



1408 20TH Avenue SW, Suite 8
Minot, North Dakota 58701

APPLICATION FOR EMPLOYMENT

PLEASE PRINT IN BLUE OR BLACK INK

Type of Work Desired		Have you been previously employed by ULM: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, when: _____ If no, have you previously interviewed with ULM: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, state position and location: _____
Date Available for Employment:	Employment Interest: Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>	

Do you have any relatives employed by ULM: Yes No

If yes, state name and location: _____

PERSONAL

Name:	First	Middle	Last	Other Names Used	
Address:	Number	Street	City	State	Zip Code
Telephone:	Area Code	Number	Social Security Number		Are you 18 years of age or older: Yes <input type="checkbox"/> No <input type="checkbox"/>
Alternate Telephone Number			Email Address		
Can you provide proof that you are legally eligible for employment in the U.S.A.? Yes <input type="checkbox"/> No <input type="checkbox"/>					
Have you ever been convicted of a felony? Yes <input type="checkbox"/> No <input type="checkbox"/> Conviction will not necessarily disqualify you from employment.					

EDUCATION

School Name and Location	Dates Attended		Major Subject	Graduated	Date Degree Granted or Expected	Diploma / Degree and GPA
	From Mo/Yr	To Mo/Yr				
High School				Yes <input type="checkbox"/> No <input type="checkbox"/>		
College				Yes <input type="checkbox"/> No <input type="checkbox"/>		

EDUCATION (continued)

School Name and Location	Dates Attended		Major Subject	Graduated	Date Degree Granted or Expected	Diploma / Degree and GPA
	From Mo/Yr	To Mo/Yr				
Graduate School				Yes <input type="checkbox"/> No <input type="checkbox"/>		
Other				Yes <input type="checkbox"/> No <input type="checkbox"/>		

BUSINESS REFERENCES

List three business references we may contact who are qualified to evaluate your work abilities

Name	Position	Company	Telephone

SOURCE OF REFERRAL

Source of Referral	<input type="checkbox"/> College/University <input type="checkbox"/> Organization/Agency <input type="checkbox"/> Internet
	<input type="checkbox"/> ULM Employee <input type="checkbox"/> Newspaper/Magazine Ad- Name: _____ <input type="checkbox"/> Other (please specify): _____ _____

EMPLOYMENT HISTORY – TO BE COMPLETED BY ALL APPLICANTS

Attention: Applicants who will drive a commercial vehicle, even occasionally, in intrastate or interstate commerce must provide information on those employers for whom the applicant operated a commercial motor vehicle within the last 10 years. Department of Transportation regulations require ULM to contact all previous employers of the past three years.

<p>Name/Address of Present or Last Employer: _____ _____</p> <p>Start Date: _____ Leave Date: _____</p> <p>Starting Salary: _____ per _____ Final Salary: _____ per _____</p> <p>Job Title: _____</p> <p>Name/Title of Supervisor: _____</p> <p>Supervisor Phone or email: _____</p> <p>May we contact the Supervisor: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Description of Work: _____ _____</p> <p>Reason for Leaving: _____ _____</p>	<p>Name/Address of Employer: _____ _____</p> <p>Start Date: _____ Leave Date: _____</p> <p>Starting Salary: _____ per _____ Final Salary: _____ per _____</p> <p>Job Title: _____</p> <p>Name/Title of Supervisor: _____</p> <p>Supervisor Phone or email: _____</p> <p>May we contact the Supervisor: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Description of Work: _____ _____</p> <p>Reason for Leaving: _____ _____</p>
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TO BE COMPLETED BY APPLICANTS WHO WILL BE IN A DOT-QUALIFIED POSITION

ULM is engaged in the interstate/intrastate transportation of materials classified as hazardous by the Department of Transportation. ULM is therefore subject to rules and regulations governing the qualifications of employees who are drivers. The questions listed on this page and the next are required by Subpart B, Section 391.11, and/or Subpart C, Section 391.21, and/or Subpart B, Section 40.25, of the Federal Motor Carrier Safety Regulations of all applicants that may/will operate a placarded vehicle or company vehicle, in addition to other information requested on this form. All applicants applying for driving of field management positions must complete this page and the next. You may attach additional sheets if necessary to complete the information below. If none are needed, please write the word "NONE" here _____ . If additional pages are attached identify the number of additional pages here _____ .

PERSONAL INFORMATION

List all address for last 3 years	Street	City	State	Zip	How long at this address?
	Street	City	State	Zip	How long at this address?
	Street	City	State	Zip	How long at this address?
Full name on Driver's License		Driver's License Number	Exp. Date	State	Social Security Number
Are you 23 years of age or older? Yes <input type="checkbox"/> No <input type="checkbox"/>		Do you currently hold a valid Commercial Driver's License (CDL) Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please check license class: A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>			
Date of Birth:		Check CDL endorsement: Double/triple Trailers <input type="checkbox"/> Tank Vehicles <input type="checkbox"/> Hazardous Materials <input type="checkbox"/>			
During the last three years have you failed or refused to test, on any pre-employment drug or alcohol test administered by a DOT-regulated employer for a safety- sensitive position that you applied for but did not obtain? Yes <input type="checkbox"/> No <input type="checkbox"/>					
Has your license of permit to drive ever been suspended, denied or revoked? Yes <input type="checkbox"/> No <input type="checkbox"/>					
If Yes to any of the answers above, please provide a detailed statement of the circumstances: _____					

DRIVING EXPERIENCE RECORD (Personal and Commercial Vehicle)

Class of Equipment	Type of Equipment (Van, Tank, Flat, etc)	Dates		Approximate Number of Miles Driven
		From	To	
Straight Truck				
Tractor and Semi-Trailer				
Other				

ACCIDENT RECORD FOR PAST THREE YEARS (Personal and Commercial Vehicle)

Type of Accident	Month and Year	Type of Equipment	Death or Injuries	City and County where accident occurred	Personal or Commercial	If Commercial, indicate Employer

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 If additional pages are attached identify the number of additional pages here _____.

TRAFFIC CONVICTIONS AND FORFEITURES FOR PAST 3 YEARS (Other than parking violations)

Location	Date	Charge	Penalty

PREVIOUS THREE YEAR HISTORY

All driver applicants to drive interstate/intrastate commerce must provide the following information on all employers during the preceding three years

Employer Name	Federal Motor Carrier Safety Regulations (FMCSRs)
	Were you subject to the FMCSRs while employed Yes <input type="checkbox"/> No <input type="checkbox"/> 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 <input type="checkbox"/> No <input type="checkbox"/>
	Were you subject to the FMCSRs while employed Yes <input type="checkbox"/> No <input type="checkbox"/> 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 <input type="checkbox"/> No <input type="checkbox"/>
	Were you subject to the FMCSRs while employed Yes <input type="checkbox"/> No <input type="checkbox"/> 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 <input type="checkbox"/> No <input type="checkbox"/>
	Were you subject to the FMCSRs while employed Yes <input type="checkbox"/> No <input type="checkbox"/> 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 <input type="checkbox"/> No <input type="checkbox"/>
	Were you subject to the FMCSRs while employed Yes <input type="checkbox"/> No <input type="checkbox"/> 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 <input type="checkbox"/> No <input type="checkbox"/>
	Were you subject to the FMCSRs while employed Yes <input type="checkbox"/> No <input type="checkbox"/> 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 <input type="checkbox"/> No <input type="checkbox"/>

SPECIAL TRAINING AND/OR SKILLS (To be completed by all Applicants)

Computer software: _____

Typing WPM: _____ 10-key Yes No Foreign languages: _____

Summarize any other skills, qualifications, certifications or training: _____

TO ALL ULM APPLICANTS FOR EMPLOYMENT

ULM appreciates your interest in our company as a place of employment. Your qualifications will be given careful consideration. It is our company's policy to make employment decisions without regard to an individual's, race, religion, gender, national origin, age, eteran status, disability of any other status of condition protected by applicable state or federal law, except where a bonafide occupational qualification applies.

NOTICE OF DRUG SCREEN

ULM is concerned with the health and safety of all of its employees, as well as the safety of the general public. Therefore, we require, as one of the steps in the hiring process ,that all otherwise qualified applicants for employment consent and submit to a drug screen. The drug screen will require the applicant to provide a urine sample, which will be tested for the presence of controlled substances, including but not limited to marijuana, cocaine, phencyclidine, amphetamines and opiates. By signing below, I hereby give my consent to ULM to administer drug testing procedures to me and to use the results thereof in further determining my employability with ULM. A confirmed positive test result, or the refusal to submit to a drug screen, will disqualify you from further consideration for employment with ULM.

AGREEMENT

I agree and understand that ULM and or its agents may investigate my safety performance history, driving record, background and employment history to ascertain any and all information pertaining to my record, whether the same is of record or not. I release ULM, employers and persons named herein from all liability for any and all damages resulting from the furnishing and release of such information. 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 391.12(d) and (e). I understand that I have the right to:

- review information provided by previous employers;
- have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to ULM;
- have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

I understand and agree that this application for employment does not obligate ULM to employ me, and that any interviews granted may be at my expense. Once a contingent offer of employment has been made, I agree to furnish any additional information and/or submit to oral, written, or physical examinations, including testing for the presence of controlled substances, bonding and pre-employment processing as may be required to complete the employment file.

In consideration of my employment, I agree to conform to the rules and regulations of ULM. I understand and agree that should I become employment by ULM, I will be an employee at will. My employment can be terminated, with or without notice, at any time, with or without cause, at the option of either ULM or myself. I further understand that no representative of ULM other than Billy Ulm has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing.

I understand that any misrepresentation, omission, or false statement by me in this application, in any supplement thereto, or in any other corporate records including those used in connection with ULM drug testing procedures, will be sufficient grounds for not employing me and may result in dismissal without notice at any time during my employment.

I also acknowledge that ULM may continue to investigate my background if I am hired, and that my employment may be terminated if that investigation determines that I do not meet ULM hiring criteria. I agree that should I become employed by ULM for a DOT position, I will meet the qualifications of the Department of Transportation, or my employment can be terminated.

My signature below certifies that this application was completed by me, the undersigned, and that all entries and information submitted are true and accurate to the best of my knowledge. I further acknowledge that I have read the foregoing and fully understand and agree to the same.

Signature of Applicant:

Printed Name of Applicant:

Date



Background Checks, Disclosure, Acknowledgment, Authorization and Release

Section I: Disclosure

This form, which you should read carefully, has been provided to you because ULM Corporation or its insurance agency (“ULM”) may request consumer reports and/or investigative consumer reports on you from a consumer reporting agency. ULM will use any such report(s) solely for employment-related purposes and insurance.

Consumer reports and/or investigative consumer reports on you will be obtained by a background check vendor and provided to ULM. Any such reports may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The types of information that may be obtained include but are not limited to: credit reports, Social Security Number verification, criminal records checks, public court records checks, driving records checks, educational records checks, verification of employment positions held, workers’ compensation records (only post-offer), personal and professional references checks, licensing and certification checks, etc. The information contained in these reports may be obtained by the vendor from private and/or public record sources, including sources identified by you on your job application or through interviews or correspondence with your past or present coworkers, neighbors, friends, associates, current or former employers, educational institutions or other acquaintances.

I understand substance-abuse testing/drug testing may be a requirement of the position for which I am applying, or the position I wish to retain. I consent to the testing and understand I must pass the substance abuse test/drug test as a condition of employment and continued employment. I hereby authorize any physician, laboratory, hospital or medical professional designated by ULM to conduct such testing and release the results to authorized representatives of ULM. I understand that only drug test results will be provided to ULM and no other medical information about me will be disclosed to anyone without first asking for and obtaining my specific consent to do so. I understand and authorize that some or all of this information about me may be transmitted electronically and, when required, may be transferred across international boundaries. I further understand that as a part of my application for employment, I must successfully complete a us department of Transportation drug test as required by 49 CFR Part 655. I understand that a negative result is required before I will be considered for hire. I also understand that I will be subject to Drug and Alcohol Testing provisions of 49 CFR Parts 40 and 655 throughout my period of employment in a USDOT/FMSCA safety-sensitive position.



Background Checks, Disclosure, Acknowledgment, Authorization and Release

If you are denied employment as a result of information obtained from your background check, ULM will furnish you with a summary of your rights under the Fair Credit Reporting Act in a form issued by the Federal Trade Commission entitled "A Summary of Your Rights Under the Fair Credit Reporting Act."

If you are a resident of, or if you are applying for a job located in, California, Maine, or New York, please see the additional state law disclosure information provided below.

Section II: Additional State Law Notices

If you live in or are applying for a job in the state of California, Maine, or New York, please review these additional notices.

CALIFORNIA: You may view the file maintained on you by the background check vendor during normal business hours. You may also obtain a copy of this file, upon submitting proper identification and paying the costs of duplication services, by appearing at the background check vendor's offices in person, during normal business hours and on reasonable notice, or by mail; you may also receive a summary of the file by telephone. If you appear in person, you may be accompanied by one other person, provided that person furnishes proper identification.

MAINE: You have the right upon request, to be informed of whether an investigative consumer report was requested, and if one was requested, the name and address of the consumer reporting agency furnishing the report. You may request and receive from the Company, within five business days of our receipt of your request, the name, address and telephone number of the nearest unit designated to handle inquiries for the consumer reporting agency issuing an investigative consumer report concerning you. You also have the right, under Maine law, to request and promptly receive from all such consumer reporting agencies copies of any such investigative consumer reports.

NEW YORK: You have the right, upon written request, to be informed of whether or not a consumer report was requested. If a consumer report is requested, you will be provided with the name and address of the consumer reporting agency furnishing the report.



Background Checks, Disclosure, Acknowledgment, Authorization and Release

Authorization and Release

I have carefully read and understand this Disclosure, Authorization and Release form. By my signature below, I consent to the release of consumer reports, drug test results and/or investigative consumer reports to ULM in conjunction with my job application. I also authorize disclosure to ULM and/or to the background check vendor of information concerning my employment history, earning history, education, credit history, credit capacity and credit standing, motor vehicle history and standing, criminal history, and all other information ULM deems pertinent by any individual, corporation or other private or public entity, including without limitation the following: employers; learning institutions, including colleges and universities; law enforcement agencies; federal, state and local courts; the military; credit bureaus; motor vehicle records agencies; and other applicable sources. I hereby release and hold the vendor and ULM, its officers, directors, employees, and trustees harmless from any and all liability with respect to the consumer reports, investigative consumer reports, drug test results, investigations, verifications, and/or the use of any information relevant to my employment.

I understand that if ULM hires me, my consent will apply throughout my employment to the extent permitted by law, unless I revoke or cancel my consent by sending a signed letter or statement to ULM, Office of Human Resources. I also understand that, to the extent allowed by law, information contained in my job application or otherwise disclosed by me before, during, or after my employment, if any, may be used for the purpose of obtaining consumer reports and/or investigative consumer reports.

This Background Check Disclosure, Acknowledgment, Authorization, and Release form, in original, faxed, photocopied, or electronic form, will be valid for any reports that may be requested by ULM.

I understand that providing any false information or omitting any material information on my application materials or in the interview process will be sufficient grounds for rejection of the application, or termination of employment whenever discovered.

For residents of, or for jobs located in, California, Minnesota, and Oklahoma only: You will be provided with a free copy of any consumer reports or investigative consumer reports on you if you check the box to the right:



Background Checks, Disclosure, Acknowledgment, Authorization and Release

Complete the following requested information and return to ULM

Applicant Name: _____

SS#: _____

Date of Birth: _____

Driver License Number/State of Issue: _____

Present Address: _____

City/State/Zip: _____

Convictions

Have you ever been convicted of or entered a plea of guilty to or no contest to any felony?:

No

Yes

If you answered "yes" please answer the following:

Charge	Charge Type	Charge Date (mm/dd/yyyy)

Charge description: details of all offenses including nature, circumstances, and dates. Attach additional sheets if necessary.

Applicant Signature _____ Date _____

Applicant Name Print _____



3 Year Drug and Alcohol History Release of Information Form

To be completed by the prospective employer or applicant and signed by the applicant.

The Department of Transportation (DOT) regulated employer who has employed the applicant in the three years prior to the date of the applicant's signature below, in a safety-sensitive function that required alcohol and controlled substance testing specified by the DOT is identified below. (Copy this form if necessary as multiple previous employers cannot be listed on one release form.)

Applicant Printed or Typed name (Last, First, Middle): _____

Last 4 Digits of Applicant SS or ID Number: _____

Previous DOT-Regulated Employer Number: _____

Address: _____

City, State, Zip: _____

Phone Number (with Area Code): _____

Designated Employer Representative: _____

I hereby authorize release of information from my DOT regulated drug and alcohol records by my previous employer, listed above, to the Prospective Employer: ULM Corporation. This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25 and Part 391, Section 391.23. I understand that the information to be released by my previous employer pursuant to the release is limited to the following DOT-regulated item for the past three years.

- Alcohol tests with a result of a .04 or higher alcohol concentration.
- Verified positive drug tests.
- Refusals to be tested (including verified adulterated or substituted drug test results).
- Other violations of DOT agency drug and alcohol testing registrations and/or other violations of DOT agency drug and alcohol prohibitions.
- Information obtained from previous employers of drug and alcohol rule violation.
- Documentation, if any, of completion of the return to duty process following a rule violation.
- Information on whether there was a failure to undertake or complete a rehabilitation program prescribed by a substance abuse professional ("SAP") pursuant to DOT regulation.
- For a driver who had a successfully completed a SAP's rehabilitation referral, and remained in the employ of the referring employer, information on whether the driver had the following testing violations subsequent to completion of a DOT referral:
 - Alcohol tests with a result of .04 or higher alcohol concentration
 - Verified positive drug tests
 - Refusals to be tested (including verified adulterated or substituted drug test results).

Applicant Signature: _____

Date: _____

Applicant Printed Name: _____