

# M&P VENTURE PARTNERS DEMOLITION, LLC

DEMOLITION ♦ SALVAGE ♦ CRUSHING ♦ RECYCLING  
A Veteran Owned Company  
7215 NORTH 62<sup>ND</sup> AVENUE ♦ GLENDALE, AZ 85301  
OFFICE: (602) 455-4700 ♦ FAX: (602) 415-1805  
AZ ROC LICENSE #K57-281029

## COMMERCIAL DRIVER APPLICATION

PLEASE PRINT TO FILL IN ALL BLANKS & PROVIDE ALL INFORMATION REQUESTED

DATE OF APPLICATION \_\_\_\_\_  
FULL LEGAL NAME \_\_\_\_\_  
STREET ADDRESS \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_  
DATE OF BIRTH \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**IF THE ABOVE ADDRESS IS LESS THAN THREE YEARS, CONTINUE LISTING BELOW TO COVER PREVIOUS 3 YEARS**

1. STREET \_\_\_\_\_ DATES FROM \_\_\_\_\_ TO \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_
2. STREET \_\_\_\_\_ DATES FROM \_\_\_\_\_ TO \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

(USE BACK SIDE OF SHEET FOR ADDITIONAL ADDRESSES)

HAVE YOU WORKED FOR THIS COMPANY BEFORE? \_\_\_\_\_ IF YES, GIVE DATES FROM \_\_\_\_\_ TO \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

WERE YOU REFERRED TO US? \_\_\_\_\_ WHO REFERRED YOU? \_\_\_\_\_

RATE OF PAY EXPECTED? \_\_\_\_\_ WHEN ARE YOU AVAILABLE TO START? \_\_\_\_\_

DO YOU HAVE THE LEGAL RIGHT TO WORK IN THE UNITED STATES? \_\_\_\_\_

**HAVE YOU EVER BEEN CONVICTED OF A FELONY?** \_\_\_\_\_ IF YES, PLEASE EXPLAIN FULLY. CONVICTION OF A CRIME IS NOT AN AUTOMATIC BAR TO EMPLOYMENT-ALL CIRCUMSTANCES WILL BE CONSIDERED.

\_\_\_\_\_  
\_\_\_\_\_

### EDUCATION HISTORY

PLEASE CIRCLE HIGHEST LEVEL COMPLETED

GRADE SCHOOL 1 2 3 4 5 6 7 8 9 10 11 12  
COLLEGE 1 2 3 4 POST GRADUATE 1 2 3 4

HIGH SCHOOL \_\_\_\_\_ UNIVERSITY \_\_\_\_\_

**DRIVER'S LICENSE INFORMATION**

(LIST **ALL** LICENSES HELD FOR THE PAST 3 YEARS, ENDORSEMENTS OR STATE(S))

STATE \_\_\_\_\_ NUMBER \_\_\_\_\_ EXPIRATION \_\_\_\_\_

STATE \_\_\_\_\_ NUMBER \_\_\_\_\_ EXPIRATION \_\_\_\_\_

STATE \_\_\_\_\_ NUMBER \_\_\_\_\_ EXPIRATION \_\_\_\_\_

**DRIVING EXPERIENCE**

TYPE OF VEHICLE DRIVEN \_\_\_\_\_

APPROX. MILES DRIVEN \_\_\_\_\_ DATES FROM \_\_\_\_\_ TO \_\_\_\_\_

TYPE OF VEHICLE DRIVEN \_\_\_\_\_

APPROX. MILES DRIVEN \_\_\_\_\_ DATES FROM \_\_\_\_\_ TO \_\_\_\_\_

TYPE OF VEHICLE DRIVEN \_\_\_\_\_

APPROX. MILES DRIVEN \_\_\_\_\_ DATES FROM \_\_\_\_\_ TO \_\_\_\_\_

**ALL ACCIDENTS IN THE PAST 3 YEARS (IF NONE, WRITE NONE)**

DATE \_\_\_\_\_ DESCRIBE \_\_\_\_\_ FATALITY: Y / N INJURIES: Y / N

DATE \_\_\_\_\_ DESCRIBE \_\_\_\_\_ FATALITY: Y / N INJURIES: Y / N

DATE \_\_\_\_\_ DESCRIBE \_\_\_\_\_ FATALITY: Y / N INJURIES: Y / N

**LIST ALL TRAFFICE VIOLATIONS IN THE PAST 3 YEARS (IF NONE, WRITE NONE)**

DATE \_\_\_\_\_ VIOLATION \_\_\_\_\_ STATE \_\_\_\_\_ COMMERCIAL VEHICLE? \_\_\_\_\_

DATE \_\_\_\_\_ VIOLATION \_\_\_\_\_ STATE \_\_\_\_\_ COMMERCIAL VEHICLE? \_\_\_\_\_

DATE \_\_\_\_\_ VIOLATION \_\_\_\_\_ STATE \_\_\_\_\_ COMMERCIAL VEHICLE? \_\_\_\_\_

DATE \_\_\_\_\_ VIOLATION \_\_\_\_\_ STATE \_\_\_\_\_ COMMERCIAL VEHICLE? \_\_\_\_\_

DATE \_\_\_\_\_ VIOLATION \_\_\_\_\_ STATE \_\_\_\_\_ COMMERCIAL VEHICLE? \_\_\_\_\_

HAVE YOU EVER HAD ANY DRIVER'S LICENSE DENIED, SUSPENDED, REVOKED OR CANCELED BY ANY ISSUING STATE AGENCY?

YES  NO IF YES, STATE OF ISSUANCE AND EXPLANATION \_\_\_\_\_

CLASS OF EQUIPMENT	FROM	TO	APPROX. MILES DRIVEN
STRAIGHT TRUCK			
TRACTOR & SEMI-TRAILER			
TRACTOR & DUAL TRAILERS			
TRACTOR & THREE TRAILERS			
OTHER			

**EMPLOYMENT HISTORY**

GIVE A COMPLETE RECORD OF ALL EMPLOYMENT FOR THE PAST TEN (10) YEARS, INCLUDING ANY UNEMPLOYMENT OR SELF EMPLOYMENT PERIODS.

1) FROM \_\_\_\_\_ TO \_\_\_\_\_ POSITION HELD \_\_\_\_\_

NAME \_\_\_\_\_ COMPANY PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

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

2) FROM \_\_\_\_\_ TO \_\_\_\_\_ POSITION HELD \_\_\_\_\_

NAME \_\_\_\_\_ COMPANY PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

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

3) FROM \_\_\_\_\_ TO \_\_\_\_\_ POSITION HELD \_\_\_\_\_

NAME \_\_\_\_\_ COMPANY PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

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

4) FROM \_\_\_\_\_ TO \_\_\_\_\_ POSITION HELD \_\_\_\_\_

NAME \_\_\_\_\_ COMPANY PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

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

5) FROM \_\_\_\_\_ TO \_\_\_\_\_ POSITION HELD \_\_\_\_\_  
NAME \_\_\_\_\_ COMPANY PHONE \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
REASON FOR LEAVING \_\_\_\_\_  
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

6) FROM \_\_\_\_\_ TO \_\_\_\_\_ POSITION HELD \_\_\_\_\_  
NAME \_\_\_\_\_ COMPANY PHONE \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
REASON FOR LEAVING \_\_\_\_\_  
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

7) FROM \_\_\_\_\_ TO \_\_\_\_\_ POSITION HELD \_\_\_\_\_  
NAME \_\_\_\_\_ COMPANY PHONE \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
REASON FOR LEAVING \_\_\_\_\_  
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

8) FROM \_\_\_\_\_ TO \_\_\_\_\_ POSITION HELD \_\_\_\_\_  
NAME \_\_\_\_\_ COMPANY PHONE \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
REASON FOR LEAVING \_\_\_\_\_  
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

**(ATTACH ADDITIONAL SHEET FOR TEN (10) YEAR HISTORY, IF NEEDED)**

**DRUG FREE WORKPLACE NOTICE AND TESTING POLICY**

M&P Venture Partners, LLC (Hereinafter referred to as the "Company") is committed to maintaining a safe, healthy and efficient working environment for all of its employees. The presence of alcohol and drugs in the work place, and the influence of those substances on employees pose serious safety and health risks to both the user and to all those who work with him or her. Impairments from drugs or alcohol threaten everyone's safety and the success of our operation. We need not and will not accept any risk to safety, quality or productivity that may be caused by alcohol abuse and/or drug use by employees. Compliance with the company's alcohol and drug program is a term and condition of employment.

The company has implemented a post-offer, post-accident and for cause drug and alcohol testing policy for all employees. All hires will be tested for drug and alcohol use. It is also a term and condition of employment that employees submit to a drug or alcohol test if the company has reasonable cause to believe the employee is impaired while on the premises. Refusal to submit to a reasonable cause test or any positive test result is grounds for discipline up to and including termination.

**APPLICANT ACCEPTANCE**

I have read and understand the company's alcohol and drug policy and understand if offered employment, i must agree to undergo drug and alcohol testing and to cooperate with the testing. I also understand if i become employed by the company, i am subject to the drug and alcohol testing policy. I understand and accept that consent to drug and alcohol testing is a term and condition of employment with the company. By signing below, i hereby and voluntarily agree to submit to the post-offer drug test as required by the company's policy.

**BY SIGNING BELOW, I CERTIFY:**

1. THAT I HAVE READ AND UNDERSTAND THE COMPANY'S DRUG FREE WORKPLACE NOTICE AND TESTING POLICY;
2. THAT I UNDERSTAND ALL QUESTIONS ON THIS APPLICATION;
3. I AGREE TO FURNISH SUCH ADDITIONAL INFORMATION AND COMPLETE SUCH EXAMINATIONS AS MAY BE REQUIRED TO COMPLETE MY APPLICATION FILE.
4. IT IS AGREED AND UNDERSTOOD THAT THIS APPLICATION IN NO WAY OBLIGATES THE MOTOR CARRIER TO EMPLOY OR HIRE THE APPLICANT.
5. 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.
6. THAT THIS APPLICATION WAS COMPLETED BY ME AND THAT ALL ENTRIES ON IT AND INFORMATION IN IT ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.
7. IT IS AGREED AND UNDERSTOOD THAT ANY MISREPRESENTATION GIVEN ON THIS APPLICATION SHALL BE CONSIDERED AN ACT OF DISHONESTY.

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Signature
Printed Name
Date Signed

**READ, SIGN, DATE AND INTIAL BELOW WHERE INDICATED**

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my employment and my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

Review information provided by previous employers

Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and

Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

Signature \_\_\_\_\_ Date \_\_\_\_\_