



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 ___

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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

Owner Operator FAQ'S

1. How much do you pay?

Contractors receive 76.9% of the gross revenue pulling a Hammell Transport trailer. 87.4% pulling your own California compliant 53' x 102" reefer. Gross revenue includes stop off pay. Contractors receive 100% of fuel surcharges.

2. How often do you pay?

Payday is every other Friday. You are being paid for trip envelopes received on or before the previous settlement day. Your trip envelope must contain all paper work generated by one delivered load. Example: signed bills of lading, lumper receipt, fuel and repair receipts and all paper logs up to the delivery day.

3. How about advances?

You can get cash advances from your fuel card at an authorized company fuel stop. There is no transaction fee for the advance if you purchase fuel at the same time you fuel. If any fee's are charged when using the fuel card those fee's are generated by the truck stop and / or EFS. Hammell does not charge or receive any fee's associated with the use of the EFS fuel card. Advances are limited to \$300.00 per week. All personal advances taken prior to cutoff will be deducted for that same pay period.

4. What can I expect to earn?

The following figures are year to date: (1/1/2010 thru 8/13/2010) and projected to 12/31/2010.

Average Total Miles (includes deadhead) = 111,684 -12 months

Average Gross Revenue (includes FSC) = \$198,624 – 12 months

Projected Highest Gross Revenue: \$ 256,407.00 – 12 months

Projected Lowest Gross Revenue: \$ 145,249.00 – 12 months

Your personal settlement will depend on your availability, your fuel economy and discipline in following dispatch instructions.

5. Where do you run?

We run about 90% of our miles north and south between Washington and California. The remaining 10% is Northwest Regional, including British Columbia.

6. What do you haul?

Mostly food. Dry, refrigerated, or frozen. Most loads are on pallets, some on slip sheets. You will find that we do the same loads over and over again.

7. Do you haul Haz-Mat loads?

No.

8. What do you charge for trailer rent?

The use of our trailer is a part of the percentage. However, reefer fuel and any damages to trailers are the contractor's responsibility.

9. Who pays for lumpers?

Hammell Transport

10. Do you issue fuel cards?

We issue each contractor an EFS card. We try to fuel as much as we can at T.A. Travel Centers and Pilot Fuel Stops as they seem to have the best prices and programs for the drivers and contractors.

11. Can I have a passenger?

There are some restrictions. You may apply for a rider authorization after 90 days.

12. What is your time off policy?

Contractors typically set their own time off policies. Most teams stay out four weeks or more and take a week off. Solo operators stay out about three weeks or more take 2- 3 days off then do it again.

13. What does insurance cost?

The cost of Liability and Cargo insurance is based on how many miles you travel in the month. Physical damage insurance is based on the value of your truck. Bobtail insurance cost is \$40.00 / month. The costs are: Liability .03840644/mile, Cargo .0067676/mile, Physical Damage .002541 x Value of your truck. For example: If you travel 10,000 miles and your truck is valued at \$50,000, the cost of insurance for that month will be \$618.79, and will be deducted in two payments of \$309.40 ea.

14. Does Insurance cost fluctuate?

Yes, our rates are determined by how safely we operate. Insurance rates are negotiated annually in May.

15. Must I run all 48 States?

No

16. Do you go to New York City?

No.

17. Can I have Christmas off at home?

Yes, we get everyone to where they want to be for this holiday. However, we do not allow the entire fleet to go on vacation. A day or so off at Thanksgiving and Christmas is all you can expect. After New Years Day, there is a natural slow period and we encourage contractors to take their vacations then.

18. How old can my tractor be?

Ten years old, or newer. Your tractor, whatever year or model it is, must be in prime condition to lease on. The tractor must have a Federal Inspection at a shop designated by Hammell Transport. Your tractor must weigh less than 19,000 pounds including the drivers gear and a set of snow chains.

19. Is there a sign on fee?

No, but you will have to pay for your licensing. We will establish an escrow account and deduct \$200 per settlement (for the 1st 5 settlements). After your escrow account reaches \$1000, we will continue to add to that account by withholding 2% of your gross revenue from each settlement.

20. Do you use QualComm?

Yes. We install the device in our shop or at an authorized Qualcom dealer. We pay for the labor to install the device; however any parts that are needed such as cables or mounting brackets are purchased by the contractor. Contractors are charged a fee of \$23.08 per check for usage.

21. How long is orientation?

Orientation generally takes a day and a half. Starting at 6:00 in the morning your equipment will have a federal inspection and then be taken to the sign shop. The remainder of the day is detailed explanations of Hammell procedures, policy, paperwork and Qualcomm. By afternoon the sign shop will be done with your truck and we will provide a room for you at the Comfort Inn. Starting at 8:00 the following morning we will cover HOS, CSA 2010 and safety. Orientation should be over by noon.

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
- Good inspection and crash history from PSP (pre-employment screening program)
- Neat clean appearance and professional attitude
- Willing and able to drive all areas the company services
- At least Twenty-four years of age

Owner/operator Tractor / Driver Checklist

DOT Required

Fire extinguisher (DOT approved/UL rating 5B: C or better)
3 Reflective triangles or 3 liquid burning flares
Snow chains for tractor & trailer, plus one spare for each

HTS Required

2 - Load Locks	Road Atlas
1 - Pulp thermometer	Jumper cables
1 - Tire gauge	Flashlight
1- Tool kit consisting of a selection of end wrenches, a crescent wrench, Phillips & flat head screw drivers, vice-grips, pliers, hammer, etc.	

What we need to process your Application for Employment

Signed drug / alcohol / past employer, PSP release
Signed Washington state driving record release
Signed, fully completed application form

To be returned with your application

Copy of Tractor/Trailer Registration
Copy of Current Federal Inspection
4 Photo's of Tractor (Front/Back/Both sides) Can be sent as email attachments.
5 Photo's of Trailer (Front/Back/Both sides/Inside) Can be sent as email attachments.

Documents you need to bring to orientation

Commercial driver's license
Medical Card
Social Security Card
Certificate of Naturalization or Green Card
A voided check if you choose direct deposit

EXPLANATION OF SETTLEMENT DEDUCTIONS

ESCROW: 5 payments of \$200 from first 5 settlements, then 2% of gross pay each settlement thereafter.

PRORATES: If HAMMELL purchases licensing for your truck, cost will be deducted in \$250 payments until paid in full.

SIGNS: Deduction taken in two payments from settlement checks once HAMMELL receives the bill. Approximate cost \$ 250.00

QUALCOM INSTALL: HAMMELL pays for Labor – Contractors pay for parts (Mounting brackets/Cables/Etc. if your tractor is not already equipped) Deduction taken in two payments once HAMMELL receives the bill.

INSURANCE: Deducted in two payments each month for the previous months charges.

2290S : If paid by HAMMELL- will be deducted in 4 payments from your settlement.

QUALCOM FEE: \$23.08 from every check once qualcom is installed in your truck.

ROAD & FUEL TAXES: Deducted in two payments each month for previous months charges.

FUEL COSTS: Deducted at the time the load that the costs were incurred on is paid.

CASH ADVANCES: Cash advances are taken through the date of cutoff for that pay period.

TRUCK PARTS/TIRE/REPAIR SERVICES: Any charges made to HAMMELL Accounts or Paid for by EFS / Com Checks, will be taken at the time HAMMELL receives the bill – or the settlement following the date the check is issued and will be marked up 5%. All charges need to be pre-authorized and have a PO# issued. If arrangements are made to take the deduction in payments, rather than all at one time from the next settlement – markup will be 10%.

OTHER : Any other charges put on HAMMELL accounts, such as drug screens, etc. will be deducted when HAMMELL receives the bill.

I understand that I will be responsible for paying for all repairs and tire purchases for my truck out of my own pocket. I will not be allowed to use HAMMELL Accounts, nor can I expect HAMMELL to advance me money for any truck related expenses for the first 90 days which I am leased to HAMMELL.

Signature: _____ Date: ____ / ____ / ____

Print Name. First: _____ M: _____ Last: _____