

Human Performance Group Chairman's Factual Report

**Gray Summit, Missouri
HWY-10-MH-018**

Attachment 7: Excerpts from 2007 Volvo Driver's Qualification File

(3 pages)

Work Experience

In accordance with §391.21 & .23 of the Federal Motor Carrier Safety Regulations (FMCSR), applicant must list all previous work experience for the three(3) years prior to the date of the application, as well as all commercial driving experience for seven (7) years prior to those three (3) years, for a total of ten (10) years.

Start List with most recent job and employer. Use additional sheet if needed.

Company Name SHAFFER TRUCKING

Address P.O. Box 418 City NEW KINGSTOWN State PA. Zip 17072

Phone Number (402) 362-9442 Fax Number (402) 362-9470

Supervisors Name ANTHONY ZAVERELLI Reason for Leaving WENT HOME TO HELP WITH FATHER-IN-LAWS CHEMO-THERA

Job Description OTR DRIVER Employment Dates 6/20/07 to 2/17/09

*Was job designated as a safety sensitive function in any DOT regulated mode and subject to controlled substances and alcohol testing? Yes No
**Was job subject to FMCSA Regulations? Yes No ACCOUNT FOR PERIODS BETWEEN JOBS-include dates (month/year) and reason for period of unemployment. 2-17-09 TO PRESENT FAMILY MEDICAL

Company Name SWIFT TRANSPORTATION

Address 2100 75th AVE City PHOENIX State AZ Zip 85038

Phone Number (800) 800-2200 Fax Number ()

Supervisors Name PAT (PA. OFFICE) Reason for Leaving TOO MUCH SITTING AT TERMINALS AND TRUCKSTOPS

Job Description OTR DRIVER Employment Dates 02/14/07 to 06/10/07

*Was job designated as a safety sensitive function in any DOT regulated mode and subject to controlled substances and alcohol testing? Yes No
**Was job subject to FMCSA Regulations? Yes No ACCOUNT FOR PERIODS BETWEEN JOBS-include dates (month/year) and reason for period of unemployment.

Company Name SCHNEIDER NATIONAL

Address P.O. Box 2545 City GREEN BAY State WI. Zip 54306

Phone Number (800) 447-7433 Fax Number ()

Supervisors Name PAT KRETZER Reason for Leaving DID NOT HAVE HAZ-MAT ENDORSEMENT AT TIME OF HIRE

Job Description OTR DRIVER Employment Dates 8/31/06 to 02/07/07

*Was job designated as a safety sensitive function in any DOT regulated mode and subject to controlled substances and alcohol testing? Yes No
**Was job subject to FMCSA Regulations? Yes No ACCOUNT FOR PERIODS BETWEEN JOBS-include dates (month/year) and reason for period of unemployment.

Company Name JB HUNT TRANSPORTATION

Address P.O. Box 130 City LOWELL State AR Zip 72745

Phone Number (800) 252-4868 Fax Number ()

Supervisors Name WINCHESTER VA. Reason for Leaving A SUPERVISOR OF A DEDICATED ACCOUNT SAID I REFUSED A LOAD

Job Description OTR DRIVER Employment Dates 9/20/05 to 7/24/06

*Was job designated as a safety sensitive function in any DOT regulated mode and subject to controlled substances and alcohol testing? Yes No
**Was job subject to FMCSA Regulations? Yes No ACCOUNT FOR PERIODS BETWEEN JOBS-include dates (month/year) and reason for period of unemployment.

* The Federal Motor Safety Regulations apply to anyone operating a motor vehicle on a highway in interstate commerce, to transport passengers, or property when the vehicle: 1) weighs or has a GVWR of 10,001 pounds or more, 2) is designed or used to transport 9 or more passengers, or 3) is of any size and use in the transport of hazardous materials in a quantity requiring placards.

** All gaps in employment and/or unemployment must be explained.

Work Experience Continued

Drivers Applicants Name MICHAEL CRABTREE
Social Security Number [REDACTED]

Company Name CR ENGLAND

Address 4701 WEST 2100 SOUTH City SALT LAKE CITY State UT Zip 84120

Phone Number (877) 601 - 8869 Fax Number () -

Supervisors Name RICHARD HOLMES Reason for Leaving DID NOT WANT TO LEASE TRUCK

Job Description OTR DRIVER Employment Dates 4 / 1 / 05 to 9 / 13 / 05

*Was job designated as a safety sensitive function in any DOT regulated mode and subject to controlled substances and alcohol testing? Yes No

**Was job subject to FMCSA Regulations? Yes No ACCOUNT FOR PERIODS BETWEEN JOBS-include dates (month/year) and reason for period of unemployment.

Company Name _____

Address _____ City _____ State _____ Zip _____

Phone Number () - Fax Number () -

Supervisors Name _____ Reason for Leaving _____

Job Description _____ Employment Dates ____/____/____ to ____/____/____

*Was job designated as a safety sensitive function in any DOT regulated mode and subject to controlled substances and alcohol testing? ____ Yes ____ No

**Was job subject to FMCSA Regulations? ____ Yes ____ No ACCOUNT FOR PERIODS BETWEEN JOBS-include dates (month/year) and reason for period of unemployment.

Company Name _____

Address _____ City _____ State _____ Zip _____

Phone Number () - Fax Number () -

Supervisors Name _____ Reason for Leaving _____

Job Description _____ Employment Dates ____/____/____ to ____/____/____

*Was job designated as a safety sensitive function in any DOT regulated mode and subject to controlled substances and alcohol testing? ____ Yes ____ No

**Was job subject to FMCSA Regulations? ____ Yes ____ No ACCOUNT FOR PERIODS BETWEEN JOBS-include dates (month/year) and reason for period of unemployment.

Company Name _____

Address _____ City _____ State _____ Zip _____

Phone Number () - Fax Number () -

Supervisors Name _____ Reason for Leaving _____

Job Description _____ Employment Dates ____/____/____ to ____/____/____

*Was job designated as a safety sensitive function in any DOT regulated mode and subject to controlled substances and alcohol testing? ____ Yes ____ No

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Company Name _____

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