

Cattle Empire, LLC and
 Related Entities
 1174 Empire Circle
 Satanta, KS 67846
 (620)649-2235

**SEMI-DRIVER
 EMPLOYMENT APPLICATION**

Notice: Substance and Alcohol Testing is **required of applicant** driver.

Date: _____

Name: _____ Social Security # _____
 (First) Middle Last

Addresses _____ How Long _____ Telephone # _____

Addresses for Past Three Years:

_____ Dates _____
 _____ Dates _____
 _____ Dates _____
 (City) (State) (Zip) (From) (To)

(ATTACH SHEET IF MORE SPACE IS NEEDED)

EXPERIENCE AND QUALIFICATIONS-DRIVERS

Drivers License _____
 (State) (License Number) (Expiration Date)

Traffic Convictions and Forfeitures for the past three years (Other than Parking Violations)

(Location)	(Date)	(Charge)	(Penalty)

Have you ever been denied a license, permit or privilege to operate a motor vehicle Yes ___ No ___
 Has any license, permit or privilege ever been suspended or revoked? Yes ___ No ___

(If the answer is yes to either of the two previous questions, attach statement-giving details)

DRIVING EXPERIENCE

Class of Equipment	Type of Equipment (Van Tank Flat Etc)	Dates From To	Approximate Number of Miles (Total)
Straight Truck			
Tractor & Semi Trailer			
Other			

ACCIDENT RECORD FOR THE PAST THREE YEARS OR MORE

	Nature of the Accident			
	Date	Head-on Rear-end Upset Etc	Fatality	Injury Non-Injury
Last Accident				
Next Previous:				
Next Previous:				

Employment History

All drivers applying to drive in intrastate or interstate commerce must provide the following information on employers during **the preceding three years**. List mailing address, street number, city, state and zip code.

Applicants applying to drive a **"commercial motor vehicle"** as defined by Part 383, in intrastate or interstate commerce shall also provide an **additional seven years information** on those employers for whom the applicant driver operated such vehicle.

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

Employer		Date
Name		From: Month / Year To: Month/Year
Address		Position Held
City	State	Zip Code Salary/Wages
Contact Person		Phone Number (include area
Reason for leaving		

Were You Subject To The FMCSR's While Employed? Yes No

**Was Your Job Designated As A Safety-Sensitive Function In Any DOT-Regulated Mode Subject To The Drug And Alcohol Testing Requirements Of 49 CFR Part 40? Yes No

Employer		Date
Name		From: Month / Year To: Month/Year
Address		Position Held
City	State	Zip Code Salary/Wages
Contact Person		Phone Number (include area
Reason for leaving		

Were You Subject To The FMCSR's While Employed? Yes No

**Was Your Job Designated As A Safety-Sensitive Function In Any DOT-Regulated Mode Subject To The Drug And Alcohol Testing Requirements Of 49 CFR Part 40? Yes No

(ATTACH SHEET IF MORE SPACE IS NEEDED FOR EMPLOYMENT HISTORY)

TO BE READ AND SIGNED BY APPLICANT

This certifies that this application was completed by me, and that all entries on 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, 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