MID STATES ENTERPRISES 2058 US HWY 75 OMAHA, NE 68152

Application For Employment

NAME								
(Fig	ïrst)	(Middl	le)	(Last)				
ADDRESS					HOW LONG?			
(Street)	.)		y, State, Zip)	_				
CELL DIJONE	Dī	שמו עו אישב	7	55#				
CELL PHONE	DII	KIHDAIL		SS#				
PREVIOUS ADDRESS				HOV	W LONG?			
	(Street)		(City, Stat					
EXPERIENCE AND QU	HAI IFICATION	S - DRIVE	D					
EAI EMENCE	STATE	ı	NSE NO.	TYPE	EXPIRATION			
1		Litera.	SE NO.	1111	EXPIRATION DATE			
DRIVER								
LICENSES								
l ,		1						
DRIVI NG EXPERIENCE	E							
CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC)		D A T E		S APPROX. NUMBER OF TOTAL MILES			
STRAIGHT TRUCK	(*****,	71, = ,						
TRACTOR & SEMI- TRLR		$\overline{}$		+				
TRACTO-TWO TRAILERS		+		+				
OTHER				+				
ACCIDENT RECORD FO	R PAST 3 YEAF	RS OR MOI	RE (ATTAC	H SHEET IF M	ORE SPACE IS NEE DEI			
DATES		ATURE OF A		FATALITIE				
		AD-ON, REAR						
LAST ACCIDENT								
NEXT PREVIOUS								
NEXT PREVIOUS				<u> </u>				
NEVT DREVIOUS				+				

APPLICATION FOR EMPLOYMENT (PAGE 2)

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

CHARGE

PENALTY

DATE

LOCATION

	2/ A. 1999). 4-14		DE CDACE ICA	IDED.					
Δ	137	CH SHEET IF MOI							
A.	Have you ever been denied a license, permit, or privilege to operate a motor vehicle? YES NO								
В.	Has any license, permit, or p	y 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.)					
	EMPLOYMENT	RECORD (Attach	n sheet if more sp	ace is needed)					
Note: I	DOT requires that employmer	nt for at least 3 yea	rs and/or comme	rcial driving experience for	the				
	years be shown.		eeravisemes tussii (a.T. T.	2000 man 100 mm					
in the second	200								
	EMPLOYER: NAME								
ADDRI	ESS	****							
POSITI	ON HELD	FROM	TO	SALARY					
REASC	NS FOR LEAVING								
TECO:	ID I ACT EN IDI OVER ATTE								
	ID LAST EMPLOYER: NAMI								
HUUKI	ESS	EDOM	TO	CALADY					
	ON HELD								
NEA5U	NS FOR LEAVING								
THIRD	LAST EMPLOYER: NAME_								
ADDRE	ESS								
POSITI	ON HELD	FROM	TO	SALARY					
	NS FOR LEAVING								
		·			*********				
	TOPE	READ AND SIGN	JED BY A DDI ICA	NIT					
	10 BE	KLAD AND SIGN	NED DI AFFLICA	an i					
This cer	tifies that this application wa	s completed by me	e, and that all enti	ies on it and information is	n it are				
	d complete to the best of my l			erennement i teleproperant mengel i di ili ili ili ili ili ili ili ili i					
	1. ● 10.000 S.A. 10 S	Ved							
Date			Applicant's Signature						
were not				CALLED TO A ST					
					-				

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

When completed, email to:

midstatesenterprises@yahoo.com