

APPLICATION FOR QUALIFICATION

**BEED TRANSPORTATION INC.
P.O. BOX 56
745 S. RAILROAD ST.
WEST POINT, NE 68788**

THE PURPOSE OF THIS APPLICATION IS TO DETERMINE WHETHER OR NOT THE APPLICANT IS QUALIFIED TO OPERATE MOTOR CARRIER EQUIPMENT ACCORDING TO THE REQUIREMENTS OF THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS AND THE COMPANY NAMED ABOVE.

INSTRUCTIONS TO APPLICANT

PLEASE ANSWER ALL QUESTIONS. IF THE ANSWER TO ANY QUESTION IS "NO" OR "NONE," DO NOT LEAVE THE ITEM BLANK, BUT WRITE "NO" OR "NONE". THIS IS IMPORTANT!

*THE AGE DISCRIMINATION OF EMPLOYMENT ACT OF 1967 PROHIBITS DISCRIMINATION ON THE BASIS OF AGE WITH RESPECT TO INDIVIDUALS WHO ARE AT LEAST 40 BUT LESS THAN 70 YEARS OF AGE.

DATE _____ DRIVER LICENSE NUMBER _____

NAME _____
FIRST MIDDLE LAST

PHONE NUMBER(_____) _____ CELL NUMBER _____

*AGE _____ DATE OF BIRTH _____ SOCIAL SECURITY NUMBER _____

CURRENT & THREE YEARS PREVIOUS ADDRESSES:

_____ FROM _____ TO _____
_____ FROM _____ TO _____
_____ FROM _____ TO _____

EDUCATION AND EMPLOYMENT HISTORY

PLEASE CIRCLE THE HIGHEST GRADE COMPLETED:

GRADE SCHOOL: 1 2 3 4 5 6 7 8 9 10 11 12

COLLEGE: 1 2 3 4 POST-GRADUATE: 1 2 3 4

GIVE A **COMPLETE RECORD** OF ALL EMPLOYMENT FOR THE PAST THREE YEARS, INCLUDING ANY UNEMPLOYMENT OR SELF-EMPLOYMENT, AND ALL COMMERCIAL DRIVING EXPERIENCE FOR THE PAST TEN YEARS.

1. FROM _____ TO _____ NAME _____
MO/YR MO/YR

POSITION HELD _____ ADDRESS _____

REASON FOR LEAVING _____ PHONE# (_____) _____

2. FROM _____ TO _____ NAME _____
MO/YR MO/YR

POSITION HELD _____ ADDRESS _____

REASON FOR LEAVING _____ PHONE# (_____) _____

3. FROM _____ TO _____ NAME _____
MO/YR MO/YR

POSITION HELD _____ ADDRESS _____

REASON FOR LEAVING _____ PHONE# (_____)

4. FROM _____ TO _____ NAME _____
MO/YR MO/YR

POSITION HELD _____ ADDRESS _____

REASON FOR LEAVING _____ PHONE# (_____)

5. FROM _____ TO _____ NAME _____
MO/YR MO/YR

POSITION HELD _____ ADDRESS _____

REASON FOR LEAVING _____ PHONE# (_____)

6. FROM _____ TO _____ NAME _____
MO/YR MO/YR

POSITION HELD _____ ADDRESS _____

REASON FOR LEAVING _____ PHONE# (_____)

7. FROM _____ TO _____ NAME _____
MO/YR MO/YR

POSITION HELD _____ ADDRESS _____

REASON FOR LEAVING _____ PHONE# (_____)

8. FROM _____ TO _____ NAME _____
MO/YR MO/YR

POSITION HELD _____ ADDRESS _____

REASON FOR LEAVING _____ PHONE# (_____)

9. FROM _____ TO _____ NAME _____
MO/YR MO/YR

POSITION HELD _____ ADDRESS _____

REASON FOR LEAVING _____ PHONE# (_____)

10. FROM _____ TO _____ NAME _____
MO/YR MO/YR

POSITION HELD _____ ADDRESS _____

REASON FOR LEAVING _____ PHONE# (_____) _____

DRIVING EXPERIENCE

<u>CLASS OF EQUIPMENT</u>	<u>DATES</u>	<u>APPROXIMATE NUMBER OF MILES</u>
STRAIGHT TRUCK	_____	_____
TRACTOR AND SEMI-TRAILER	_____	_____
TRACTOR-TWO TRAILERS	_____	_____
OTHER	_____	_____
LIST STATES OPERATED IN FOR THE LAST FIVE YEARS: _____		

ACCIDENT RECORD FOR THE PAST THREE YEARS

(ATTACH SHEET IF MORE SPACE IS NEEDED)

<u>DATE OF ACCIDENT</u>	<u>NATURE OF ACCIDENTS</u> (HEAD ON, REAR END, UPSET, ECT)	<u>LOCATION OF ACCIDENT</u>	<u>#OF FATALITIES</u>	<u>#OF PEOPLE INJURED</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE LAST THREE YEARS

(OTHER THAN PARKING VIOLATIONS)

<u>DATE</u>	<u>LOCATION</u>	<u>CHARGE</u>	<u>PENALTY</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

DRIVER'S LICENSE

(LIST EACH DRIVER'S LICENSE HELD IN THE PAST THREE YEARS)

<u>STATE</u>	<u>LICENSE #</u>	<u>TYPE</u>	<u>ENDORSEMENTS</u>	<u>EXPIRATION DATE</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

1. HAVE YOU EVER BEEN DENIED A LICENSE, PERMIT, OR PRIVILEGE TO OPERATE A MOTOR VEHICLE?
YES _____ NO _____
2. HAS ANY LICENSE, PERMIT, OR PRIVILEGE EVER BEEN SUSPENDED OR REVOKED?
YES _____ NO _____
3. HAVE YOU EVER BEEN CONVICTED OF A FELONY?
YES _____ NO _____

IF THE ANSWERS TO 1, 2, 3, IS "YES" GIVE DETAILS: _____

PERSONAL REFERENCES

LIST THREE PERSONS FOR REFERENCES, OTHER THAN FAMILY MEMBERS WHO HAVE KNOWLEDGE OF YOUR SAFETY HABITS.

NAME _____	ADDRESS _____	PHONE _____
NAME _____	ADDRESS _____	PHONE _____
NAME _____	ADDRESS _____	PHONE _____

TO BE READ AND SIGNED BY APPLICANT

IT IS AGREED AND UNDERSTOOD THAT ANY MISREPRESENTATION GIVEN ON THIS APPLICATION FOR QUALIFICATION SHALL BE CONSIDERED AN ACT OF DISHONESTY.

I GIVE THE MOTOR CARRIER AND ITS AGENTS OR REPRESENTATIVES THE RIGHT TO INVESTIGATE ALL REFERENCES AND TO SECURE ADDITIONAL INFORMATION ABOUT MY EMPLOYMENT BACKGROUND. I HEREBY RELEASE FROM ALL LIABILITY FOR DAMAGES THE MOTOR CARRIER AND ITS AGENTS OR REPRESENTATIVES FOR SEEKING SUCH INFORMATION AND ALL OTHER PERSONS, CORPORATION OR ORGANIZATIONS FOR FURNISHING SUCH INFORMATION.

I AGREE TO FURNISH SUCH ADDITIONAL INFORMATION AND COMPLETE SUCH EXAMINATIONS AS MAY BE REQUIRED TO COMPLETE MY EMPLOYMENT FILE.

IT IS AGREED AND UNDERSTOOD THAT THIS APPLICATION FOR QUALIFICATION IS IN NO WAY OBLIGATES THE MOTOR CARRIER TO EMPLOY ME.

IT IS AGREED AND UNDERSTOOD THAT IF QUALIFIED TO OPERATE MOTOR CARRIER EQUIPMENT, I MAY BE ON A PROBATIONARY PERIOD DURING WHICH I MAY BE DISQUALIFIED WITHOUT RECOURSE.

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

WHEN SIGNING THIS APPLICATION WILL GIVE BEED TRANSPORTATION, INC. THE AUTHORITY TO OBTAIN A MOTOR VEHICLE RECORD ON THE APPLICANT.

APPLICANT'S SIGNATURE

DATE
