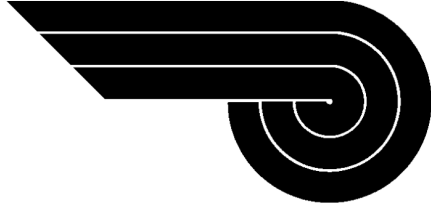


## **M&R TRUCKING, INC.**



Dear Applicant:

All individuals seeking employment with M & R Trucking, Inc. as a driver must meet the following criteria:

- Must be at least 21 years old
- Must have a valid CDL for type of vehicle to be operated with proper endorsements. All drivers of commercial motor vehicles must have a hazardous materials endorsement.
- Must not have any serious traffic violations on MVR.
- Must be able to pass pre-employment drug & alcohol screen.
- Must be able to pass Work-Steps physical.

All other individuals seeking employment with M & R Trucking, Inc. must meet the following criteria.

- Must be 18 years of age.
- Must be able to pass pre-employment drug & alcohol screen.
- Must be able to pass Work-Steps physical.

All applicants must provide complete information on the employment application. If the information is incomplete, your application will not be considered. This includes all previous employer addresses, phone numbers, dates of employment, and reasons for leaving.

Butch Mathews, President  
M & R Trucking, Inc.



**PERSONAL INFORMATION**

Position Applying For _____		Date _____	
Name _____			
First	Middle	Last	Maiden Name, if applicable
Date of Birth _____		Social Security # _____	
Current address _____			
Street			
_____			
City		State	Zip
How Long? _____	Home phone _____		_____
	Cell Phone _____		_____

**RESIDENCE PAST THREE YEARS**

Address	_____		
	Street		
	_____		
	City	State	Zip
	How long? _____		
Address	_____		
	Street		
	_____		
	City	State	Zip
	How long? _____		
Address	_____		
	Street		
	_____		
	City	State	Zip
	How long? _____		

**DRIVERS LICENSE INFORMATION**

List all driver licenses or permits held in the past 3 years				
State	License #	Class	Endorsements	Expires

**DRIVING EXPERIENCE**

Equipment Class	Type of Equipment Van, Flat, Tank Etc.	Dates		Approx. # of Miles Total
		From	To	
Straight Truck				
Tractor Semi Trailer				
Tractor with Doubles				
Tractor with Triples				
Tractor with Tank				
Other				

**ACCIDENT RECORD FOR PAST 3 YEARS OR MORE**

Date	Type of Accident (Head-on, Rear-end, Upset)	Fatalities	Injuries

**TRAFFIC CONVICTIONS AND FORFEITURES OF THE PAST 3 YEARS  
(OTHER THAN PARKING)**

Location	Date	Charge	Penalty

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

If Yes, date reinstated \_\_\_\_\_ Reason for being revoked \_\_\_\_\_

(If more room required, attach statement giving details.)

**EMPLOYMENT HISTORY**

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state and zip code.

Applicants to drive a commercial motor vehicle shall also provide an additional 7 years' information on those employers for whom they operated a commercial motor vehicle.

(Note: Please list employers in order starting with the most recent.)

Previous Employer: \_\_\_\_\_ Phone #: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Position held \_\_\_\_\_ From (m/y) \_\_\_\_\_ To(m/y) \_\_\_\_\_ Salary \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Were you subject to the FMCSR's while employed?  Yes  No

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

Previous Employer: \_\_\_\_\_ Phone #: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Position held \_\_\_\_\_ From (m/y) \_\_\_\_\_ To(m/y) \_\_\_\_\_ Salary \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Were you subject to the FMCSR's while employed?  Yes  No

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

Previous Employer: \_\_\_\_\_ Phone #: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Position held \_\_\_\_\_ From (m/y) \_\_\_\_\_ To(m/y) \_\_\_\_\_ Salary \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Were you subject to the FMCSR's while employed?  Yes  No

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

**EMPLOYMENT HISTORY (continued)**

Previous Employer: \_\_\_\_\_ Phone # : \_\_\_\_\_ Contact Person: \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Position held \_\_\_\_\_ From (m/y) \_\_\_\_\_ To(m/y) \_\_\_\_\_ Salary \_\_\_\_\_  
Reason for leaving \_\_\_\_\_  
Were you subject to the FMCSR's while employed? [ ] Yes [ ] No  
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to drug and alcohol testing requirements of 49 CFR Part 40? [ ] Yes [ ] No

Previous Employer: \_\_\_\_\_ Phone # : \_\_\_\_\_ Contact Person: \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Position held \_\_\_\_\_ From (m/y) \_\_\_\_\_ To(m/y) \_\_\_\_\_ Salary \_\_\_\_\_  
Reason for leaving \_\_\_\_\_  
Were you subject to the FMCSR's while employed? [ ] Yes [ ] No  
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to drug and alcohol testing requirements of 49 CFR Part 40? [ ] Yes [ ] No

Previous Employer: \_\_\_\_\_ Phone # : \_\_\_\_\_ Contact Person: \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Position held \_\_\_\_\_ From (m/y) \_\_\_\_\_ To(m/y) \_\_\_\_\_ Salary \_\_\_\_\_  
Reason for leaving \_\_\_\_\_  
Were you subject to the FMCSR's while employed? [ ] Yes [ ] No  
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to drug and alcohol testing requirements of 49 CFR Part 40? [ ] Yes [ ] No

Previous Employer: \_\_\_\_\_ Phone # : \_\_\_\_\_ Contact Person: \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Position held \_\_\_\_\_ From (m/y) \_\_\_\_\_ To(m/y) \_\_\_\_\_ Salary \_\_\_\_\_  
Reason for leaving \_\_\_\_\_  
Were you subject to the FMCSR's while employed? [ ] Yes [ ] No  
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to drug and alcohol testing requirements of 49 CFR Part 40? [ ] Yes [ ] No

Previous Employer: \_\_\_\_\_ Phone # : \_\_\_\_\_ Contact Person: \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Position held \_\_\_\_\_ From (m/y) \_\_\_\_\_ To(m/y) \_\_\_\_\_ Salary \_\_\_\_\_  
Reason for leaving \_\_\_\_\_  
Were you subject to the FMCSR's while employed? [ ] Yes [ ] No  
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to drug and alcohol testing requirements of 49 CFR Part 40? [ ] Yes [ ] No

Have you previously been employed by M & R Trucking? [ ] Yes [ ] No  
If yes, what was your position? \_\_\_\_\_  
Last day worked \_\_\_\_\_ Reason for leaving \_\_\_\_\_

List Names and Addresses of Persons To Be Contacted In Case of an Emergency:

Name	Address	Phone #

Did you graduate from high School?     Yes     No  
Have you served in the U.S. Military?     Yes     No  
List type of discharge and year \_\_\_\_\_  
List any skills or special training you have acquired to assist you in the position you are applying for: \_\_\_\_\_

Do you have any physical condition or handicap which may limit your ability to perform the job for which you are applying?     Yes     No  
If yes, please describe \_\_\_\_\_  
Have you ever received workman's compensation?     Yes     No  
If yes, when \_\_\_\_\_ Describe the injury \_\_\_\_\_

**Agreement and Consent**

- 1) Offer of employment is contingent on my passing a job-related physical examination (Work- Steps) to include MRI, x-rays and pre-employment drug and alcohol screening.
- 2) I authorize and consent to investigations and inquiries of all statements contained in this application that may be necessary in arriving at an employment decision.
- 3) In the event of employment, I understand that false or misleading information given in my application or interview may result in my termination. I understand also, that I am required to abide by all M&R Trucking, Inc. and Mathews Tubular and Storage, Inc. and its subsidiaries' rules , regulations and policies.
- 4) 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 safety performance history as required by 49 CFR 391.223(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 can't agree on the accuracy of the information.
- 5) I further understand that this employment is on an as-needed basis.
- 6) I understand that if I quit or am terminated within 6 months of employment that the cost of the physical exam, x-rays, drug screen, breath alcohol screen, and costs from any training classes will be deducted from my final paycheck.
- 7) I understand that if I am issued a fuel card, key or keys, if I quit or I am terminated, these are to be returned to the office or my paycheck will be held until I return them.
- 8) I authorize M & R Trucking, Inc. to check my driving records and law enforcement records any time that they feel it necessary.
- 9) I understand that this position is a 24-hour call and if I fail to respond or report to M & R Trucking's Yard within 30 minutes it is grounds for termination.

**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. My signature below indicates that I have read the Agreement and Consent portion of the application listed above and that I understand and agree to the terms listed.**

Signature of Applicant : \_\_\_\_\_ Date: \_\_\_\_\_