



SEWARD MOTOR FREIGHT, INC. • 970 280th Road • P.O. Box 126 • Seward, NE 68434

Phone: 402-643-4503 • Fax: 402-646-4509 • Web Site: sewardmotor.com

APPLICATION FOR EMPLOYMENT (Form D)

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 the presence of a non-job related medical condition or handicap.

Answer all Questions--Please Print

Date of Application _____

Position (s) Applied for _____

Name Last First Middle

Address Street City State Zip Phone

ADDRESS FOR PAST THREE YEARS } Street City State & Zip Code How Long? Street City State & Zip Code How Long?

In case of emergency notify _____

Have you worked for this company before? Name Where? Address Phone 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

GENERAL

Have you ever been convicted of a felony? _____

If yes, please explain fully on a separate sheet of paper. Conviction of a crime is not an automatic bar to employment--all circumstances will be considered.

Have you ever worked for this company under another name? _____ If so, under what name?

DRIVER EXPERIENCE & QUALIFICATION Answer the questions in this section only if applying for driver position * Age Date of Birth Month/Day/Year *The Age Discrimination of Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age. The U.S. Department of Transportation requires that driver applicants state their date of birth §991.21(b)(2) Social Security No.:

EMPLOYMENT FOR THE PAST 10 YEARS

(ATTACH SHEET IF MORE SPACE IS NEEDED)

Last employer: Name _____ Phone _____
Address _____
Position held From _____ To _____ Salary _____
Reasons for leaving _____

Were you subject to the FMCSRs* while employed here? Yes 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? Yes No

Second Last employer: Name _____ Phone _____
Address _____
Position held From _____ To _____ Salary _____
Reasons for leaving _____

Were you subject to the FMCSRs* while employed here? Yes 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? Yes No

Third Last employer: Name _____ Phone _____
Address _____
Position held From _____ To _____ Salary _____
Reasons for leaving _____

Were you subject to the FMCSRs* while employed here? Yes 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? Yes No

Fourth Last employer: Name _____ Phone _____
Address _____
Position held From _____ To _____ Salary _____
Reasons for leaving _____

Were you subject to the FMCSRs* while employed here? Yes 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? Yes No

The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone who operates a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) has a GVWR or weighs 10,001 pounds or more, (2) is designed or used to transport nine or more passengers, or (3) is of any size, used to transport hazardous materials in a quantity requiring placarding.

DRIVER TRAINING

Name of School _____ Dates: From _____ To _____
Address _____ Phone _____

MILITARY STATUS

Have you served in the U.S. Armed Forces? _____ Branch _____ Dates: From _____ To _____
Rank at Discharge _____ Date of Discharge _____

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)



PREVIOUS EMPLOYMENT

(More Space, if Needed)

Next Previous Employer: Name _____ Phone _____
Address _____
Position held _____ From _____ To _____ Salary _____
Reasons for leaving _____

Were you subject to the FMCSRs* while employed here? Yes 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? Yes No

Next Previous Employer: Name _____ Phone _____
Address _____
Position held _____ From _____ To _____ Salary _____
Reasons for leaving _____

Were you subject to the FMCSRs* while employed here? Yes 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? Yes No

Next Previous Employer: Name _____ Phone _____
Address _____
Position held _____ From _____ To _____ Salary _____
Reasons for leaving _____

Were you subject to the FMCSRs* while employed here? Yes 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? Yes No

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Address _____
Position held _____ From _____ To _____ Salary _____
Reasons for leaving _____

Were you subject to the FMCSRs* while employed here? Yes No
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Address _____
Position held _____ From _____ To _____ Salary _____
Reasons for leaving _____

Were you subject to the FMCSRs* while employed here? Yes 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? Yes No

Next Previous Employer: Name _____ Phone _____
Address _____
Position held _____ From _____ To _____ Salary _____
Reasons for leaving _____

Were you subject to the FMCSRs* while employed here? Yes 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? Yes No

The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone who operates a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) has a GVWR or weighs 10,001 pounds or more, (2) is designed or used to transport nine or more passengers, or (3) is of any size, used to transport hazardous materials in a quantity requiring placarding.

EXPERIENCE AND QUALIFICATIONS -- DRIVER

DRIVER LICENSES HELD IN PAST 3 YEARS MUST BE SHOWN	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 _____

C. Have you ever been disqualified for violations of the Federal Motor Carrier Safety Regulations? Yes _____ No _____

D. Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the job description)?
 No _____ Yes _____

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (Van, Tank, Flat, Etc.)	DATES		APPROX. NO. OF MILES (Total)
		FROM	TO	
Straight Truck				
Tractor and Semi-Trailer				
Tractor -- Two Trailers				
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 whom? _____

Accident record for past three years or more (attach sheet if more space is needed).

DATES	NATURE OF ACCIDENT (Head-On, Rear-End, Upset, Etc.)	FATALITIES	INJURIES
Last Accident			
Next previous			
Next previous			

Traffic convictions and forfeitures for the past three years (other than parking violations).

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

EXPERIENCE AND QUALIFICATIONS -- PLATFORM

List types of platform experience and years of each _____

List platform equipment you can operate (lift truck, etc.) _____

Show courses or training in platform work _____

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 this application which would be helpful for position(s) applied for _____

List special equipment or technical materials you can work with (other than those already shown) _____

TO BE READ AND SIGNED BY APPLICANT

I certify that I have read and understood all of this employment application. It is agreed and understood that the employer or his agents may investigate my background to ascertain any and all information of concern to my employment history, whether same is of record or not, and I release employers and other persons named herein from all liability for any damages on account of furnishing such information. I understand that, as an applicant for a position with this company, I may be asked to demonstrate that I am capable of performing tasks which are pertinent to the job. I also understand that if offered a job, it may be conditioned on the results of a physical examination and drug test.

It is also agreed and understood that under the Fair Credit Reporting Act, Public Law 91-508, I have been told that this investigation may include an Investigative Consumer Report, including information regarding my character, general reputation, personal characteristics, and mode of living.

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

I also understand that misrepresentation or omission of information or facts may result in my rejection or dismissal.

If hired, I agree to abide by all the rules and policies of the employer.

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.

_____ 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

1. Application
2. Interview
3. Physical Exam (driver applicant only)
4. Past Employment
4. Written Exam
5. Road Test
6. Policy and Traffic Record

	SUPERIOR	GOOD	FAIR	BELOW AVERAGE	POOR	WRITTEN RECORD ON FILE

Signature of interviewing officer _____

TERMINATION OF EMPLOYMENT

Date terminated _____ Department released from _____

Dismissed _____ Voluntarily quit _____ Other _____

Termination report placed in file _____ Supervisor _____

Thank you for the opportunity to discuss possible employment with Seward Motor Freight, Inc. Attached are the documents I need for you to complete and return to me at your earliest convenience to continue with the application process.

The first form is a release requesting your full name, home address, phone numbers where you can be contacted, DOB, SSN and driver's license number along with issuing state. The DAC/Hire Right release is simply your signature authorizing Seward Motor Freight, Inc. to contact Hire Right.

The second form is a questionnaire Seward Motor Freight uses to determine qualification for the position and must be completed and returned prior to an offer of employment with Seward Motor Freight, Inc.

The third form is a Past Employment Verification release. Simply print your name, SSN and sign your full name on the top half of the form. Do not fill in any additional information as this will be completed by your previous employers.

The fourth form is the release form that we use to obtain drug and alcohol results for any companies on your DAC that are holding drug and alcohol results within the past three (3) years. Please sign the bottom of the release form and I will list the companies that correspond with your DAC report.

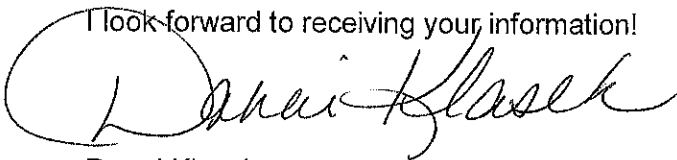
The fifth form is the release form we use to obtain your PSP Report. The PSP Report is a Pre-Employment Background Report that shows all DOT inspections, accidents and citations for the past three (3) years.

The sixth form is the Hire Right release form giving us permission to run your work history through DAC/Hire Right.

The last form is a blank past employment form. Seward Motor Freight, Inc. looks at your past employment for the past ten (10) years. Please complete this form with as much information as possible. Physical addresses are wonderful to have but if all you have is the city and state I can locate an exact address. Contact numbers of past employers are very helpful also. Complete as much of the information as you can for all past employers, driving and non-driving for a period of ten (10) years.

Please let me know if you have any questions or need further assistance. I can be contacted by phone at 800-786-4469 or by email at dklasek@sewardmotor.com.

I look forward to receiving your information!



Danni Klasek
Driver Recruiter
Seward Motor Freight, Inc.
970 280th Road Seward, NE 68434
800-786-4469
402-646-4509 Fax
www.sewardmotor.com
dklasek@sewardmotor.com

HireRight

Disclosure and Release

In connection with your employment or application for employment (including contract for services), an investigative consumer report and consumer reports, which may contain public record information, may be requested from HireRight. These reports may include the following types of information: names and dates of previous employers, reason for termination of employment, work experience, accidents, academic history, professional credentials, drugs/alcohol use, information relating to your character, general reputation, personal characteristics, mode of living, educational background, or any other information about you which may reflect upon your potential for employment gathered from any individual, organization, entity, agency, or other source which may have knowledge concerning any such items of information,. Such reports may contain public record information concerning your driving record, workers' compensation claims, credit, bankruptcy proceedings, criminal records, etc., from federal, state and other agencies which maintain such records; as well as information from HireRight concerning previous driving record requests made by others from such state agencies.

You have the right to receive, upon your written request within a reasonable period of time, (not to exceed 30 days) a complete and accurate disclosure of the nature and scope of the investigation requested. You have the right to make a request to HireRight, upon proper identification, to request the nature and substance of all information in its files on you at the time of your request, including the sources of information, and the recipients of any reports on you that HireRight has previously furnished within the two-year period preceding your request. HireRight may be contacted by mail at P.O. Box 33181, Tulsa, Oklahoma 74153, or by phone at (800) 381-0645.

Attached to this disclosure is a written summary of your rights under the Fair Credit Reporting Act (FCRA) as prepared by the Federal Trade Commission.

Information about HireRight's privacy practices is available at www.hireright.com/Privacy-Policy.aspx.

Print Name

Applicant's Signature

Social Security Number

Date

Under California law, the consumer reports we order on you for employment purposes within the State of California are defined as investigative consumer reports. These reports may contain information on your character, general reputation, personal characteristics and mode of living.

Under section 1786.22 of the California Civil Code, you may view the file maintained on you by HireRight during normal business hours. You may also obtain a copy of this file upon submitting proper identification and paying the costs of duplication services, by appearing at HireRight in person, by mail, or by telephone. The agency is required to have personnel available to explain your file to you and the agency must explain to you any coded information appearing in your file. If you appear in person, a person of your choice may accompany you, provided that this person furnishes proper identification.

I request to receive a free copy of any investigative consumer report ordered on me by checking this box. (California applicants only)

**THE BELOW DISCLOSURE AND AUTHORIZATION LANGUAGE IS FOR MANDATORY USE BY ALL ACCOUNT
HOLDERS**

IMPORTANT DISCLOSURE

REGARDING BACKGROUND REPORTS FROM THE PSP Online Service

In connection with your application for employment with Seward Motor Freight, Inc. ("Prospective Employer"), Prospective Employer, its employees, agents or contractors may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

When the application for employment is submitted in person, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report.

When the application for employment is submitted by mail, telephone, computer, or other similar means, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer must provide you within three business days of taking adverse action oral, written or electronic notification: that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

Neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. You may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If you challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. Your request will be forwarded by the DataQs system to the appropriate State for adjudication.

Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with Federal Motor Carrier Safety Regulations (FMCSR) violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report. The Prospective Employer cannot obtain background reports from FMCSA without your authorization.

AUTHORIZATION

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

I authorize Seward Motor Freight, Inc. ("Prospective Employer") to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am authorizing the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.

I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

I understand that any crash or inspection in which I was involved will display on my PSP report. Since the PSP report does not report, or assign, or imply fault, I acknowledge it will include all CMV crashes where I was a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, I understand all inspections, with or without violations, will appear on my PSP report, and State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on my PSP report.

I have read the above Disclosure Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this Disclosure and Authorization, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Date

Signature

Name (Please Print)

NOTICE: This form is made available to monthly account holders by NIC on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain an Applicant's written or electronic consent prior to accessing the Applicant's PSP report. Further, account holders are required by FMCSA to use the language contained in this Disclosure and Authorization form to obtain an Applicant's consent. The language must be used in whole, exactly as provided. Further, the language on this form must exist as one stand-alone document. The language may NOT be included with other consent forms or any other language.



**TRUCKING INDUSTRY:
DOT D/A Disclosure and Authorization**

Send to Fax# (800) 257-8069

HireRight Customer:	
Company Name:	<u>SEWARD MOTOR FREIGHT</u>
Company Contact Name:	_____
Fax #:	(<u>402</u>) <u>646</u> - <u>4509</u>
HireRight Account Code:	<u>SEWARD</u>

**PART I – DISCLOSURE AND AUTHORIZATION FOR RELEASE OF INFORMATION FOR
EMPLOYMENT PURPOSES – 49 CFR PART 391.23, DOT DRUG AND ALCOHOL TESTING**

In accordance with DOT Regulation 49 CFR Part 391.23, I hereby authorize release of my DOT-regulated drug and alcohol testing records by the DOT-regulated employer(s) listed below to HireRight for the purpose of HireRight transmitting such records to the HireRight customer listed above. I understand that information/documents released pursuant to this Part I is limited to the following DOT-regulated testing items, including pre-employment testing results, occurring during the previous three (3) years: (i) alcohol tests with a result of 0.04 or higher; (ii) verified positive drug tests; (iii) refusals to be tested (including adulterated and/or substituted tests); (iv) other violations of DOT drug and alcohol testing regulations (i.e., violations of 49 CFR 382 Subpart B); (v) information obtained from previous employers of a drug and alcohol rule violation; and (vi) any documentation of completion of the return-to-duty process following a rule violation.

If any company listed below furnishes HireRight with information concerning items (i) through (vi) above, I also authorize such company to furnish the following information to HireRight, if applicable: (i) dates of my negative drug and/or alcohol tests and/or tests with results below 0.04 during the previous three (3) years; and (ii) the name and phone number of any substance abuse professional who evaluated me during the previous three (3) years.

List all DOT-regulated employers you have applied with and/or worked for in a safety-sensitive function during the previous three (3) years. If necessary, attach additional pages, including the date, your name, social security number and signature.

Previous DOT-Regulated Employer	City	State	Phone Number
_____	_____	_____	() _____
_____	_____	_____	() _____
_____	_____	_____	() _____
_____	_____	_____	() _____
_____	_____	_____	() _____
_____	_____	_____	() _____

By signing below, I certify that: (i) all information provided herein is complete and accurate; (ii) I have read and fully understand this Part I disclosure and authorization for release as well as the attached FMCSA Notification of Driver Rights and any applicable state law notices; (iii) prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction; (iv) I execute this authorization voluntarily and with the knowledge that the information obtained pursuant to this authorization could affect my eligibility for employment, promotion, retention or other lawful purpose; (v) I understand I may review this document with legal counsel prior to signing; and (vi) facsimile or photographic copies of this authorization are as valid as an original.

Print Applicant Name: _____ Social Security #: _____

Applicant Signature: _____ Date: _____



Thank you for your interest and application to Seward Motor Freight, Inc. We want to make sure your contact information is correct and you are the party who submitted it.

Please confirm the following information so we can proceed with your application:

Full Name:

Last *First* *M.I.*

Address:

Street Address *Apartment/Unit #*

City *State* *ZIP Code*

Home Phone: () _____ Cell Phone: () _____

Date of Birth: _____ Social Security #: _____

Driver's License # _____ State of Issue: _____

Email Address: _____

The following is a copy of our release. Please sign your name below:

_____, authorize Seward Motor Freight, Inc to contact Hire Right to get a copy of my past work and driving history. This information is for the pre-employment background check for my application as a company driver with Seward Motor Freight, Inc. I understand that I can get a copy of Hire Right privacy policy as well as my rights and responsibilities on the web site www.hireright.com/Privacy-Policy.aspx

I encourage you to continue with the application process. Seward Motor Freight, Inc is a small carrier that understands what drivers want and what they need to be successful.

Danni Klasek
Recruiting and Compliance
Seward Motor Freight, Inc.
Phone 800-786-4469
Fax (402) 646-4509
dklasek@sewardmotor.com



SEWARD MOTOR FREIGHT, INC.

970 - 280TH RD. • P.O. BOX 126 • SEWARD, NE 68434-0126 • PHONE: 402-643-4503 • FAX: 402-646-4509

Dear Applicant,

The following questions must be answered and returned prior to the final offer of employment with Seward Motor Freight, Inc.

Have you ever been convicted of driving under the influence of alcohol or drugs? Y _____ N _____

Have you ever refused to take an alcohol or drug test (either UA or follicle) when requested? Y _____ N _____

Have you ever failed an alcohol or drug test (either UA or follicle)? Y _____ N _____

Have you ever been convicted of a misdemeanor that was related to the use, possession, manufacture, or distribution of drugs? Y _____ N _____

Have you ever been ticketed for the possession of drug paraphernalia? Y _____ N _____

Have you ever been convicted of a felony? If so, please give the date and details below. Y _____ N _____

Date _____

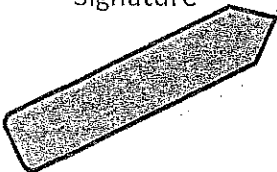
Details _____

Name (Printed) _____

Social Security # _____

Signature _____

Date _____





SEWARD MOTOR FREIGHT, INC.
I-80 & Highway 15
P.O. Box 126
Seward, NE 68434

READ CAREFULLY

TO: All Potential Company Drivers, Independent Contractors and/or Drivers for Independent Contractors.

SUBJECT: Driver's Application

It is imperative that we receive the proper information on the Driver's Application. Answer every question. *Falsification or omission of any information will result in disqualification.*

1. Sign the application in the places indicated.
2. List **all** experience operating motor vehicles. (NOTE: Please be sure that your work experience is completed for the past 10 years.)
3. List **all** licenses you have or have had.
4. List **all** license suspensions, revocations, denials, and give details.
5. List **all** accidents and incidents, regardless of where they occurred, what was damaged or to what extent, regardless of who was at fault.
6. List **all** moving violations and arrests.
7. List any felonies.
8. List any misdemeanors.
9. Complete the previous employment section in **full**, listing addresses, names of supervisors, and phone numbers. D.O.T. regulations requires that we fully investigate your background for the past 10 years. If during that time you were unemployed, a student, etc., list those periods and dates between employment in the order in which they occurred. Also, if you worked for an employer who is no longer in business or were self-employed, enclose copies of W-2 or 1099 Forms to verify employment.
10. Fill in the section of "In case of emergency notify".
11. We require you give us a telephone number so we can reach you if necessary.

Any application not filled in completely will be returned for completion.

NOTE: If you worked for an independent contractor who leased his equipment to a carrier, please list the company name, address, and telephone number he was contracted to.

If you are an independent contractor who has been hauling exempt commodities or have been trip leasing, list those shippers you have been hauling for or those carriers you have been trip leasing to, and include name, address and phone numbers.

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 1681-1681u, at the Federal Trade Commission's web site (<http://www.ftc.gov>). The FCRA gives you specific rights, as outlines 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 files 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 consumer 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 to 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 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 changes. 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 changes 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.
- **Outdated information may not be reported.** In most cases, a CRA may not report negative information that is more than seven years old; ten years for bankruptcies.
- **Access to your file is limited.** A CRA may provide information about you only to people with a need recognized by the FCRA -- usually to consider an application with a creditor, insurer, employer, landlord, or other business.
- **Your consent is required for reports that are provided to employers, or reports that contain medical information.** A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.
- **You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers.** Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free phone number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the list for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.
- **You may seek damage from violators.** If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court.

Notice of Amendments to the Fair Credit Reporting Act

The following amendments were added by the Consumer Reporting Employment Clarification Act of 1998.

- Conviction of a crime can be reported regardless of when the conviction occurred.
- If you apply for a job that is covered by the Department of Transportation's authority to establish qualifications and the maximum hours for such job and you apply by mail, telephone, computer or other similar means, **your consent to a consumer report may validly be obtained orally**, in writing, or electronically. If an adverse action is taken against you because of such consumer report wherein you give your consent to the consumer reporting agency over the telephone, computer, or similar means, **you may be informed** of such adverse action and the name, address and phone number of the consumer reporting agency, **orally**, in writing, or electronically.

The FRCA gives several different federal agencies authority to enforce the FRCA:

FOR QUESTIONS OR CONCERNS REGARDING:	PLEASE CONTACT:
CRAs, creditors and others not listed below	Federal Trade Commission Consumer Response Center-FCRA Washington, DC 20580 202-326-3761
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 202-452-3693
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institutions name)	Office of Thrift Supervision Consumer Programs Washington, DC 20552 800-842-6929
Federal credit unions (word "Federal Credit Union" appear in institutions name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 705-518-6360
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Division of Compliance & Consumer Affairs Washington, DC 20429 800-934-FDIC
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator - GIPSA Washington, DC 20250 202-720-7051



SEWARD MOTOR FREIGHT, INC.

COMMERCIAL MOTOR VEHICLE DRIVER, TRUCKLOAD

JOB SUMMARY OR PURPOSE:

To transport and deliver freight long distances by driving tractor-trailer combinations.

JOB DUTIES:

Essential Functions:

Hook and unhook trailers from the tractor including cranking lever to raise and lower landing gear on semi-trailers and pulling pin release on tractor fifth wheel.

Load and unload trailer, either individually or with assistance of dock workers, with or without mechanical freight-handling equipment.

Inspect truck for defects and safe operating condition before, during and after trips and submit a written report on the condition of the truck at the end of each trip or tour of duty.

Check shipping papers to determine the nature of load and to check for the presence of hazardous materials.

Drive truck to destination, normally in periods of up to 11 hours of driving followed by an off duty period of at least 10 consecutive hours, or two separate periods that total at least 10 hours.

Apply knowledge of commercial driving and skills in maneuvering vehicle at varying speeds in difficult situations, such as heavy traffic, inclement weather or in tight loading dock areas.

Maintain accurate inventory records including the manifest, security seal sheet, customer order and shipping order.

Maintain records required for compliance with State and Federal regulations including drivers' logs, records of fuel purchases, mileage records, etc.

Perform all duties in accordance with company policies and procedures, and follow all Federal, State, and local regulations for the safe operation of a commercial motor vehicle.

Perform frequent lifting, pulling, pushing, and carrying of freight and/or equipment.

Marginal Functions:

Report all accidents involving driver or company equipment.

Report highway safety hazards noted en route.

Promptly report any delays due to breakdown, weather or traffic condition or other emergency, or in the event of irregularities relating to pickup or delivery of cargo.

ACCOUNTABILITIES:

Safe, legal, and responsible operation of a commercial motor vehicle and all equipment associated therewith.

Safe and timely delivery of freight from one location to another.

Proper loading and unloading of freight to assure safety and minimal risk to personnel and to goods.

Proper handling and accurate completion of all necessary paperwork related to truck operations and freight movements.

Professional representation of the organization and the trucking industry through responsible behavior.

JOB SPECIFICATIONS:

Eligibility Requirements:

Must possess a valid Commercial Drivers License, Class A with air brake endorsement.

Must have the ability to read and write with mental ability to handle receipts, read maps, road signs, maintain logs, vehicle function gauges and indicators, etc.

Must have working knowledge of the systems located on a tractor and/or trailer.

Must have knowledge of DOT regulations governing safe driving, hours of service, inspection and maintenance, and transportation of hazardous materials.

Must be available for around the clock trips to accommodate freight movements and must be able to be away from home for two weeks or more.

POST OFFER:

Must meet or exceed the minimum requirements of the post offer pre-employment physical/DOT physical.

Must satisfactorily pass a drug test.

Physical Requirements:

Must be able to sit continuously for long periods up to 11 hours while driving and in combination with high levels of vibration.

Must be able to shift manual transmission and operate foot pedals.

Must be able to perform occasional squatting to handle and position freight and/or equipment.

Must be able to perform occasional crouching to handle and position freight and/or equipment.

Must be able to enter and exit the vehicle's cab 8 to 10 times a day, more or less. Cab level is generally from 36 to 66 inches from ground level, more or less, with entry and exit achieved with the assistance of various configurations of steps and handholds; also requires occasional bending, twisting, climbing, squatting, crouching and balancing.

Must be able to perform frequent pushing of freight and/or equipment weighing up to 500 pounds, more or less, on a dolly or cart as well as occasional pushing of freight and/or equipment weighing up to 110 pounds, more or less, with or without a mechanical aid.

Must be able to perform frequent pulling of freight and/or equipment weighing up to 500 pounds, more or less, on a dolly or cart as well as occasional pulling of freight and/or equipment weighing up to 110 pounds, more or less, with or without a mechanical aid.

Must be able to perform frequent carrying of freight and/or equipment weighing up to 110 pounds, more

or less, of varying size and shape a distance of up to 75 feet, more or less.

Must be able to frequently reach for freight and/or equipment at waist level and occasionally reach for freight above shoulder height or below waist level.

Must be able to occasionally reach above shoulder level, at waist level and below waist level for maneuvering and directing the controls to operate the truck.

Must be able to load and unload full trailers of freight weighing as much as 50,000 pounds, more or less. This could involve moving containers to and from floor level to carts, stacks or platforms, over four feet high, balancing drums on their rims and rolling them into position or stowing cartons or other merchandise overhead. This type of activity could precede or continue for hours after the driver has completed 11 hours of driving.

Must be able to spend at least 100% of the day standing and/or walking on non-forgiving surfaces such as concrete, wood and metal, and sometimes on slippery and wet surfaces.

Must be able to hook/unhook various commercial vehicle combinations, manually lower and raise landing gear, operate the fifth wheel release lever, open and close cargo doors, climb into and off of vehicles, fuel vehicles and check engine oil and coolant levels.

Work Environment:

Drivers may spend up to 25%, more or less, of time out-of-doors, exposed to potentially difficult environmental conditions.

Drivers may be subject to irregular work schedules, temperature and weather extremes, long trips, short notice for assignment of a trip, tight delivery schedules, delays en route and other stresses and fatigue related to driving a large commercial motor vehicle on crowded streets and highways in all kinds of weather.

Drivers typically spend up to 75%, more or less, of on-duty time in the truck. While driving, operators are exposed to noise and vibration levels higher than those typically experienced in passenger cars.

This not necessarily an exhaustive list of all responsibilities, skills, duties, requirements, efforts or working conditions associated with the job. While this is intended to be an accurate reflection of the current job, management reserves the right to revise the job or to require that other or different tasks be performed when circumstances change.