



**DRIVER NOTIFICATION AND RELEASE**

In connection with my application for employment (including contract for services) with you, I understand that a consumer report which may contain public record information is being requested from DAC Services, Tulsa, Oklahoma. This report 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 report may contain public report information concerning my driving record, worker's compensation claims, credit bankruptcy proceedings, etc. from federal, state and other agencies which maintain such records as well as information from DAC concerning (1) previous driving record request made by others from such state agencies; (2) state provided driving record; (3) claims involving me in the files of insurance companies.

**I AUTHORIZED, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTRACTED BY DAC 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 my request; the sources of information; the recipients of any reports on me which DAC has previously furnished within the two year 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.

DRIVER LICENSE # \_\_\_\_\_ STATE \_\_\_\_\_

\_\_\_\_\_  
Print Name Social Security No.

\_\_\_\_\_  
Applicant's Signature Date

\_\_\_\_\_  
ADDRESS



**PREVIOUS EMPLOYER ALCOHOL & DRUG TEST INFORMATION**  
**SELECTION 1: TO BE COMPLETED BY PROSPECTIVE EMPLOYEE**

I, (Print Name) \_\_\_\_\_  
First, M.I., Last \_\_\_\_\_ Social Security Number \_\_\_\_\_

Hereby authorized that:

Previous Employer: \_\_\_\_\_  
Street: \_\_\_\_\_ Telephone: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ Fax No.: \_\_\_\_\_

May release and forward information requested by section 2 (below) of this document concerning my Alcohol and Controlled Substances Testing records to:

Prospective Employer: \_\_\_\_\_  
Attention: \_\_\_\_\_  
Street: \_\_\_\_\_ Telephone: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ Fax No.: \_\_\_\_\_

In compliance with §40.25(g), release of this information must be made in a written form that ensures confidentiality, such as tax, E-mail or letter.

Prospective employer's confidential fax number: \_\_\_\_\_  
Prospective employer's e-mail address: \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

This information is being requested in compliance with §40.25 and §382.405(f) and (h). (See back of form for regulations.)



**SECTION 2: TO BE COMPLETED BY PREVIOUS EMPLOYEE**

If driver was not subject to Department of Transportation testing requirements while employed by this employer, please check here  , sign below, and return.

Under Department of Transportation testing requirements:

**YES NO**

- |   |                          |                          |
|---|--------------------------|--------------------------|
| 1. Has this person had an alcohol test with a result of 0.04 or higher alcohol concentration?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Has this person had a verified positive drug test?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Has this person refused to be tested (including verified adulterated or substituted drug test results)?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Has this person committed other violations of DOT agency drug and alcohol testing regulations?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. If this person has violated a DOT drug and alcohol regulation, do you have documentation of the employee's Successful completion of DOT return-to-duty requirements, including follow-up tests? (Please send this Documentation back with this form. If applicable.) | <input type="checkbox"/> | <input type="checkbox"/> |

In answering these questions, include any drug or alcohol testing information obtained from previous employers under §40.25 or other applicable DOT agency regulations.

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Street: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

Section 2 Completed by (Signature): \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION 3: TO BE COMPLETED BY PROSPECTIVE EMPLOYER**

This form was (check one)  Faxed to previous employer.  Mailed. Date: \_\_\_\_\_

Complete below when information is obtained.

Information received from: \_\_\_\_\_

Recorded by: \_\_\_\_\_ Method:  Fax  Mail  E-mail

Date: \_\_\_\_\_



**INQUIRY TO PAST EMPLOYERS**

FROM- Prospective Employer  
 Company: \_\_\_\_\_  
 Individual: \_\_\_\_\_  
 Street: \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

TO- Previous Employer  
 Company: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Street: \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Personnel Manager:**

The person named below has applied to this company for employment. Your firm is listed by the applicant as a past employer, kindly reply to this inquiry respecting this applicant. As you will note from the waiver stated below, the applicant has waived any claim of liability against your company (and its agents) for information submitted in response to this inquiry.

For your convenience in replying by return mail, we have enclosed a stamped, self-addressed envelope.

Very truly yours,

Name of Applicant: \_\_\_\_\_  
 Social Security No.: \_\_\_\_\_  
 Job applied for: \_\_\_\_\_

1. This applicant lists of employment with your firm from: \_\_\_\_\_ to: \_\_\_\_\_ is this correct? Yes ; No   
 If no, please explain: \_\_\_\_\_
2. What kind(s) of work did he/she do? Driver  (type of vehicle \_\_\_\_\_); Dock ; Office ; Shop ;  
 Other  (Specify) \_\_\_\_\_
3. If employed as a driver, please indicate type of equipment driven. Tractor trailer ; straight truck ; Twin-truck   
 Bus ; Other (Specify) \_\_\_\_\_
4. Number of recordable accidents \_\_\_\_\_; Number of accidents in which applicant was ticketed \_\_\_\_\_;  
 Number of accidents in which the applicant was at fault \_\_\_\_\_ (please explain) \_\_\_\_\_;  
 Date of each accident \_\_\_\_\_.
5. To your knowledge, was this person's chauffeur/operator's license suspended while in your employ? \_\_\_\_\_  
 If so, please explain \_\_\_\_\_
6. (Respond only if checked) [ ] Was this person bonded while with your company? \_\_\_\_\_. If so, were there any  
 circumstances that were reported to the bonding company? \_\_\_\_\_  
 " Prospective employer- check this question only if bonding is required for this position."
7. Is there anything in the applicant's history that could suggest he or she may not be trusted to handle company  
 funds? \_\_\_\_\_
8. Did the applicant pose either repeated and or severe disciplinary problems? Yes ; No . If so, please explain:  
 \_\_\_\_\_



9. Why did this employee leave your company? Resigned ; Discharged ; Laid off

10. Would you re-employ this person? Yes  ; No  . Please explain: \_\_\_\_\_

11. Remarks: \_\_\_\_\_

By: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature of person supplying information)

(Detach here for your files)

**WAIVER**

\_\_\_\_\_  
(Former Employer)

\_\_\_\_\_  
(Date)

I hereby authorized you to release all information concerning my employment including oral assessments of my job performance, ability, and fitness, to each and every company (or their authorized agents) which may request such information in connection with my application for employment with said company. I hereby release you from any and all liability of any type as a result of providing the above mentioned information to the above mentioned person.

\_\_\_\_\_  
(Applicant's Signature)

\_\_\_\_\_  
(Witness's Signature)



**EXPERINCE AND QUALIFICATIONS – OTHER**

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY

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LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION

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LIST SPECIAL EQUIPMENT OF TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWN)

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**TO BE READ AND SIGNED BY APPLICANT**

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 authorized you to make such investigations and inquiries 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.  
 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.

\_\_\_\_\_ Date \_\_\_\_\_ Applicant's Signature

**PROCESS RECORD**

APPLICANT HIRED \_\_\_\_\_ REJECTED \_\_\_\_\_  
 DATE EMPLOYED \_\_\_\_\_ POINT EMPLOYED \_\_\_\_\_  
 DEPARTMENT \_\_\_\_\_ CLASSIFICATION \_\_\_\_\_  
 (IF REJECTED, SUMMARY REPORT OF REASONS SHOULD BE PLACED IN FILE)

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

	SUPERIOR	GOOD	FAIR	BELOW AVERAGE	POOR	WRITTN RECORD ON FILE
1. APPLICATION						
2. INTERVIEW						
3. PAST EMPLOYMENT						
4. WRITTEN EXAM						
5. ROAD TEST						
6. CRIMINAL AND CONVICTIONS						

SIGNATURE OF INTERVIEWING OFFICER \_\_\_\_\_



**TRANSFERS**

FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
 DATE: \_\_\_\_\_  
 REASON FOR TRANSFER \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
 DATE: \_\_\_\_\_  
 REASON FOR TRANSFER \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
 DATE: \_\_\_\_\_  
 REASON FOR TRANSFER \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
 DATE: \_\_\_\_\_  
 REASON FOR TRANSFER \_\_\_\_\_

**TERMINATION OF EMPLOYMENT**

DATE TERMINATED \_\_\_\_\_ DEPARTMENT RELEASED FROM \_\_\_\_\_

DISMISSED \_\_\_\_\_ VOLUNTARILY QUIT \_\_\_\_\_ OTHER \_\_\_\_\_

TERMINATION REPORT PLACED IN LIFE \_\_\_\_\_ SUPERVISOR \_\_\_\_\_

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED) IF NONE, WRITE NONE

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES
LAST ACCIDENT _____			
EXT PREVIOUS _____			
NEXT PREVIOUS _____			

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE 3 YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE NONE

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)





**EMPLOYMENT HISTORY**

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state, and zip code.

Applicants to drive a commercial motor vehicle in intrastate or interstate commerce shall also provide an additional 7 years information on those employers for whom the applicant operated such vehicle.

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

NAME EMPLOYER			DATE			
NAME			FROM MO.	YR.	TO MO.	YR.
ADDRESS			POSITION HELD			
CITY	STATE	ZIP	SALARY/WAGE			
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING			

EMPLOYER			DATE			
NAME			FROM MO.	YR.	TO MO.	YR.
ADDRESS			POSITION HELD			
CITY	STATE	ZIP	SALARY/WAGE			
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING			

EMPLOYER			DATE			
NAME			FROM MO.	YR.	TO MO.	YR.
ADDRESS			POSITION HELD			
CITY	STATE	ZIP	SALARY/WAGE			
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING			

EMPLOYER			DATE			
NAME			FROM MO.	YR.	TO MO.	YR.
ADDRESS			POSITION HELD			
CITY	STATE	ZIP	SALARY/WAGE			
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING			



EMPLOYER			DATE			
NAME			FROM		TO	
ADDRESS			MO.	YR.	MO.	YR.
CITY			STATE		ZIP	
CONTACT PERSON			PHONE NUMBER			REASON FOR LEAVING
			POSITION HELD			
			SALARY/WAGE			

EMPLOYER			DATE			
NAME			FROM		TO	
ADDRESS			MO.	YR.	MO.	YR.
CITY			STATE		ZIP	
CONTACT PERSON			PHONE NUMBER			REASON FOR LEAVING
			POSITION HELD			
			SALARY/WAGE			

EMPLOYER			DATE			
NAME			FROM		TO	
ADDRESS			MO.	YR.	MO.	YR.
CITY			STATE		ZIP	
CONTACT PERSON			PHONE NUMBER			REASON FOR LEAVING
			POSITION HELD			
			SALARY/WAGE			

\* Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers or any size vehicle used to transport hazardous materials in a quantity requiring placarding.





Have you ever been bonded? \_\_\_\_\_ Name of bonding company \_\_\_\_\_  
(Answer if only a job requirement)

Have you ever been convicted of a felony? \_\_\_\_\_

If yes, please explain fully on a separate sheet of paper. Conviction of a crime is not an automatic bar to employment. All circumstances will be considered.

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Is there any reason you might be unable to perform the functions of the job for which you have applied [as described in the attached job description]?

If yes, explain if you wish.

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PART B

SAFETY FITNESS RATING INFORMATION:		OOS Vehicles (CR):	0
Total Miles Operated:	1,806,962	# of Vehicles Inspected (CR):	0
Recordable Crashes	2	OOS Vehicles (MCMIS):	1
Recordable Crashes / Million Miles:	1,107	# of Vehicles Inspected (MCMIS):	5

Your proposed safety rating is	RATING FACTORS	# OF POINTS	
		ACUTE	CRITICAL
	Factor 1: S	0	0
	Factor 2: S	0	0
	Factor 3: S	0	0
	Factor 4: S	0	0
	Factor 5: S	0	0
SATISFACTORY	Factor 6: S	-	-

This compliance review has been conducted to determine overall compliance with the Federal Motor Carrier Safety Regulations (FMCSR) and the Federal Hazardous material Regulations (HMR).

The results of this review indicate that your operations do have adequate safety management controls in place to ensure compliance with the Federal Safety fitness standards outlined within 49 CFR 385.5 and 385.7.

Please review Part B to this report and assure that you take sufficient corrective action for any violations (deficiencies) Identified. Corrective action must be taken for any violation listed in part B to this report.

RECEIVED BY:

TITLE:

PART B



**INTERSTATE COMMERCE COMMISSION  
CERTIFICATE  
No. MC 134112 (Sub 12)  
NATIONAL FREIGHTWAYS, INC.  
OMAHA, NE**

This Certificate is evidence of the carrier's authority to engage in transportation as a common carrier by motor vehicle.

This authority will be effective as long as the carrier maintains compliance with the requirements pertaining to insurance coverage for the protection of the public (49 CFR 1043); the designation of agents upon whom process may be served (49 CFR 1044); and tariffs or schedules (49 CFR 1300 through 1310, revised). The carrier shall also render reasonably continuous and adequate service to the public. Failure to meet these conditions will constitute sufficient grounds for the suspension, change, or revocation of this authority.

This authority is subject to any terms, conditions, and limitations as are now, or may later be, attached to this privilege.

For common carriers with irregular route authority: Any irregular route authority authorized in this Certificate may not be tacked or joined with your other irregular route authority unless joinder is specifically authorized.

The transportation service to be performed is described on the reverse side of this document.

By the Commission.

**NORETA R. McGEE,**  
Secretary

**(SEAL)**

**NOTE:** If there are any discrepancies regarding this document, please notify the Commission within 30 days.

No. MC 134112 (Sub 12)

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To operate as a common carrier, by motor vehicle, in interstate or foreign commerce, over irregular route, transporting general commodities (except classes A and B explosives and household goods), between points in the U.S. (except AK and HI).



**National Freightways, Inc.**  
**P.O. Box 19124**  
**Omaha, Nebraska 68119-0124**  
**800-873-0801**  
**Fax: 712-347-5353**

**Some of our Trade References are as follows.**

Company Name	City, & States	Contact	Phone #	Done Business with sine
AARON FERER	OMAHA, NE	DAVE	402-342-2436	1985
ACCUTRAN	COUNCIL BLUFFS, IA	DON	712-322-4721	1992
B & B	OMAHA, NE	EARL	402-731-2080	1985
BELSKI BROKERAGE	OMAHA, NE	JOHN	402-551-4354	1980
C. MICHAEL	OMAHA, NE	RON	402-391-2541	1980
DENTON CARTIGE	CHICAGO, IL	RAY	800-533-6866	1980
GRAND ISLAND EXPRESS	G.I., NE	GREG	800-444-9008	1985
HILL BROTHERS	OMAHA, NE	AL	402-334-1260	1985
PHILLIPS MFG,	OMAHA, NE	KATHY	800-822-5055	1985
PIONEER	SIOUX FALLS, SD	MARK	800-325-4650	1985
R.P.L. ASSOC.	SOUTHFIELD, MI	DAVE	800-543-3939	1985
TIE YARD	OMAHA, NE	RICK	402-339-0332	1990



## National Freightways, Inc.

### Profile

**Company:** National Freightways, Inc.  
P.O Box 19124  
14805 Grant  
Omaha, NE 68119-0124

**Owner:** Gerard Spittler  
Phone 800 873 0801  
Cell 402 214 6347  
Fax 712 347 5353

**Equipment:** 22 Tractors

5 Flatbeds

2 Vans

32 Reefers

**Identifying Numbers:** ICC MC 134112  
US DOT 053228  
FED ID 47-0528511  
NE PUBLIC NE-0746-01  
SCAT CODE NAFW

### Traffic Lanes

#### Shipping Points:

Omaha, NE to Northeast & Southeast with Reefers

Saint Paul, MN to Boston, MA with Flats with sides

Columbia, SC to Midwest LTLs only Reefer or vans

All trailers are owned by National Freightways, Inc.  
Almost all tractors are Owner Operators.  
We are licensed for all states.  
We have common, contract and broker authority.  
We have General Liability insurance in addition to all the required insurances.