

BEHNE INC

OWNER OPERATOR PROFILE

Date: _____ Date of Birth _____ Social Security: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Best Time to be Reached _____

Type of experience _____ Flatbed _____ Step Deck _____ Double Drop

Drivers License Number _____ State: _____ Class: _____

Expiration Date: _____ Number of Years Driving _____

Endorsements: _____

Number of Accidents in last 3 Years _____

Has your License ever been Suspended? _____ Yes _____ No Date: _____

Have you been cited for a DUI or DWI in the last 3 years? _____ Yes _____ No Date: _____

Present Employer:

Company _____

Dates: From _____ To _____

Address _____ City _____ State _____ Zip _____

Telephone # _____ Supervisor _____

Position Held _____

Types of Trailers _____ Number of States Operated In: _____

May we contact your current employer? _____ Yes _____ No

BEHNE INC

1st Past Employer _____

Dates: From _____ To: _____

Address: _____ City _____ State _____ Zip _____

Telephone _____ Supervisor _____

Position Held: _____

2nd Past Employer _____

Dates: From _____ To: _____

Address: _____ City _____ State _____ Zip _____

Telephone _____ Supervisor _____

Position Held: _____

3rd Past Employer: _____

Dates: From _____ To: _____

Address: _____ City _____ State _____ Zip _____

Telephone _____ Supervisor _____

Position Held: _____

4th Past Employer: _____

Dates: From _____ To: _____

Address: _____ City _____ State _____ Zip _____

Telephone _____ Supervisor _____

Position Held: _____