

Nancy Baer Trucking, Inc.

3137 VIRGINIA AVE.

JASPER. IN 47548

(812) 482-2936



Dear Applicant,

Thank you for your interest in our company.

Nancy Baer Trucking, Inc. is an independently owned and operated LTL freight business. We haul furniture outbound from Jasper, IN and back haul general commodities from the east & south and from the west & northwest.

Our tractors are Freightliner or International combos with Cummins or Detroit engines. Our equipment is extremely well maintained.

Company drivers are paid on a cents per mile basis, with solo drivers starting at .36 cents per mile including layover pay, and teams start at .38 1/2* cents per mile split including layover pay. Additional mileage pay is given for East Coast runs and for going into New York City.

Drivers that are accident free for a six-month period of time can expect additional bonus money. Special recognition is given to drivers that are DOT and Company compliant with their paperwork.

We offer paid vacation after one year of service, an insurance program that activates after 60 days and a company willing to listen to its drivers.

I look forward to hearing from you.

Respectfully,

Bob Key

Safety Director

DATE OF APPLICATION: _____

COMPANY: *NANCY BAER TRUCKING, INC.*

ADDRESS: *3137 VIRGINIA AVENUE
JASPER, INDIANA 47546*

In compliance with Federal and State equal opportunity laws, qualified applicants are considered for all positions without regard to race, veteran status, religion, sex, national origin, age, marital status, non-job related disability or any other protected group status.

DRIVER NAME (LAST)	(FIRST)	(MI)
ADDRESS		
CITY	STATE	ZIP
TELEPHONE NUMBER ()	OR ()	
DATE OF BIRTH / /	SOCIAL SECURITY NUMBER -- --	
IN CASE OF EMERGENCY – CONTACT: NAME		
	TELEPHONE NUMBER	RELATIONSHIP

PREVIOUS ADDRESSES FOR THE PAST THREE YEARS:

1. ADDRESS				
CITY	STATE	ZIP	FROM	TO
2. ADDRESS				
CITY	STATE	ZIP	FROM	TO
3. ADDRESS				
CITY	STATE	ZIP	FROM	TO

COMMERCIAL DRIVER'S LICENSE INFORMATION

_____ TYPE _____ STATE _____ EXP DATE _____
LICENSE NUMBER (A B OR C)

ENDORSEMENTS: 1. DOUBLE/TRIPLE TRAILERS 3. TANK VEHICLES
 (CIRCLE) 2. PASSENGER VEHICLES 4. HAZARDOUS MATERIALS

LIST ANY ADDITIONAL LICENSE (S) HELD IN THE PAST 3 YEARS:

STATE: _____ EXPIRATION DATE: _____

STATE: _____ EXPIRATION DATE: _____

HAS YOUR CDL EVER BEEN SUSPENDED OR REVOKED? YES _____ No _____

IF YES, PLEASE EXPLAIN _____

As we are interested in your well being, a physical examination is required during employment at the discretion of the Company.

WORK EXPERIENCE/EMPLOYMENT HISTORY

ALL APPLICANTS TO DRIVER IN INTERSTATE COMMERCE MUST PROVIDE THE FOLLOWING INFORMATION ON ALL EMPLOYERS DURING THE PRECEDING 3 YEARS. LIST COMPLETE INFO. APPLICANTS TO DRIVE A COMMERCIAL MOTOR VEHICLE (INCLUDES VEHICLES HAVING A GVWR OF 26,001LBS. OR MORE, VEHICLES DESIGNED TO TRANSPORT 15 OR MORE PASSENGERS, OR ANY SIZE VEHICLE USED TO TRANSPORT HAZARDOUS MATERIALS) 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;

Company Name: _____
Address; _____, City: _____ State _____
Supervisor Name: _____ Why Did You Leave? _____
Job Description: _____
From; ____/____/____ To: ____/____/____ Phone Number: _____
Fax Number: _____
Subject to FMCSR's Y ___ N ___ Subject To Drug/Alcohol Testing Requirements Per 49 CFR
Part 40? Y ___ N ___

Company Name: _____
Address; _____, City _____ State _____
Supervisor Name: _____ Why Did You Leave? _____
Job Description: _____
From; ____/____/____ To: ____/____/____ Phone Number: _____
Fax Number: _____
Subject to FMCSR's Y ___ N ___ Subject To Drug/Alcohol Testing Requirements Per 49 CFR
Part 40? Y ___ N ___

Company Name: _____
Address; _____, City _____ State _____
Supervisor Name: _____ Why Did You Leave? _____
Job Description: _____
From; ____/____/____ To: ____/____/____ Phone Number: _____
Fax Number: _____
Subject to FMCSR's Y ___ N ___ Subject To Drug/Alcohol Testing Requirements Per 49 CFR
Part 40? Y ___ N ___

Company Name: _____
Address; _____, City _____ State _____
Supervisor Name: _____ Why Did You Leave? _____
Job Description: _____
From; ____/____/____ To: ____/____/____ Phone Number: _____
Fax Number: _____
Subject to FMCSR's Y ___ N ___ Subject To Drug/Alcohol Testing Requirements Per 49 CFR
Part 40? Y ___ N ___

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Address; _____, City _____ State _____
Supervisor Name: _____ Why Did You Leave? _____
Job Description: _____
From; ____/____/____ To: ____/____/____ Phone Number: _____
Fax Number: _____
Subject to FMCSR's Y____N____ Subject To Drug/Alcohol Testing Requirements Per 49 CFR
Part 40? Y____N____

COLLISIONS

PLEASE LIST ALL MOTOR VEHICLE COLLISIONS IN WHICH YOU WERE INVOLVED (BOTH COMMERCIAL AND PRIVATE VEHICLE) DURING THE PAST THREE YEARS PRIOR TO THE APPLICATION DATE. IF NONE, WRITE "NONE".

DATE	DESCRIPTION	LOCATION	INJURIES/FATALITIES
___/___/___	_____	_____	_____
___/___/___	_____	_____	_____
___/___/___	_____	_____	_____

TRAFFIC CONVICTIONS AND FORFEITURES

PLEASE LIST ALL TRAFFIC CONVICTIONS AND/OR FORFEITURES (BOTH COMMERCIAL AND PRIVATE VEHICLE) FOR THE PAST THREE YEARS (OTHER THAN PARKING). IF NONE, WRITE "NONE".

DATE	LOCATION	CHARGE	PENALTY
___/___/___	_____	_____	_____
___/___/___	_____	_____	_____
___/___/___	_____	_____	_____

DRIVING EXPERIENCE

EQUIPMENT CLASS	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES		MILES DRIVEN
		FROM	To	
STRAIGHT TRUCK				
TRACTOR & TRAILER				
TRACTOR & TRAILER				
OTHER				
STATES DRIVEN:				
LIST COMMODITIES HAULED:				
HAVE YOU HAD ANY WORKER'S COMPENSATION CLAIMS DURING THE LAST TWO YEARS? DATES:				
PLEASE DESCRIBE SPECIFICS OF CLAIM:				

EDUCATION

PLEASE CIRCLE THE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 9 10 11 12

COLLEGE: 1 2 3 4 5 6 7 8 OTHER TRAINING: _____

HAVE YOU RECEIVED ANY SAFETY AWARDS OR SPECIAL TRAINING? _____

GENERAL

HAVE YOU BEEN A DRIVER FOR THIS COMPANY BEFORE? YES _____ NO _____
IF SO, WHEN? _____/
IS THERE ANY REASON YOU MIGHT BE UNABLE TO PERFORM THE FUNCTIONS OF THE
JOB FOR WHICH YOU HAVE APPLIED? YES _____ NO _____
IF SO, EXPLAIN IF YOU WISH. _____
HAVE YOU EVER LOST YOUR LICENSE FOR ANY REASON? YES _____ NO _____
DO YOU HAVE THE LEGAL RIGHT TO WORK IN THE U.S.? YES _____ NO _____
CAN YOU PROVIDE PROOF OF AGE (REQUIRED FOR COMMERCIAL DRIVERS)? YES _____ NO _____

As a prospective employer, we must ask any applicant for a driving position with our company whether he/she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the applicant applied for, but did not obtain, "safety-sensitive transportation work" (driving a commercial motor vehicle) during the past three years.

PLEASE CHECK YES OR NO BELOW

Yes, I have tested positive for drugs/alcohol, or refused to take a pre-employment drug/alcohol test in the three years preceding the date of this application.

No, I have not tested positive for drugs/alcohol, or refused to take a pre-employment drug/alcohol test in the three years preceding the date of this application.

DOT regulations prohibit our utilizing you to perform a "safety-sensitive function" (driving a commercial motor vehicle) if you had a positive test or a refusal to test, until and unless you provide documents showing successful completion of the return-to-duty process in accordance with DOT regulations.

MUST BE READ AND SIGNED BY THE APPLICANT

391.21 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 authorize the carrier to make such inquiries and investigations of my personal, employment, driving, 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 agree to abide by the rules and regulations of the carrier as well as the Federal Motor Carrier Safety Regulations. I also agree and understand that if I am selected to drive for the carrier that I will be on a probationary period during which time I may be discharged without recourse.

X _____
Applicant Signature

_____/_____/_____
Date

CONSUMER REPORT DISCLOSURE AND RELEASE - Part I

In connection with my application for employment ("including contract for services) with the employer named above, I understand that consumer reports which may contain public record information may be requested from DAC Services, Tulsa, Oklahoma. 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 many contain public record information concerning my driving record, workers' 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 TO FURNISH THE ABOVE MENTIONED INFORMATION. THIS AUTHORIZATION DOES NOT APPLY TO DRUG AND ALCOHOL INFORMATION OBTAINED IN PART II.

I have the right to request from DAC, upon presentation of proper identification, the nature and substance of all information in its files on me at the time of my request, including the sources of information; and 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) agree that such information which DAC has or obtains, and my employment history (not DOT Drug and Alcohol information without a specific consent by me) 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 reports). If hired or contracted this authorization, for Part I reports only, shall remain on file and shall serve as ongoing authorization for you to procure consumer reports at any time during my employment or contract period.

Print name: _____ Signed: _____
(Applicant Name) (Applicant Signature Required)

Social Security No.: _____ Date: _____

DOT DRUG AND ALCOHOL RELEASE - Part II

I authorize, per 49 CFR Part 40, the release of information from my DOT regulated drug and alcohol testing records by the carriers (company/school) listed below to DAC for the sole purpose of transmitting such records to the above listed employer. I authorize release of the following information concerning drug and alcohol tests: DOT drug and alcohol testing violations including pre-employment tests during the past two years; (i) alcohol tests with a result of 0.04 or higher; (ii) verified positive drug tests; (iii) refusals to be tested (including verified adulterated or substituted results); {iv} other violations of DOT drug and alcohol testing regulations; (v) information obtained from previous employers of a drug and alcohol rule violation(s) and (vi) documents, if any, of completion of a return-to-duty process following a rule violation.

The information that I have authorized DAC to review involves tests required by DOT. If any carrier (company/school) listed below furnishes DAC with information concerning items (i) through (vi) above, I also authorize that carrier (company/school) to release and furnish the dates of my negative drug and/or alcohol tests and/or tests with results below 0.04 during the two-year period and the name and phone number of any substance abuse professional who evaluated me during the past two years.

Company	City	State	Phone Number
_____	_____	_____	_____
_____	_____	_____	_____

(Attach additional forms for additional past employers. That form must also include the individuals' signature)

Print name: _____ Signed: _____
(Applicant Name) (Applicant Signature Required)

Social Security No.: _____ Date: _____

FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT

In accordance with the provisions of Section 604(b)(2)(A) of the Fair Credit Reporting Act Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I, of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record maybe obtained on you for employment purposes. These reports are required by Sections 382.413, 391.23, and 391.25 of the Federal Motor Carrier Safety Regulations.

Print name: _____ Signed: _____
(Applicant Name) (Applicant Signature Required)

Social Security No.: _____ Date: _____

MOTOR VEHICLE DRIVER'S CERTIFICATION OF VIOLATIONS

I CERTIFY THAT THE FOLLOWING IS A TRUE AND COMPLETE LIST OF TRAFFIC VIOLATIONS (OTHER THAN PARKING TICKETS) FOR WHICH I HAVE BEEN CONVICTED OR FORFEITED BOND OR COLLATERAL DURING THE PAST 12 MONTHS.

Driver's Name: _____
 Address: _____
 City, State, Zip _____

DATE OF VIOLATION	LOCATION	VEHICLE TYPE	DESCRIPTION OF VIOLATION

If no violations during this 12-month period, write "None." _____

DRIVER/LICENSE INFORMATION

License # _____ Expiration Date: _____
 State of Issue: _____ Social Security #: _____

IF NO VIOLATIONS ARE LISTED ABOVE, I CERTIFY I HAVE NOT BEEN CONVICTED OR FORFEITED BOND OR COLLATERAL ON ACCOUNT OF ANY VIOLATION REQUIRED TO BE LISTED DURING THE PAST 12 MONTHS. I FURTHER CERTIFY THAT THE ABOVE LICENSE IS THE ONLY ONE I HOLD.

Driver's Signature _____ Date of Certification _____

Name of Motor Carrier: Nancy Baer Trucking
 Address: 3137 Virginia Avenue
 Jasper, Indiana 47546

COMPANY USE ONLY - ANNUAL REVIEW OF DRIVING RECORD

Carrier Instructions: At least once every 12 months a review of a driver's driving record must be performed to determine whether the driver meets minimum requirements for safe driving or is disqualified to drive a motor vehicle pursuant to Section 391.15. The driver should complete the top portion of the form, and the carrier should complete the bottom.

In accordance with Section 391.25 FMCSR, all information pertinent to the above driver's safety of operation, including all collisions, and the !LSI of violations furnished by him/her in accordance with Section 391.27 FMCSR for the past 12 months has been reviewed.

- ___ Meets minimum requirements for safe driving
- ___ Is disqualified to drives motor vehicle pursuant to Section 391.15
- ___ Does not adequately meet satisfactory safe driving performance.

Remarks/Action(s) Taken: _____

Reviewed by: _____ Date of Review: ___/___/___