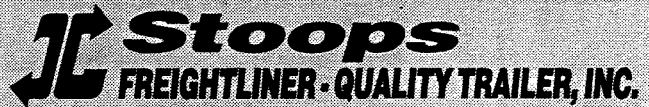


APPLICATION FOR EMPLOYMENT



PERSONAL INFORMATION

Name: (Last)			(First)			(M.I.)		
Date of Birth:			Social Security No.:			Date:		
Position Applying for:						Phone No.:		
Address:						How long?		
City, State, Zip, County								
Previous Address								
For Last 3 Years			1. _____			How Long? _____		
			2. _____			How Long? _____		
			3. _____			How Long? _____		
If your application is favorable, when could you start work?								
Who referred you here? 1. _____ 2. _____ 3. _____								
Are you legally eligible for employment in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/>								

PHYSICAL

Do you have any physical defects which preclude you from performing certain kinds of work? _____
 If yes, describe such defects and specific work limitations: _____

Date of last Department of Transportation prescribed physical examination: _____

MILITARY SERVICE

Were you in the U.S. Armed Forces? Yes No If yes, what branch? _____
 Dates of Duty: Entry: _____ Separation: _____

EDUCATION

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 College 1 2 3 4
 College or Vocational School attended (name/city) _____

EMPLOYMENT RECORD

The D.O.T. requires that employment for at least ten (10) complete years be shown. Any periods of unemployment or self-employment must show name, address and telephone number of a person who can verify. Start with present or last employer and continue with each previous employer. All dates must be consecutive. Additional employment can be listed on back of application.

Name and Address of Company	May we contact your Present Employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	
1.	Start Date: Phone No: Supervisor: Position: Reason for Leaving:	Finish Date: Starting Salary: Ending Salary:
2.	Start Date: Phone No: Supervisor: Position: Reason for Leaving:	Finish Date: Starting Salary: Ending Salary:
3.	Start Date: Phone No: Supervisor: Position: Reason for Leaving:	Finish Date: Starting Salary: Ending Salary:
4.	Start Date: Phone No: Supervisor: Position: Reason for Leaving:	Finish Date: Starting Salary: Ending Salary:
5.	Start Date: Phone No: Supervisor: Position: Reason for Leaving:	Finish Date: Starting Salary: Ending Salary:

EXPERIENCE AND QUALIFICATIONS

List 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: _____

List special equipment or technical materials you can work with, other than shown elsewhere in this application: _____

EXPERIENCE AND QUALIFICATIONS - CONTINUED

List all driver licenses held for the last three (3) years.

State	License Number	Type	Expiration Date

- | | | |
|---|--------------------------|--------------------------|
| | Yes | No |
| A. In accordance with the provisions of the Commercial Motor Vehicle Safety Act of 1986, I hereby certify that I possess only one (1) commercial Motor Vehicle Drivers License. | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Have you ever been denied a license, permit or privilege to operate a motor vehicle? | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Has any license, permit or privilege ever been suspended or revoked? | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Have you ever been convicted of any crime or felony? | <input type="checkbox"/> | <input type="checkbox"/> |

If the answer to B, C, D, is "yes", attach a statement giving details.

REFERENCES

List three (3) personal or business references (Include name, telephone number, address, title, and how acquainted:)

1. _____

2. _____

3. _____

REFERENCES

I understand that any falsification, omission, or misrepresentation on this application will be regarded as an act of dishonesty, and that the information in this application will be used and that prior employers will be contacted for purpose of investigation as required by 391.23 of the Motor Carrier Safety Regulations.

Signature of Applicant _____ Date _____

STOOPS FREIGHTLINER-QUALITY TRAILER, INC.
1851 W. THOMPSON ROAD
INDIANAPOLIS, IN 46217
(317) 788-1533

Disclosure and Release of Information Authorization
Consumer Report/Investigative Consumer Report
Important: Please read carefully

As an applicant for employment or an employee, you are a consumer with rights under the Fair Credit Reporting Act. When evaluating you for employment, promotion, reassignment, or retention as an employee, a consumer report or an investigative consumer report may be obtained from a consumer reporting agency and may be obtained at any time during the application process or during your employment.

I authorize **Stoops Freightliner-Quality Trailer, Inc. and Edge Information Management, Inc.**, a consumer reporting agency, to obtain information from all personnel, educational institutions, government agencies, companies, corporations, credit reporting agencies, law enforcement agencies at the federal, state or county level, relating to my past activities, to supply any and all information concerning my background. The information obtained may include, but is not limited to, academic, residential, achievement, previous employment verification and/or job performance, workers compensation, professional licenses, credit reports, driving history, and criminal history records.

I understand that a Consumer Report or Investigative Consumer Report may be prepared summarizing this information. The report may include information obtained through personal interviews regarding my character, general reputation, personal characteristics and/or mode of living. I may also have the right to request additional disclosures regarding the nature and scope of the investigation as well as a written summary of my rights under the Fair Credit Reporting Act. If requested, the consumer reporting agency will explain the contents of my file. I understand that proper identification will be required and that I should direct my request to: **Edge Information Management, Inc., 1901 South Harbor City Boulevard, Suite 401, Melbourne, Florida 32901-4769. Phone 1-800-725-3343.**

I understand that by requesting this information, no promise of employment is being made. I also understand that a photocopy of this authorization be accepted with the same authority as the original; and that if employed by **Stoops Freightliner-Quality Trailer, Inc.** this authorization will remain in effect throughout such employment. **I understand that the information requested below regarding date of birth, race and sex is for the sole purpose of gathering the above information accurately, and will not be used to discriminate against me in violation of any law.**

READ, ACKNOWLEDGED AND AUTHORIZED

Signature Date

NOTE: I am providing the following voluntarily.

PLEASE PRINT CLEARLY

NAME _____
First Middle (Full) Last Maiden

SOCIAL SECURITY # _____ DATE OF BIRTH (for ID purposes only) _____
MO DAY YR

SEX _____ RACE _____ DRIVER'S LICENSE # _____ STATE _____

CURRENT ADDRESS _____

CITY/STATE/ZIP _____

PREVIOUS ADDRESS _____

CITY/STATE/ZIP _____

If you are applying for employment in California, Minnesota, or Oklahoma and would like a copy of any Consumer Report prepared on you please check this box. If you elect not to receive a copy please check this box.

VOLUNTARY AFFIRMATIVE ACTION INFORMATION

WE CONSIDER APPLICANTS FOR ALL POSITIONS WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE, MARITAL OR VETERAN STATUS, THE PRESENCE OF A NON-JOB RELATED MEDICAL CONDITION OR HANDICAP, OR ANY OTHER LEGALLY PROTECTED STATUS.

Completion of this form is strictly voluntary.

Date: _____

Applicant's Name: _____

Position Applied for: _____

We are asking you to identify on this form your race, sex, veteran status, and any physical or mental handicap. This information will be strictly used for affirmative action reporting to the government. This form shall be kept separately from your application and shall not play any part in our selection process.

- White Persons of Indo-European, North African, or Middle Eastern descent.
- Black Persons of African, Jamaican, Trinidadian, or West Indian descent.
- Spanish Surnames Persons of Mexican, Puerto Rican, Cuban, Latin American or Spanish descent.
- American Indian/Alaskan Native Persons who identify themselves, or are known by tribal association, as descendants of original North American peoples (American Indian, Eskimo, etc.)
- Asian American People descending from ancestors in the Far East, Southeast Asia; the Indian subcontinent, or Pacific Islands.

Male

Female

Vietnam Era Veteran (Active duty for more than 180 days, any part of which occurred between August 5, 1964 and May 7, 1975, and discharged.)

Disable Veteran

If you have a handicap and would like to be considered under the Affirmative Action Plan for the Handicapped, please tell us. This information is voluntary and will be confidential, except that (1) supervisors and managers may be informed regarding work restrictions or accommodations, and (2) first aid people will be informed regarding possible emergency treatment.

Please identify your handicap/impairment: _____
