



APPLICATION FOR EMPLOYMENT

Callaway Carriers Inc. 3222 Addison Avenue, Kingdom City, Mo 65262

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, veteran status, non-job related disability, or any other protected group status.

DRIVER SELECTION STANDARDS

- 1. Callaway Carriers selection standards and requirements for hiring drivers include:
2. Must live within the Central Missouri hiring area.
3. Must be at least 23 years old and have verifiable driving experience.
4. Must have class A-CDL License.
5. Must be able to meet all applicable D.O.T regulations. D.O.T. physical administered by Callaway Carriers Inc. doctor at Callaway Carriers Inc. expense.
6. Must pass pre-employment drug test.
7. No DUI, serious or disqualifying violations within the last 3 years
8. No preventable D.O.T. recordable accidents within the last 3 years
9. Must complete personal interview.

CAN YOU DO THE FOLLOWING THINGS?

- Yes No Get in and out of a semi-truck?
Yes No Get in and out of a semi-trailer?
Yes No Get under unit to perform duties, such as checking brakes and visual inspection of equipment?
Yes No Raise and lower trailer dollies when under a load?
Yes No Apply enough pressure to release fifth wheel pin?
Yes No Apply enough force to open and close semi-trailer doors?
Yes No Sit stationary in a driver's seat for long periods of time?
Yes No Apply enough pressure to trailer tandem lever to release locking pins when sliding tandems?
Yes No Be on duty the maximum hours allowed by D.O.T. Hours of Service Regulations?

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make such investigations and inquires 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.

I understand that information I provide regarding current and/or previous employers may be used and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

- Review information provided by previous employers;
Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

I have read and agree to the standards presented above

X Signature Date Date of Birth

The U.S. Department of Transportation requires that driver applicants state their date of birth (§391.21(b)(2)).

Applicant Name (print) First Middle Last Social Security No.

Current Address Street City State Zip Code Phone ()

If at the above residence less than three years, list below all residences for the past three years. Attach a separate sheet if necessary.

Street _____	City _____	State _____	Zip Code _____
--------------	------------	-------------	----------------

Street _____	City _____	State _____	Zip Code _____
--------------	------------	-------------	----------------

Position applying for _____ Temporary _____ Part Time _____ Full Time _____

Who referred you? _____ Rate of pay expected _____

Have you worked for this company before? _____ Dates: From _____ To _____
month/year month/year

Where? _____ Rate of Pay _____ Position _____

Reason for leaving _____

Names of any relatives employed by this company _____

Are you currently employed? _____ If not, how long since leaving last employment? _____

Military Experience? Yes No If yes, what branch? _____ Discharge Date ____/____/____

EDUCATION

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 College: 1 2 3 4 5+

Last school attended _____
Name Address

GENERAL

DRIVER EXPERIENCE & QUALIFICATION Answer the questions in this section only if applying for a driver position

1. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes No
2. Has any license, permit or privilege been suspended or revoked? Yes No
3. Have you ever been convicted of any alcohol related driving offense? Yes No
4. Have you ever been convicted for possession, sale, or use of a narcotic drug, amphetamine, or other controlled substance? Yes No
5. Have you ever been convicted of a crime? Yes No
6. Have you ever tested positive or refused to test on any pre-employment Drug or Alcohol test? Yes No
7. **In the last 3 years** have you, while employed in a safety sensitive function, had a positive controlled substance test or an alcohol test with a result of 0.04 alcohol concentration or greater or have you ever refused to submit a required controlled substance test or an alcohol screen? Yes No
8. **In the last 3 years** have you tested positive on a controlled substance test or had a result of 0.04 Alcohol concentration or refused a controlled substance test or an alcohol test that resulted in an Employer not hiring you for a safety sensitive position? Yes No
9. Do you have or have you ever had any physical or mental health condition that would disqualify you to safely operate a commercial vehicle? Yes No

If you answered "YES" to any of the above questions, please state the circumstances and date.

Drivers Licenses held in past 3 years must be shown	State	License No.	Class	Endorsement(s)	Expiration Date	

TRAFFIC CONVICTIONS AND FORFEITURES for the past 3 years (other than parking violations) if none, write **none**

Location	Date	Charge	Penalty

DRIVING EXPERIENCE check yes or no

Class of Equipment	Circle type of equipment	Dates		Approx. No. of Miles (Total)
		From (M/Y)	To (M/Y)	
Straight Truck Yes <input type="checkbox"/> No <input type="checkbox"/>	Van, Tank, Flat, Dump, Refer			
Tractor and Semi-Trailer Yes <input type="checkbox"/> No <input type="checkbox"/>	Van, Tank, Flat, Dump, Refer			
Tractor - Two Trailers Yes <input type="checkbox"/> No <input type="checkbox"/>	Van, Tank, Flat, Dump, Refer			
Tractor - Three Trailers Yes <input type="checkbox"/> No <input type="checkbox"/>	Van, Tank, Flat, Dump, Refer			
Motorcoach - School Bus (More than 8 passengers) Yes <input type="checkbox"/> No <input type="checkbox"/>	—			
Motorcoach - School Bus (More than 15 passengers) Yes <input type="checkbox"/> No <input type="checkbox"/>	—			
Other				

List states operated in during 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 3 years (Attach separate sheet of paper if more space is needed)

Dates	Nature of Accident (Head-On, Rear-End, etc.)	Fatalities	Injuries	Hazardous Material Spill
Last Accident:				
Next Previous:				
Next Previous:				

EMPLOYMENT RECORD

You will need to provide the following information on each employer:

1. Company names, addresses, phone numbers, and name of person to contact
2. All motor vehicle accidents or incidents listed that you have been involved in for the last three (3) years.
3. All tickets listed in all states and in all vehicles in the last three (3) years.
4. Beginning and ending dates of employment, self-employment or unemployment (month/year).

Begin with your present or most recent job and work backward in order, listing your employers for the LAST (10) TEN YEARS including all full- and part-time employment, self-employment, military service, non-driving and any periods of unemployment. Use another sheet of paper if necessary.

Current/Most Recent Employer: _____ Phone (____) _____

Are you presently employed? Yes No

May we call your current employer? Yes No

Address _____
Street City State Zip Code

Position Held _____ From _____ To _____
month/year month/year

Reason for leaving _____

Were you subject to FMCSR's? Yes No Was Job Designated as a Safety Sensitive function in and D.O.T. regulated mode subject to drug and alcohol testing as required by 49 CFR part 40? Yes No

2nd Employer: _____ Phone (____) _____

Address _____
Street City State Zip Code

Position Held _____ From _____ To _____
month/year month/year

Reason for leaving _____

Were you subject to FMCSR's? Yes No Was Job Designated as a Safety Sensitive function in and D.O.T. regulated mode subject to drug and alcohol testing as required by 49 CFR part 40? Yes No

3rd Employer: _____ Phone (____) _____

Address _____
Street City State Zip Code

Position Held _____ From _____ To _____
month/year month/year

Reason for leaving _____

Were you subject to FMCSR's? Yes No Was Job Designated as a Safety Sensitive function in and D.O.T. regulated mode subject to drug and alcohol testing as required by 49 CFR part 40? Yes No

4th Employer: _____ Phone (____) _____

Address _____
Street City State Zip Code

Position Held _____ From _____ To _____
month/year month/year

Reason for leaving _____

Were you subject to FMCSR's? Yes No Was Job Designated as a Safety Sensitive function in and D.O.T. regulated mode subject to drug and alcohol testing as required by 49 CFR part 40? Yes No

APPLICANT MUST READ AND SIGN

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 understand that any falsification or omission of information in this application may result in my termination.

Applicant's Signature Date

**FOR OFFICE USE - DO NOT WRITE IN THIS SPACE
PROCESS RECORD**

Applicant Hired? _____ Yes _____ No Date of Birth: _____ (month/day/year)

Date Employed: _____ Point Employed: _____

Department: _____ Classification: _____

(If not hired, summary report of reasons should be placed in file)

IN CASE OF EMERGENCY NOTIFY: _____ Phone: (_____) _____

Address: _____

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

	Superior	Good	Fair	Below Average	Poor	Written Record on File
Application						
Interview						
Physical Exam*						
Past Employment						
Written Exam						
Road Test						
Policy and Traffic Record						

*driver applicants only

Signature of Interviewing Officer: _____ Date: _____

TERMINATION OF EMPLOYMENT

Date Terminated: _____ Department Release From: _____

Dismissed: _____ Voluntary Quit: _____ Other: _____

Termination Report Placed in File: _____ Supervisor: _____



**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 CALLAWAY CARRIERS, INC. ("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-drive and where those crashes were reported FMCSA, regarding 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 CALLAWAY CARRIERS, 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 CMS 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)

DRIVERS RIGHTS PERTAINING TO RELEASE OF DRIVER INFORMATION UNDER REGULATION 391.23

Motor carriers have the responsibility to make the following investigations and inquires with respect to each driver employed, other than a person who has been a regularly employed driver of the motor carrier for a continuous period which began before January 1, 1971.

- An inquiry into the driver's driving record during the preceding three years to the appropriate agency of every State in which the driver held a motor vehicle operator's license or permit during those three years; and
- An investigation of the driver's employment record during the preceding three years.
- A copy of the driver record(s) obtained in response to the inquiry or inquiries to each State driver record agency as required must be placed in the Driver Qualification File within 30 days of the date the driver's employment begins and be retained in compliance with 391.51.
- Replies to the investigations of the driver's safety performance history must be placed in the Driver Investigation History File within 30 days of the date the driver's employment begins. This goes into effect after October 29, 2004.
- Prospective motor carrier must investigate the information from all previous employers of the applicant that employed the driver to operate a CMV within the previous three years. This information must cover general driver identification and employment verification information, data elements as specified in 390.15 for accident involving the driver that occurred in the three-year period preceding the date of the employment application, and any accidents the previous employer may wish to provide.
- Prospective motor carrier must investigate the information from all previous DOT regulated employers that employed the driver within the previous three years from the date of the employment application in a safety-sensitive function that required alcohol and controlled substance testing specified by 49 CFR Part 40.

Drivers have the following rights:

1. The right to review information provided by previous employers
2. The right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to the prospective employer.
3. The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

Drivers who wish to review previous employer-provided investigative information must submit a written request to the prospective employer when applying or as late as 30 days after employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five business days of receiving the written request. If the driver has not arranged to pick up or receive the requested records within 30 days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived his/her request to review the records.

Drivers wishing to request correction of erroneous information in records must send the request for the correction to the previous employer that provided the records. After October 29, 2004, the previous employer must either correct and forward the information to the prospective motor carrier employer or notify the driver within 15 days of receiving the driver's request to correct the data that it does not agree to correct the data. Drivers wishing to rebut information in records must send the rebuttal to the previous employer with instruction to include the rebuttal in the driver's safety performance history.

I acknowledge that I have read and understand the contents of this document

Signature: _____

Date: _____

Name (Please Print): _____