

Application for Employment

**CRETE CARRIER CORPORATION
HUNT TRANSPORTATION DIVISION
SHAFFER TRUCKING DIVISION
ACKLIE MAINTENANCE DIVISION
400 NW 56TH ST.
LINCOLN, NE 68501**

**800-998-4095
FAX 402-479-8890
www.cretecarrier.com**

- | | | | |
|---|---------------------------------------|--|-----------------------------------|
| <input type="radio"/> Cheyenne WY | <input type="radio"/> Indianapolis IN | <input type="radio"/> New Kingstown PA | <input type="radio"/> Tifton GA |
| <input type="radio"/> Columbus OH | <input type="radio"/> Kansas City MO | <input type="radio"/> Omaha NE | <input type="radio"/> Tolleson AZ |
| <input type="radio"/> Council Bluffs IA | <input type="radio"/> Knoxville TN | <input type="radio"/> Ottawa IL | <input type="radio"/> Valley NE |
| <input type="radio"/> Deland FL | <input type="radio"/> Lincoln NE | <input type="radio"/> Salt Lake City UT | <input type="radio"/> Wilmer TX |
| <input type="radio"/> Greeneville TN | <input type="radio"/> Macungie PA | <input type="radio"/> Spartanburg SC | <input type="radio"/> York NE |
| <input type="radio"/> Greensboro NC | <input type="radio"/> Marietta GA | <input type="radio"/> Other Location _____ | |

Conditions of employment are stated at the end of this form. Please read carefully before you sign this application.

Application must be completed in full even if attaching a resume.

Position(s) Applied For: _____ Date Applied: _____

Wage Expected: _____ Date Available: _____

Please Print In Black Ink Or Type

PERSONAL	Name (First, Middle, Last)		Email Address:		Social Security #	
	Present Street Address			City, State, Zip		Home Phone #
	Alternative Way We May Contact You?				How did you learn about this job opportunity? (If referred by current employee, list name.)	
	If under 18, can you supply working papers? <input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Newspaper <input type="checkbox"/> College/Career Fair <input type="checkbox"/> Employment Agency <input type="checkbox"/> Radio <input type="checkbox"/> Website <input type="checkbox"/> Friend <input type="checkbox"/> Other _____	
	Are you legally eligible to work in the U.S.? (Proof required upon employment.) <input type="checkbox"/> Yes <input type="checkbox"/> No				Do you have a relative working for the company? (If yes, give name(s) & relationship) <input type="checkbox"/> Yes <input type="checkbox"/> No _____	
	Have you ever been convicted of a felony? (A conviction will not necessarily be a bar to employment. Notice to applicants in IL: Under IL law, an applicant is not obligated to disclose sealed or expunged records of conviction or arrest.) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:					
	Have you ever been discharged from any employment or asked to resign? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:					

JOB OBJECTIVE	Have you ever worked for our company or its affiliated companies before? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Company Name: _____ Location: _____	
	Date of Employment: _____ Position Held: _____	
Have you ever applied with our company or its affiliated companies before? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Company Name: _____ Location: _____		
Position(s) applied for: _____ Mo/Yr Applied: _____		
Is there any condition which would prevent you from performing the essential functions of the position applied for with or without reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please explain:		

AVAILABILITY

Please indicate schedule availability:

I am available and desire to work FULL-TIME (minimum 40 hours).

I am available and desire to work PART-TIME.

Available Hours: _____ Available Days: _____

I am willing to work overtime if asked.

Shift Availability: 1st 2nd 3rd

**PLEASE BEGIN WITH YOUR CURRENT OR MOST RECENT EMPLOYMENT
(Must be completed even if attaching a resume)**

EMPLOYMENT HISTORY

1.

Employer	Dates Employed From ___/___/___ To ___/___/___	Work Performed _____ _____ _____
Address	Base Pay Start \$ Final \$	
Telephone #	Job Title	
Supervisor	Reason for job change?	
May we contact employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, list reason:		
Explain any period between jobs longer than 30 days.		

2.

Employer	Dates Employed From ___/___/___ To ___/___/___	Work Performed _____ _____ _____
Address	Base Pay Start \$ Final \$	
Telephone #	Job Title	
Supervisor	Reason for job change?	
May we contact employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, list reason:		
Explain any period between jobs longer than 30 days.		

3.

Employer	Dates Employed From ___/___/___ To ___/___/___	Work Performed _____ _____ _____
Address	Base Pay Start \$ Final \$	
Telephone #	Job Title	
Supervisor	Reason for job change?	
May we contact employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, list reason:		
Explain any period between jobs longer than 30 days.		

E D U C A T I O N	Type of School	Name of School	Major/Subject	Circle Last Yr Attended	Graduated	Degree
	High School			9 10 11 12	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Currently Enrolled	
	College			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Currently Enrolled	
	College			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Currently Enrolled	
	Graduate College			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Currently Enrolled	
	Business, Trade, Other			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Currently Enrolled	

Do you plan on continuing your education? YES NO If yes, when? _____

ADDITIONAL EXPERIENCE OR QUALIFICATIONS
List any other experience, skills, qualifications or prior military service which you would like considered in connection with your application of employment.

COMPUTER SKILLS	MECHANICAL SKILLS
WORD <input type="checkbox"/> No Experience <input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced EXCEL <input type="checkbox"/> No Experience <input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced ACCESS <input type="checkbox"/> No Experience <input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced AS400 <input type="checkbox"/> No Experience <input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced	ELECTRICAL <input type="checkbox"/> No Experience <input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced BRAKES/SUSPENSION <input type="checkbox"/> No Experience <input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced DIESEL ENGINES <input type="checkbox"/> No Experience <input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced MOBILE AC <input type="checkbox"/> No Experience <input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced

ATTENDANCE AND PUNCTUALITY INFORMATION
Consistent attendance and punctuality are essential requirements of every job with this company. Is there anything which would interfere with your regular attendance and punctuality if you are offered a job with the company?
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:

REFERENCES (Exclude relatives)		
1. Name	Phone #	How does this person know you?
2. Name	Phone #	How does this person know you?
3. Name	Phone #	How does this person know you?

NOTIFICATION AND AGREEMENT

PLEASE READ BEFORE SIGNING

I CERTIFY ALL ANSWERS GIVEN BY ME ARE TRUE, ACCURATE AND COMPLETE. I UNDERSTAND THAT THE FALSIFICATION, MISREPRESENTATION OR OMISSION OF FACT ON THIS APPLICATION (OR ANY OTHER ACCOMPANYING OR REQUIRED DOCUMENTS) WILL BE CAUSE FOR DENIAL OF EMPLOYMENT OR IMMEDIATE TERMINATION OF EMPLOYMENT, REGARDLESS OF WHEN OR HOW DISCOVERED.

Questions regarding this statement should be directed to any employment interviewer before signing. This application will be given every consideration, but its receipt does not imply that the applicant will be employed.

It is the policy of the company to afford equal opportunity to all employees and applicants for employment without regard to age, race, religion, color, sex, national origin, marital status, expunged juvenile records, or pregnancy, and to afford equal opportunities to disabled veterans, veterans of the Vietnam era, and individuals with a disability, any and other characteristic protected by Federal, State or Local law.

I authorize the investigation of all statements and information contained in this application. I release from all liability anyone supplying such information and I also release the employer from all liability that might result from making an investigation.

If hired, I agree to abide by all of the Company rules and regulations, and understand that, if employed, my employment may be terminated with or without cause, and with or without notice, at any time, at the option of either the Company or me. I further understand that no representation, whether oral or written by any representative or agent of the Company, at any time, can constitute a contract of employment. I understand the Company and all Plan Administrators shall have the maximum discretion permitted by law to administer, interpret, modify, discontinue, enhance or otherwise change all policies, procedures, benefits or other terms or conditions of employment. No representative or agent of the Company, has the authority to enter into any agreement for employment for any specified period of time or to make any change in any policy, procedure, benefit or other term or condition of employment other than in a document signed by the Chief Executive Officer or Chief Operating Officer, or to make any agreement contrary to the foregoing.

I hereby agree to furnish such additional information and complete such examinations as may be required to complete my employment file.

I agree that any claim or lawsuit relating to my service with the Company or any of its divisions must be filed no more than six (6) months after the date of the employment action that is the subject of the claim or lawsuit. I waive any statute of limitations to the contrary.

This application for employment shall be considered active for a period of time not to exceed 30 days. Any applicant wishing to be considered for employment beyond this time period must inquire as to whether or not applications are being accepted at that time.

I acknowledge that I have read and understand the above statements and hereby grant permission to confirm the information supplied on this application by me.

APPLICANT'S SIGNATURE: _____ **DATE:** _____

Open to complete entire application.