

Star Fleet Trucking, Inc.

MINIMUM QUALIFICATIONS

I am 25 years of age or older

I have a valid drivers license.

**I have No more than 3 moving violations in the last 3 years
and no more than 2 in the last year.**

I have No more than 2 preventable accidents in the last 3 years

I have No DRUG, DUI, OWI, DWI convictions

**I have no RECKLESS or CARELESS Driving
or HABITUAL OFFENDER convictions. ,
Or any indication of disregard for public safety**

I Have No Moving Violation Suspensions

I can pass a DOT physical

I have No Felony Convictions

I have No Drug or Alcohol Test Failures or Refusals

I have No pre-employment drug test failures

I confirm all the above information is true and correct listing my qualifications.

Drivers Signature

Date

Star Fleet Trucking, Inc. Leasing Agent Signature

Date

*These Minimum Qualifications have been established for the benefit of safety for the motoring public and our drivers.
And must be met in order to operate motor vehicles and equipment while under lease to Star Fleet Trucking, Inc.*

**Drivers Application for Employment
Star Fleet Trucking, Inc
PO BOX 769
Goshen, Indiana 46527**

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sexes, national origin, age marital status or non-job related disability.

Date of Application _____

Name _____ Social Security No. ____/____/____

Current Address _____
Street City State Zip

Home Phone _____ Cell Phone _____

If current residency is less than three years please give additional address for the past 3 years

City State Zip

City State Zip

Date of Birth ____/____/____ Can you provide proof of age? _____

Do you have a legal right to work in the United States of America? _____

Have you worked for this company before? _____ If so, where? _____

What were the dates ____/____ to ____/____ Position _____

Reason for leaving _____

Are you working now? _____ If not how long since your last job? _____

Who referred you? _____

Is there any reason you might not be able to perform the functions of the job for which You are applying? _____ if yes, please explain _____

EMPLOYMENT HISTORY

You have the right to review all safety performance history information provided by your previous employers. All driver applicants to drive in interstate and intrastate commerce must provide the following information on all employers during the preceding 10 years. LIST COMPLETE MAILING ADDRESSES, CITY, STATE, ZIP AND PHONE NUMBERS.

Employer			Date	
Name			From	To
Address			Position Held	
City	State	Zip	Salary / Wage	
Contact Person	Phone		Reason for Leaving	
Were you subject to FMCSR(Federal Motor Carrier Safety Regulations) whiled employed?			Yes No	
Was your position designated as a safety sensitive function?			Yes No	
Employer			Date	
Name			From	To
Address			Position Held	
City	State	Zip	Salary / Wage	
Contact Person	Phone		Reason for Leaving	
Were you subject to FMCSR(Federal Motor Carrier Safety Regulations) whiled employed?			Yes No	
Was your position designated as a safety sensitive function?			Yes No	
Employer			Date	
Name			From	To
Address			Position Held	
City	State	Zip	Salary / Wage	
Contact Person	Phone		Reason for Leaving	
Were you subject to FMCSR(Federal Motor Carrier Safety Regulations) whiled employed?			Yes No	
Was your position designated as a safety sensitive function?			Yes No	
Employer			Date	
Name			From	To
Address			Position Held	
City	State	Zip	Salary / Wage	
Contact Person	Phone		Reason for Leaving	
Were you subject to FMCSR(Federal Motor Carrier Safety Regulations) whiled employed?			Yes No	
Was your position designated as a safety sensitive function?			Yes No	
Employer			Date	
Name			From	To
Address			Position Held	
City	State	Zip	Salary / Wage	
Contact Person	Phone		Reason for Leaving	
Were you subject to FMCSR(Federal Motor Carrier Safety Regulations) whiled employed?			Yes No	
Was your position designated as a safety sensitive function?			Yes No	

Accident Record for the past 3 years:

Dates	Nature of Accident	Fatalities	Injuries
1 _____			
2 _____			
3 _____			
4 _____			

Traffic Convictions Moving Violations for the past 3 years, if none write none.

Dates	Location	Charge	Fine
1 _____			
2 _____			
3 _____			
4 _____			

Education
 Circle Highest Grade Completed 1 2 3 4 5 6 7 8 High School 1 2 3 4 College 1 2 3 4

Drivers License Information:

State	License Number	Type	Expiration Date

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes / No

B. Has any license, permit or driving privilege ever been suspended or revoked? Yes / No

If the answer to either A or B is yes, please give details: _____

Driving Experience If none write 'NONE'

Class of Equipment:	Start	End	Dates	Approx. Number of Total Miles
Straight Truck	_____	_____		
Tractor-Semi Trailer	_____	_____		
Motor coach School Bus	_____	_____		
5th Wheel RV's	_____	_____		
Other	_____	_____		

List all states operated in the last five years.

List special courses or training that you have taken that will help you as a driver.

Which Safe Driving Awards do you hold and from whom?

*** * * Emergency Contact Information * * ***

In the event of an emergency, whom should Star Fleet notify?

Name _____ Telephone Number _____

Name _____ Telephone Number _____

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. In the event of my employment, I understand that false or misleading information given in my application or interviews may result in discharge. I also understand that I am required to abide by all rules and regulations of the company.

Date

Signature



Star Fleet Trucking, Inc.

CERTIFICATE OF VIOLATIONS AND ACCIDENTS FOR THE LAST 12 MONTHS

If you have NO violations in the last (12) TWELVE Months, please write None.

Date of Violation	Type of Offense	State the offense	Type of Vehicle
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I certify that I have listed above all traffic violations or accidents during the last twelve- (12) months.

Date _____ *Signature* _____

Drivers License Number *State* *Expirationon Date*

Reviewed By _____

WE'RE GOING PLACES!

P.O. Box 769 • Goshen, Indiana 46527 • Phone 1-888-281-8727 • Fax (574) 534-9258

Star Fleet Trucking, Inc.

Contractor/Driver Notification and Release Of Information

In connection with my application for lease with Star Fleet Trucking, Inc. I understand that under federal regulations and the Fair Credit Reporting Act (FCRA) a consumer report, which may contain public record information, may be requested from an information service. This report may include the following types of information: name and dates of previous employers/lessees, reason for termination of employment or lease, work experience, accidents, etc. I further understand that such record may contain public information concerning my driving record, workers' compensation claims, bankruptcy proceedings, criminal record, etc. from federal, state and other agencies which maintain such records, as well as information from an information service concerning previous driving record requests made by others from such federal, state and other agencies.

I also give permission for Star Fleet Trucking Inc to access any records I may have under the FMCSA's Motor Carrier Management Information System (MCMIS)(CSA)(PSP) which will include information on roadside inspections, enforcement data, compliance reviews and state reported crashes.

I have the right to make a request to the information service or source upon proper identification to request the nature and substance of all information in its files on me. I hereby authorize Star Fleet Trucking, Inc. to obtain any and all information above from a service or source that has or obtains such information along with my employment history with Star Fleet Trucking, Inc. if I am leased. In addition, an information service or source will supply to the other companies, which subscribe to their service information of any lease with Star Fleet Trucking, Inc.

I AUTHORIZE WITHOUT RESERVATION ANY PARTY OR AGENCY CONTACTED BY STAR FLEET TRUCKING, INC. TO FURNISH THE ABOVE MENTIONED INFORMATION

Print Name

Social Security

Applicants Signature

Date

STAR FLEET TRUCKING, INC
PO Box 769
Goshen, Indiana 46527

This Request and Consent Form is to be filled out by your previous employers. Your signature is required below for the release of this information. Applicants with DOT-regulated employment within the last 3 years have the right to review information provided by previous employers, and the right to correct that information.

Carrier: _____ Phone: _____ Fax: _____

1. Date of employment or lease: From _____ To _____

2. Owner/Operator _____ Company Driver _____ Other _____ Quality of Work: _____

3 Equipment operated: Tractor _____ Straight Trucks _____ Toter _____ Manufactured Housing _____ Flat _____ Vans _____ Tanks _____

4. Accident History: DOT Recordable: _____ (Please attach documentation.)

5 Outstanding claims or advances: _____ Transit Damage Claims: _____

6. Workers Compensation or Disability Claims: _____ if yes please explain _____

7. Reason for leaving: _____ Eligible for rehire: _____

8. Was the applicant subject to the Federal Motor Carrier Safety Regulations while employed? Yes _____ No _____

9. Was the applicant's job designated as a safety-sensitive function subject to drug and alcohol testing requirements of 49 CFR? Parts 40? Yes _____ No _____. If YES, please answer the remaining questions.

When answering the following questions include any drug and alcohol-testing information obtained from previous employers under 40.25 or other applicable DOT Agency regulations.

10. Has this person had a verified positive drug test? _____ Yes _____ No

11. Has this person had an alcohol test with a BAC of 0.04% or higher? _____ Yes _____ No

12. Has this person refused to be tested (including a verified adulterated or substituted drug test result?) _____ Yes _____ No

13. Has this person committed other violations of DOT agency drug and alcohol testing regulations? _____ Yes _____ No

14. If this person has violated a DOT drug and alcohol regulation, do you have documentation? _____ Yes _____ No
(If Yes, Please provide the following and send documentation back with this form.)

Name _____

Company _____

Street City State and Zip Code _____

Your Signature _____ Date _____

Return to: Star Fleet Trucking, Inc. Fax 918-245-3143

YOUR SIGNATURE IS REQUIRED TO OBTAIN YOUR WORK HISTORY FROM YOUR PREVIOUS EMPLOYERS.

Being an Independent Contractor/Driver applicant for Star Fleet Trucking, Inc. I understand FMCSA Regulations and Company Policies and Procedures require information to be obtained from my previous employers concerning my safety habits, drug & alcohol testing, training, work performance, financial records, MVR, medical and accident reports. I hereby release you from any and all liability, which may result from furnishing this information to Star Fleet Trucking Inc.

Social Security Number _____ Printed Name _____

Signature _____ Date _____

Star Fleet Trucking, Inc.

Please fill this form out completely

Division: Mobile Home _____ Tow Away _____ RAIL DIVISION _____

Has this equipment been leased to this company before? _____ If so, what was the Unit #? _____

Year: _____ Make: _____ Model: _____ Cab Over: _____ Conventional: _____ Color: _____

Complete Serial: _____ Sleeper Berth: Yes / No

Empty Weight _____ Length _____ Axles: Single or Tandem Tire Size: _____

Wheel Base: _____ Brake: Type Air _____ Electric _____ Hydraulic _____ Vacuum _____

Type of Coupling: Fifth Wheel _____ Type Ball Hitch _____ Pintle Hook _____

Will Star Fleet be obtaining your IRP Plate? Yes / No

If you are using your IRP plate what is the issuing state? _____ And plate number _____
Please include a copy of the registration with this paperwork.

State of Title _____ Title Number _____

Purchase Price: _____ Date of Purchase: _____
The purchase price and date of purchase are required.

_____ Social Security _____
Owner Name

_____ Date of Birth _____
Address

_____ Phone _____
City State Zip

Cell Phone
Fill out driver information only if different than owner.

_____ Social Security _____
Driver Name

_____ Date of Birth _____
Address

_____ Phone _____
City State Zip

_____ Cell Phone

4. The type and amount of income that qualifies for the exemption from tax.

5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity not subject to backup withholding, give the requester the appropriate completed Form W-8.

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 28% of such payments (after December 31, 2002). This is called "backup withholding." Payments that may be subject to backup withholding include interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester, or
2. You do not certify your TIN when required (see the Part II instructions on page 4 for details), or
3. The IRS tells the requester that you furnished an incorrect TIN, or
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the instructions below and the separate Instructions for the Requester of Form W-9.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of Federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Name

If you are an individual, you must generally enter the name shown on your social security card. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first, and then circle, the name of the person or entity whose number you entered in Part I of the form.

Sole proprietor. Enter your individual name as shown on your social security card on the "Name" line. You may enter your business, trade, or "doing business as (DBA)" name on the "Business name" line.

Limited liability company (LLC). If you are a single-member LLC (including a foreign LLC with a domestic owner) that is disregarded as an entity separate from its owner under Treasury regulations section 301.7701-3, enter the owner's name on the "Name" line. Enter the LLC's name on the "Business name" line. Check the appropriate box for your filing status (sole proprietor, corporation, etc.), then check the box for "Other" and enter "LLC" in the space provided.

Other entities. Enter your business name as shown on required Federal tax documents on the "Name" line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the "Business name" line.

Note. You are requested to check the appropriate box for your status (individual/sole proprietor, corporation, etc.).

Exempt From Backup Withholding

If you are exempt, enter your name as described above and check the appropriate box for your status, then check the "Exempt from backup withholding" box in the line following the business name, sign and date the form.

Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends.

Note. If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.

Exempt payees. Backup withholding is not required on any payments made to the following payees:

1. An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2),
2. The United States or any of its agencies or instrumentalities,
3. A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities,
4. A foreign government or any of its political subdivisions, agencies, or instrumentalities, or
5. An international organization or any of its agencies or instrumentalities.

Other payees that may be exempt from backup withholding include:

6. A corporation,

7. A foreign central bank of issue,
8. A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States,
9. A futures commission merchant registered with the Commodity Futures Trading Commission,
10. A real estate investment trust,
11. An entity registered at all times during the tax year under the Investment Company Act of 1940,
12. A common trust fund operated by a bank under section 584(a),
13. A financial institution,
14. A middleman known in the investment community as a nominee or custodian, or
15. A trust exempt from tax under section 664 or described in section 4947.

The chart below shows types of payments that may be exempt from backup withholding. The chart applies to the exempt recipients listed above, 1 through 15.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt recipients except for 9
Broker transactions	Exempt recipients 1 through 13. Also, a person registered under the Investment Advisers Act of 1940 who regularly acts as a broker
Barter exchange transactions and patronage dividends	Exempt recipients 1 through 5
Payments over \$600 required to be reported and direct sales over \$5,000 ¹	Generally, exempt recipients 1 through 7 ²

¹See Form 1099-MISC, Miscellaneous Income, and its instructions.

² However, the following payments made to a corporation (including gross proceeds paid to an attorney under section 6045(f), even if the attorney is a corporation) and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees; and payments for services paid by a Federal executive agency.

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-owner LLC that is disregarded as an entity separate from its owner (see *Limited liability company (LLC)* on page 2), enter your SSN (or EIN, if you have one). If the LLC is a corporation, partnership, etc., enter the entity's EIN.

Note. See the chart on page 4 for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local Social Security Administration office or get this form on-line at www.socialsecurity.gov/online/ss-5.pdf. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at www.irs.gov/businesses/ and clicking on Employer ID Numbers under Related Topics. You can get Forms W-7 and SS-4 from the IRS by visiting www.irs.gov or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note. Writing "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: A disregarded domestic entity that has a foreign owner must use the appropriate Form W-8.

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 4, and 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). Exempt recipients, see *Exempt From Backup Withholding* on page 2.

Signature requirements. Complete the certification as indicated in 1 through 5 below.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account ¹
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor ²
4. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee ¹
b. So-called trust account that is not a legal or valid trust under state law	The actual owner ¹
5. Sole proprietorship or single-owner LLC	The owner ³
For this type of account:	Give name and EIN of:
6. Sole proprietorship or single-owner LLC	The owner ³
7. A valid trust, estate, or pension trust	Legal entity ⁴
8. Corporate or LLC electing corporate status on Form 8832	The corporation
9. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
10. Partnership or multi-member LLC	The partnership
11. A broker or registered nominee	The broker or nominee
12. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity

¹ List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

² Circle the minor's name and furnish the minor's SSN.

³ You must show your individual name and you may also enter your business or "DBA" name on the second name line. You may use either your SSN or EIN (if you have one). If you are a sole proprietor, IRS encourages you to use your SSN.

⁴ List first and circle the name of the legal trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.)

Note. If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons who must file information returns with the IRS to report interest, dividends, and certain other income paid to you, mortgage interest you paid, the acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA, or Archer MSA or HSA. The IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return. The IRS may also provide this information to the Department of Justice for civil and criminal litigation, and to cities, states, and the District of Columbia to carry out their tax laws. We may also disclose this information to other countries under a tax treaty, or to Federal and state agencies to enforce Federal nontax criminal laws and to combat terrorism. The authority to disclose information to combat terrorism expired on December 31, 2003. Legislation is pending that would reinstate this authority.

You must provide your TIN whether or not you are required to file a tax return. Payers must generally withhold 28% of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to a payer. Certain penalties may also apply.