VENTURE PARTNERS
DEMOLITION, LLC

DEMOLITION ♦ SALVAGE ♦ CRUSHING ♦ RECYCLING

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:

- *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 applicant's background to obtain any and all information of concern to applicant's 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 an 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 bedisqualified without recourse.*
- *This certifies 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.*

_____ _____ _____

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 _____