



Tim R. Schwab, Inc.
 TRS Trucking
 101 E. Industrial Drive
 Sedgwick, KS 67135

DATE: _____

APPLICATION FOR EMPLOYMENT

**NOTICE TO ALL APPLICANTS: SUBSTANCE & ALCOHOL TESTING
 REQUIRED OF ALL APPLICANT DRIVERS.**

NAME: _____
 (FIRST) (MIDDLE) (LAST)

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: (____) ____ / ____ / ____ CELL: (____) ____ / ____

DATE OF BIRTH: ____ / ____ / ____ SSN: _____

PREVIOUS ADDRESS:

STREET	CITY	STATE	ZIP	DATES

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(ATTACH SHEET IF MORE SPACE IS REQUIRED)

EXPERIENCE AND QUALIFICATIONS-DRIVERS

DRIVER LICENSE INFORMATION

(STATE)	(LICENSE NO)	(EXPIRATION DATE)

TRAFFIC CONVICTIONS AND FORFEITURES PAST 3 YEARS

(LOCATION)	(DATE)	(CHARGE)	(PENALTY)

HAVE YOU EVER BEEN DENIED A LICENSE, PERMIT, OR
 PRIVILEGE TO OPERATE A MOTOR VEHICLE? YES ___ NO ___
 HAS ANY LICENSE, PERMIT OR PRIVILEGE EVER BEEN
 SUSPENDED OR REVOKED? YES ___ NO ___

**IF YOU ANSWERED YES TO THE ABOVE PLEASE PROVIDE DETAILS ON
 SEPARATE SHEET OF PAPER.

EMPLOYMENT HISTORY

*All Drivers applying to drive in intrastate or interstate commerce must provide the following information on employers during the preceding three years. List mailing address, street number, city, state and zip code.

*Applicants applying to drive a "commercial motor vehicle" as defined by Part 383, in intrastate or interstate commerce shall also provide an additional seven years information on those employers for whom the applicant driver operated such vehicle.

(NOTE: list employers in reverse order starting with the most recent. Add another sheet if necessary.)

Employer: _____ From: Mo _____ YR _____
Address: _____ TO: MO _____ YR _____
City: _____ State: _____ Zip: _____
Position Held: _____ Salary/Wages: _____
Contact Person: _____ Phone Number: (____) _____
Reason for Leaving: _____

Employer: _____ From: Mo _____ YR _____
Address: _____ TO: MO _____ YR _____
City: _____ State: _____ Zip: _____
Position Held: _____ Salary/Wages: _____
Contact Person: _____ Phone Number: (____) _____
Reason for Leaving: _____

Employer: _____ From: Mo _____ YR _____
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City: _____ State: _____ Zip: _____
Position Held: _____ Salary/Wages: _____
Contact Person: _____ Phone Number: (_____) _____
Reason for Leaving: _____

EMPLOYMENT HISTORY CONTINUED

Employer: _____ From: Mo _____ YR _____
Address: _____ TO: MO _____ YR _____
City: _____ State: _____ Zip: _____
Position Held: _____ Salary/Wages: _____
Contact Person: _____ Phone Number: (____) _____
Reason for Leaving: _____

Employer: _____ From: Mo _____ YR _____
Address: _____ TO: MO _____ YR _____
City: _____ State: _____ Zip: _____
Position Held: _____ Salary/Wages: _____
Contact Person: _____ Phone Number: (____) _____
Reason for Leaving: _____

TO BE READ AND SIGNED BY APPLICANT

This certifies that this application was completed by me, and that all entries on it are true and correct to the best of my knowledge. I authorize you to make such investigations and inquire 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, 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.

Applicants Signature

Date

Disclosure / MVR Request Form

In connection with my application for employment (including contract for services) with you, I understand that consumer reports, which may contain public record information, may be requested from DAC Services in Tulsa, OK. These reports may include the following types of information: names and dates of previous employers, reason for termination of employment, work experience, accidents, etc. I further understand that such reports may contain public record information concerning my driving record, worker's compensation claims, credit, bankruptcy proceedings, criminal records, etc., from federal, state and other agencies which maintain such records; as well as information from DAC concerning previous driving record requests made by others from such state agencies, and state provided driving records.

I AUTHORIZE WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY DAC OR TIM R. SCHWAB INC. TO FURNISH THE ABOVE MENTIONED INFORMATION.

I have the right to make a request to DAC, upon proper identification, to request the nature and substance of all information in its files on me at the time of request, including the source of information and the receipts of any reports on me which DAC has previously furnished within the two years period preceding my request. I hereby consent to your obtaining the above information from DAC and I agree that such information which DAC has or obtains and my employment history with you if I am hired will be supplied by DAC to other companies which subscribe to DAC services.

I hereby authorize procurement of consumer report(s), if hired (or contracted), this authorization shall remain on file and shall serve as an ongoing authorization for you to procure consumer reports at any time during my employment (or contract) period.

Print Name

Social Security Number

Drivers License Number KS

Date of Birth

Applicants Signature

Date

FAX REQUEST TO TIM R. SCHWAB INC. @ 316-772-0280

In addition to the above, please include the following information on each driver:

Company Name

Company Representative

TELEPHONE CHECK PAST EMPLOYMENT RECORD

Company Called _____ Telephone Number _____
 Location _____ State _____
 Name of Person talked to _____ Position _____

1. _____ Application indicated employed as a _____
 (Applicant) (Job Description)

From _____ To _____. If the information is incorrect, indicate corrected information, _____

2. Company Driver _____ Owner-Operator _____ Driver for an Owner-operator _____ Other _____

3. Commodities transported _____

4. Areas Operated in: New England ___ New York, New Jersey, Pennsylvania ___ Midwest ___ Southwest ___
 Southeast _____ West Coast ___ North ___ Canada ___ Other _____

5. Accidents:

Date	Type	Location	Prev/ Non-Prev	Injury	Fatal	Cost
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

6. Citations:

Date	Type	Location	Prev/ Non-Prev	Injury	Fatal	Cost
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

7. Any problems with alcohol, drugs, garnishments, family, customer relations, supervision or abuse of equipment?

8. Physical condition, including any workman's comp claims? _____

9. Previous employers from your records: _____

1. Operators License No. _____ State _____ would you re-hire? _____

Interviewer: _____

REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER

From: _____

TO: _____ Date: _____

Social Security Number: _____

_____ has made application to this company for a position as _____

And states that he/she was employed by you as a _____

From _____ TO _____

Will you please reply to the inquiry below respecting this applicant.

Your reply will be held in strict confidence and will in no way involve you in any responsibility. For your convenience in replying by return mail, we have enclosed a stamp self-addressed envelope.

SAFETY DEPARTMENT

1. Is the employment record with your company correct as stated above? _____
2. What kind(s) of work did the applicant do? _____
3. Did the applicant drive motor vehicles for you? Passenger Car _____ Straight Truck _____ Bus _____
Tractor-Semi trailer _____ Other (Specify) _____
4. Was the applicant a safe and efficient driver? _____
5. Give dates of vehicle accidents in which he/she was involved in: _____
6. Reason for leaving your company? Discharged _____ Laid Off _____ Resigned _____
Remarks: _____
7. Was the applicant's general conduct satisfactory? _____
8. Is the applicant competent for the position sought? _____
9. Did the applicant drink any alcoholic beverages while on duty? _____

	<u>Excellent</u>	<u>Good</u>	<u>Fair</u>	<u>Poor</u>	<u>Very Poor</u>
Quality of Work	_____	_____	_____	_____	_____
Cooperation	_____	_____	_____	_____	_____
Safety Habits	_____	_____	_____	_____	_____
Personal Habits	_____	_____	_____	_____	_____
Driving Skills	_____	_____	_____	_____	_____
Attitude	_____	_____	_____	_____	_____

Remarks: _____

Date: _____ Signature: _____

Name of Company: _____

You are hereby authorized to give to: _____
(Name of Prospective Employer)

All information regarding my services, character, and conduct while in your employment, and you are released from any and all liability which may result from furnishing such information to the above-named company.

Signature of Applicant _____

Date _____