

EDUCATION

Name, Address and Location		Graduate? Please circle	Courses Studied
High school		Circle Highest grade completed	Diploma: _____
		9 10 11 12	YES NO
College		Circle Number of years completed	Major: _____
		1 2 3 4 4+	Minor: _____
			Degree(s): _____
Trade School		Number of months attended	Diploma(s) or Certificate(s) _____
			YES NO

If you did not graduate, why did you leave: _____

Are you planning to pursue further studies _____

YES NO If so, when, where, and what courses? _____

List any scholastic honors, offices held and activities involved in during high school and college (Please exclude those which may reflect race, sex, color, religion, national origin, disability, sexual orientation or other protected status) _____

Please describe any other special courses, seminars or training which would enable you to perform the position for which you are applying _____

MILITARY

Have you ever served in the military? YES NO

Service Branch _____

Final rank _____

What duties, training or experience did you have in the military which may be job related? _____

CAPABILITY/RELIABILITY

Would you be willing and able to perform all of the tasks required by the job you are applying for? YES NO

If no, explain which tasks _____

Have you filed any type of fraudulent claim against any of your present or past employers? YES NO

If yes, please explain _____

Will you abide by the safety rules of the company? YES NO

Have you ever been disciplined for violating company safety rules or regulations? YES NO

How many days of work (or school) have you missed in the last two years? _____

How many times have you been late for work (or school) in the last two years? _____

Consistent attendance and punctuality are essential requirements of every job in our company. Would you be willing and able to report to work on time every day and on a regular and consistent basis? YES NO

If no, please explain _____

Have you ever been disciplined or received verbal or written warnings for absenteeism or tardiness? YES NO

If yes, please explain _____

Have you ever been fired or asked to resign from a job? YES NO

If yes, please explain _____

WORK HISTORY

List the names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references.

DO NOT REFERENCE YOUR RESUME

Employer: _____ Supervisor: _____
Name Name Title

Address: _____ Employed: _____ Month _____ Year _____
City State Zip

<small>From</small>	<small>Month</small>	<small>Year</small>
<small>To</small>		

Telephone () _____ Pay: Starting:\$ _____ Ending:\$ _____
 Nature of Business _____ Title: _____
 Describe duties performed, skills used/learned, advancements/promotions earned _____ Reason for leaving: _____

Employer: _____ Supervisor: _____
Name Name Title

Address: _____ Employed: _____ Month _____ Year _____
City State Zip

<small>From</small>	<small>Month</small>	<small>Year</small>
<small>To</small>		

Telephone () _____ Pay: Starting:\$ _____ Ending:\$ _____
 Nature of Business _____ Title: _____
 Describe duties performed, skills used/learned, advancements/promotions earned _____ Reason for leaving: _____

Employer: _____ Supervisor: _____
Name Name Title

Address: _____ Employed: _____ Month _____ Year _____
City State Zip

<small>From</small>	<small>Month</small>	<small>Year</small>
<small>To</small>		

Telephone () _____ Pay: Starting:\$ _____ Ending:\$ _____
 Nature of Business _____ Title: _____
 Describe duties performed, skills used/learned, advancements/promotions earned _____ Reason for leaving: _____

Employer: _____ Supervisor: _____
Name Name Title

Address: _____ Employed: _____ Month _____ Year _____
City State Zip

<small>From</small>	<small>Month</small>	<small>Year</small>
<small>To</small>		

Telephone () _____ Pay: Starting:\$ _____ Ending:\$ _____
 Nature of Business _____ Title: _____
 Describe duties performed, skills used/learned, advancements/promotions earned _____ Reason for leaving: _____

SUPPLEMENTAL EMPLOYMENT INFORMATION

If you worked in any of your previous positions under another name, please give that name(s) below: (For reference checking purposes)

Name _____ @Company _____

Name _____ @Company _____

Are you presently employed? YES NO If Yes, may we contact your present employer? YES NO

Please list all periods of time since high school or college during which you were not employed and how you spent this time

SPECIAL SKILLS

What languages do you speak fluently? _____

Do you type? YES NO Words per minute: _____

Please list all software programs in which you are proficient, indicating how many years work experience you have with each:

List other computer skills, programming languages, or computer training you have had: _____

List any other technical training, skills, or work experience which may qualify you for a job with us: _____

Use this space below to describe why you are interested in working for our company and to list those skills and abilities which you feel particularly qualify you for a position with us. If you need more space, Please continue on a separate sheet.

REFERENCES - Give three references, not relatives or former employers.

Name	Address	Phone	Occupation

AFFIDAVIT

I certify that my answers to the foregoing questions are true and correct without any consequential omissions of any kind whatsoever. I understand that if I am employed, any false, misleading or otherwise incorrect statements made on this application form or during any interviews may be grounds for my immediate discharge.

I hereby authorize the Company to contact any company or individual it deems appropriate to investigate my employment history, character and qualifications and I give my full and complete consent to their revealing any and all information they wish as a result of this investigation. In addition, I hereby waive my right to bring any cause of action against these individuals for defamation, invasion of privacy or any other reason because of these statements.

I agree that, if I am employed, I will abide by all the rules and regulations of the Company. I understand that the taking of drug and alcohol tests, when given pursuant to company policy, are a condition of continued employment and my refusal to take such tests when asked will be grounds for my immediate termination. I further understand that nobody in the Company is authorized to enter into any written or verbal employment contracts with me for any definite period of time without the express written consent of the President of the Company. I also understand that my employment is "at-will" and may be terminated by myself or by the Company at any time for any reason or no reason at all, with or without prior notice.

Signature _____

Date _____ / _____ / _____

Supplement for Existing CDL Applicants for Employment - page one

Social Security Number _____ Date of Birth: _____ / _____ / _____

Name as on your Drivers License _____
First Middle Last

Drivers License Number _____ Exp Date: _____ / _____ / _____

State Issuing Drivers License _____ Date you received your first Commercial Drivers License: _____

Do you have more than one valid driver's license? YES NO

Current Address: _____ Length at current address: _____
 Address _____
 City State Zip Year(s) Months

Previous Address: _____ Length at this address: _____
 Address _____
 City State Zip Year(s) Months

If less than three years at above addresses, complete the following:

Previous Address: _____ Length at this address: _____
 Address _____
 City State Zip Year(s) Months

The Department of Transportation requires we have information about your previous employment for the ten years prior to this application date where you were employed as an operator of a commercial motor vehicle, together with the dates of employment and the reasons for leaving such employment. Therefore, if there was not sufficient room on page three of the main application, please complete page three of this supplemental application until you have provided ten years of information.

In your previous employment, were you subject to the Federal Motor Carrier Safety Regulations (FMCSR's)?
 YES NO

In your previous employment, was your job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40?
 YES NO

Supplement for Existing CDL Applicants for Employment - page two

Describe the nature and extent of your experience in the operation of motor vehicles, including the type of equipment you operated.

List all motor vehicle accidents in which you were involved during the three years preceeding the date you are submitting this application. Specify the date and nature of each accident and any fatalities or personal injuries it caused.

List all violations of motor vehicle laws or ordinances (other than violations involving only parking) of which you were convicted or forfeited bond or collateral during the three years preceeding the date you are submitting this application.

State in detail the facts and circumstances pf any denial, revocation, or suspension of any license, permit, or privelege to operate a motor vehicle that has been issued to you, or a statement that no such denial, revocation, or suspension has occurred.

This certifies that this application and supplemental application was completed by me, and that all entries on it and information in it are true and completed to the best of my knowledge.

Applicants Signature

_____/_____/_____
Date

Supplement for Existing CDL Applicants for Employment - page three

ADDITIONAL PREVIOUS EMPLOYER INFORMATION

Name of Employer _____
 Address _____ Telephone Number () _____

City	State	Zip	Employed:	Month	Year
Nature of Business _____			From		
Name of Supervisor _____			To		
Reason for leaving _____					
Duties _____					

Name of Employer _____
 Address _____ Telephone Number () _____

City	State	Zip	Employed:	Month	Year
Nature of Business _____			From		
Name of Supervisor _____			To		
Reason for leaving _____					
Duties _____					

Name of Employer _____
 Address _____ Telephone Number () _____

City	State	Zip	Employed:	Month	Year
Nature of Business _____			From		
Name of Supervisor _____			To		
Reason for leaving _____					
Duties _____					

Name of Employer _____
 Address _____ Telephone Number () _____

City	State	Zip	Employed:	Month	Year
Nature of Business _____			From		
Name of Supervisor _____			To		
Reason for leaving _____					
Duties _____					

DISCLOSURE AND RELEASE

In connection with my application for employment (including contract for services) with you, I understand that consumer reports which may contain public record information may be requested from DAC/STA, Tulsa, Oklahoma. These reports may include the following types of information: names and dates of previous employers, reason for termination of employment, work experience, accidents, etc. I further understand that such reports may contain public record information concerning my driving record, workers' compensation agencies which maintain such records; as well as information from DAC/STA concerning previous driving record requests made by others from such state agencies, and state provided driving records.

I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY DAC/STA TO FURNISH THE ABOVE MENTIONED INFORMATION.

I have the right to make a request to DAC/STA, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including the sources of information; and the recipients of any reports on me which DAC/STA has previously furnished within the two year period preceding my request. I hereby consent to your obtaining the above information from DAC/STA, and I agree that such information which DAC/STA has or obtains, and my employment history with you if I am hired, will be supplied by DAC/STA to other companies which subscribe to DAC/STA

I hereby authorize procurement of consumer report(s). If hired (or contracted), this authorization shall remain on file and serve as ongoing authorization for you to procure consumer reports at any time during my employment (or contract) period.

 Print Name

 Social Security Number

 Date of Birth

 Applicant's Signature

 / /
 Date

Employment Applicant Voluntary Self-Identification

Name: Last		First		MI	Social Security Number	
Current Address		Street & Number		City	State	Zip Code

The following information is being gathered not for employment decisions, but for recordkeeping in compliance with Federal regulations. This information will be kept separate from your Employment Application. Your responses are strictly voluntary and will help in developing and monitoring our Affirmative Action Programs.

Information provided will be kept confidential except that (1) supervisors and managers may be informed regarding restrictions on the work or duties of disabled veterans and handicapped individuals, and regarding necessary accommodations, (2) first aid and safety personnel may be informed, when and to the extent appropriate, if the condition might require emergency treatment, and (3) government officials investigating compliance will be informed.

If you choose not to answer any of these questions, you will not be subject to adverse treatment. However, if you choose not to "self-identify", we are required under Federal regulations to maintain race, sex, and handicap information on the basis of visual observation or personal knowledge. If you do not wish to furnish this information, please initial below:

I do not wish to furnish this information _____ / _____ / _____
Initials Date

SEX: Male Female RACE: White Black Hispanic Asian or Pacific islander American Indian or Alaskan Nativ

VIETNAM-ERA VETERAN:

Are you a Veteran of the Vietnam-era? A Veteran of the Vietnam-era means a veteran, any part of whose active U.S. military, navy or air service, was during the period August 5, 1964, through May7, 1975 who (1) served on active duty for a period of more than 180 days and was discharged or released therefrom with other than a dishonorable discharge, or (2) was discharged or released from active duty because of a service-connected disability.

YES NO

SPECIAL DISABLED VETERAN:

Are you a Special Disabled Veteran? A Special Disabled Veteran means (1) a veteran who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Veterans Administration for a disability (a) rated at 30 percent or more, or (b) rated at 10 or 20 percent in the case of a veteran who has been determined under section 1506 of Title 38, U.S.C., to have a sarious employment handicap or (2) a person who was discharged or released from active duty because of service-connected disability.

YES NO

HANDICAP:

Are there any special methods, skills and procedures which qualify you for positions that you might not otherwise be able to do because of your handicap or disability?

YES NO If Yes, please explain: _____

Are there any accomodations which we could make which would enable you to perform the job properly and safely?

YES NO If Yes, please explain: _____

Signature of Applicant _____ Date _____ / _____ / _____
 Equal Opportunity Employer

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every "consumer reporting agency" (CRA). Most CRAs are credit bureaus that gather and sell information about you - such as if you pay your bills on time or have filed bankruptcy - to creditors, employers, landlords, and other businesses. You can find the complete text of the FCRA, 15 U.S.C. 1681 - 1681 u, at the Federal Trade Commission's web site (<http://www.ftc.gov>). The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

- * **You must be told if information in your file has been used against you.** Anyone who uses information from a CRA to take action against you - such as denying an application for credit, insurance, or employment - must tell you, and give you the name, address, and phone number of the CRA that provided the report.
- * **You can find out what is in your file.** At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You also are entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.
- * **You can dispute inaccurate information with the CRA.** If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRAs - to which it has provided data - of any error.) The CRA must give you a written report of the investigation and a copy of your report if the investigation results in any change. If the CRA's investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.
- * **Inaccurate information must be corrected or deleted.** A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified. If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address, and phone number of the information source.
- * **You can dispute inaccurate items with the source of the information.** If you tell anyone - such as a creditor who reports to a CRA - that you dispute an item, they may not then report the information to a CRA, without including a notice of your dispute. In addition, once you've notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.