

Ken Inman
Referred By

SITTON MOTOR LINES, INC.
4586 Hwy 43 • Joplin, MO 64804 • 1-800-533-4765
EMPLOYMENT APPLICATION

- Company Driver
- Owner Operator
- Contract Driver

(Please Print)

Name _____ SS# _____ Date of Birth _____

Address _____ City _____ State _____ Zip _____

Home Phone (____) _____ Have you ever applied here before? Yes No
(Date of that application) _____

Notify in Case of Emergency _____ Phone (____) _____

Have you had any previous association with Sitton Motor Lines? Yes No If yes: _____ to _____
(from) (to) (Position held)

Reason for leaving SML _____

Are you currently employed? Yes No If not, how long since leaving last employment? _____

List residence Addresses for the past 3 years. **RESIDENCE ADDRESSES**

(1) _____

Street City State Zip Code How Long?

(2) _____

Street City State Zip Code How Long?

EDUCATION

Have you ever attended truck driving school? Yes No Start Date _____ Graduation Date _____

What is the last level of schooling COMPLETED? _____

LICENSE INFORMATION

List all driver licenses that you hold or have held during the past 5 years. License # State Endorsements Exp. Date

Have you ever been convicted of driving under the influence of alcohol or a controlled substance (drugs)? Yes No

(Date) (City & State) (Explain)

Have you ever been convicted of reckless driving? Yes No

(Date) (City & State)

Explain _____

Have you ever had your license, permit, or privilege to drive, denied, suspended or revoked for any reason? No Yes

If yes, explain: _____

(Date) (City & State)

Have you ever been convicted of a felony? Yes No

(Date) (City & State)

Explain _____

Have you ever been convicted of a misdemeanor? Yes No

(Date) (City & State)

Explain _____

DRIVING EXPERIENCE

Type of Equipment Length of Experience Approximate # of Miles

Straight Truck Yes No _____

Tractor & Semi Trailer Yes No _____

Others Yes No _____

ACCIDENTS

List and explain in detail, giving dates and location of all accidents that you have been involved in during the past ten years, in any type of vehicle, & regardless of whether you feel they were chargeable. **FAILURE TO LIST ALL ACCIDENTS MAY RESULT IN DISQUALIFICATION. IF YOU HAD NO ACCIDENTS IN THE PAST 10 YEARS, WRITE "NONE"**. Attach separate sheet if more space is needed.

Date Type Vehicle Whose Fault? Fatalities? Yes or No Injuries? Other than Self \$ Amount All Damage Describe Accident

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TRAFFIC VIOLATIONS

I certify that the following is a true and complete list of traffic violations (other than parking violations) for which I have been convicted or forfeited bond or collateral during the fast five years. **FAILURE TO LIST ALL TRAFFIC VIOLATIONS MAY RESULT IN YOUR DISQUALIFICATION. IF YOU HAVE HAD NO TRAFFIC VIOLATIONS IN THE PAST 5 YEARS, WRITE "NONE"**. (Any type of vehicle.)

Traffic Conviction(s): Describe Date City & State If speeding, was it 14 mph over?

EMPLOYMENT RECORD FOR THE PAST TEN YEARS

Begin with your present or most recent job and work backward in order, listing all your employers for the last ten years including all full and part-time employment. ALL TIME must be accounted for, including military service, self-employment & periods of unemployment. Use supplementary sheet if necessary. We must have complete addresses & telephone #s.

CURRENT EMPLOYER: Name _____ Supervisor _____
Address _____ Phone _____
Street City State Zip
Position Held _____ From _____ to _____ Rate of Pay _____
(Month/Year) (Month/Year)
Why do you want to change employers? _____ No. of Sates Driven In _____
No. of Accidents _____ No. of Service Failures _____ Were you placed on probation, suspension or reprimand for violation of company
or DOT rules, regulations or policies? Yes No If yes, explain. _____
Were you subject to the Federal Motor Carrier Safety Regulations at this employer? Yes No
Were you subject to DOT drug and alcohol tests while employed at this employer? Yes No

2nd LAST EMPLOYER: Name _____ Supervisor _____
Address _____ Phone _____
Street City State Zip
Position Held _____ From _____ to _____ Rate of Pay _____
(Month/Year) (Month/Year)
Why do you want to change employers? _____ No. of Sates Driven In _____
No. of Accidents _____ No. of Service Failures _____ Were you placed on probation, suspension or reprimand for violation of company
or DOT rules, regulations or policies? Yes No If yes, explain. _____
Were you subject to the Federal Motor Carrier Safety Regulations at this employer? Yes No
Were you subject to DOT drug and alcohol tests while employed at this employer? Yes No

3rd LAST EMPLOYER: Name _____ Supervisor _____
Address _____ Phone _____
Street City State Zip
Position Held _____ From _____ to _____ Rate of Pay _____
(Month/Year) (Month/Year)
Why do you want to change employers? _____ No. of Sates Driven In _____
No. of Accidents _____ No. of Service Failures _____ Were you placed on probation, suspension or reprimand for violation of company
or DOT rules, regulations or policies? Yes No If yes, explain. _____
Were you subject to the Federal Motor Carrier Safety Regulations at this employer? Yes No
Were you subject to DOT drug and alcohol tests while employed at this employer? Yes No

4th LAST EMPLOYER: Name _____ Supervisor _____
Address _____ Phone _____
Street City State Zip
Position Held _____ From _____ to _____ Rate of Pay _____
(Month/Year) (Month/Year)
Why do you want to change employers? _____ No. of Sates Driven In _____
No. of Accidents _____ No. of Service Failures _____ Were you placed on probation, suspension or reprimand for violation of company
or DOT rules, regulations or policies? Yes No If yes, explain. _____
Were you subject to the Federal Motor Carrier Safety Regulations at this employer? Yes No
Were you subject to DOT drug and alcohol tests while employed at this employer? Yes No

5th LAST EMPLOYER: Name _____ Supervisor _____
Address _____ Phone _____
Street City State Zip
Position Held _____ From _____ to _____ Rate of Pay _____
(Month/Year) (Month/Year)
Why do you want to change employers? _____ No. of Sates Driven In _____
No. of Accidents _____ No. of Service Failures _____ Were you placed on probation, suspension or reprimand for violation of company
or DOT rules, regulations or policies? Yes No If yes, explain. _____
Were you subject to the Federal Motor Carrier Safety Regulations at this employer? Yes No
Were you subject to DOT drug and alcohol tests while employed at this employer? Yes No

6th LAST EMPLOYER: Name _____ Supervisor _____
 Address _____ Phone _____
 Street City State Zip
 Position Held _____ From _____ to _____ Rate of Pay _____
 (Month/Year) (Month/Year)

Why do you want to change employers? _____ No. of Sates Driven In _____
 No. of Accidents _____ No. of Service Failures _____ Were you placed on probation, suspension or reprimand for violation of company
 or DOT rules, regulations or policies? Yes No If yes, explain. _____

Were you subject to the Federal Motor Carrier Safety Regulations at this employer? Yes No
 Were you subject to DOT drug and alcohol tests while employed at this employer? Yes No

7th LAST EMPLOYER: Name _____ Supervisor _____
 Address _____ Phone _____
 Street City State Zip
 Position Held _____ From _____ to _____ Rate of Pay _____
 (Month/Year) (Month/Year)

Why do you want to change employers? _____ No. of Sates Driven In _____
 No. of Accidents _____ No. of Service Failures _____ Were you placed on probation, suspension or reprimand for violation of company
 or DOT rules, regulations or policies? Yes No If yes, explain. _____

Were you subject to the Federal Motor Carrier Safety Regulations at this employer? Yes No
 Were you subject to DOT drug and alcohol tests while employed at this employer? Yes No

AGREEMENT (PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY)

Sitton Motor Lines, Inc., hereinafter referred to as "SML", is an Equal Opportunity Employer. This application is **NOT** an offer of employment. If any offer of employment is made by SML after I have submitted this application, I understand that it will be a conditional offer. It will be conditioned on me meeting all of SML's job qualifications as well as all DOT driver qualifications, as determined by SML. SML may also verify the information I have provided with my prior employers, government agencies, consumer reporting agencies, and appropriate others

I understand that "SML" follows the practice of requiring driver applicants to successfully complete a company physical which includes a drug and/or alcohol test, as a term and condition of qualification, and from time to time thereafter, as a condition of continued employment. I consent to submitting to such physicals and tests as required by "SML". I understand that my refusal to, or inability to successfully complete such tests will be cause for denial of qualification or disqualification if already qualified

I authorize the "SML" Medical Review Officer to release the identity of any drugs for which I tested positive to "SML" or my examining physician. This authorization is provided to allow compliance with 49 CFR 382. I further authorize "SML" to release any Breath Alcohol or any other DOT approved method for obtaining alcohol results to qualifying reporting agencies or prospective employers, in compliance with 49 CFR 382.

In connection with my application for qualification with "SML", I understand that the information I provide may be used, and my previous employers will be contacted, for the purpose of investigating my safety performance history as required by paragraphs (d) and (e) of 391.23. I further understand that an investigative background check will be conducted, utilizing any or all of the following: past employment inquiries independent consumer reporting agencies, information from individuals, various federal, state and local government agencies and any other government or independent agencies, that will include information as to my character, ability, work habits, performance, experience, reasons for terminations, driving record, traffic offenses, accidents, workers compensation claims, and other claims, credit, bankruptcy proceedings criminal history record and alcohol and controlled substance testing results and/or refusal to take such tests, as requested by "SML". I hereby consent to "SML" obtaining the above described information and agree that such information, and my experience history with "SML" if qualified will be supplied to other companies which subscribe to consumer reporting services, as specified in 49 CFR 382. To the extent not specifically prohibited by law, I hereby release all such persons and "SML" from any liability or account of furnishing such information. In accordance with Section 391 and Section 382 of the Federal Motor Carriers Safety Regulations, I authorize my past employers, investigative agencies and any/or all persons or institutions to answer all questions and provide any relevant information asked by "SML", concerning any of the items contained herein, that may be required to complete my qualification for "SML".

I understand that I have due process rights as specified in Section 391.23(i) regarding information received as a result of these investigations. Specifically; the right to review information provided by previous employers; the right to have error in the information corrected by the previous employer and for that previous employer to re-send the corrected information to the prospective employer; the right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and I cannot agree on the accuracy of the information.

Nothing on this application is intended to create or imply a contractual relationship; if hired, I understand that employment is at will, i.e., is not for any specific time period or duration, and can be terminated with or without reason at any time at the discretion of either "SML" or myself. While employment policies or procedures may change from time to time, only a written agreement signed by the company's president can change an agreement signed by the company's president can change an employee's at-will status

If employed by "SML", I agree to familiarize myself with and adhere to the Federal Motor Carriers Safety Regulations and SML's rules, policies and procedures.

I certify that this application was completed by me, and all the entries on it and the information contained therein is true and complete to the best of my knowledge. I understand that false or misleading representations or significant omissions (on this application or in providing information to SML in any other way) may result in my disqualification now or at a later time. I certify that I am a genuine applicant for employment and this application is being submitted for the purpose of seeking employment with "SML" and for no other reason.

I have read the above, understand it, and agree to it.

Applicants Signature _____ Date _____

Reviewed by: _____