



APPLICATION INSTRUCTIONS

Any person applying for employment with BURNS AND SONS TRUCKING, INC. must complete the attached application using the following guidelines:

1. Complete all blocks.
2. Make sure you complete ten (10) years of continuous job history. Gaps of more than thirty (30) days will not be accepted. List the month and year for the beginning and ending of each reference.
3. TELEPHONE NUMBERS AND CORRECT ADDRESSES for all previous employment is required. If a previous employer has gone out of business and it was a driving job, please attach a copy of your W-2 from that firm.
4. Application must be signed before it can be processed.
5. A current (30 day) printout of your DMV record is required. (H6)
6. Be sure and sign the "Release" to your previous employer and the "Agreement."

Make sure all blanks that apply to you are filled in and all forms are signed. Incomplete applications will not be processed.



We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, creed, color, age, sex, religion or national origin.

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION SOCIAL SECURITY NUMBER
DATE _____

NAME (Middle)
(Last) (First)

PRESENT ADDRESS (Zip Code)
(Street) (City) (State)

PERMANENT ADDRESS (Zip Code)
(Street) (City) (State)

PHONE NO. _____

NAME OF ANY RELATIVE EMPLOYED BY THIS COMPANY _____

REFERRED BY _____

CAN YOU, AFTER EMPLOYMENT, SUBMIT VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE U.S.? YES NO

ARE YOU PRESENTLY A MEMBER OF THE NATIONAL GUARD OR RESERVES? YES NO

EMPLOYMENT DESIRED SALARY DESIRED
POSITION DATE YOU CAN START

ARE YOU EMPLOYED NOW? IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER

HAVE YOU EVER APPLIED TO THIS COMPANY BEFORE? WHEN?

EDUCATION	NAME AND LOCATION OF SCHOOL	CIRCLE LAST YEAR COMPLETED	DID YOU GRADUATE	SUBJECT STUDIED AND DEGREE(S) RECEIVED
GRAMMAR SCHOOL			YES _____ NO _____	
HIGH SCHOOL		1 2 3 4	YES _____ NO _____	
COLLEGE		1 2 3 4	YES _____ NO _____	
TRADE OR OTHER SCHOOL		1 2 3 4	YES _____ NO _____	

1. HAVE YOU EVER BEEN DENIED A LICENSE, PERMIT OR PRIVILEGE TO OPERATE A MOTOR VEHICLE? YES _____ NO _____
2. HAS ANY LICENSE, PERMIT OR PRIVILEGE EVER BEEN SUSPENDED OR REVOKED? YES _____ NO _____
3. HAVE YOU EVER BEEN CONVICTED OF A FELONY?
(A CONVICTION WILL NOT NECESSARILY DISQUALIFY YOU FOR EMPLOYMENT) YES _____ NO _____

STATE OF DRIVERS' LICENSE _____ TYPE OF LICENSE _____

LICENSE NUMBER _____ ENDORSEMENTS _____

LICENSE EXPIRATION DATE _____ MEDICAL CARD EXPIRATION DATE _____

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	X	TYPE OF EQUIPMENT	HOW LONG?	APPROX. TOTAL MILES	TYPE OF TRANSMISSION	X
STRAIGHT TRUCK		SEMI BOTTOM DUMP			10 SPEED	
TRACTOR AND SEMI-TRAILER		DOUBLE BOTTOM DUMP			13 SPEED	
TRACTOR AND TWO TRAILERS		END DUMP			15 SPEED	
OTHER _____		OTHER			2 STICK	

PHYSICAL RECORD DO YOU HAVE ANY PHYSICAL CONDITION OR HANDICAP WHICH MAY LIMIT YOUR ABILITY TO PERFORM THE JOB APPLIED FOR? YES _____ NO _____

IF YES, WHAT CAN BE DONE TO ACCOMMODATE YOUR LIMITATION? _____

HAVE YOU EVER HAD A BACK INJURY? IF YES, PLEASE EXPLAIN _____

IN CASE OF EMERGENCY, PLEASE NOTIFY _____
(Name)

(Address) _____ (Phone Number) _____

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references listed above and separately to give you any and all information concerning my previous employment and any pertinent information they may have, and release all parties from all liability for any damage that may result from furnishing same to you. I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without prior notice and without cause."

DATE _____ SIGNATURE _____

INTERVIEWED BY _____ DATE _____

REMARKS: _____

PLEASE LIST FORMER EMPLOYERS, STARTING WITH THE MOST RECENT.

DATE MONTH & YEAR	NAME, ADDRESS, SUPERVISOR, PHONE	POSITION	REASON FOR LEAVING
LEFT _____ START _____	COMPANY NAME _____ STREET ADDRESS _____ CITY, STATE, ZIP _____ SUPERVISOR _____ PHONE NO. ()		
LEFT _____ START _____	COMPANY NAME _____ STREET ADDRESS _____ CITY, STATE, ZIP _____ SUPERVISOR _____ PHONE NO. ()		
LEFT _____ START _____	COMPANY NAME _____ STREET ADDRESS _____ CITY, STATE, ZIP _____ SUPERVISOR _____ PHONE NO. ()		
LEFT _____ START _____	COMPANY NAME _____ STREET ADDRESS _____ CITY, STATE, ZIP _____ SUPERVISOR _____ PHONE NO. ()		
LEFT _____ START _____	COMPANY NAME _____ STREET ADDRESS _____ CITY, STATE, ZIP _____ SUPERVISOR _____ PHONE NO. ()		
LEFT _____ START _____	COMPANY NAME _____ STREET ADDRESS _____ CITY, STATE, ZIP _____ SUPERVISOR _____ PHONE NO. ()		
LEFT _____ START _____	COMPANY NAME _____ STREET ADDRESS _____ CITY, STATE, ZIP _____ SUPERVISOR _____ PHONE NO. ()		

BURNS AND SONS TRUCKING, INC.
P.O. BOX 1640, SPRING VALLEY, CA 91979
PHONE #619-460-5394 FAX #619-465-2371

EMPLOYMENT AND DRUG/ALCOHOL TESTING VERIFICATION

TO BE COMPLETED BY PREVIOUS EMPLOYER

Employer: _____ Phone: _____

Address: _____ City/State/Zip: _____

Applicant: _____, SS# _____ ("Applicant") has applied for employment with Burns and Sons Trucking, Inc. Burns and Sons Trucking, Inc. is required by law to make appropriate inquiries about the Applicant's work history. Burns and Sons Trucking, Inc. is also required to obtain information concerning the Applicant's past drug and alcohol testing and test results. The Applicant's Release (attached) authorizes your company to provide us with the following:

Dates of employment From: _____ To: _____ Full-time ___ Part-time ___

Position(s) held: _____

Reason for leaving: ___ Voluntary ___ Lay-off ___ Terminated If "Terminated," Why? _____

Eligible for Rehire? ___ Yes ___ No If "No," Why? _____

In your opinion, was this employee's general conduct: Satisfactory _____ Average _____ Below Average _____ Poor _____

MOTOR VEHICLE ACCIDENTS

<u>Date</u>	<u>Chargeable (Yes/No)</u>	<u>Brief Description of Accident</u>
_____	_____	_____
_____	_____	_____

If employed as a driver, please indicate type of equipment. Tractor/trailer _____ Straight Truck _____ Bottom Dump _____ End Dump _____

Did this employee take care of his/her equipment? ___ Yes ___ No If no explain _____

DRUG AND ALCOHOL TESTING AND TEST RESULTS

1. Did Applicant test positive for any controlled substances? ___ Yes ___ No
2. Did Applicant test positive for alcohol (0.4 or higher)? ___ Yes ___ No
3. Did Applicant refuse to take any alcohol or controlled substance test required by federal regulations? ___ Yes ___ No
4. If the answer to any of the above questions is "yes," please provide the following information:

(a) Reason for the test _____

(b) Results of the test _____

(c) If Applicant tested positive, have they satisfactorily returned to duty after completing all follow up testing required by the Substance Abuse Professional, pursuant to 49 C.F.R. 382.605? ___ Yes ___ No

Verification Completed By _____ Title _____ Phone _____

RELEASE

I hereby authorize this company to release all records of employment, including job performance and substance abuse records to Burns and Sons Trucking, Inc. in connection with my application for employment with said company. I hereby release your company from any and all liability as a result of providing the above mentioned information to Burns and Sons Trucking, Inc.

Applicant's Signature _____

Date _____

AGREEMENT

Please read this Agreement, *If you understand and agree to its terms, sign below.*
If you have any questions or need any explanation, *please ask now!*

I agree to abide by Company policy.

I understand and agree that the DOT physical examination shall include substance screening.

I understand and agree that Burns and Sons Trucking, Inc., hereafter referred to as "the Company", reserve the right to use substance testing 1) at random, 2) for reasonable cause, 3) after any accident and 4) during re-certification of physicals according to DOT regulations or Company policy.

I also understand and agree that the Company or its agents may investigate my background to ascertain any and all information of concern to my record, whether information is of record or not, and I release all former employers and persons named in the EMPLOYMENT RECORD section of this document from all liability for any damage caused by the release of such information.

I further understand that as a result of making this application for employment, my criminal record may be examined by the Company or its Agents, I hereby authorize the Company or its designated Agents to make any lawful examination of my criminal record.

I understand that at any time in the future, whether actively employed by the Company or not, that upon the request of any party or any surety, the Company will furnish reports and information relative to my record and services with the Company. I agree that this information may be furnished without any liability or damage on behalf of the Company.

As a part of the pre-employment process, testing will be required after a conditional offer of employment, I further agree to provide access to other previous medical records, if required.

I understand that my telephone calls to the office may be periodically monitored to determine the volume, type and professional quality of service provided.

I UNDERSTAND THAT, DURING THE TERM OF MY AT-WILL EMPLOYMENT, I WILL COMPLY WITH THE GUIDELINES SET FORTH IN THE COMPANY POLICIES, RULES, REGULATIONS AND PROCEDURES, WHICH SHALL BE AMENDED FROM TIME TO TIME. I ALSO AGREE THAT MY AT-WILL EMPLOYMENT AND COMPENSATION CAN BE TERMINATED WITH OR WITHOUT CAUSE AND WITHOUT NOTICE OR LIABILITY WHATSOEVER, AT ANY TIME, AT THE OPTION OF EITHER THE COMPANY OR MYSELF.

The information that I have provided on this application is true and complete to the best of my knowledge. Any misrepresentation or omission on the application, resume or any other materials submitted to the Company or during my interviews (pre and post offers of employment) may result in the denial of employment or discharge.

I understand and agree that this application for employment in no way obligates the Company to employ me.

I Have read and I understand this Agreement.

Date

Applicant's Signature

Social Security Number