

APPLICATION FOR EMPLOYMENT

CARTHAGE MARINE TRANSPORT LLC
8499 CR 10
SARCOXIE, MO, 64862

DATE _____

FAX TO (417) 246-1201

In Compliance With Federal & 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.

NAME _____
 (FIRST) (MIDDLE) (MAIDEN NAME, IF ANY) (LAST)

ADDRESS _____
 (STREET) (CITY) (STATE) (ZIP CODE) (# YEARS)

DATE OF BIRTH _____ SOCIAL SECURITY NO. _____ HIRE DATE _____

TELEPHONE NO. _____ CELL NO. _____ E-MAIL ADDRESS _____

Do You Have A Passport For Canada ? Yes No Do You Have A TWIC Card ? Yes No
 Highest Grade Of Education Completed _____ College _____ Other Training _____

PREVIOUS THREE YEARS RESIDENCY (Attach Sheet If More Space Is Needed)

ADDRESS _____
 (STREET) (CITY) (STATE) (ZIP CODE) (# YEARS)

ADDRESS _____
 (STREET) (CITY) (STATE) (ZIP CODE) (# YEARS)

ADDRESS _____
 (STREET) (CITY) (STATE) (ZIP CODE) (# YEARS)

IN CASE OF EMERGENCY NOTIFY _____ PHONE NO _____

LICENSE INFORMATION

Section 383.21 FMCSR States "No Person Who Operates A Commercial Motor Vehicle Shall At Any Time Have More Than One Driver's License". I Certify That I Do Not Have More Than One Motor Vehicle License, The Information For Which Is Listed Below.

<u>STATE</u>	<u>LICENSE NUMBER</u>	<u>TYPE/CLASS</u>	<u>EXPIRATION DATE</u>

DRIVING EXPERIENCE

<u>CLASS OF EQUIPMENT</u>	<u>TYPE OF EQUIPMENT</u> <u>(Van, Tank, Flat, Etc.)</u>	<u>DATES</u>		<u>APPROX. NO. OF MILES</u> <u>(Total)</u>
		<u>FROM</u>	<u>TO</u>	
STRAIGHT TRUCK				
TRACTOR AND SEMI-TRAILER				
TRACTOR - TWO TRAILERS				
OTHER				

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (Attach Sheet If More Space Is Needed)

<u>DATES</u>	<u>NATURE OF ACCIDENT</u> <u>(Head-On, Rear-End, Upset, Etc.)</u>	<u>NUMBER</u> <u>FATALITIES</u>	<u>NUMBER</u> <u>INJURIES</u>	<u>CHEMICAL SPILLS</u> <u>(Except Diesel Fuel)</u>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>

TRAFFIC CONVICTIONS & FORFEITURES FOR THE PAST 3 YEARS (Attach Sheet If More Space Is Needed)

<u>DATE CONVICTED</u> <u>(month/year)</u>	<u>VIOLATION</u> <u>(Other Than Parking Violations)</u>	<u>STATE OF</u> <u>VIOLATION</u>	<u>PENALTY</u> <u>(Forfeited Bond, Collateral And/Or Points)</u>

A. Have You Ever Been Denied A License, Permit Or Privilege To Operate A Motor Vehicle? Yes No If Yes, Explain _____
 B. Has Any License, Permit Or Privilege Ever Been Suspended Or Revoked? Yes No If Yes, Explain _____

EQUIPMENT INFORMATION

Tractor Year _____ Make _____ Model _____ Mileage _____ Wheelbase _____ in.

EXPERIENCE

EMPLOYMENT HISTORY (Attach Sheet If More Space Is Needed)

- DOT Requires That Employment History For At Least The Previous 10 Years Be Provided
o List Names & Addresses Of Previous Employers For Which The Applicant Was An Operator Of A Commercial Motor Vehicle;
o The Dates The Applicant Was Employed By These Employers;
o The Reason For Leaving Such Employment.
• Any Gaps In Employment And/Or Unemployment Must Be Explained; Include Dates (Month/Year) & Reason For Any Gaps

LAST EMPLOYER:

(COMPANY NAME) (STREET ADDRESS) (CITY) (STATE) (ZIP CODE) (TEL OR FAX)
POSITION HELD FROM TO REASON FOR LEAVING GAP REASON
Were You Subject To The Federal Motor Carrier Safety Regulations (FMCSR) While Employed By The Previous Employer? Yes No
Was Job Position A Safety Sensitive Function In A DOT Regulated Mode, Subject To DOT Alcohol & Controlled Substance Testing? Yes No

2nd LAST EMPLOYER

(COMPANY NAME) (STREET ADDRESS) (CITY) (STATE) (ZIP CODE) (TEL OR FAX)
POSITION HELD FROM TO REASON FOR LEAVING GAP REASON
Were You Subject To The Federal Motor Carrier Safety Regulations (FMCSR) While Employed By The Previous Employer? Yes No
Was Job Position A Safety Sensitive Function In A DOT Regulated Mode, Subject To DOT Alcohol & Controlled Substance Testing? No No

3rd LAST EMPLOYER

(COMPANY NAME) (STREET ADDRESS) (CITY) (STATE) (ZIP CODE) (TEL OR FAX)
POSITION HELD FROM TO REASON FOR LEAVING GAP REASON
Were You Subject To The Federal Motor Carrier Safety Regulations (FMCSR) While Employed By The Previous Employer? Yes No
Was Job Position A Safety Sensitive Function In A DOT Regulated Mode, Subject To DOT Alcohol & Controlled Substance Testing? Yes No

4th LAST EMPLOYER

(COMPANY NAME) (STREET ADDRESS) (CITY) (STATE) (ZIP CODE) (TEL OR FAX)
POSITION HELD FROM TO REASON FOR LEAVING GAP REASON
Were You Subject To The Federal Motor Carrier Safety Regulations (FMCSR) While Employed By The Previous Employer? Yes No
Was Job Position A Safety Sensitive Function In A DOT Regulated Mode, Subject To DOT Alcohol & Controlled Substance Testing? Yes No

OTHER INFORMATION

Are You Currently Employed? Yes No If Yes, May We Contact Your Present Employer? Yes No
Are You Prevented From Being Lawfully Employed In This Country Because Of Visa Or Immigration Status? Yes No
Have You Ever Been Convicted Of A Felony? (Conviction Will Not Necessarily Disqualify An Applicant From Employment) Yes No
On What Date Are You Available For Work?

TO BE READ & SIGNED BY APPLICANT

I Authorize You To Make Sure Investigations & Inquiries To My Personal, Employment, Financial Or Medical History & Other Related Matters As May Be Necessary In Arriving At An Employment Decision. (Generally, Inquiries Regarding Medical History Will Be Made Only If & After A Conditional Offer Of Employment Has Been Extended.) I Hereby Release Employers, Schools, Health Care Providers & Other Persons From All Liability In Responding To Inquiries & 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 & Regulations Of The Company.

I Understand That Information I Provide Regarding Current And/Or Previous Employers May Be Used, & Those Employer(S) Will Be Contacted, For The Purpose Of Investigating My Safety Performance History As Required By 49 CFR 391.23(D) & (E). I Understand That I Have The Right To:

- Review Information Provided By Current/Previous Employers
• Have Errors In The Information Corrected By Previous Employers & For Those Previous Employers To Re-Send The Corrected Information To The Prospective Employee
• Have A Rebuttal Statement Attached To The Alleged Erroneous Information, If The Previous Employer(S) & I Cannot Agree On The Accuracy Of The Information

DATE APPLICANT'S SIGNATURE

This Certifies That I Completed This Application, & That All Entries On It & Information In It Are True & Complete To The Best Of My Knowledge. Note: A Motor Carrier May Require An Applicant To Provide Information In Addition To The Information Required By FMCSA Safety Regulations.