



Operations: 800-445-9133 / 308-995-4491
Mail to: PO Box 647 or 2321 East 4th Avenue, Holdrege, NE 68949
Or Fax: 308-995-2701

APPLICATION FOR EMPLOYMENT

In compliance with Federal and State Equal Employment Opportunity Commission (EEOC) laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status or non job-related disability.

- Driver
- Owner/Operator
- Authorized Yes No

Date of Application _____

First Name Middle Last Social Security No.

Date of Birth Home Phone Cell Phone E-Mail (if applicable)

Street address City, State, Zip How Long
(Addresses for past three years)

Street address City, State, Zip How Long

Street address City, State, Zip How Long

Street address City, State, Zip How Long

Street address City, State, Zip How Long

Are you legally entitled to work in the USA? _____

If working under a work permit give expiration date & number _____

Are you now employed? _____ If not, how long since leaving last position? _____

Were you referred? _____ If so, by whom? _____

In case of emergency notify: _____
Name Phone Home/Business

3
EDUCATION

Circle highest grade completed 1 2 3 4 5 6 7 8

High School 1 2 3 4

College 1 2 3 4

Last school attended. _____ Date _____

List all trucking industry related training courses and schooling attended

Course	Name of Facility	City	State
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Course	Name of Facility	City	State
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Course	Name of Facility	City	State
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List all safe driving awards you have acquired:

Award Issued By	City	State
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Award Issued By	City	State
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SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY _____

LIST OTHER SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN ALREADY SHOWN). _____

DRIVING EXPERIENCE

Drivers License Information:

State	License Number	Class	Endorsements	Conditions	Expiration Date
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List all states operated in for last five (5) years _____

Have you ever been denied a license or permit to operate a motor vehicle Yes ___ No ___

Has any license, permit or privilege ever been suspended or revoked? Yes ___ No ___

Have you ever been convicted of a felony? Yes _____ No _____

If answer is yes to any of the previous questions attach statement giving details.

List Types of equipment operated during past 5 years:

Make	Tractor /Truck	Class A/D	Transmission	Trains/Trailer	Van/Tank/Flat/Etc	Area operated
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Make	Tractor /Truck	Class A/D	Transmission	Trains/Trailer	Van/Tank/Flat/Etc	Area operated
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Make	Tractor /Truck	Class A/D	Transmission	Trains/Trailer	Van/Tank/Flat/Etc	Area operated
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Make	Tractor /Truck	Class A/D	Transmission	Trains/Trailer	Van/Tank/Flat/Etc	Area operated
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List States operated in last 5 years: _____

Accident record for past 3 years: Number of accidents: Preventable _____ Non Preventable _____

Last accident location	City/State	Type/Head-on/Rear-end/Upset/etc.	Fatal/Injuries
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Previous accident location	City/State	Type/Head-on/Rear-end/Upset/etc.	Fatal/Injuries
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Previous accident location	City/State	Type/Head-on/Rear-end/Upset/etc.	Fatal/Injuries
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TRAFFIC CONVICTIONS & FORFEITURES FOR THE LAST 3 YEARS
(Other than parking violations)

Last Conviction/Charge	Type of Equipment	Date	Location-City/State	Penalty
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Previous Conviction/Charge	Type of Equipment	Date	Location-City/State	Penalty
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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 authorize 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, healthcare 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 applications or interview(s) may result in discharge. I understand, also that I am required to abide by all rules and regulations of the Company.

Print Name _____

Signature of Applicant _____ Date _____

**REQUEST FOR INFORMATION
FROM A PREVIOUS EMPLOYER**

I authorize Big Foot Transportation, Inc. d.b.a. Speedway Transportation to make whatever inquiries it deems necessary in connection with my application for employment. As part of such inquiries, Big Foot Transportation, Inc. d.b.a. Speedway Transportation has my permission to contact persons who may have information relative to my suitability for employment and to secure criminal and consumer reports (including investigative criminal and consumer reports).

I authorize and instruct any person or agency contacted by Big Foot Transportation, Inc. d.b.a. Speedway Transportation to participate or conduct inquiries at its request, to compile information and to furnish Big Foot Transportation, Inc. d.b.a. Speedway Transportation with any information obtained as a result of such inquiries.

I further authorize Big Foot Transportation, Inc. d.b.a. Speedway Transportation, at its sole discretion to furnish copies of this authorization and my application to any person(s) and/or consumer-reporting agency(ies) in connection with the above purposes.

Name _____

Signature _____

Date _____

DISCLOSURE STATEMENT

Information contained in reports obtained by Big Foot Transportation, Inc. d.b.a. Speedway Transportation in accordance with the above authorization may include information pertaining to your character, general reputation, police record, personal characteristics and mode of living. You have the right to request that Big Foot Transportation, Inc. d.b.a. Speedway Transportation completely and accurately disclose to you the nature and scope of all investigations requested. Such a request must be made in writing to the office of the company's operations within 60 days after your application for employment is received.

I hereby acknowledge that I have read the above disclosure statement and have understood it.

Name _____

Signature _____

Date _____

PERSONAL REFERENCES

1. Name _____ Phone # _____

Address _____ City _____ State _____ Zip _____

2. Name _____ Phone # _____

Address _____ City _____ State _____ Zip _____

3. Name _____ Phone # _____

Address _____ City _____ State _____ Zip _____

FAMILY MEMBERS

Father:

Name _____ Phone # _____

Address _____ City _____ State _____ Zip _____

Mother:

Name _____ Phone # _____

Address _____ City _____ State _____ Zip _____

Brothers:

Name _____ Phone # _____

Address _____ City _____ State _____ Zip _____

Name _____ Phone # _____

Address _____ City _____ State _____ Zip _____

Sisters:

Name _____ Phone # _____

Address _____ City _____ State _____ Zip _____

Name _____ Phone # _____

Address _____ City _____ State _____ Zip _____

Do you Own or Rent your Home? Own _____ Rent _____

If you rent, who is your landlord?

Name _____ Phone # _____

Address _____ City _____ State _____ Zip _____

JOB DESCRIPTION
BIG FOOT TRANSPORTATION dba SPEEDWAY TRANSPORTATION

Position: Truck Driver

THE POSITION OF TRUCK DRIVER REQUIRES AN EMPLOYEE TO ENGAGE IN A VARIETY OF TASKS. ALL OF THESE REQUIRE **SIGNIFICANT** PHYSICAL AND MENTAL EFFORT. SOME OF THESE INCLUDE:

1. Acquire the skills necessary to meet all Big Foot Transportation dba Speedway Transportation (also known as the "Company"), State, Federal, and other regulations required of a commercial truck operator.
2. Operate a truck and trailer combination unit safely and competently in all weather and road conditions. Must be able to operate and ride in a truck/trailer combination for an extended period of time without suffering injury or impairment.
3. Conduct the loading and unloading of cargo either alone or assisted by others. This requires an employee to exhibit a full and normal range of physical motion, to be able to climb in, through, and out of all areas of a truck or trailer, to be able to crawl under or through a tractor/trailer unit during the loading, cleaning, repair, or any other procedures which may be required from time to time. Be able to enter a trailer and deal with any shifts in cargo, damaged or injured cargo, which may happen before, during, or after the course of transportation.
4. Operate under irregular sleep and eating patterns. Be fully able to conduct all job duties day or night, throughout the entire year, in accordance with Federal or other regulations.
5. Be free from vision, hearing, sensory, or other impairments of any kind.
6. Be able to clean and prepare trailers for loading without physical assistance of any kind. Be able to carry out all job requirements in all weather conditions and extremes of heat and cold. Tolerate noxious odors and other unpleasant working conditions.
7. Conduct maintenance duties of all types, both at the Company terminal and on the road. Be able to lift heavy equipment and tools (including, but not limited to: tractor/trailer tires, decking, brake drums, etc.)
8. Conduct other duties which may be required of an individual during the course of his employment by the Company.

READ CAREFULLY BEFORE SIGNING

BY SIGNING BELOW, YOU ACKNOWLEDGE THAT YOU HAVE READ AND UNDERSTOOD THIS JOB DESCRIPTION AND THAT YOU ARE FULLY CAPABLE OF CARRYING OUT ANY AND ALL OF THE DUTIES LISTED ABOVE.

Signature of Employee

Date