

PHOENIX DIVERSIFIED CORPORATION EMPLOYMENT APPLICATION

(READ AND INITIAL BEFORE SUBMITTING APPLICATION FOR QUALIFICATION)

APPLICANT NOTE. This application form is intended for use in evaluating your qualifications to perform services for Phoenix Diversified Corporation. This is not a contract. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating the applicant process or, if discovered after your being accepted for employment, grounds for termination. Qualification standards are established in accordance with regulatory agencies, insurance company expectations and/or approvals, and the expectations of Phoenix Diversified Corporation.

I agree to furnish such additional information and complete such examinations as may be required to complete the qualification process.

I certify that I have read and understand the applicant note of this form and that the answers given by me to the questions and the statements made by me are complete and true to the best of my knowledge and belief.

It is agreed and understood that this application for qualification in no way obligates the company to qualify me. I further understand this form is for the purpose of determining driver qualification only. (Initial Here) _____

Please Print

Name _____ (FIRST) _____ MIDDLE _____ LAST _____ (Phone #) _____ Soc. Sec. No. _____

Address _____ (STREET) _____ (CITY) _____ (STATE & ZIP CODE) _____ How Long? _____

Address _____ (STREET) _____ (CITY) _____ (STATE & ZIP CODE) _____ How Long? _____

For Past Three Years _____ (STREET) _____ (CITY) _____ (STATE & ZIP CODE) _____ How Long? _____

*Phone numbers must be listed and verified before processing. (ATTACH SHEET IF MORE SPACE IS NEEDED)

Date of Birth: _____

Check One: Single _____ Engaged _____ Married _____ Separated _____ Divorced _____ Widowed _____

No. of dependents _____ Do you own home or rent? _____ CB "Handle" ? _____

Spouse _____ (NAME) _____ (ADDRESS) _____ (City, State) _____ (PHONE) _____

Nearest relative not living with you _____ (NAME); _____ (ADDRESS) _____ (CITY, STATE, ZIP)

Phone Number: (_____) _____ Relationship: _____

Have you been employed or certified to drive with this company before? _____ If yes, dates – from: _____ to: _____

Reason for leaving: _____

Are you now employed? _____ If not, how long since leaving last employment? _____ Who referred you _____

Security

List the states you have RESIDED IN (where you lived) for the past seven (7) years: _____

List all names and social security numbers used in the past which are not indicated in this application: _____

Do you read, write and speak the English language? _____

How many years have you driven a commercial vehicle? _____

Have you ever been convicted of a felony? _____ (Yes or No) If yes, please explain thoroughly on a separate sheet of paper.

Have you ever been denied a license, permit or the privilege of operating a motor vehicle? _____ If yes please explain on last page.

Have you ever had your license suspended or revoked? (This includes for failure to maintain insurance or for financial obligations). _____

Have you ever been convicted of a DWI, DUI, Reckless or Careless Driving? _____ Year _____ Location _____

Have you ever tested positive or refused to test on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety sensitive transportation work covered by DOT agency drug and alcohol testing rules? (Yes or No) _____

Driving Experience

Class of Equipment	Type (Vans, Flat Tank, Refers etc.	From	Dates &	To	Approximate Miles Driven
Tractor & Semi Trailer					
Tractor & Flatbed/Lowboy					
Straight Truck					

Accredited Truck Driving School? _____ Grad Date: _____

Show any special courses or training that would help you as a driver. _____

Which safe driving awards do you hold and from whom? _____

List all Accidents Regardless of Whether Chargeable or Non-Chargeable

Date	NATURE OF ACCIDENT <small>Head on, Rear-end Upset, ETC.</small>	FATALITIES?	INJURIES	TYPE OF VEHICLE DRIVEN

List all Traffic Convictions and Forfeitures (Other than Parking Violations), Including DWI's & DUI's

Date	Location	Charge	Penalty	Type Vehicle

List all States You Have Held a License in the Past Three (3) Years

State	License Number

EMPLOYMENT RECORD

The U.S. Department of Transportation requires a driver's record to show all employment for the past three (3) years. They must also show **commercial driving employment for the past seven (7) years** immediately preceding this three year period. (49 CFR Part 391.21(b)(10), (11)). Include all periods of unemployment leaving no blank period of time. Provide additional pages if necessary.

Start with last or current position. including military experience and work back.

Current/last Employer: _____ Supervisors Name: _____

Address: _____ Phone: _____

Position held: _____ From _____ To _____
Month/Year Month/Year

Reason for leaving: _____

Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer? _____(yes/no)

Was this job designated as a "safety sensitive function" in which you were subject to DOT drug & alcohol testing? ____ (yes/no)

Next Previous Employer: _____ Supervisors Name: _____

Address: _____ Phone: _____

Position held: _____ From _____ To _____
Month/Year Month/Year

Reason for leaving: _____

Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer? _____(yes/no)

Was this job designated as a "safety sensitive function" in which you were subject to DOT drug & alcohol testing? ____ (yes/no)

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Address: _____ Phone: _____

Position held: _____ From _____ To _____
Month/Year Month/Year

Reason for leaving: _____

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Position held: _____ From _____ To _____
Month/Year Month/Year

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Month/Year Month/Year

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Month/Year Month/Year

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Address: _____ Phone: _____

Position held: _____ From _____ To _____
Month/Year Month/Year

Reason for leaving: _____

Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer? _____(yes/no)

Was this job designated as a "safety sensitive function" in which you were subject to DOT drug & alcohol testing? ____ (yes/no)

Explanations to any previous questions : _____

TO BE READ AND SIGNED BY APPLICANT

This certifies that this application was completed by me, and that all entries on it, and all information in it, are true and complete to the best of my knowledge. This further certifies that I understand the information I am providing on this application concerning previous employers may be used, and my previous employer may be contacted, for the purpose of investigating my safety performance history. I understand that I have the right to review the information provided by previous employers, to have errors in information corrected by the previous employer and resent to Phoenix Diversified Corporation and the right to have a rebuttal statement attached to the alleged erroneous information if I cannot come to an agreement with my previous employer as to the accuracy of the information provided.

Date: _____ Applicant's Signature: _____

For Phoenix Diversified Corporation's Use

PROCESS RECORD

THIS SECTION TO BE FILLED IN BY RESPONSIBLE
OFFICER OR COMPANY REPRESENTATIVE

	Excellent	Average	Below Average	Poor
Application				
Interview				
Past Employment				
Background				

APPLICANT QUALIFIED _____ REJECTED _____

SIGNATURE OF INTERVIEWER: _____

TERMINATION

DATE TERMINATED _____ DISMISSED _____ VOLUNTARILY QUIT _____ OTHER _____

SUPERVISOR: _____