

DRIVER'S APPLICATION FOR EMPLOYMENT

OBERG FREIGHT COMPANY
22153 OLD HIGHWAY 169
FORT DODGE, IOWA 50501
515-955-3592 Office - 515-573-4112 Fax

(Answer all questions – please print)

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 non-job related disability.

Date of application _____

Position(s) Applied for _____

Name _____ Social Security No. _____
Last First M

List your addresses of residency for the past 3 years.

Current Address _____
Street City
State Zip Code Phone How Long? _____

Previous Addresses _____
Street City State & Zip Code How Long? _____
Street City State & Zip Code How Long? _____
Street City State & Zip Code How Long? _____

Do you have the right to work in the United States? _____
Date of Birth _____ / _____ / _____ Can you provide proof of age? _____
Have you worked for this company before? _____ Where? _____
Dates: From _____ To _____ Rate of Pay _____ Position _____
Reason for leaving _____
Are you now employed? _____ If not, how long since leaving last employment? _____
Who referred you? _____ Rate of pay expected _____

CELL PHONE # _____

Is there any reason you might be unable to perform the functions of the job for which you have applied [as described in the attached job description]?

If yes, explain if you wish. _____

EMPLOYMENT HISTORY

(NOTE: LIST EMPLOYERS IN REVERSE ORDER STARTING WITH THE MOST RECENT)

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state and zip code.

Applicants to drive a commercial motor vehicle* in intrastate or interstate commerce shall also provide an additional 7 years' information on those employers for whom the applicant operated such vehicle.

(NOTE: List employers in reverse order starting with the most recent.)

| EMPLOYER | | | DATE | |
|---|-------|--------------|--------------------|---------------|
| NAME | | | FROM MO. YR. | TO MO. YR. |
| ADDRESS | | | POSITION HELD | |
| CITY | STATE | ZIP | SALARY/WAGE | |
| CONTACT PERSON | | PHONE NUMBER | REASON FOR LEAVING | |
| WERE YOU SUBJECT TO THE FMCSRs† WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | |
| WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | |

| EMPLOYER | | | DATE | |
|---|-------|--------------|--------------------|---------------|
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USE THIS SHEET FOR ADDITIONAL EMPLOYMENT HISTORY INFORMATION (continued)

| EMPLOYER | | DATE | |
|---|--------------|--------------------|---------------|
| NAME | | FROM MO. YR. | TO MO. YR. |
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* Includes vehicles having a GVWR of 26,001 lbs or more, vehicles designated to transport 16 or more passengers (including the driver), or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

† The Federal Motor Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 lbs. or more, (2) is designed or used to transport more than 8 passengers (including the driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED) IF NONE, PLEASE WRITE NONE.

| DATES | NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.) | FATALITIES | INJURIES |
|-------|--|------------|----------|
| | | | |
| | | | |
| | | | |
| | | | |

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE WRITE NONE

| LOCATION | DATE | CHARGE | PENALTY |
|----------|------|--------|---------|
| | | | |
| | | | |
| | | | |

(ATTACH SHEET IF MORE SPACE NEEDED)

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8

HIGH SCHOOL: 1 2 3 4

COLLEGE: 1 2 3 4

LAST SCHOOL ATTENDED _____

NAME

CITY / STATE

EXPERIENCE AND QUALIFICATIONS - DRIVER

| DRIVER LICENSES | STATE | LICENSE NO | TYPE | EXPIRATION DATE |
|--------------------|-------|------------|------|-----------------|
| | | | | |
| | | | | |
| | | | | |

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle?

YES _____ NO _____

B. Has any license, permit or privilege ever been suspended or revoked?

YES _____ NO _____

IF THE ANSWER TO EITHER A OR B IS YES, ATTACH STATEMENT GIVING DETAILS

DRIVING EXPERIENCE IF NONE, WRITE NONE

| CLASS OF EQUIPMENT | TYPE OF EQUIPMENT (VAN, TANK, FLAT, ECT.) | DATES | | APPROX. NO. OF MILES (TOTAL) |
|--------------------------------|--|-------|----|---------------------------------|
| | | FROM | TO | |
| STRAIGHT TRUCK _____ | | | | |
| TRACTOR AND SEMI-TRAILER _____ | | | | |
| TRACTOR-TWO TRAILERS _____ | | | | |
| MOTORCOACH - SCHOOL BUS _____ | | | | |
| OTHER _____ | | | | |

LIST STATES OPERATED IN FOR LAST FIVE YEARS _____

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER: _____

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHO? _____

EXPERIENCE AND QUALIFICATIONS - OTHER

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN APPLICATION

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWN)

TO BE READ AND SIGNED BY APPLICANT

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

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.)

I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

Date _____

Applicant's Signature _____

PROCESS RECORD

APPLICANT HIRED _____ REJECTED _____

DATE EMPLOYED _____ POINT EMPLOYED _____

DEPARTMENT _____ CLASSIFICATION _____

(IF REJECTED, SUMMARY REPORT OF REASONS SHOULD BE PLACED IN FILE)

THIS SECTION TO BE FILLED IN BY RESPONSIBLE OFFICER OR COMPANY REPRESENTATIVE

| | SUPERIOR | GOOD | FAIR | BELOW AVERAGE | POOR | WRITTEN RECORD ON FILE |
|-------------------------------------|----------|------|------|---------------|------|------------------------|
| 1. APPLICATION | | | | | | |
| 2. INTERVIEW | | | | | | |
| 3. PAST EMPLOYMENT | | | | | | |
| 4. WRITTEN EXAM | | | | | | |
| 5. ROAD TEST | | | | | | |
| 6. CRIMINAL AND TRAFFIC CONVICTIONS | | | | | | |

SIGNATURE OF INTERVIEWING OFFICER _____

TRANSFERS

| | | | |
|---------------------|-----|---------------------|-----|
| FROM: | TO: | FROM: | TO: |
| DATE: | | DATE | |
| REASON FOR TRANSFER | | REASON FOR TRANSFER | |

TERMINATION OF EMPLOYMENT

DATE TERMINATED _____ DEPARTMENT RELEASE FROM _____

ADDENDUM TO DRIVER EMPLOYMENT APPLICATION

PLEASE INITIAL ANSWERS

- A. Have criminal charges ever been brought against you for any violation of law (other than violation of traffic laws) in which you were found guilty?

YES: _____ NO: _____

Have you ever been found guilty, entered a plea of guilty or received a deferred sentence in connection with operation of a motor vehicle while under the influence of alcohol or illegal substance?

YES: _____ NO: _____

If the answer is "YES to either question, please explain:

- B. I understand that any falsification or misrepresentation of information given in this application shall be considered an act of dishonesty and shall be grounds for disqualification from further consideration. If such falsification becomes known after my employment has begun, I understand that I am subject to immediate termination without recourse by me.
- C. By my signature below, I certify that I am a bona fide applicant for employment and this application is being submitted solely for the purpose of seeking employment with Oberg Freight Company, and for no other purpose.
- D. I understand that it is the policy of Oberg Freight Company, not to provide any reasons or details if employment is not offered, and I agree to be bound by this policy.
- E. Oberg Freight Company is hereby authorized to contact my past and present employers for the purpose of verifying my employment history.

YES: _____ NO: _____

Printed Name: _____

Date: _____

Signature: _____

Have you ever been disciplined or terminated for violating rules? Yes No

Have you ever been involved in any type of physical altercation in the workplace with another employee? Yes No

Have you ever been disciplined or terminated for any type of fighting or workplace assault of any kind? Yes No

When working with co-employees or supervisors, have you ever felt truly angry about how you were treated, and if so, describe the situation and how you handled your anger?
 Yes No

Signature and date

PRE-NOTIFICATION OF BACKGROUND INQUIRY

For and in consideration of my application for potential employment with Oberg Freight Co, I hereby authorize and request that an "investigative consumer report" (background inquiry) be compiled regarding the undersigned. I understand that this inquiry may include information regarding my character, personal characteristics, mode of living, and general reputation.

By placing my signature below, I acknowledge that this background inquiry may involve the request of any or all of the following (as allowed by law):

- Any public record of criminal convictions.
- Any incident of dishonesty, theft, moral turpitude, violence, or drug-related offenses reported by merchants, employers, businesses or individuals.
- Any credit bureau report.
- Any driving history related to infractions or accidents.
- Any previous employment records
- Any public, semi-public, or proprietary records from any record repository

_____ (Initials of applicant)

I hereby authorize and request the cooperation of any governmental or law enforcement agencies, credit bureaus, proprietary databases, former employers, business sources, or individuals called upon by Oberg Freight Co or its authorized agent, Per Mar Security and Research Corporation (henceforth: "Per Mar"), in the release and dissemination of the requested information.

_____ (Initials of applicant)

I further authorize Oberg Freight Co and/or its agent, Per Mar, to make further like inquiries from time to time, as deemed necessary for employment purposes. I waive any further notice with respect to the inquiries made by or on behalf of Oberg Freight Co, and agree to generally release and fully discharge Oberg Freight Co, Per Mar, every such law enforcement agency, every such governmental agency, every such prior employer, every such credit bureau, database, or individual with regard to the release and dissemination of the requested information.

_____ (Initials of applicant)

I understand that I may obtain a free copy of this "consumer report," where applicable, if an adverse action or decision is made based upon the information in the "consumer report." I must make a written request within 60 days of the adverse action/decision.

A photocopy of this authorization and release shall be considered as effective and valid as the original.

Applicant, please complete all of the following information (additional pages may be used, if needed):

Full Legal Name: _____

Addresses for the last seven years to include house number, street name, City, State, and County:

Previous names or aliases: _____

Social Security Number: _____ Date of Birth: _____

Driver's License State: _____ Driver's License Number: _____

Signature

Date

The information requested above is done so for the purpose of conducting a pre-employment and continued employment investigation only. Oberg Freight Co is an equal opportunity employer. It is our policy to provide employment without regard to age, race, religion, color, national origin, sex, marital status, or disability.