## APPLICATION FOR EMPLOYMENT

| COMPANY                           | ntana vynite            | water inc          |                  | STRE        | ET ADDI       | RESS               |         |         |  | _             |
|-----------------------------------|-------------------------|--------------------|------------------|-------------|---------------|--------------------|---------|---------|--|---------------|
| CITY, STATE A                     | ND ZIP                  |                    |                  |             |               |                    |         |         |  | _             |
| NAME:                             |                         |                    |                  |             | (Last)        |                    | HIE     | E DAT   | TE   | _             |
| (First)                           | (Middle                 | a) (0              | Maiden Nar       | ne, if any) | (Last)        |                    |         |         |  |               |
| ADDRESS:                          |                         |                    |                  |             |               |                    | # YI    | EARS    |  |               |
|                                   | (Street)                |                    | (City)           | )           | (State &      | Zip Code)          |         |         |  |               |
| DATE OF BIRTH _                   |                         |                    |                  | SOCIA       | L SEC. NO.    |                    |         |         |  |               |
| ADDRESS:                          |                         | PRE                | VIOUS T          | HREE Y      | EARS RES      | DENCY              | # VE    | ARS     |  |               |
|                                   | (Street)                |                    | (City)           | )           | (State &      | Zip Code)          |         |         |  |               |
| ADDRESS:                          | 290 s                   |                    | 0001             |             | (State &      | <del></del>        | # YI    | EARS    |  |               |
|                                   | _                       |                    | (City)           |             | (State &      | Zip Code)          | # 377   |         |  |               |
| ADDRESS:                          | (Street)                |                    | (City)           |             | (State &      | Zip Code)          | # 11    | EARS    |  |               |
|                                   |                         | (AT                |                  |             | RE SPACE IS N | -                  |         |         |  |               |
|                                   |                         |                    | LICEN            | SE INF      | ORMATIO       | N                  |         |         |  |               |
|                                   | STATE                   | LICEN              | SE NO.           |             | TY            | PE                 |         | EX      | PIRATION DAT   | ſΈ            |
| DRIVERS                           |                         |                    |                  |             |               |                    |         |         |  |               |
| LICENSES                          |                         |                    |                  |             |               |                    |         |         |  |               |
|                                   |                         |                    | DRIV             | ING EX      | PERIENCE      |                    |         |         |  |               |
| CLASS OF<br>EQUIPMENT             | TYPE (<br>(VAN, TA      | F EQUIP<br>NK, FLA | MENT<br>T, ETC.) | FROM        | DA1           | TES<br>TO          |         | APRO    | OX. NO. OF MI<br>(TOTAL)                                   | LES           |
| STRAIGHT<br>TRUCK                 |                         |                    |                  |             |               |                    |         |         |  |               |
| TRACTOR AND<br>SEMI-TRAILER       |                         |                    |                  |             |               |                    |         |         |  |               |
| TRACTOR - TWO<br>TRAILERS         |                         |                    |                  |             |               |                    |         |         |  |               |
| OTHER                             |                         |                    |                  |             |               |                    |         |         |  |               |
|                                   |                         |                    |                  |             | FOR PAST      |                    |         |         |  |               |
| DATES                             | NA7                     | URE OF A           |                  |             | E SPACE IS N  | EEDED)<br>TALITIES |         |         | INJURIES   | $\overline{}$ |
| 225                               | (HEAD-ON, REAR-END, UP: |                    |                  |             |               |                    |         | nvoides |  |               |
|                                   |                         |                    | 7                |             |               |                    |         |         |  |               |
|                                   |                         |                    |                  |             |               |                    |         |         |  |               |
|                                   |                         |                    |                  |             |               |                    |         |         |  |               |
| 1                                 | RAFFIC C                |                    |                  |             | EITURES F     |                    | AST 3 Y | YEARS   | ;  |               |
| DATE<br>CONVICTED<br>(Month/Year) | STAT<br>VIOLA<br>LOCA   | E OF<br>TION       |                  |             | RGE/VIOL      |                    |         | (       | PENALTY<br>Forfeited bond,<br>collateral<br>and/or points) |               |
|                                   |                         |                    |                  |             |               |                    |         |         |  | -             |
|                                   |                         |                    |                  |             |               |                    |         |         |  |               |

(ATTACH SHEET IF MORE SPACE IS NEEDED)

| Α.   | Have you ever been denied a license, permit or privilege to operate a motor vehicle?   | YES $\square$                                | ио п   |
|--|--|--|--|
| B.   | Has any license, permit or privilege ever been suspended or revoked?   | YES $\square$                                | № □  |
|  | ( IF THE ANSWER TO EITHER A OR B IS YES, ATTACH STATEMENT GIVING DETAILS   | 3)   |  |
|  | EMPLOYMENT RECORD  |  |  |
| NO   | (ATTACH SHEET IF MORE SPACE IS NEEDED)  TE: Applicants that desire to drive in intrastate/interstate commerce must provide the following   | informatio                                   | n on all   |
| emp  | loyers during the previous 3 years. You must give the same information for all employers you b   | iave driven                                  |  |
| com  | mercial motor vehicle for the 7 years prior to the initial 3 years (total of 10 years employment   | record).                                     |  |
| LAS  | ST EMPLOYER: NAME  |  |  |
| ADI  | DRESS  |  |  |
| POS  | SITION HELD FROM TO SAL  | ARY  |  |
| REA  | ASONS FOR LEAVING  |  |  |
|  | Y GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLU  | DE DATE                                      | S  |
| (MC<br>Wer                                       | ONTH/YEAR) AND REASON  | mployer? Y                                   | es D No D  |
| Was  | the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to a  | lcohol and o                                 | ontrolled  |
|  | tances testing requirements as required by 49 CFR Part 40?   |  | es 🗆 No 🗆  |
| SEC  | COND LAST EMPLOYER: NAME   |  |  |
| AD   | DRESS  |  |  |
| POS  | SITION HELD FROM TO SAL  | ARY  |  |
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**Note:** A motor carrier may require an applicant to provide information in addition to the information required by the Federal Motor Carrier Safety Regulations.