



TODAY'S DATE: ___/___/___

EMPLOYMENT APPLICATION

MotorCity Hot Shot LLC

4726 E. Clyde Rd

Howell, MI 48855

APPLICANT INFORMATION

POSITION APPLYING FOR: _____

NAME: _____

PHONE#: (____) _____ EMERGENCY PHONE #: (____) _____

DOB: ___/___/___ SS# _____ AGE: _____

ADDRESS: _____

(The Age Discrimination of Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age.)

CURRENT & PREVIOUS THREE YEARS OF ADDRESSES:

_____ FROM _____ TO _____

_____ FROM _____ TO _____

_____ FROM _____ TO _____

HAVE YOU WORKED FOR THIS COMPANY BEFORE? YES ___ NO ___

If yes, give dates: _____ TO _____ Position Held: _____

Reason for Leaving? _____

EDUCATION HISTORY

Please circle the highest grade completed:

Grade School: 9 10 11 12

College: 1 2 3 4

Post Grad: 1 2 3 4

EMPLOYMENT HISTORY

Give a COMPLETE RECORD of all employment for the past three (3) years, including any unemployment or self-employment periods, and all commercial driving experiences for the past ten (10) years.

Month / Year to Month / Year - Present of Last Employer

From _____ TO _____ Position Held: _____

Address: _____

Reason for Leaving _____

Company Phone #: (____) _____

Were you subject to the FMCSRs while employed here? Yes ____ No ____

Was your job designated as a safety sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes ____ No ____

From _____ TO _____ Position Held: _____

Address: _____

Reason for Leaving _____

Company Phone #: (____) _____

Were you subject to the FMCSRs while employed here? Yes ____ No ____

Was your job designated as a safety sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes ____ No ____

From _____ TO _____ Position Held: _____

Address: _____

Reason for Leaving _____

Company Phone #: (____) _____

Were you subject to the FMCSRs while employed here? Yes ____ No ____

Was your job designated as a safety sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes ____ No ____

From _____ TO _____ Position Held: _____

Address: _____

Reason for Leaving _____

Company Phone #: (____) _____

Were you subject to the FMCSRs while employed here? Yes ____ No ____

Was your job designated as a safety sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes ____ No ____

DRIVING EXPERIENCE

MEDICAL CARD EXPIRATION DATE ____/____/____

Class of Equipment	Dates Operated	Approx Number of Miles

List states operated in, for the last five (5) years: _____

List special courses/training completed (PTD/DDC, HAZMAT, ETC) _____

List any Safe Driving Awards you hold and from whom _____

Have you ever been denied a license, permit or privilege to operate a motor vehicle:

Yes ____ No ____

Has any license, permit or privilege ever been suspended or revoked? Yes ____ No ____

(Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the job description)? Yes ____ No ____

Have you ever been convicted of a felony? Yes ____ No ____

If any of the answers listed above were answered "yes," please give details _____

Equipment Experience

EQUIPMENT	YEARS OF EXPERIENCE
Forestry Mulcher - Skid	
Forestry Mulcher - Excavator	
Excavator -Dirt	
Dozer	
Motor Grader	

Accident Record for past three (3) years:

(Attach sheet if more space is needed):

Date of Accident	Nature of Accidents (head on, rear end, etc)	Location Of Accident	# of Injured	# of Fatalities

Traffic Convictions and Forfeitures for the last three (3) years:

(Parking violations not necessary)

Date	Location	Charge	Penalty

Driver's License (list each drivers license held in the last three (3) years:

State	License	Type	Endorsement	Exp. Date

Job References

List three (3) persons for references, other than family members, who have knowledge of your work habits.

Name: _____ Relationship: _____

Address: _____

Phone (____) _____

Name: _____ Relationship: _____

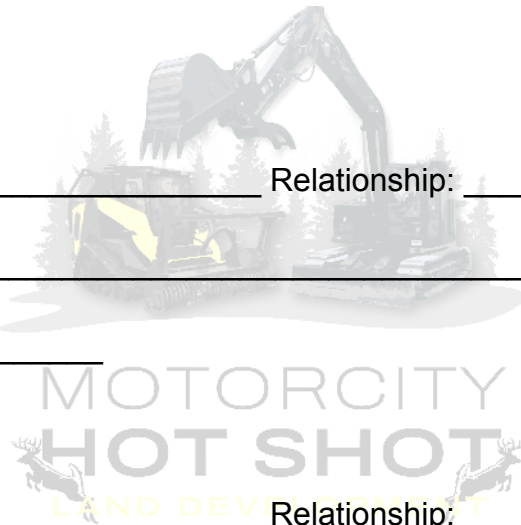
Address: _____

Phone (____) _____

Name: _____ Relationship: _____

Address: _____

Phone (____) _____



To Be Read and Signed by Applicant:

It is agreed and understood that any misrepresentation given on this application shall be considered an act of dishonesty.

It is agreed and understood that the motor carrier or his agents may investigate the applicants background to obtain any and all information of concern to applicants record, whether same is of record or not, and applicant releases employers and person named herein from all liability for any damages on account of his furnishing such information.

It is also agreed and understood that under the Fair Credit Reporting Act, Public Law 91-508, I have been told that this investigation may include investigating Consumer Report, including information regarding my character, general reputation, personal characteristics, and mode of living.

I agree to furnish such additional information and complete such examinations as may be required to complete my application file.

It is agreed and understood that this application in no way obligates the motor carrier to employ or hire the applicant.

It is agreed and understood that if qualified and hired, I may be on a probationary period during which time I may be disqualified without recourse.

This certifies that this application was completed by me, and that all entries on it and information in it are true and completed to the best of my knowledge.

Applicant Signature _____ Date_____

Remarks: (For office use only)

Drug and Alcohol Standard Operating Procedure

Controlled Substance Usage

Due to our concern for the safety of our employees, our property, the public and our concern about the productivity of our workforce, the MotorCity Hot Shot LLC has adopted a Drug and Alcohol Standard Operating Procedure that combines a Controlled Substance Standard Operating Procedure that is applicable to all employees. Our purpose in adopting these SOPs is to further the Company's objective of establishing and maintaining a work environment free from the adverse effects of drug use.

Each Company employee will read the SOP and must sign the Employee Sign Off Form and agree to comply with the terms of the entire SOP as a condition of employment.

This testing program will be conducted in accordance with the U.S. Department of Transportation (DOT).



CONFIDENTIAL

Background Check Authorization

Print Name: _____
(First) (Middle) (Last)

Former Name(s) & Dates Used: _____

Current Address: _____

Previous Address: _____

Previous Address: _____

DOB: ____/____/____ SSN: _____ Phone Number: (____) _____

Drivers License Number/State: _____

The information contained in this application is correct to the best of my knowledge.

I hereby authorize and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment and/or volunteer purposes. I understand that the scope of the consumer report/ investigative consumer report may include, but is not limited to the following areas: verification of social security number; credit reports; current and previous residences; employment history; education background; character references; drug testing; civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, and any other public

I further authorize any individual, company, firm, corporation, or public agency to divulge any and all information, verbal or written, pertaining to me, to or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in security numbers, and dates of birth.

Signature: _____ Date: _____