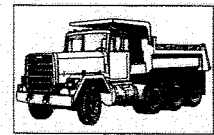


DALE R JOHNSON ENTERPRISES, INC.

Employment Application



APPLICANT INFORMATION

| | | | |
|---|------------------------------|-----------------------------|---|
| Last Name | First | M.I. | Date |
| Street Address | | | Apartment/Unit # |
| City | State | ZIP | |
| Phone | E-mail Address | | |
| Date Available | Social Security No. | Desired Salary | |
| Position Applied for | | | |
| Are you a citizen of the United States? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Have you ever worked for this company? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If so, when? |
| Have you ever been convicted of a felony? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If yes, explain |

EDUCATION

| | | | |
|-------------|----|-------------------|---|
| High School | | Address | |
| From | To | Did you graduate? | YES <input type="checkbox"/> NO <input type="checkbox"/> Degree |
| College | | Address | |
| From | To | Did you graduate? | YES <input type="checkbox"/> NO <input type="checkbox"/> Degree |
| Other | | Address | |
| From | To | Did you graduate? | YES <input type="checkbox"/> NO <input type="checkbox"/> Degree |

REFERENCES

Please list three professional references.

| | |
|-----------|--------------|
| Full Name | Relationship |
| Company | Phone |
| Address | |
| Full Name | Relationship |
| Company | Phone |
| Address | |
| Full Name | Relationship |
| Company | Phone |
| Address | |

PREVIOUS EMPLOYMENT

| | | | |
|------------------|-----------------|--------------------|------------------|
| Company | | Phone | |
| Address | | Supervisor | |
| Job Title | Starting Salary | \$ | Ending Salary \$ |
| Responsibilities | | | |
| From | To | Reason for Leaving | |

May we contact your previous supervisor for a reference? YES NO

| | | | |
|------------------|-----------------|--------------------|------------------|
| Company | | Phone | |
| Address | | Supervisor | |
| Job Title | Starting Salary | \$ | Ending Salary \$ |
| Responsibilities | | | |
| From | To | Reason for Leaving | |

May we contact your previous supervisor for a reference? YES NO

| | | | |
|------------------|-----------------|--------------------|------------------|
| Company | | Phone | |
| Address | | Supervisor | |
| Job Title | Starting Salary | \$ | Ending Salary \$ |
| Responsibilities | | | |
| From | To | Reason for Leaving | |

May we contact your previous supervisor for a reference? YES NO

MILITARY SERVICE

| | | |
|----------------------------------|-------------------|----|
| Branch | From | To |
| Rank at Discharge | Type of Discharge | |
| If other than honorable, explain | | |

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.
 If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

| | |
|-----------|------|
| Signature | Date |
|-----------|------|

DRIVING EXPERIENCE

TYPES OF EQUIPMENT DRIVEN:

| CLASS OF EQUIPMENT STRAIGHT TRUCK TRACTOR/SEMI-TRAILER TRACTOR/TWO PUPS OTHER | TYPE OF EQUIPMENT: (VAN, TANK, FLAT, ETC.) | DATES | | APPROXIMATE TOTAL MILES |
|---|---|-------|----|----------------------------|
| | | FROM | TO | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

LICENSES: LIST ALL DRIVERS LICENSES HELD IN THE PAST FIVE YEARS (NOTE: a copy of your valid drivers license or CDL must be attached)

| STATE | LICENSE NUMBER | TYPE | ENDORSEMENTS | EXPIRATION DATE |
|-------|----------------|------|--------------|-----------------|
| | | | | |
| | | | | |
| | | | | |

MOVING TRAFFIC CONVICTIONS & FORFEITURES: LIST FOR PAST FIVE (5) YEARS. IF NONE WRITE "NONE".

| DATE | LOCATION (STATE) | CHARGE | PENALTY |
|------|------------------|--------|---------|
| | | | |
| | | | |
| | | | |

ACCIDENT RECORD: LIST FOR PAST FIVE (5) YEARS. IF NONE WRITE "NONE".

LIST ALL COMMERCIAL & PERSONAL PREVENTABLE AND NON-PREVENTABLE ACCIDENTS - INCLUDING PROPERTY DAMAGE.

| DATE | TYPE OF VEHICLE | NATURE OF ACCIDENT (HEAD-ON, REAR-END, OVERTURN, ETC.) | INDICATE PREVENTABLE OR NON-PREVENTABLE | FATALITIES | INJURIES | AMOUNT OF DAMAGE |
|------|-----------------|---|--|------------|----------|---------------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |

LIST STATES IN WHICH YOU HAVE OPERATED A CLASS-A MOTOR VEHICLE IN THE PAST FIVE (5) YEARS:

REFERENCE

Name _____ Relationship _____
 Address _____ Phone Number () _____

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of any material fact on this pre-application or any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

I hereby authorize the Company to thoroughly investigate my references, work record, education, and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the Company any and all letters, reports, and other information related to my work records, without giving me prior notice to such disclosure. In addition, I hereby release the Company, my former employers and all other persons, corporations, partnerships, and associations from any and all claims, demands, or liabilities arising out of or in any way related to such investigation or disclosure.

I hereby authorize any law enforcement agency or court to furnish information concerning Motor Vehicle Record or felony or misdemeanor convictions.

I hereby agree to submit to binding arbitration in all disputes and claims arising out of the submission of this application. I further agree, in the event that I am offered employment by the Company, as a condition to that employment, all disputes that cannot be resolved by informal resolution which might arise out of my employment with the Company, whether during or after that employment, will be submitted to binding arbitration in lieu of any Federal or State investigative, administrative or legal proceeding. I agree that such arbitration shall be conducted under the rules of the American Arbitration Association. This application contains the entire agreement between the parties with regard to dispute resolution, and there are no other agreements as to dispute resolution, either oral or written.

I hereby agree to submit to an Alcohol and Controlled Substance Testing/Screening for pre-employment medical qualification and thereafter as warranted by Company policy and Federal regulations.

I understand that nothing contained in the application or conveyed during any interview which may be granted, is intended to create an employment contract between me and the Company. I further understand and acknowledge that my employment relationship is of an "at-will" nature, which means that I may resign at any time and the Company may discharge me at any time with or without cause or advance notice. It is further understood that this "at-will" employment relationship may not be changed by any verbal or other conduct unless such change is specifically acknowledged in writing by Owen or Alan White. I further acknowledge that no specific promises relating to a condition of employment have been made to me. No promises or representations contrary to the specific provisions of this paragraph are binding on the Company unless made in writing and signed by me and the Company's designated representative.

Date _____ Applicant's Signature _____
 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.

CONFIDENTIAL PAST EMPLOYMENT INQUIRY

Dale R. Johnson Ent, Inc
 3163 So 16th Street,
 Columbus, NE 68601

DATE: _____
 TO: _____

 FAX: _____

To Whom It May Concern:

The person named below has applied to Wiseway Transportation Services for a safety sensitive position and your firm is listed by the applicant, as a past employer. In compliance with §40.25(g) and 391.23(h), release of this information must be made in written form that ensures confidentiality, such as fax, email, or letter. We appreciate your taking the time to complete this inquiry and thank you in advance for your response.

APPLICANT – PLEASE COMPLETE NAME & SOCIAL SECURITY NUMBER, THEN SIGN BELOW:

Name of Applicant: _____ SS # _____

Signature: _____ Date _____

Dates of Employment: _____ to _____

Position: _____

TO BE COMPLETED BY PREVIOUS EMPLOYER

The applicant named above was employed from (m/y) _____ to (m/y) _____

1. Did he/she drive motor vehicle? Yes No
 If yes, what type? Straight truck Tractor-Semitrailer Bus Cargo Truck Doubles/Triples
 If other, please specify _____
2. Reason for leaving your employment? Discharged Resignation Layoff Military Duty

If there is no safety performance history to report, check here _____, sign below and return.

ACCIDENTS - List any accidents included on your accident register (§390.15(b)) that involved the applicant within 3 years prior to the application date shown above, or check here _____ if there is no accident register data for this driver.

| DATE | LOCATION | # OF INJURIES | # OF FATALITIES | HAZMAT |
|------|----------|---------------|-----------------|--------|
| | | | | |
| | | | | |
| | | | | |

Please provide information concerning any other accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies:

 Any other remarks: _____

Signature: _____
 Title: _____ Date: _____

PREVIOUS EMPLOYER ALCOHOL & DRUG TEST INFORMATION

Dale R. Johnson Ent, Inc
3163 So 16th Street,
Columbus, NE 68601

TO: _____

Attn: _____

SECTION 1: TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

I, (Print Name) * _____ *
First, M.I., Last _____ Social Security Number _____

hereby authorize that my previous employer may release and forward information requested by section 2 (below) of this document concerning my Alcohol and Controlled Substances Testing records to Wiseway Transportation Services Inc., in compliance with §40.25(g), release of this information must be made in a written form that ensures confidentiality, such as fax, e-mail, or letter.

Applicant's Signature _____ Date* _____

This information is being requested in compliance with §40.25 and §382.405(f) and (h).

SECTION 2: TO BE COMPLETED BY PREVIOUS EMPLOYER

If driver was not subject to Department of Transportation testing requirements while employed by this employer, please check here _____, sign below, and return.

| Under Department of Transportation testing requirements: | YES | NO |
|---|-----|----|
| 1. Has this person had an alcohol test with a result of 0.04 or higher alcohol concentration: | — | — |
| 2. Has this person had a verified positive drug test? | — | — |
| 3. Has this person refused to be tested (including verified adulterated or substituted drug test results)? | — | — |
| 4. Has this person committed other violations of DOT agency drug and alcohol testing regulations? | — | — |
| 5. If this person has violated a DOT drug and alcohol regulation, do you have documentation of the employee's successful completion of DOT return-to-duty requirements, including follow-up tests? (Please send this documentation back with this form, if applicable). | — | — |

In answering these questions, include any drug or alcohol testing information obtained from previous employers under §40.25 or other applicable DOT agency regulations.

Name: _____

Company: _____

Street: _____

City, State, Zip: _____

Section 2 Completed by (Signature): _____ Date: _____

SECTION 3: TO BE COMPLETED BY PROSPECTIVE EMPLOYER

This form was (check one) Faxed to previous employer. Mailed. E-mailed. Date: _____

Complete below when information is obtained.

Information received from: _____

Recorded by: _____

Method: Fax Mail E-mail

Date: _____