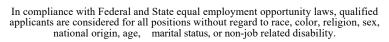


DRIVER APPLICATION FOR EMPLOYMENT

Fox Hauling & Construction Inc.

Macadam Trucking LLC.

(Answer all questions – please print)





Position(s) Applied for _		Date of Application				
Name						
Last		First	Middle			
List your addresses of re	sidency for the past 3 year	rs.				
Current Address						
St	reet		City	State	Zip Code	
Phone Number _()		How Long?		_	
Previous Addresses					How Long?	
St	reet	City	State	Zip Code		
				7. 0.1	How Long?	
	reet	City	State	Zip Code		
Do you have the legal rig	ght to work in the United	States?				
Date of Birth/(Required for Commercial	/Can ial Drivers)	you provide proof of age? _		_		
Have you worked for thi	s company before?		Where?			
Dates: From	To F	Rate of Pay	Position			
Reason for leaving						
Are you now employed?		If not, how long since leav	ing last employment?			
Who referred you?			Rate of Pay expected _			
Is there any reason you i	might be unable to perform	n the functions of the job for	r which you have applied	(as described in the attached job d	escription)?	
If yes, explain if you wis	sh					

EMPLOYMENT HISTORY

Applicants to drive a commercial motor vehicle in intrastate commerce shall provide an additional 7 years' information on those employers for whom the applicant operated such vehicle. (NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary.)

	EMPLOYER		DATE	
Name:			From: Mo Yr To: Mo	o Yr
Address:			Position Held:	
City:	State:	Zip:	Salary Wage:	
Contact Person:		ne Number:	Reason for Leave:	
Contact 1 cison.		ne i tumoer.		
N	EMPLOYER		DATE From: Mo Yr To: Mo	o Yr
Name:				0 Yr
Address:			Position Held:	
City:	State:	Zip:	Salary Wage:	
Contact Person:	Pho	ne Number:	Reason for Leave:	
	EMPLOYER		DATE	
Name:	EMPLO I EK		From: Mo Yr To: Mo	o Yr
A 11			Position Held:	
Address:	Q	7.	Salary Wage:	
City:	State:	Zip:	Reason for Leave:	
Contact Person:	Pho	ne Number:		
	EMPLOYER		DATE	
Name:			From: Mo Yr To: Mo	o Yr
Address:			Position Held:	
City:	State:	Zip:	Salary Wage:	
			Reason for Leave:	
Contact Person:	Pno	ne Number:	I	
	EMPLOYER		DATE	
Name:			From: Mo Yr To: Mo	o Yr
Address:			Position Held:	
City:	State:	Zip:	Salary Wage:	
Contact Person:		ne Number:	Reason for Leave:	
Contact Person.	FIIO	He Nulliber.		
	EMPLOYER		DATE	
Name:			From : Mo Yr To: Mo	o Yr
Address:			Position Held:	
City:	State:	Zip:	Salary Wage:	
Contact Person:	Pho	ne Number:	Reason for Leave:	
	EMPLOYER		DATE	
Name:	DIVIT LU I DK		From : Mo Yr To: Me	o Yr
A 11			Position Held:	
Address:			Salary Wage:	
City:	State:	Zip:	Reason for Leave:	
Contact Person:	Pho	ne Number:	Total Lot Boure.	

Accident Record for Past 3 years or more (attach sheet if more space is needed). If none, write none.

Dates		Nature of Accident		Fatalities	Injuries		
Last Accident		(Head-On, Rear-End, Upset, E	etc.)				
Next Previous							
Next Previous							
Traffic Convictions	and Forfeitures for the l	Past 3 years (other than parking	violations). If none, write	none.			
Locati	ion	Date	Charge	;	Penalty		
		(Attach Sh	eet if more space is needed	l)			
			EDUCATION				
			EDUCATION				
Circle Highest Grad	Completed: 1 2 3 4	5 6 7 8 High Sch	hool: 1 2 3 4	College: 1 2	3 4		
Last School Attende	ed						
	(Name)				(City)		
		EXPERIENCE A	ND QUALIFICATION – I	DRIVER			
DRIVER LICENSES State License No. Type Expiration Date							
	Турс Баришон Басс						
A. Have you	u ever been denied a lice	ense, permit or privilege to opera	ate a motor vehicle?	Yes	No		
B. Has any	license permit or privile	ege ever been suspended or revo	sked?	Ves	No		
IF THE A	ANSWER TO EITHER	A OR B IS YES, ATTACH ST.	ATEMENT GIVING DET.	AILS.			
DRIVING EXPERI	NECE (If none, Write n	one.)					
Class of Equipment	Ty	ype of Equipment	Т	Dates	Approx. No. of Miles		
		nn, Tank, Flat, Etc.)	From	То	(Total)		
Straight Truck Tractor and Semi-Tr	railer						
Tractor – Two Traile	ers						
Tri-axle							
Quad-axle Other							
			<u> </u>	•			
List states operated	in for last five years						
Show special course	es or training that will he	elp you as a driver:					
Which safe driving a	awards do you hold and	from whom?					
-8 -	,						

EXPERIENCE AND QUALIFICATIONS – OTHER

Show any Trucking, Transportation or other experience that may help in your work for this company					
List Courses and Training other than shown elsew	here in this application:				
List special equipment or technical materials you	can work with (other than those already shown):				
	TO BE READ AND SIGNED BY APPLICANT				
This certifies that I completed this application, and	I that all entries on it and information in it are true and complete to the best of my knowledge.				
arriving at an employment decision. (Generally, in	quiries of my personal, employment, financial or medical history and other related maters as may be necessary in aquiries regarding medical history will be made only if and after a conditional offer of employment has been ealth care providers and other persons from all liability in responding to inquiries and releasing information in				
In the event of employment, I understand that false am required to abide by all rules and regulations o	e or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I f the Company.				
Date	Applicant's Signature				
	PROCESS RECORD				
Applicant Hired	Rejected				
Date Employed	Point Employed				
Department (If rejected, summary report of reasons should be p	Classification				

This Section to be filled in by responsible Officer or Company Representative

Superior	Good	Fair	Below Average	Poor	Written Record on File