



P.O. Box 81228
Lincoln, NE 68501
Ph: (800) 998-2221
Fax (800) 998-9002
www.cretecarrier.com

A Division of Crete Carrier
P.O. Box 418
New Kingstown, PA 17072
Ph: (800) 669-0322
Fax: (800)-669-2181
www.shaffertrucking.com

DRIVER QUALIFICATION APPLICATION INSTRUCTIONS

1. The information you supply on your application must be **printed legibly** in ink **in your own handwriting**. Please answer **ALL** questions on the application. Prior to employment, you will be required to successfully pass a company and D.O.T. physical, drug screen, and road test.
2. Employment History must be accurate and complete for the **last ten (10) years**. List all of the following instances on your application starting with the most recent:
 - Previous Employers
 - If out of business, please include copies of W-2 forms for the years employed
 - Previous Schools Attended
 - Military Service within the last five (5) years
 - Please include a copy of your DD-214.
 - Unemployed Periods
 - Self-employed Periods
 - Please include copies of the tax documents that show your name and name of the businessDates, phone numbers, and addresses must be correct with **no period of time unaccounted for in the last ten (10) years**.
3. Please ensure you answer the questions on the top of page four (4) under **Physical Condition**.
4. In the sections entitled "Traffic Convictions and Forfeitures" and "Accident Record", list **ALL** tickets, forfeitures, accidents, and incidents for the past five (5) years. Be sure to list everything regardless of fault, severity, or motor vehicle type, be it personal vehicle or commercial vehicle.
If you have none of these, please write the word **NONE**.
Please include a copy of a police report for any accidents with injuries.
We will check your motor vehicle report for the past five (5) years, so please be accurate.
5. Please be sure to include three (3) Personal References (other than relatives or past employers).
6. Page five (5): **"Applicant's Statement"** must be **signed and dated**.
7. Page six (6) : **"Authorization and Consent"** must be **signed and dated**.

PLEASE CONTACT THE RECRUITING DEPARTMENT IF YOU HAVE ANY QUESTIONS WHILE COMPLETING THIS DRIVER QUALIFICATION APPLICATION.



Please print in ink in your own handwriting.

Note: Please answer or check all questions. If the answer to any question is "No" or "None," do not leave the item blank, indicate "No" or "None." **This application will not be considered unless complete!**

Applicant's Name: Last _____ First _____ Middle _____

Social Security Number: _____ Date of Birth: _____

Present Address: _____ City _____ State _____ Zip _____

How Long There? Years _____ Months _____ Home Phone: (_____) _____ Work Phone: (_____) _____

Cellular Phone Number: _____ E-Mail Address: _____

In Case of Emergency Notify: Name _____ Address _____

Are you authorized to work in the United States? Yes No Emergency Contact phone:(_____) _____

If you are a resident alien, please give your alien number from your Resident Alien Card, Form I-551: _____

Driver Qualification Status Applied For With: Crete Carrier Corporation or Shaffer Trucking, P.O. Box 81228, Lincoln, NE 68501

Company Driver: **Crete Carrier** **Shaffer Trucking**

Owner-Operator: Individual or business name _____ Phone: (_____) _____
Address _____ City _____ State _____ Zip _____

Contractor Driver: Name of employing contractor _____ Phone: (_____) _____
Contractor's address _____ City _____ State _____ Zip _____

Have you ever applied to be qualified as a driver by Crete Carrier Corporation, Shaffer Trucking, or Hunt Transportation?

Yes No If so, when _____ and with which Company? _____

How did you first learn of Crete Carrier Corporation? Truck/Trailer Friend Magazine Ad Newspaper Ad

XM Sirius Radio Website Driver/Non-Driving Employee Other _____

Twitter, FaceBook, MySpace _____

If referred by a Crete, Shaffer, or Hunt Transportation employee, list his or her name: _____

PLEASE READ CAREFULLY

- A. Have you **ever** been denied a license, permit, or privilege to operate a motor vehicle? Yes..... No
 - B. Has your motor vehicle operator's license, permit, or privilege **ever** been suspended or revoked?..... Yes..... No
 - C. Have you **ever** been disqualified from driving a motor vehicle under the D.O.T. regulations? Yes..... No
 - D. Have you **ever** been convicted for driving under the influence of alcohol or drugs?..... Yes..... No
 - E. Have you **ever** been convicted for possession, sale, or use of narcotic drugs, amphetamines, or a derivative?..... Yes..... No
 - F. Have you **ever** been convicted of a serious traffic violation, such as careless or reckless driving or willful reckless driving, etc.?..... Yes..... No
 - G. Have you been convicted of, found not guilty by reason of insanity, or imprisoned for, a felony (as defined by any U.S. or state law) at any time during the ten (10) years before the date of this application?..... Yes..... No
 - H. Are you wanted or under indictment for a felony (as defined by any U.S. or state law)?..... Yes..... No
 - I. Have you, within the three (3) years preceding the date of this application:
 - (1) Undergone an alcohol test in which a concentration of 0.04 or greater has been indicated?..... Yes..... No
 - (2) Undergone a controlled substance test in which a positive result has been verified?..... Yes..... No
 - (3) Refused to undergo either an alcohol or drug test or adulterated or substituted a test specimen for a controlled substance?..... Yes..... No
 - (4) Refused to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test?..... Yes..... No
 - (5) Committed any other violation of a Federal Motor Carrier Safety Administration drug or alcohol regulation?..... Yes..... No
- If you answered "yes" to any of the five (5) questions above please answer six (6) below.**
- (6) Following any violation of a D.O.T. drug or alcohol regulation as indicated above, did you successfully complete the return to work requirements?..... Yes..... No

If you answered "Yes" to any of these questions, please provide details. (Drug or alcohol test results will not be used to infer that you are an alcoholic or drug addict.) _____

EMPLOYMENT RECORD FOR PAST 10 YEARS

Begin with your current or most recent job and work backwards in order, listing your employers and any periods of unemployment **for at least ten (10) years** including all full and part-time employment. All time must be accounted for, including military service, self-employment, schooling and periods of unemployment. Use supplementary sheets if necessary.

LAST OR CURRENT EMPLOYER

From: _____ To: _____
Month | Date | Year Month | Date | Year
Phone Number: (____) _____
Salary _____
Type of Equipment Driven: _____
States In Which You Drove: _____
Company Name: _____
Address: Street _____ City _____ State _____ Zip _____
Position Held: _____ Reason For Leaving: _____
Were you subject to DOT regulations while working for this employer? Yes No
Were you required to perform safety sensitive functions (such as driving) subject to DOT drug and alcohol testing? Yes No
Unemployed Yes No If yes, from Month _____ Day _____ Year _____ to Month _____ Day _____ Year _____.

SECOND LAST EMPLOYER

From: _____ To: _____
Month | Date | Year Month | Date | Year
Phone Number: (____) _____
Salary _____
Type of Equipment Driven: _____
States In Which You Drove: _____
Company Name: _____
Address: Street _____ City _____ State _____ Zip _____
Position Held: _____ Reason For Leaving: _____
Were you subject to DOT regulations while working for this employer? Yes No
Were you required to perform safety sensitive functions (such as driving) subject to DOT drug and alcohol testing? Yes No
Unemployed Yes No If yes, from Month _____ Day _____ Year _____ to Month _____ Day _____ Year _____.

THIRD LAST EMPLOYER

From: _____ To: _____
Month | Date | Year Month | Date | Year
Phone Number: (____) _____
Salary _____
Type of Equipment Driven: _____
States In Which You Drove: _____
Company Name: _____
Address: Street _____ City _____ State _____ Zip _____
Position Held: _____ Reason For Leaving: _____
Were you subject to DOT regulations while working for this employer? Yes No
Were you required to perform safety sensitive functions (such as driving) subject to DOT drug and alcohol testing? Yes No
Unemployed Yes No If yes, from Month _____ Day _____ Year _____ to Month _____ Day _____ Year _____.

FOURTH LAST EMPLOYER

From: _____ To: _____
Month | Date | Year Month | Date | Year
Phone Number: (____) _____
Salary _____
Type of Equipment Driven: _____
States In Which You Drove: _____
Company Name: _____
Address: Street _____ City _____ State _____ Zip _____
Position Held: _____ Reason For Leaving: _____
Were you subject to DOT regulations while working for this employer? Yes No
Were you required to perform safety sensitive functions (such as driving) subject to DOT drug and alcohol testing? Yes No
Unemployed Yes No If yes, from Month _____ Day _____ Year _____ to Month _____ Day _____ Year _____.

FIFTH LAST EMPLOYER

From: _____ To: _____
Month | Date | Year Month | Date | Year
Phone Number: (____) _____
Salary _____
Type of Equipment Driven: _____
States In Which You Drove: _____
Company Name: _____
Address: Street _____ City _____ State _____ Zip _____
Position Held: _____ Reason For Leaving: _____
Were you subject to DOT regulations while working for this employer? Yes No
Were you required to perform safety sensitive functions (such as driving) subject to DOT drug and alcohol testing? Yes No
Unemployed Yes No If yes, from Month _____ Day _____ Year _____ to Month _____ Day _____ Year _____.

SIXTH LAST EMPLOYER

From: _____ To: _____
Month | Date | Year Month | Date | Year
Phone Number: (____) _____
Salary _____
Type of Equipment Driven: _____
States In Which You Drove: _____
Company Name: _____
Address: Street _____ City _____ State _____ Zip _____
Position Held: _____ Reason For Leaving: _____
Were you subject to DOT regulations while working for this employer? Yes No
Were you required to perform safety sensitive functions (such as driving) subject to DOT drug and alcohol testing? Yes No
Unemployed Yes No If yes, from Month _____ Day _____ Year _____ to Month _____ Day _____ Year _____.

SEVENTH LAST EMPLOYER

From: _____ To: _____
Month | Date | Year Month | Date | Year
Phone Number: (____) _____
Salary _____
Type of Equipment Driven: _____
States In Which You Drove: _____
Company Name: _____
Address: Street _____ City _____ State _____ Zip _____
Position Held: _____ Reason For Leaving: _____
Were you subject to DOT regulations while working for this employer? Yes No
Were you required to perform safety sensitive functions (such as driving) subject to DOT drug and alcohol testing? Yes No
Unemployed Yes No If yes, from Month _____ Day _____ Year _____ to Month _____ Day _____ Year _____.

Use separate sheets for additional employment history if necessary.

CDL DRIVING SCHOOL TRAINING

List driver training courses or driving schools attended: School Name: _____

City _____ State _____ Phone# _____ Graduation Date: ____ / ____ / ____

Can you read English? Yes No Speak English? Yes No Write English? Yes No

DRIVERS LICENSE: LIST ALL DRIVERS LICENSES HELD IN PAST FIVE (5) YEARS

NOTE: Holders of a Commercial Drivers License must not have an air brake restriction and must have the Hazardous Materials Endorsement.

State	License Number	Class	Endorsements	Expiration Date

If you have held a drivers license in any other name within the last ten (10) years, please provide the other name(s):

First _____ Middle _____ Last _____

TRAFFIC CONVICTIONS AND FORFEITURES, OTHER THAN PARKING VIOLATIONS: LIST FOR PAST FIVE (5) YEARS

Includes On-Duty or Off-Duty and while in either a commercial or personal vehicle. **If none, must write "NONE."**

Date	City/State	Charge—if speeding, how fast?	Penalty

ACCIDENT RECORD: LIST FOR THE PAST FIVE (5) YEARS

List **all** accidents and incidents regardless of whether it involved a commercial or personal vehicle.

Include preventable and non-preventable accidents and any that involved property damage. **If none, must write "NONE."**

P = PREVENTABLE
NP = NON-PREVENTABLE
HM = HAZARDOUS MATERIALS

Date	Type of Vehicle	Nature of Accident (Head on, Rear-end, Etc.)	P	NP	HM	Fatalities Yes / No	Injuries Yes / No	Amount of Property Damage	City/State	Employer

List any addresses you have maintained during the past five (5) years other than your present address:

1. Street _____ City _____ State _____ Zip _____ How long? _____

2. Street _____ City _____ State _____ Zip _____ How long? _____

3. Street _____ City _____ State _____ Zip _____ How long? _____

PHYSICAL CONDITION

Are you physically capable of heavy manual work that may be required in the loading and unloading of cargo and the operation of over-the-road tractors and semi-trailers: Yes No

Do you have a current D.O.T. physical certificate? Yes No *If yes, please provide:*

Name of Doctor _____ Address _____ Exam Date _____

SAFE DRIVING AWARDS, ETC.

Date	Kind of Award	Presented By	While Employed By	In Recognition Of

List three (3) Personal References (other than relatives or past employers):

Name _____ Address _____ City/State _____ Phone (____) _____

Name _____ Address _____ City/State _____ Phone (____) _____

Name _____ Address _____ City/State _____ Phone (____) _____

APPLICANT'S STATEMENT

I hereby acknowledge that, prior to submitting this application, I have been informed that the information provided herein may be used, and that my references and prior employers may be contacted, for the purpose of investigating my background.

I hereby authorize Crete Carrier Corporation for itself and its division of Shaffer Trucking, hereinafter the "Company", to investigate all statements in this application and to secure any necessary information from any of my references, prior employers, or other sources identified herein.

I hereby release the "Company" and any of my references, prior employers, or other sources identified herein from any and all liability arising from their giving or receiving information about me or my driving record or employment history. I hereby authorize any law enforcement agency or court of record to furnish the "Company" information concerning my motor vehicle records, or any felony or misdemeanors of which I have been convicted.

I understand that any false or misleading statements in this application will be sufficient cause for rejection of my application if the "Company" has not already qualified me as a driver and for immediate disqualification if it has qualified me as a driver.

If this application is for qualification as a Company Driver, I agree that the "Company" is not obligated to employ me. I further agree that, if I am employed as a Company Driver, I have the right to terminate my employment at any time for any reason and that the "Company" has the same right. Any false, misleading or incomplete statement of the information requested in this application will be sufficient grounds for discharge from employment as a Company Driver.

I agree that any claim or lawsuit relating to my service with the Company or any of its divisions must be filed no more than six (6) months after the date of the employment action that is the subject of the claim or lawsuit. I waive any statute of limitations to the contrary.

I acknowledge that I have the right to request in writing, at any time up to thirty (30) days following being employed or denied employment by the Company, to: (i) review information provided the Company by previous employers, (ii) have errors in the information corrected by the previous employer to re-send the corrected information to the Company, and (iii) have a rebuttal statement attached to the alleged erroneous information, if my previous employer and I cannot agree on the accuracy of the information. All written requests for records must be sent to the attention of Safety Department Records Request, P.O. Box 81228, Lincoln, NE 68501

I understand this driver qualification application, if complete, will be processed within ten (10) days after it's received by the "Company". To be qualified as a driver beyond this time period I should inquire as to whether or not applications are being accepted at that time.

I agree to furnish such additional information and complete such examinations as may be required to complete my driver qualification file.

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. I HEREBY ACKNOWLEDGE THAT I HAVE READ, UNDERSTAND, AND AGREE TO THE PRECEDING APPLICANT'S STATEMENT.

Signature of Applicant: _____ **Date:** ____ / ____ / ____

IMPORTANT: This application must also be signed and dated by applicant at the bottom of page six (6).

AUTHORIZATION AND CONSENT

Applicant's Name: _____ Social Security Number: _____ - _____ - _____

Alcohol and Drug Testing: In accordance with DOT Regulation 49 CFR Part 391.23, I hereby authorize release of my DOT-regulated drug and alcohol testing records from all my prior DOT-regulated employers, including those employers which I have listed in this application or which may be listed in my DAC Employment History File, to Hire Right, 4500 S. 129th E. Avenue, Suite 200, Tulsa, Oklahoma, 74134 for the purpose of Hire Right transmitting such records to Crete Carrier Corporation and its division of Shaffer Trucking, hereinafter collectively referred to as Crete Carrier Corporation, P.O. Box 81228, Lincoln, NE 68501. I understand that information and documents obtained pursuant to this section is limited to the following DOT-regulated testing items, including pre-employment testing results, occurring during the previous five (5) years: (i) alcohol tests with a concentration result of 0.04 or greater; (ii) verified positive drug tests results; (iii) refusals to be tested (including verified adulterated and/or substituted drug tests results; (iv) other violations of Federal Motor Carrier Safety Administration (FMCSA)/DOT drug and alcohol regulations; (v) information obtained from previous employers of a drug and alcohol rule violation; and, if applicable; (vi) any documentation of completion of the return-to-duty requirements following a violation of a DOT rule violation.

Furthermore, if any of the aforesaid prior employers furnish Hire Right with information concerning items (i) through (vi) above, I also authorize those prior employers to furnish Hire Right with the following information, if applicable: (i) dates of my negative drug and/or alcohol tests with results below 0.04 during the previous five (5) years; and (ii) the name and phone number of any substance abuse professional who evaluated me during the previous five (5) years. I further authorize Hire Right to transmit and release this information to Crete Carrier Corporation.

I hereby **authorize and consent** to the release of all the above information by the aforesaid prior employers and USIS to the Vice President-Safety of Crete Carrier Corporation in person, by telephone, in writing or by other method of transmission ensuring confidentiality. I hereby authorize the Vice President-Safety of Crete Carrier Corporation to release such information to any employee of Crete Carrier Corporation whose duties require them to assess this application or to make any recommendations or decisions with respect to it.

Consumer Reports: In accordance with the provisions of section 604(b) of the Fair Credit Reporting Act, disclosure is hereby made that Crete Carrier Corporation and its division of Shaffer Trucking, hereinafter collectively referred to as Crete Carrier Corporation, may obtain one or more consumer reports containing information regarding your employment history, driving record, and arrest/conviction record, and other information about your character, general reputation, personal characteristics, and mode of living (hereinafter, "Information"), in connection with your application for employment or driver qualification, and if you are hired or qualified, with the continuation of your employment or qualification.

I hereby **authorize** Crete Carrier Corporation to obtain one or more consumer reports containing such Information in connection with this application, and, if I am hired or qualified, to: (i) obtain additional consumer reports in connection with this application, and (ii) to obtain additional consumer reports in connection with the continuation of my employment or qualification.

I understand that, within 60 days of any adverse employment action taken by Crete Carrier Corporation, including denial of employment or qualification, I have the right to receive from the consumer reporting agency a free copy of the consumer reports furnished by the agency in connection with this application. I also understand that I have the right to dispute with the consumer reporting agency or agencies the accuracy or completeness of any information in the consumer reports furnished by the agency or agencies.

DOT/FMCSA Records: I **authorize** the Department of Transportation and the Federal Motor Carrier Safety Administration to disclose to Crete Carrier Corporation and its division of Shaffer Trucking, as part of its pre-employment screening process, all electronic and written records maintained by the DOT/FMCSA including, but not limited to, my inspection and accident records.

Employment References: I hereby **authorize** all my prior employers, including those employers which have been listed in this application and/or which may be disclosed pursuant to the procuring of my DAC Employment History File, to provide Crete Carrier Corporation for itself and its division of Shaffer Trucking, with any and all information regarding my performance, safety performance, character, and conduct while in their employ, and I hereby release all my prior employers from any liability for providing such information.

Education Information: I hereby **authorize** the schools I have attended to provide Crete Carrier Corporation and its division of Shaffer Trucking with all transcripts and information regarding my performance, safety performance, character, and conduct while attending school and I hereby release the schools I have attended from any liability for providing such information.

Electronic Notification of Job Opportunities: I acknowledge that I may elect, but am under no obligation, to receive electronic notification of future job opportunities with Crete Carrier Corporation and its division of Shaffer Trucking via email. By providing my email information I elect to receive and **authorize** Crete Carrier Corporation to provide me email notification and information relating to employment by Crete Carrier Corporation and its division of Shaffer Trucking. My email address is: _____@_____.

Date: _____/_____/_____ Applicant's Signature: _____

DATE AND SIGN WHEN COMPLETING APPLICATION

