

Application for Employment

Company Signor Trucking Inc. **Street Address** 1304 Ta Ha Zouka Drive
City, State, and Zip Code Norfolk, NE 68701

Name _____
First, Middle, Last Phone

Address _____
Street City ST Zip

Date of Birth / / **SSN** - -

Address(es) 1 _____
Street City ST Zip

2 _____
Street City ST Zip

3 _____
Street City ST Zip

EXPERIENCE & QUALIFICATIONS-DRIVER (Attach sheet if more space is needed)

LICENSE

	State	License No.	Type	Exp. Date
Driver Licenses				

- A. Have you ever been denied a license, permit, or privelege to operate a motor vehicle? Yes No
- B. Has any license, permit, or privelege ever been suspended or revoked? Yes No

If the answer to either A or B is yes, attach a statement giving details

DRIVING EXPERIENCE

Class of Equipment	Type of Equipment (Van, Tank, Flat, Etc.)	From	To	Approximate Number of Miles (Total)
Straight Truck				
Tractor and Semi-Trailer				
Tractor and Two Trailers				
Other				

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE

Dates	Nature of Accident (Rear-end, Upset, Etc.)	Fatalities	Injuries

TRAFFIC CONVICTIONS FOR PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

Location	Date	Charge	Penalty

EMPLOYMENT RECORD (Attach sheet if more space is needed)

Note: Show ALL employment for the past three years and all Commercial Driving Experience for the past 10 years.

Last Employer: Name _____
 Address _____ Phone _____
 From _____ To _____ Salary _____
 Reason(s) for leaving _____

Second Last Employer: Name _____
 Address _____ Phone _____
 From _____ To _____ Salary _____
 Reason(s) for leaving _____

Third Last Employer: Name _____
 Address _____ Phone _____
 From _____ To _____ Salary _____
 Reason(s) for leaving _____

Fourth Last Employer: Name _____
Address _____ Phone _____
From _____ To _____ Salary _____
Reason(s) for leaving _____

Fifth Last Employer: Name _____
Address _____ Phone _____
From _____ To _____ Salary _____
Reason(s) for leaving _____

Sixth Last Employer: Name _____
Address _____ Phone _____
From _____ To _____ Salary _____
Reason(s) for leaving _____

Driver agrees to the following wages upon hiring:

Tank Driver	\$0.30 Per Mile
Reefer Driver	\$0.31 Per Mile

To be read and signed by the Applicant

THIS CERTIFIES THAT THIS APPLICATION WAS COMPLETED BY ME, AND THAT ALL ENTRIES ON IT AND INFORMATION IN IT ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

Today's Date

Applicant's Signature

Note: A motor carrier may require an applicant to provide information in addition to the information required by the Federal Motor Carrier Safety Regulations.

Addendum to Employment Application

As a prospective employer, we must ask any applicant for a driving position with our company whether he/she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the applicant applied for, but did not obtain, "safety-sensitive transportation work" (driving a commercial motor vehicle) during the past two years.

- Yes**, I have tested positive for drugs/alcohol, or refused to take a pre-employment drug/alcohol test in the two years preceding the date of this application.
- No**, I have not tested positive for drugs/alcohol, or refused to take a pre-employment drug/alcohol test in the two years preceding the date of this application.

DOT regulations prohibit our utilizing you to perform a "safety-sensitive function" (driving a commercial motor vehicle) if you admit that you had a positive test, or a refusal to test, until and unless you provide documents showing successful completion of the return-to-duty process in accordance with DOT regulations.

This certifies that I completed this addendum to the employment application, and that all information therein is true and complete to the best of my knowledge. I also understand that misrepresentation or omission of information or facts may result in my rejection or dismissal.

Date

Applicant Signature

Past Employment Reference

Previous Employer: _____ Phone: _____

Date Contacted: ____/____/____ Contact: _____

Verification: _____'s application indicates that he/she was employed as
(Applicant's Name)

_____ at your company from _____ to _____
(Job Description)

If the information provided is correct, check N/A, or if incorrect, supply correct dates in space provided.

N/A _____

Equipment Operated: Tractor/Truck Straight Truck Other _____
Type of Trailer: Van Tank Reefer Flatbed Other _____

Commodities Hauled: _____

Reason for leaving your employ: Discharged Resignation Lay Off Military Duty

Accidents (please list any the driver was involved in:)

Date	Type	State	DUI	Prev./Non-Prev.	Injury	Fatal	Cost

Citations:

Date	Type	State	DUI	Suspension	Other

Qualification:

Was the driver physically qualified? Yes No

Was the driver ever disqualified? Yes No If yes, Reason: _____

General:

Any other violations or company infraction? _____

Would you rehire this driver? Yes No

Operator's License #: _____ State: _____

Previous Employer Signature: _____

Title: _____ Date: _____

Applicant's Signature

Date

Appendix D

Applicant Name: Signor Trucking Inc.

Address: 1304 Ta Ha Zouka Drive

City, State, Zip Code: Norfolk, NE 68701

Signor Trucking Inc.
1304 Ta Ha Zouka Drive
Norfolk, NE 68701

Date: _____

Dear Signor Trucking Inc.:

Consumer reports may be obtained as part of the Signor Trucking Inc. evaluation of my job application/employment. The reports may be procured by Town and Country Insurance Agency, and may include my driving record, an assessment of my insurability under the Company's insurance coverages or other consumer reports. By signing this disclosure, I hereby authorize the Company to procure such reports and additional reports about me from time to time, as it deems appropriate, to evaluate my insurability or for other permissible purposes.

Sincerely,

Applicant Signature: _____

Typed Name: _____

Release & Documentation of Testing Information by Previous Employer

This form may be used to fulfill the requirement of 382.413, obtaining information from a new driver's previous employer's regarding past drug and alcohol testing results. This information **must** be obtained from **all** employers of all new drivers within the preceding two years. It **must** be obtained no later than 14 calendar days after the first time a driver performs a safety sensitive function. Send a separate request to each previous employer you may be contacting. After it is completed and signed by a program representative, keep the form in the driver's qualification file.

Date of driver's employment application: _____ / _____ / _____

PART 1, TO BE COMPLETED BY THE DRIVER/APPLICANT

I, _____ hereby authorize _____
(previous employer/company name)

to release to _____ Amanda _____ at _____ Signor Trucking Company _____
(company contact) (new employer/company name)

_____ 1304 Ta Ha Zouka Drive _____ Norfolk, NE 68701
(address) (city, state, zip)

_____ 402-844-5464 _____ 402-844-3480
(phone) (fax)

results of any positive controlled substance tests: alcohol tests with a result of 0.04 or greater; evidence of refusal to be tested; and information on any required substance abuse professional (SAP) evaluation, determination of need for assistance, and compliance with SAP recommendations for the preceding two years since December 31, 1994 (December 31, 1995 for employers with less than 50 drivers), whichever is less. I request such records be released immediately. *This authorization is valid until withdrawn by me in writing.*

Dated this _____ day of _____, 20_____

(applicant's name, printed)

(applicant's signature)

(social security number)

(witness signature)

PART 2, TO BE COMPLETED BY PREVIOUS EMPLOYER

1. Has this person ever tested positive for controlled substances in the past two years during their employment with your company? Yes No
2. Has this person ever had a breath alcohol test with a result of 0.04 or greater in the past 2 years during their employment with your company? Yes No
3. Has this person ever refused a required test for drugs or alcohol in the past 2 years during their employment with your company? Yes No

NOTE: If YES to any of the above questions; please release any documentation relating to the SAP evaluation, determination and compliance, and give the SAP's name, address, and phone number for further reference.

SAP Name: _____ SAP Phone _____

SAP Address: _____ City, State, Zip _____

Name of person releasing this information: _____ Date _____ / _____ / _____

Signature of Person Releasing Information: _____