

Application for Qualification

Company MADERA COMPONENT SYSTEMS Street Address 6323 W. VAN BUREN ST.

City, State, Zip Code PHOENIX, AZ 85043

The purpose of this application is to determine whether or not the applicant is qualified to operate Motor Carrier equipment according to the requirements of the Federal Motor Carrier Safety Regulations and the Company named above.

Instructions to Applicant

Please answer all questions. If the answer to any question is "No" or "None," do not leave the item blank, but write "No" or "None." This is important!

The Age Discrimination in 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.

Date _____

Check One: Contractor

Name _____
(First) (Middle) (Last)

Driver

Age _____ Date of Birth _____

Social Security Number _____

Current & three years previous addresses

Phone Number (____) _____

From _____ To _____
From _____ To _____
From _____ To _____
From _____ To _____

Employment

Give a complete record of all employment for the past years, including any unemployment of self employment, and all commercial driving experience for the past ten year.

Mo/Yr Mo/To
From _____ To _____
Phone # (____) _____

Present or Last Employer:
Name _____
Address _____
(Street) (City) (State/Zi)
Position Held _____ Salary _____
Reason for Leaving _____

Mo/Yr Mo/To
From _____ To _____
Phone # (____) _____

Next Previous Employer:
Name _____
Address _____
(Street) (City) (State/Zip)
Position Held _____ Salary _____
Reason for leaving _____

Mo/Yr Mo/Yr
From _____ To _____
Phone # (____) _____

Mo/Yr Mo/Yr
From _____ To _____
Phone # (____) _____

Mo/Yr Mo/Yr
From _____ To _____
Phone # (____) _____

Mo/Yr Mo/Yr
From _____ To _____
Phone # (____) _____

Mo/Yr Mo/Yr
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Address _____
(street) (City) (State/Zip)
Position Held _____ Salary _____
Reason For Leaving _____

Next Previous Employer:
Name _____
Address _____
(Street) (City) (State/Zip)
Position Held _____ Salary _____

Driving Experience

Class of Equipment	Dates		Approximate Number of Miles (Total)
	From	To	
Straight Truck			
Tractor and Semi-trailer			
Tractor and Trailers			
Other			

List states operated in for the last five years _____

Show Special courses or training that will help you as a driver _____

What Safe Driving Awards do you hold and from whom? _____

Accident Record for past three years (attach sheet if more space is needed)

Dates	Nature of Accident (Head on, rear end, upset, etc.)	# of Fatalities	# of People Injured

Traffic Convictions and Forfeitures for the last three years (other than parking violations)

Location	Date	Charge	Penalty

Driver's License (list each driver's license held in the past three years)

State	License #	Type	Endorsements	Expiration date

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES NO

B. Has any license, permit or privilege ever been suspended or revoked? YES NO

If the answer to A or B is YES, give details. _____

Personal References

List three persons for reference, other than relatives, who have knowledge of your habits.

Name _____	Address _____
Name _____	Address _____
Name _____	Address _____

MADERA COMPONENT SYSTEMS, INC.

6323 W. Van Buren St. Phoenix, AZ 85043

Phone: (623) 245-1001 Fax: (623) 936-6392

REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYERS

_____ has applied for a position as a driver with our company and states that he was employed by your company from _____ to _____. We appreciate your time and courtesy in completing, in confidence, the information requested below.

Robert F. Singh, President

I HEREBY AUTHORIZE YOU TO RELEASE THE INFORMATION REQUESTED BELOW REQUIRED BY SECTION 391.23, 382.413, AND 382.405 OF THE FEDERAL MOTOR CARRIERS SAFETY REGULATIONS.

APPLICANT'S SIGNATURE

SOCIAL SECURITY NUMBER

DATE

Previous Employer: _____ Phone/Fax: _____

Employer Representative: _____ Title: _____

Date of Hire: _____ Term./Resig. Date: _____

Reason for Leaving: _____

General Disposition & Work Habits: _____

Eligible for Rehire? Yes ___ No ___ Upon Review ___ Against Policy ___

Type of Trailer Pulled: Van ___ Tanker ___ Belly Dump ___ Flatbed ___ Reefer ___

Preventable Accidents/Incidents? _____

Per Federal Motor Carrier Safety Regulations, section 382.413 and 382.405:

Did the applicant test positive for any controlled substances? Yes ___ No ___

Did the applicant test positive for alcohol (.04 or higher)? Yes ___ No ___

Did applicant refuse to participate in any alcohol or controlled substance test required by federal regulations? Yes ___ No ___

Did applicant violate any DOT agency drug and alcohol testing regulations? Yes ___ No ___

Did applicant violate any DOT agency drug and alcohol testing regulations or test positive for any employers prior to their employment with your company within the past two years? Yes ___ No ___

Information provided by: _____ Title: _____
NAME

PLEASE FAX BACK TO 623-936-6392. THANKS FOR YOUR HELP!

DATE: _____

Madera Component Systems, Inc.
6323 W. Van Buren St.
Phoenix, AZ 85043

Dear Madera Component Systems, Inc.:

I am aware that consumer reports may be obtained as a part of Madera Component System, Inc.'s evaluation of my job application and/or employment. The reports may be produced by Madera Component Systems, Inc. or their insurance company representative(s), and may include my driving record, an assessment of my insurability for the insurance program, or other consumer reports. By signing this disclosure, I hereby provide my authorization to procure such reports and additional reports about me from time-to-time as deemed appropriate, to evaluate my insurability or for other permissible purposes.

Sincerely,

Name as it appears on the Driver's License _____

Driver's License Number State of Issuance _____

Date of Birth _____