be made whereby information is obtained through a personal interview with you or with third parties, such as family members, business associates, financial sources, friends, neighbors or others to whom you are acquainted. This inquiry includes information as to your character, general reputation, personal characteristics and mode of living, whichever may be applicable. Upon written request, additional information as to the nature and scope of the inquiry, if one is made, will be provided.

By my signature below I hereby authorize Hansen and Adkins Auto Transport, or their subsidiaries or agents to investigate my previous record of employment to ascertain any and all information which may concern my record whether same is of record or not and I release my former employers from all liability for any damages resulting from their furnishing such information. I understand that information that 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). It is agreed and understood that:

- My completing this application will in no way assure my being employed
- Company personnel are employed on an "at-will" basis. Employment "at-will" means that the employment relationship may be terminated, with or without notice, at any time by either the employee or the Company.
- My answers to the foregoing questions are true and correct, and that any misrepresentation of information given shall be considered an act of dishonesty.
- If employed I will submit to a physical examination and tests as may be required by the Company and I will furnish freely such information or documents that may be required to complete my employment file.
- Employers must make accommodations to disabled applicants and employees where the accommodation does not impose an undue hardship on the employer. Disabled employees and applicants must request an accommodation of their disability to the Company in writing within 182 days of the date the disabled individual knows or should know that an accommodation is needed. Failure to properly notify the Company will preclude any claim that the employer failed to accommodate the disabled individual.
- I agree that any action or suit against the Company arising out of my employment or termination of employment including, but not limited to, claims arising under State or Federal civil rights statutes must be brought within 180 days of the event giving rise to the claims or be forever barred. I waive any limitation periods to the contrary. If, however, a State or Federal statute creating or governing my right to bring a claim, suit or action against the Company contains within its provisions a limitations period for bringing such a claim, suit or action, the statutory limitations period shall apply. I further agree that if I should bring any non-statutory action or claim arising out of my employment against the Company, in which the Company prevails, I will pay the Company any and all such costs incurred by the Company in defense of said claims or actions, including attorney fees.
- This 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.

[REDACTED] Applicant's Signature APR 9, 2012 Date of application