

Little King Transportation, LLC

550 Riverside Drive, Hood River OR 97031 (541) 386-3003, (541) 386-6114 (fax) careers@hrjco.com

Welcome to Little King Transportation

Little King Transportation (LKT) is a subsidiary of Hood River Juice Company, Inc. located in Hood River, Oregon. We employ regional drivers to run the three coastal states and occasionally B.C. Canada and local drivers to run within Oregon, Washington and Idaho. We only hire drivers with a clean driving record and with a minimum of 2 years of experience.

The Over the Road (OTR) driver is responsible for safely pulling either a tanker or a reefer. Our OTR drivers primarily run the I-5 corridor, transporting product to and from specified destinations while complying with Federal Motor Carrier Safety Regulations as well as LKT and Hood River Juice Company guidelines.

Our drivers are required to drive a diesel tractor with automatic transmission. Drivers are responsible for pre- and post-trip truck inspections and driver's daily logs. All drivers are responsible for delivering product, obtaining signature of receipt, and completing logs and other paperwork related to deliveries. OTR drivers transport bulk food grade liquid, pick up returns/backhauls and verify seal numbers used to secure the tank lid and rear valve. Local drivers pick up and deliver fruit, transport pulp, and bottled and liquid food grade liquid. All LKT drivers are expected to act as a company representative with courtesy towards customers at all times.

Driver hours, days and start times will vary by route. All drivers are expected to work the occasional weekend and/or holiday. Our drivers are typically home every week. OTR drivers will require overnight trips. Work hours may occasionally be up to the legal limits allowed by the Federal Motor Carrier Safety Administration.

LKT offers competitive driver pay. OTR drivers are paid per mile driven with layover pay, activity pay and quarterly bonus opportunities. Local drivers receive hourly pay. Our benefits include, after meeting eligibility requirements, medical, dental, vision and disability & life insurance, as well as paid vacation and sick leave, and a 401(k) retirement plan.

All candidates must pass a DOT pre-employment drug screening and background check.

Drug and Alcohol 5-Year Disqualification: a candidate who has experienced a positive drug or alcohol test as defined by the Federal Motor Carrier Safety Administration within the past 5 years is disqualified from safety sensitive functions and employment with Little King Transportation.

Please submit a completed application, along with three professional references and a cover letter to one of the following:

• email: careers@hrjco.com

• mailing address: 550 Riverside Drive, Hood River OR 97031

• fax: (541) 386-6114

Only those applicants selected for an interview will be contacted.

Thank you for considering employment with Little King Transportation.



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DRIVER EMPLOYMENT APPLICATION

In compliance with federal and state equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or the presence of a non job-related medical condition or handicap. All motor carriers regulated under Federal Motor Carrier Safety Regulations must meet the requirements of Title 49 CFR Part 391 and Part 382 as they apply to qualifying the applicant for a driving position.

COMPLETE ALL SECTIONS (Please print legibly)							
Position(s) applied for:				Date of application (Month/Day/Year):			
Name:							
ADDRESSES FOR PAST 3 YEARS	(use the back of th	is page i	f more ro	om is ne	eeded)		
Current street address:					How long:		
City:	City:		State:			Zip:	
Home phone no.:	Cell phone no.:		Email address:		address:		
Previous street address 1:				How long:			
City:		State:			Zip:		
Previous street address 2:				How long:			
City:		State:			Zip:		
Previous street address 3:						How long:	
City:		State:			Zip:		
Are you authorized to work lawfully in the United States for Little King Transportation? Yes No							
Have you worked for this company or Hood River Juice Co. before?							
If yes, when? From:	То:		Position held:				
Reason for leaving:							
Who referred you to this company?				Desired salary:			

Little King Transportation is an equal opportunity employer that is committed to diversity and inclusion in the workplace. We prohibit discrimination and harassment of any kind based on race, color, sex, religion, sexual orientation, national origin, disability, genetic information, pregnancy, or any other protected characteristic as outlined by federal, state, or local laws.

Applicants for positions that require the driving of commercial motor vehicles must provide an additional 7 years of information on those employers for whom the applicant operated such vehicles, or up to 10 years employment history. ALL INFORMATION MUST BE COMPLETED BEFORE AN APPLICATION CAN BE CONSIDERED. USE THE BACK OF THIS PAGE IF MORE ROOM IS NEEDED.

EMPLOYMENT HISTORY							
Were you subject to the Federal Motor	Carrie	Safety Regulations?	Yes	No			
Were you subject to Part 382 drug & alcohol rules? Yes No							
Employer name 1:					To:		
Address:		City:	•	State:	· ·	Zip:	
Position:	Contact person:			Phone no.:	•		
Reason for leaving:				1			
Were you subject to the Federal Motor	Carrie	Safety Regulations?	Yes	No			
Were you subject to Part 382 drug & alcohol rules? Yes No							
Employer name 2:			From:		To:		
Address:		City:		State:		Zip:	
Position:	Conta	act person:		Phone no.:	•		
Reason for leaving:	•						
Were you subject to the Federal Motor Carrier Safety Regulations? Yes No							
Were you subject to Part 382 drug & ald	ohol ru	ıles? Yes No					
Employer name 3:				To:			
Address:		City:		State:		Zip:	
Position:	Conta	act person:		Phone no.:			
Reason for leaving:							
Were you subject to the Federal Motor Carrier Safety Regulations? Yes No							
Were you subject to Part 382 drug & alcohol rules?							
Employer name 4:			From:		To:		
Address:		City:		State:		Zip:	
Position:	Contact person:			Phone no.:			
Reason for leaving:							
Were you subject to the Federal Motor Carrier Safety Regulations? Yes No							
Were you subject to Part 382 drug & alcohol rules?							
Employer name 5:			From:		To:		
Address:		City:		State:		Zip:	
Position:	Conta	act person:		Phone no.:			
Reason for leaving:							

	ACCIDENT RECORD FOR PAST 3 YEARS (If none, write "None")								
		DATE	1	RE OF ACCIDENT	FATALITIES		INJURIES		
Last accident:									
Next previous acc	ident:								
Т	RAFFIC CO	NVICTIONS & I	FORFEITURI	ES FOR PAST 3 YEARS	(If none	, write "None	")		
LOCATI	ON	DATE		CHARGE	PENALTY		ENALTY		
	EX	PERIENCE & C	UALIFICATI	ONS (Valid licenses o	urrently	held)			
STATE	LICEN	ISE NUMBER		TYPE		E	EXPIRATION DATE		
	DRIVING E	XPERIENCE (T	ype of equi	pment & approximat	e miles/				
CLASS	TYPE (Van, Tank, Fla	t, etc.)	FROM		TO	MILES		
Straight Truck									
Tractor/Trailer									
Doubles									
I can perform the e	ssential fur	nctions of the I	position wit	h or without accomm	odation	S:	Yes No		
Have you ever bee	n denied a l	icense, permit	or privilege	e to operate a motor	vehicle?		☐ Yes ☐ No		
Has any license, permit or privilege ever been suspended or revoked?									
If you answered "yes" to above question, explain the details:									
LIST STATES LICENS	SED IN FOR	THE PAST 5 YE	ARS:						
	•			all entries on it and i			•		
•	_			ployment informations in the control of the control					
	-			nformation as requi					
	•		_	s to contact my forn		•			
•				113. I further authori ne FMCSR minimum r					
this application. I	agents to make any such additional inquiries beyond the FMCSR minimum requirements that are necessary to qualif this application. I do hereby release Little King Transportation, LLC, its agents and any of my former employers fror								
	-		_	d/or furnishing such i	nformati	on. I have red	ceived a copy of and		
been advised of my				playment Lagrae the	t omplo	um ont with L	VT is at will and can		
be terminated at a	any time, w	ith or without	t cause or r	ployment. I agree than otice, at either my c	r the co	mpany's discr	etion. I understand		
that the terms ar employment I will I				can be changed at	any tim	e by LKT and	d that pursuant to		
- 1 ,			. IIION WIN						
Applicant Signatur	e				Date				

DOT REGULATED DRIVER APPLICANT'S RIGHTS

As an applicant for a driver position regulated by the United States Department of Transportation, Federal Motor Carrier Safety Administration, you are advised that all information supplied by you in connection with your application will be investigated as required under 49 CFR 391.23 and may be used in the determination of the suitability of your application for the position that is being offered. As a driver applicant you have the following rights:

- (i) <u>The right to review information</u> provided by previous employers; (ii) <u>The right to have errors in the information corrected</u> by the previous employer and for that previous employer to re-send the corrected information to the prospective employer; (iii) <u>The right to have a rebuttal statement attached to the alleged erroneous information</u>, if the previous employer and the driver cannot agree on the accuracy of the information.
- (2) Drivers who have previous Department of Transportation regulated employment history in the preceding three years, and wish to review previous employer-provided investigative information must submit a written request to the prospective employer, which may be done at any time, including when applying, or as late as 30 days after being employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five (5) business days of receiving the written request. If the prospective employer has not yet received the requested information from the previous employer(s), then the five-business days deadline will begin when the prospective employer receives the requested safety performance history information. If the driver has not arranged to pick up or receive the requested records within thirty (30) days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived his/her request to review the records.
- (j)(1) Drivers wishing to request correction of erroneous information in records received pursuant to paragraph (i) of this section must send the request for the correction to the previous employer that provided the records to the prospective employer. (2) After October 29, 2004, the previous employer must either correct and forward the information to the prospective motor carrier employer, or notify the driver within 15 days of receiving a driver's request to correct the data that it does not agree to correct the data. If the previous employer corrects and forwards the data as requested, that employer must also retain the corrected information as part of the driver's safety performance history record and provide it to subsequent prospective employers when requests for this information are received. If the previous employer corrects the data and forwards it to the prospective motor carrier employer, there is no need to notify the driver. (3) Drivers wishing to rebut information in records received pursuant to paragraph (i) of this section must send the rebuttal to the previous employer with instructions to include the rebuttal in that driver's safety performance history.
- (4) After October 29, 2004, within five business days of receiving a rebuttal from a driver, the previous employer must:
- (i) Forward a copy of the rebuttal to the prospective motor carrier employer;
- (ii) Append the rebuttal to the driver's information in the carrier's appropriate file, to be included as part of the response for any subsequent investigating prospective employers for the duration of the three-year data retention requirement.
- (5) The driver may submit a rebuttal initially without a request for correction, or subsequent to a request for correction. (6) The driver may report failures of previous employers to correct information or include the driver's rebuttal as part of the safety performance information, to the FMCSA following procedures specified at §386.12.

(Approved by the Office of Management and Budget under control number 2126–0032)

THIS CERTIFIES THAT I HAVE READ AND RECEIVED A COPY OF THE 'APPLICANTS RIGHTS.'

Applicant Name	Signature	Date
THIS DOCUMENT IS TO BE PROVIDED TO EAC	H DRIVER APPLICANT AT THE TIME AN APPLICA	ATION IS SUBMITTED FOR

CONSIDERATION.