



2345 S. 16<sup>th</sup> Ave  
 Phoenix, Arizona 85007  
 Tel 480-207-2588

## APPLICATION FOR EMPLOYMENT

Qualified applicants are considered without regard to race, color, religion, sex, national origin, age, marital status, veteran status or disability. MetroQuik, LLC is an Equal Employment Opportunity Employer.

Date of Application \_\_\_\_\_ Your Phone Number \_\_\_\_\_

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_  
LAST FIRST MIDDLE

Current Address \_\_\_\_\_  
STREET CITY STATE ZIP

Previous Address(es) during last 3 years (required by 49 CFR part 391.21 (3)) \_\_\_\_\_

Date of Birth (required by 49 CFR part 391.21 (2) to verify motor vehicle report) \_\_\_\_\_

In case of emergency notify \_\_\_\_\_ (\_\_\_\_)  
NAME ADDRESS STATE ZIPPHONE

Have you ever applied for work with or actually worked for MetroQuik, LLC before?  Yes  No

PLEASE READ CAREFULLY

- 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
- C. Have you ever tested positive or refused a DOT drug or alcohol pre-employment test?  Yes  No
- D. Have you ever been convicted of a criminal offense?  Yes  No
- E. Are you a defendant in any pending criminal actions?  Yes  No
- F. Are you currently on probation or parole?  Yes  No

If yes to any of the above questions, give details and dates \_\_\_\_\_

EDUCATION

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 College 1 2 3 4 Graduate School 1 2 3

List any other special training or schools: \_\_\_\_\_

MILITARY STATUS

Have you ever served in the Armed Forces of the United States?  Yes  No Branch \_\_\_\_\_

Dates Served: From \_\_\_\_\_ To \_\_\_\_\_ Duties \_\_\_\_\_

EMPLOYMENT RECORD FOR PAST TEN YEARS

All applicants must list all full and part-time employment including military service, self-employment and periods of unemployment during the 3 years preceding the date of this application. All drivers applying to operate a commercial motor vehicle as defined by 49 CFR part 383 must also list any employer during the 7-year period preceding the 3 years for which the applicant was an operator of a commercial motor vehicle, together with the dates of employment and the reasons for leaving such employment. Please list employers in reverse order starting with the current or most recent employer. Use additional sheets if necessary.

Mo Day Yr Mo Day Yr CURRENT OR MOST RECENT EMPLOYER

From \_\_\_\_\_ To \_\_\_\_\_ Name \_\_\_\_\_

Were you subject to Federal Motor Carrier Safety Regulations?  Yes  No Address \_\_\_\_\_ STREET CITY STATE ZIP

Was this job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40?  Yes  No Reason for Leaving \_\_\_\_\_ Position Held \_\_\_\_\_

Mo Day Yr Mo Day Yr SECOND PRIOR EMPLOYER

From \_\_\_\_\_ To \_\_\_\_\_ Name \_\_\_\_\_

Were you subject to Federal Motor Carrier Safety Regulations?  Yes  No Address \_\_\_\_\_ STREET CITY STATE ZIP

Was this job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40?  Yes  No Reason for Leaving \_\_\_\_\_ Position Held \_\_\_\_\_

Mo Day Yr Mo Day Yr THIRD PRIOR EMPLOYER

From \_\_\_\_\_ To \_\_\_\_\_ Name \_\_\_\_\_

Were you subject to Federal Motor Carrier Safety Regulations?  Yes  No Address \_\_\_\_\_ STREET CITY STATE ZIP

Was this job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40?  Yes  No Reason for Leaving \_\_\_\_\_ Position Held \_\_\_\_\_

Mo Day Yr Mo Day Yr FOURTH PRIOR EMPLOYER

From \_\_\_\_\_ To \_\_\_\_\_ Name \_\_\_\_\_

Were you subject to Federal Motor Carrier Safety Regulations?  Yes  No Address \_\_\_\_\_ STREET CITY STATE ZIP

Was this job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40?  Yes  No Reason for Leaving \_\_\_\_\_ Position Held \_\_\_\_\_

SUPPLEMENTAL SHEET FOR ADDITIONAL EMPLOYMENT HISTORY

Mo Day Yr Mo Day Yr FIFTH PRIOR EMPLOYER

From \_\_\_\_\_ To \_\_\_\_\_ Name \_\_\_\_\_

Were you subject to Federal Motor Carrier Safety Regulations?  Yes  No Address \_\_\_\_\_  
STREET CITY STATE ZIP

Was this job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40?  Yes  No Reason for Leaving \_\_\_\_\_  
Position Held \_\_\_\_\_

Mo Day Yr Mo Day Yr SIXTH PRIOR EMPLOYER

From \_\_\_\_\_ To \_\_\_\_\_ Name \_\_\_\_\_

Were you subject to Federal Motor Carrier Safety Regulations?  Yes  No Address \_\_\_\_\_  
STREET CITY STATE ZIP

Was this job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40?  Yes  No Reason for Leaving \_\_\_\_\_  
Position Held \_\_\_\_\_

Mo Day Yr Mo Day Yr SEVENTH PRIOR EMPLOYER

From \_\_\_\_\_ To \_\_\_\_\_ Name \_\_\_\_\_

Were you subject to Federal Motor Carrier Safety Regulations?  Yes  No Address \_\_\_\_\_  
STREET CITY STATE ZIP

Was this job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40?  Yes  No Reason for Leaving \_\_\_\_\_  
Position Held \_\_\_\_\_

Mo Day Yr Mo Day Yr EIGHTH PRIOR EMPLOYER

From \_\_\_\_\_ To \_\_\_\_\_ Name \_\_\_\_\_

Were you subject to Federal Motor Carrier Safety Regulations?  Yes  No Address \_\_\_\_\_  
STREET CITY STATE ZIP

Was this job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40?  Yes  No Reason for Leaving \_\_\_\_\_  
Position Held \_\_\_\_\_

ADD ADDITIONAL SHEETS AS NECESSARY

**DRIVING EXPERIENCE**

CLASS OF EQUIPMENT    TYPE OF EQUIPMENT    DATE FROM    DATE TO    APPROXIMATE NO. OF MILES TOTAL

STRAIGHT TRUCK				
TRACTOR AND SEMI TRAILER				
TRACTOR AND TWO TRAILERS				
OTHER				

**LICENSE**

List all drivers licenses held in past 3 years (Note: A copy of your valid driver's license or CDL must be attached to your application)

STATE OF ISSUE	LICENSE NUMBER	TYPE	ENDORSEMENTS	EXPIRATION DATE

**VIOLATIONS OF MOTOR VEHICLE LAWS OR ORDINANCES FOR WHICH APPLICANT WAS CONVICTED OR FORFEITED BOND OR COLLATERAL**

List for past 3 years. If none, write NONE

DATE	LOCATION (STATE)	CHARGE	PENALTY

**MOTOR VEHICLE ACCIDENT RECORD**

List all accidents for past 3 years. Include preventable and non-preventable. If none, write NONE

DATE	TYPE OF ACCIDENT	DESCRIBE ACCIDENT	PREVENTABLE OR NOT	PROPERTY DAMAGE	FATALITIES	INJURIES	DAMAGE

STATES IN WHICH YOU HAVE OPERATED A COMMERCIAL MOTOR VEHICLE IN THE PAST FIVE YEARS

LIST ALL STATES: \_\_\_\_\_

\_\_\_\_\_

ACKNOWLEDGEMENT

In accordance with 49 CFR part 391.21(d), I acknowledge that I am hereby informed that the information I have provided concerning my employment record may be used, and my previous employers will be contacted, for the purpose of investigating my safety performance history as required by paragraphs (d) and (e) of 49 CFR part 391.23. I further acknowledge that I have been informed that I have the following rights as described in paragraph (i) of 49 CFR part 391.23 regarding the investigative information that will be provided to MetroQuik, LLC (the Company) as my prospective employer:

- (i) The right to review information provided by previous employers;
- (ii) The right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to the prospective employer;
- (iii) The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

I hereby give the Company the right to investigate all references and to secure additional information about me, if job-related. I release from liability the Company and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information. A copy of this page serves as my authorization to seek/provide this information. I agree to sign all documents and consent forms which the Company deems necessary to verify the facts provided in this application. I give my consent, and release from liability the Company and its representatives, to respond to any inquiries made about me as part of a reference check by any subsequent or potential employer.

From time to time the Company may find it necessary to conduct investigations. If it does, employees are expected to truthfully participate and cooperate in such investigations, including submission to searches of property. Failure to do so may subject employees to disciplinary action, which may include termination of employment.

I realize as a condition of employment I will be required to undergo a post offer/pre-employment medical examination and substance abuse screening test at the expense of and as prescribed by the Company, and that any offer of employment is conditioned upon the successful completion of these tests. I agree to furnish such additional information and undergo any other examinations or tests to complete the employment file, or to continue my employment with the Company, if employed. These tests may include, but are not necessarily limited to random, for cause, reasonable suspicion or post-accident alcohol and substance abuse screening tests. Further, I release the Company, its agents or employees from any and all claims or actions arising out of such alcohol and substance abuse tests including, but not limited to, the testing procedures, the analysis or the disclosure of test results.

I understand that any offer of employment is contingent upon my ability to produce documentation verifying my identity and legal authorization to be employed, as required by the Immigration Reform & Control Act of 1986 (IRCA).

This application is active for sixty (60) days from the date it is completed, or until the specific position opening for which it was submitted is closed, whichever is earlier. Subsequent to the preceding consideration period, I must submit a new application to be considered for this or any other position.

I understand and agree that any misrepresented, inaccurate, misleading, incomplete or omitted information provided by me in this application will be sufficient cause for cancellation of this application and/or separation from the Company's service if employed. Further, I understand that just as I am free to resign at any time, for any reason, with or without prior notice, the Company reserves the right to terminate my employment at any time, for any reason, with or without prior notice. I understand that no representative of the Company has the authority to make any verbal or written assurances to the contrary. I recognize the employment relationship to be an at-will relationship and not for a specific period of time. This application represents the complete and final expression of the intent of the parties and may not be modified except by a writing duly executed by the undersigned and the President of the Company.

I hereby agree to submit to binding arbitration all disputes and claims arising out of the submission of this application. I further agree, in the event that I am offered employment by the Company, as a condition to that employment, all disputes that cannot be resolved by informal internal resolution which might arise out of my employment with the Company, whether during or after that employment, will be submitted to binding arbitration in lieu of any Federal or State investigative, administrative or legal proceeding. I agree that such arbitration shall be conducted under the rules of the American Arbitration Association. This application contains the entire agreement between the parties with regard to dispute resolution, and there are no other agreements as to dispute resolution, either oral or written.

I have read carefully the above information, understand and accept the contents thereof.

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.

Date \_\_\_\_\_ Applicant's Signature \_\_\_\_\_