



Dear Applicant;

Thank you for your interest in our company.

Hammell Transport Service, Inc. is a privately owned company located in Hermiston Oregon. Our core business is refrigerated transport operating primarily on the I-5 corridor. We serve customers in the frozen food and grocery industry. We do not haul Haz-Mat loads.

We have grown to our current size because of our association with the best quality drivers, owner operators and customers. We maintain a modern fleet of company tractors and trailers; 2010 Volvo's equipped with I-Shift, disc brakes and super singles. All tractors are equipped with Qualcomm communication and tracking. Trailers are 2009, 53' x 102" Utility with super singles.

It is not necessary to live in Hermiston to work for Hammell Transport. Most locations on or a short distance off the I-5 corridor between Seattle and Los Angeles are generally acceptable.

We dispatch on a first in first out basis. Our drivers earn great wages and enjoy the comfort of a steady lane of operation. Company driver benefits include partially paid Medical, Dental and Life Insurance. We also offer paid vacation and participation in our 401K retirement plan.

We stress safety and require all drivers, company and contractor, to operate within the Federal Motor Carrier Safety Administration and Department of Transportation rules and regulations and adhere to all state laws.

There are usually questions when an individual is thinking of hiring on with a new company. Please call, fax or email if questions arise.

If you have received this application by mail you may use the included pre-paid Fed-Express envelope to return your application. You can also fax your application to 541-567-7607 or send the application as an email attachment to: modom@hammelltransport.com

Again, thank you for your interest in Hammell Transport

Mark Odom

A handwritten signature in black ink, appearing to read "Mark Odom", written in a cursive style.

Safety / Compliance / Recruiter Manager

Instructions for filling out the PDF application.

If you need a more current free Adobe Reader go to: <http://get.adobe.com/reader/>


For Yes and No answers use X

Sign the application with a digital signature (ID).

When you click on the brown arrow where a signature is required (there are 3 signature areas) there will be a popup that allows you to create your digital signature. Or you can use the steps below. Either way you will only have to do this once. After that you will only have to enter your password to insert your digital signature. Every time you use your digital signature it will want you to save the document. It will ask if you want to replace the original. The answer is yes. After completing the Application return as an email attachment to: modom@hammelltransport.com

Create a self-signed digital ID

If you're not using a third-party digital ID, you can create your own self-signed digital ID. When you create a self-signed digital ID, the resulting file stores an encrypted private key used for signing or decrypting documents and a public key contained in a certificate, which is used for validating signatures and encrypting documents.

1. Choose Document > Security Settings.
2. Select Digital IDs on the left, and then click the Add ID button .
3. Select Create A Self-Signed Digital ID For Use With Acrobat, and click Next.
4. Specify where to store the digital ID, and click Next.

New PKCS#12 Digital ID File

Stores the information in a file that you can send to others. This is a standard encryption format with a .pfx extension in Windows and .p12 in Mac OS.

Windows Certificate Store (Windows only)

Stores the file where other Windows applications can also retrieve it.

5. Type a name, email address, and other personal information for your digital ID. When you certify or sign a document, the name appears in the Signatures panel and in the signature field.
6. (Optional) To use Unicode values for extended characters, select Enable Unicode Support, and then specify Unicode values in the appropriate boxes.
7. Choose an option from the Key Algorithm menu. 2048-bit RSA offers more security than 1024-bit RSA, but 1024-bit RSA is more universally compatible.

8. From the Use Digital ID For menu, choose whether you want to use the digital ID for signatures, data encryption, or both. Click Next.
9. Specify a filename and location for the digital ID file.
10. Type a password; passwords are case-sensitive, must contain at least six characters, and may not contain double quotation marks or the following characters: ! @ # \$ % ^ & * , | \ ; < > _ .
Type the same password in both the Password and Confirm Password boxes. Click Finish.
You can export and send your certificate file to those who need to validate your signature.
Important: Make a backup copy of your digital ID file. If your digital ID file is lost or corrupted, or if you forget your password, you cannot use that profile to add or validate signatures.



Hammell Transport
28752 Westport Lane (P.O. Box 189)
Hermiston OR 97838
Ph: 800-274-9076 / 541-567-0910
Fax: 541-567-7607

Company Driver Application
Commercial Drivers Application for Employment

First Name _____ M _____ Last _____ Phone ___ - ___ - ___
Cell ___ - ___ - ___
Fax ___ - ___ - ___
Street _____ City _____ State ___ Zip _____

If at last residence less than 3 years, list all residences for the past 3 years. Attach separate page if necessary.

Street _____ City _____ State ___ Zip _____

Birth Date ___ / ___ / ___

Birth City _____ State ___ Country _____

Social Security ___ - ___ - ___ Are you a Resident Alien? Yes ___ No ___

In case of emergency notify- First _____ Last _____ Relationship _____

Street _____ City _____ State ___ Zip _____

Phone ___ - ___ - ___

General Information

Are currently employed? Yes ___ No ___ May we contact your current employer?
Yes ___ No ___

If currently unemployed from: Date ___ / ___ / ___ to Date ___ / ___ / ___

Who referred you? _____ Have you ever been bonded? Yes ___ No ___

Have you been known by any other names than the one on this application? Yes ___ No ___

If yes, please list: First Name _____ M _____ Last _____

Have you been convicted of a felony? Yes ___ No ___ If yes, please attach a separate page with details.

References

Please list two people that can verify employment and personal history such as co-workers, neighbors or friends. Do not use employers or relatives.

First Name _____ Last _____

Street _____ City _____ State ___ Zip _____

Phone _____ Relationship _____ How long? _____

First Name _____ Last _____

Street _____ City _____ State ___ Zip _____

Phone _____ Relationship _____ How long? _____

License Information

License number _____ State ___ Expiration Date ___/___/___

Name on CDL: First Name _____ M _____ Last _____

Medical Card Expiration Date ___/___/___

Have you held, or do you now hold, drivers licenses from any other States? Yes ___ No ___

If yes, please list them below

License number _____ State ___ Expiration Date ___/___/___

License number _____ State ___ Expiration Date ___/___/___

Driving experience

Type of equipment Miles Driven States Driven

Tractor Semi Trailer: Yes ___ No ___ Flat ___ Van ___ Reefer ___

Total miles Driven _____

States you've driven a CMV _____

Type of commodities hauled _____

Straight Truck: Yes ___ No ___
Other type of CMV _____

Traffic Citations, Convictions or Forfeitures past 5 Years- Professional & Personal.

Please provide complete and accurate information in this section. Failure to provide this information will be considered a falsification of the application which could result in non-consideration of employment or immediate termination.

			Charge / Violation / Penalty
Date ___/___/___	City _____	State ___	_____
Date ___/___/___	City _____	State ___	_____
Date ___/___/___	City _____	State ___	_____
Date ___/___/___	City _____	State ___	_____

Accidents last 5 Years (Commercial and private vehicles)

Attach an extra page if needed

Date	Towaway?	Injuries?	Fatalities?	Chargeable?
___/___/___	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___
___/___/___	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___
___/___/___	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___
___/___/___	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___

1. Has your license or privilege to drive ever been revoked or suspended? Yes ___ No ___
2. Have you ever been convicted of driving while intoxicated or under the influence of drugs or alcohol? Yes ___ No ___

If you answered YES to questions 1 or 2 please provide details below. Attach sheet if necessary.

Previous Employment History – 10 year history required. Most recent 1st.

Employer _____ Phone ___ - ___ - ___ Fax ___ - ___ - ___

Street _____ City _____ State ___ Zip _____

Position Held _____ Supervisors Name _____

Start Date ___/___/___ to ___/___/___ Reason for leaving - Quit ___
Terminated ___ Layoff ___

Were you subject to the FMCSR's while employed? Yes ___ No ___

Was your job designated as a safety-sensitive function in any DOT regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes ___ No ___

Employer _____ Phone ___ - ___ - ___ Fax ___ - ___ - ___

Street _____ City _____ State ___ Zip _____

Position Held _____ Supervisors Name _____

Start Date ___/___/___ to ___/___/___ Reason for leaving - Quit ___
Terminated ___ Layoff ___

Were you subject to the FMCSR's while employed? Yes ___ No ___

Was your job designated as a safety-sensitive function in any DOT regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes ___ No ___

Employer _____ Phone ___ - ___ - ___ Fax ___ - ___ - ___

Street _____ City _____ State ___ Zip _____

Position Held _____ Supervisors Name _____

Start Date ___/___/___ to ___/___/___ Reason for leaving - Quit ___
Terminated ___ Layoff ___

Were you subject to the FMCSR's while employed? Yes ___ No ___

Was your job designated as a safety-sensitive function in any DOT regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes ___ No ___

Employer _____ Phone ___-___-___ Fax ___-___-___

Street _____ City _____ State ___ Zip _____

Position Held _____ Supervisors Name _____

Start Date ___/___/___ to ___/___/___ Reason for leaving - Quit ___
Terminated ___ Layoff ___

Were you subject to the FMCSR's while employed? Yes ___ No ___

Was your job designated as a safety-sensitive function in any DOT regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes ___ No ___

Employer _____ Phone ___-___-___ Fax ___-___-___

Street _____ City _____ State ___ Zip _____

Position Held _____ Supervisors Name _____

Start Date ___/___/___ to ___/___/___ Reason for leaving - Quit ___
Terminated ___ Layoff ___

Were you subject to the FMCSR's while employed? Yes ___ No ___

Was your job designated as a safety-sensitive function in any DOT regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes ___ No ___

Employer _____ Phone ___-___-___ Fax ___-___-___

Street _____ City _____ State ___ Zip _____

Position Held _____ Supervisors Name _____

Start Date ___/___/___ to ___/___/___ Reason for leaving - Quit ___
Terminated ___ Layoff ___

Were you subject to the FMCSR's while employed? Yes ___ No ___

Was your job designated as a safety-sensitive function in any DOT regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes ___ No ___

Washington state release form

This is required regardless of your license issuing state.

I am an employee or prospective employee of Hammell Transport requesting my official driving record in the state of Washington be released to Hammell Transport or their agent.

Print Name _____ Signature _____

Date ___ / ___ / ___ Washington license # _____

Summary

If while filling out this document there was not sufficient room for your answers, you may attach a separate sheet to complete your statement. We encourage you to be as accurate as possible with dates, phone numbers, etc. Applications not fully completed will not be considered. It is Hammell Transport policy not to discriminate against any person on the basis of race, religion, national origin, age, gender or any other protected classification.

Applicants Release Please Read Carefully and Sign

I certify that this application was completed by me. I further certify that the information I provided on this application is true and complete to the best of my knowledge.

I understand that a urinalysis will be required, before hiring and randomly from time to time during my course of employment for the express purpose of drug and alcohol detection. Failure of this drug screen or refusal to submit to a drug screen will be grounds for non-consideration.

I understand that completion and submission of this document does not obligate Hammell Transport Services, Inc in any manner.

I understand that any misrepresentation or omission of information requested on this document will be grounds for non-consideration.

Applicant Signature _____ Date ___ / ___ / ___

Print: First Name _____ M _____ Last _____

Mail application to address at top of form, fax to 541-567-7607 or email to modom@hammelltransport.com



28752 Westport Lane
P.O. Box 189
Hermiston OR 97838
Phone: 800-274-9076
FAX: 541-567-7607

I authorize my previous employers to release to HST all employment records including assessments of my job performance, ability and fitness including dates and results of alcohol or drug tests or my refusal to submit to any drug / alcohol test and any rehabilitation. I authorize release of safety performance information through PSP. In exchange for HST consideration of my application I agree not to file or pursue any complaints, claims or legal action against any entity or individual that provides work related information about me or any complaints, claims or legal action against HST for any acts or omissions related to my application, and I agree to indemnify and hold harmless HTS from any and all costs or liabilities arising from my employment application.

Applicants Signature _____

Date: ___ / ___ / ___

SS #: ___ - ___ - ___

Applicant: Do Not Fill In Anything Outside This Box

Employment Verification

To Fax: _____

To Company: _____

Re Driver: _____

Date Hired: ___ / ___ / ___ Last Day Worked: ___ / ___ / ___

Terminated: Yes ___ No ___

Eligible for Rehire: Yes: ___ No: ___

Comments: _____

Driver Class: Company: ___ Owner Op: ___ Type: Solo: ___ Team: ___ Monthly Miles: _____

Truck: Tractor – Trailer: ___ Straight Truck: ___ Other: ___ Trailer: Reefer: ___ Dry Van: ___

Flatbed: ___ Other: _____ Area Driven: OTR: ___ Regional: ___ Local: ___ # Of States: _____

Subject to FMCSR: Yes: ___ No: ___ Subject to DOT D & A: Yes: ___ No: ___

How many reportable accidents did driver have while in your employ? If none enter zero.

Date: ___/___/___ City: _____ State: ___ Fatalities: ___ Injuries: ___ Towaway: ___

Preventable: ___ Non-Preventable: ___

Date: ___/___/___ City: _____ State: ___ Fatalities: ___ Injuries: ___ Towaway: ___

Preventable: ___ Non-Preventable: ___

Date: ___/___/___ City: _____ State: ___ Fatalities: ___ Injuries: ___ Towaway: ___

Preventable: ___ Non-Preventable: ___

Drug and Alcohol

1. Did the employee have alcohol tests with a result of 0.04 or higher? Yes ___ No ___

2. Did the employee have verified positive drug tests? Yes ___ No ___

3. Did the employee refuse to be tested? Yes ___ No ___

4. Did the employee have other violations of DOT drug and alcohol testing regulations? Yes ___ No ___

5. Did a previous employer report a drug or alcohol rule violation to you? Yes ___ No ___

6. If you answered “yes” to any of the questions did the employee complete the return to duty process? N/A (not applicable) ___ Yes ___ No ___

NOTE: If you answered “yes” to # 5 you must provide the previous employer’s report.

If you answered “yes” to # 6 must also transmit the appropriate return to duty documentation. (SAP reports & follow up testing)

Signature of person providing info: _____ Title: _____ Date: ___ / ___ / ___

Printed Name: _____ Please return to Fax: 541-567-7607 or email as attachment to: modom@hammelltransport.com

Hammell Transport Service, Inc.

COMPANY DRIVER PACKAGE

Assigned premium conventional tractors
Per mile starting pay based on experience and background check
Mileage pay computed on practical route
Maximum of two weeks out
Layover pay
Loading and Unloading paid
Partial Company Paid Medical, Dental & Life Insurance
Paid vacation
Safety bonus
401K

DRIVER REQUIREMENTS

Stable employment record and favorable references
Two calendar year recent verifiable over the road experience
No DUI in last 5 years
No more than one at fault accident on MVR
Neat and clean appearance and professional attitude
Willing and able to drive in all areas the company services
At least Twenty-four years of age

What we need to process your Application for Employment

Signed, fully completed application
Signed Washington state release
Signed drug / alcohol / former employers / PSP release

Documents you need to bring to Orientation

Commercial driver's license
Medical Card
Social Security Card
Birth certificate, Passport, Certificate of Naturalization or Green Card

COMPUTATION OF SOLO DRIVER PAY

Start to 90 Days

Base Pay per mile, of which \$39.00 per day is non-taxable per Diem

Hourly pay @ \$15.00 per hour

Detention Pay \$15 per hour after two hours

(Must be on time for appointment & send arrival/departure messages)

34 Hour Restart Pay \$150.00

(If REQUIRED by Dispatch to take your 34 hrs off while on the road)

All pickups and drops \$10.00 Per.

Layover Pay: First 24 hours, No Pay

25 – 49 hours, \$50.00

\$100.00 per 24 hrs thereafter

Loading and unloading Pay:

Company pays unload fees with prior authorization and Lumper Service receipt.

90 Days to One Year Anniversary

Partially paid medical, dental and life insurance for driver

Driver may add spouse or children at additional expense at this time. Supplemental

Insurance (AFLAC) is available to the driver or drivers' family at drivers expense.

One Year Anniversary

\$.01 Mileage pay increase and \$.01 per mile increase per year thereafter

Vacation Pay

After 1 Year continuous employment, One Week, 1/52 of Annual Wages

After 3 Years continuous employment, Two Weeks, 2/52 of Annual Wages

After 5 Years continuous employment, Three Weeks, 3/52 of Annual Wages

Safety Bonus & Calculation

\$.01 per mile on dispatched miles without a preventable accident or claim.

Safety bonus paid on all dispatched miles from December 1st to November 30.

Preventable accidents will result in the loss of any miles accrued towards the bonus to the date of event. Bonus clock will then reset and all dispatched miles thereafter to

December 1st will accrue towards bonus. Cargo claims will result in the amount of

Claim being deducted from bonus amount.

Safety Bonus paid on December 15th. Driver must be a full time, active employee of Hammell Transport Service, Inc. to be eligible for the bonus payment

Mileage Calculation

All Mileage pay based on ALK PC Miler Practical Route Option

COMPUTATION OF TEAM DRIVERS PAY

Start to 180 Days

Base Pay \$.40 per mile split, of which \$39.00 per day split is non-taxable Per Diem

180 Days to One Year Anniversary

Base Pay \$.42 per mile split, of which \$39.00 per day split is non-taxable Per Diem

One Year Anniversary

Base Pay \$.01 per mile increase, split, and \$.01 per mile increase per year thereafter, split

Insurance and Vacation

Same as solo driver

Safety Bonus

Same as solo driver, split

Safety Bonus Calculation

Safety bonus paid on all dispatched miles from December 1st to November 30. Preventable accidents will result of loss of any miles accrued towards bonus to date of event. Bonus clock will then reset and all dispatched miles thereafter to December 1st will accrue towards bonus. Cargo claims will result in the amount of claim being deducted from Bonus.

Safety Bonus paid on December 15th. Driver must be a full-time, active employee of Hammell Transport Service, Inc to be eligible for bonus payment.

Mileage Calculation

All Mileage pay based on ALK PC Miler Practical Route Option