

GRILEY AIRFREIGHT

5341 WEST 104TH STREET
LOS ANGELES, CA. 90045

APPLICATION FOR EMPLOYMENT

DATE OF APPLICATION

____/____/____

In compliance with all Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, non-job related disability.

Position (s) Applied for: _____

Social Security No. ____/____/____

NAME: _____
(LAST) (FIRST) (MIDDLE)

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ HOW LONG? _____

HOME TEL. No. _____ CELL PHONE: _____

In Case of Emergency Notify : Name: _____ Tel _____ Cell _____

Address: _____ City: _____ State: _____ Zip: _____

Do you have a legal right to work in the United States ? _____

If you are a resident alien, please give your alien number from your Resident Alien Card, Form I-551: _____

Date of Birth: _____

Can you provide proof of age ? _____

Have you worked for GRILEY AIRFREIGHT before ? _____ Where ? _____ Position: _____

Dates: From: _____ TO: _____ Reason for Leaving ? _____

Are you presently employed ? _____ If not, how long since leaving last employment: _____

Who referred you to this company ? _____

Years of experience at position applying for: _____ Rate of pay expected ? _____

Is there any reason you might be unable to perform the functions of the job for which you have applied?

Yes [] No [] If yes, please explain below if you wish.

EMPLOYMENT RECORD

(ATTACH SHEET IF MORE SPACE IS NEEDED)

[2]

Note: Show ALL employment for the past three years and all Commerical Driving Experience for past ten years

Last Employer: Name: _____ Position Held: _____

Address: _____ City: _____ State: _____ Zip: _____

Employment Dates: From: _____ To: _____ Salary You Were Making: _____

Supervisors Name: _____ Phone No.: _____

Reason (s) for leaving: _____

Second Last Employer: Name: _____ Position Held: _____

Address: _____ City: _____ State: _____ Zip: _____

Employment Dates: From: _____ To: _____ Salary You Were Making: _____

Supervisors Name: _____ Phone No.: _____

Reason (s) for leaving: _____

Third Last Employer: Name: _____ Position Held: _____

Address: _____ City: _____ State: _____ Zip: _____

Employment Dates: From: _____ To: _____ Salary You Were Making: _____

Supervisors Name: _____ Phone No.: _____

Reason (s) for leaving: _____

Fourth Last Employer: Name: _____ Position Held: _____

Address: _____ City: _____ State: _____ Zip: _____

Employment Dates: From: _____ To: _____ Salary You Were Making: _____

Supervisors Name: _____ Phone No.: _____

Reason (s) for leaving: _____

TO BE READ AND SIGNED BY APPLICANT

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.

TODAY'S DATE: _____ APPLICANT'S SIGNATURE: _____

Note: A Motor Carrier may require an applicant to provide information in addition to the information required by the Federal Motor Carrier Safety Regulations.

Fifth Last Employer: Name: _____ Position Held: _____
Address: _____ City: _____ State: _____ Zip: _____
Employment Dates: From: _____ To: _____ Salary You Were Making: _____
Supervisors Name: _____ Phone No.: _____
Reason (s) for leaving: _____

Sixth Last Employer: Name: _____ Position Held: _____
Address: _____ City: _____ State: _____ Zip: _____
Employment Dates: From: _____ To: _____ Salary You Were Making: _____
Supervisors Name: _____ Phone No.: _____
Reason (s) for leaving: _____

Seventh Last Employer: Name: _____ Position Held: _____
Address: _____ City: _____ State: _____ Zip: _____
Employment Dates: From: _____ To: _____ Salary You Were Making: _____
Supervisors Name: _____ Phone No.: _____
Reason (s) for leaving: _____

Eighth Last Employer: Name: _____ Position Held: _____
Address: _____ City: _____ State: _____ Zip: _____
Employment Dates: From: _____ To: _____ Salary You Were Making: _____
Supervisors Name: _____ Phone No.: _____
Reason (s) for leaving: _____

Ninth Last Employer: Name: _____ Position Held: _____
Address: _____ City: _____ State: _____ Zip: _____
Employment Dates: From: _____ To: _____ Salary You Were Making: _____
Supervisors Name: _____ Phone No.: _____
Reason (s) for leaving: _____

LIST ANY ADDRESS YOU HAVE MAINTAINED DURING THE PAST THREE YEARS OTHER THAN YOUR PRESENT ADDRESS

1. ADDRESS: _____ HOW LONG ? _____

CITY: _____ STATE: _____ ZIP: _____

2. ADDRESS: _____ HOW LONG ? _____

CITY: _____ STATE: _____ ZIP: _____

3 ADDRESS: _____ HOW LONG ? _____

CITY: _____ STATE: _____ ZIP: _____

LIST 3 PERSONAL REFERENCES (OTHER THAN RELATIVES OR PAST EMPLOYERS)

1. NAME; _____ TELEPHONE No. _____

2. NAME; _____ TELEPHONE No. _____

3. NAME; _____ TELEPHONE No. _____

To date, I have driven trucks for _____ years, covering approximately _____ miles.

The date of my last accident while driving a commerical vehicle was _____

Since that time, I have driven approximately _____ accident free miles.

During the last three years, in what states have you driven regularly: _____

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (BOBTAIL,TANK,FLAT,ETC.)	FROM	TO	APPROXIMATE No. OF TOTAL MILES
STRAIGHT TRUCK	_____	_____	_____	_____
TRACTOR & SEMI-TRAILER	_____	_____	_____	_____
TRACTOR & TWO TRAILERS	_____	_____	_____	_____
OTHER	_____	_____	_____	_____

LIST DRIVER TRAINING COURSES OR DRIVING SCHOOL COMPLETED:

1. _____ DATE COMPLETED: _____

2. _____ DATE COMPLETED: _____

CAN YOU READ ENGLISH ? YES [] NO [] SPEAK ENGLISH ? YES [] NO []

WRITE ENGLISH ? YES [] NO []

WHAT LANGUAGES CAN YOU READ AND WRITE ? _____

DO YOU HAVE A CURRENT D.O.T. PHYSICAL CERTIFICATE ? YES [] NO [] IF YES PLEASE PROVIDE:

NAME OF DOCTOR: _____

ADDRESS: _____ EXAM. DATE: _____

Are you physically capable of heavy manual work that may be required in the loading and unloading of cargo and the operation of over-the-road tractors and semi-trailers with or without reasonable accommodations ? YES [] NO []

IF ACCOMMODATIONS ARE REQUIRED, PLEASE EXPLAIN: _____

ACCIDENT RECORD FOR PAST 5 YEARS

IF NONE (WRITE NONE)

DATES	NATURE OF ACCIDENT HD. ON-REAR END--ETC.	PREVENTABLE	FATALITIES	INJURES	CITY / STATE	EMPLOYER	TYPE OF VEHICLE
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

TRAFFIC CONVICTIONS FOR 5 YEARS (OTHER THAN PARKING VIOLATIONS) ON & OFF DUTY

LOCATION	DATE	CHARGE	IF SPEEDING HOW FAST ?	PENALTY
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

DRIVERS LICENSE

HOLDER OF COMMERCIAL LICENSES MUST NOT HAVE AIR BRAKE RESTRICTION

STATE	LICENSE NO.	CLASS	ENDORSEMENTS	EXPIRATION DATE
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

IF YOU HAVE HELD A DRIVERS LICENSE IN ANY OTHER NAME IN THE PAST 10 YEARS PLEASE PROVIDE THE OTHER NAME

LAST NAME

FIRST NAME

MIDDLE NAME

PLEASE READ CAREFULLY

[6]

- A. HAVE YOU EVER BEEN DENIED A LICENSE, PERMIT, OR PRIVILEGE TO OPERATE A MOTOR VEHICLE ? YES [] NO []
- B. HAS YOUR MOTOR VEHICLE OPERATOR'S LICENSE, PERMIT, OR PRIVILEGE EVER BEEN SUSPENDED OR REVOKED ? YES [] NO []
- C. HAVE YOU EVER BEEN DISQUALIFIED FROM DRIVING A MOTOR VEHICLE UNDER D.O.T. REGULATIONS ? YES [] NO []
- D. HAVE YOU EVER BEEN CONVICTED FOR DRIVING UNDER INFLUENCE OF ALCOHOL OR DRUGS ? YES [] NO []
- E. HAVE YOU EVER BEEN CONVICTED FOR POSSESSION, SALE, OR USE OF NARCOTIC DRUGS, AMPHETAMINES, OR A DERIVATIVE ? YES [] NO []
- F. HAVE YOU EVER BEEN CONVICTED OF A SERIOUS TRAFFIC VIOLATION, SUCH AS CARELESS OR RECKLESS DRIVING OR WILLFUL RECKLESS DRIVING, ETC. ? YES [] NO []
- G. HAVE YOU, WITHIN THE LAST (2) YEARS PRECEDING THE DATE OF THIS APPLICATION:
- (1) UNDERGONE AN ALCOHOL TEST IN WHICH A CONCENTRATION OF 0.04 OR GREATER HAS BEEN INDICATED ? YES [] NO []
- (2) UNDERGONE A CONTROLLED SUBSTANCE TEST IN WHICH A POSITIVE RESULT HAS BEEN VERIFIED ? YES [] NO []
- (3) REFUSED TO UNDERGO EITHER AN ALCOHOL OR CONTROLLED SUBSTANCE TEST ? YES [] NO []
- H. HAVE YOU EVER BEEN CONVICTED OF A FELONY ? YES [] NO []

IF YOU ANSWERED " YES " TO ANY OF THESE QUESTIONS, PLEASE PROVIDE DETAILS ON A SEPARATE SHEET OF PAPER.

ADDENDUM TO EMPLOYMENT APPLICATION

[7]

AS A PROSPECTIVE EMPLOYER, WE MUST ASK ANY APPLICANT FOR A DRIVING POSITION WITH OUR COMPANY WHETHER HE / SHE HAS TESTED POSITIVE, OR REFUSED TO TEST, ON ANY PREEMPLOYMENT DRUG OR ALCOHOL TEST ADMINISTERED BY AN EMPLOYER TO WHICH THE APPLICANT APPLIED FOR, BUT DID NOT OBTAIN, " SAFETY-SENSITIVE TRANSPORTATION WORK " (DRIVING A COMMERICAL MOTOR VEHICLE) DURING THE PAST TWO YEARS.

[] YES I HAVE TESTED POSITIVE FOR DRUG / ALCOHOL, OR REFUSED TO TAKE A PRE-EMPLOYMENT TEST IN THE LAST TWO YEARS PRECEDING THE DATE OF THIS APPLICATION.

[] NO I HAVE NOT TESTED POSITIVE FOR ANY DRUGS / ALCOHOL, OR REFUSED TO TAKE A PRE-EMPLOYMENT DRUG / ALCOHOL TEST IN THE TWO YEARS PRECEDING THE DATE OF THIS APPLICATION.

D.O.T. REGULATIONS PROHIBIT OUR UTILIZING YOU TO PERFORM A " SAFETY-SENSITIVE " FUNCTION (DRIVING A COMMERICAL MOTOR VEHICLE) IF YOU ADMIT THAT YOU HAD A POSITIVE TEST, OR A REFUSAL TO TEST, UNTIL AND UNLESS YOU PROVIDE DOCUMENTS SHOWING SUCCESSFUL COMPLETION [3] OF THE RETURN - TO - DUTY PROCESS IN ACCORDANCE WITH D.O.T. REGULATIONS.

THIS CERTIFIES THAT I COMPLETED THIS ADDENDUM TO THE EMPLOYMENT APPLICATION, AND THAT ALL INFORMATION THEREIN IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I ALSO UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF INFORMATION OR FACTS MAY RESULT IN MY REJECTION OR DISMISSAL.

DATE: _____ **APPLICANT SIGNATURE:** _____

PRE-EMPLOYMENT URINALYSIS NOTIFICATION

THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS, SECTION 391.103---PRE-EMPLOYMENT TESTING REQUIREMENTS APPLY TO DRIVER-APPLICANTS OF THIS COMPANY.

- 391.103 PRE--EMPLOYMENT TESTING REQUIREMENTS:**
- (A) A MOTOR CARRIER SHALL REQUIRE A DRIVER-APPLICANT WHO THE MOTOR CARRIER INTENDS TO HIRE OR USE TO BE TESTED FOR THE USE OF CONTROLLED SUBSTANCES AS A PRE-QUALIFICATION CONDITION.
 - (B) A DRIVER-APPLICANT SHALL SUBMIT TO CONTROLLED SUBSTANCE TESTING AS A PRE-QUALIFICATION CONDITION.
 - (C) PRIOR TO COLLECTION OF A URINE SAMPLE UNDER 391.107 OF THIS SUBPART, A DRIVER-APPLICANT SHALL BE NOTIFIED THAT THE SAMPLE WILL BE TESTED FOR THE PRESENCE OF CONTROLLED SUBSTANCES.

AS A CONDITION OF MY EMPLOYMENT, I AGREE TO THE URINE SAMPLE COLLECTION AND CONTROLLED SUBSTANCES TESTING.

I UNDERSTAND A POSITIVE TEST FOR CONTROLLED SUBSTANCES BASED ON THE URINALYSIS TEST WILL MEDICALLY DISQUALIFY ME FROM THE OPERATION OF A COMMERCIAL MOTOR VEHICLE FOR THIS COMPANY.

THE MEDICAL REVIEW OFFICER WILL MAINTAIN THE RESULTS OF THE URINALYSIS TEST. NEGATIVE AND POSITIVE RESULTS WILL BE REPORTED TO THE COMPANY.

MY WRITTEN AUTHORIZATION IS REQUIRED FOR THE RESULTS OF THE URINALYSIS TEST RESULTS TO BE GIVEN TO OTHER PARTIES.

I HAVE READ AND UNDERSTAND THE ABOVE CONDITIONS FOR THE PRE-EMPLOYMENT URINALYSIS NOTIFICATION.

APPLICANT'S NAME (TYPE OR PRINT)

APPLICANT'S SIGNATURE

DATE: ____/____/____

WITNESSED BY:

COMPANY REPRESENTATIVE'S SIGNATURE

DATE: ____/____/____

CERTIFICATION OF COMPLIANCE

I. NOTICE TO DRIVERS

THE COMMERCIAL MOTOR VEHICLE SAFETY ACT OF 1986 PROVIDES FOR A NEW SET OF CONTROLS OVER THE DRIVERS OF COMMERCIAL VEHICLES. THE NEW LAW APPLIES TO ALL DRIVERS OPERATING VEHICLES AND COMBINATIONS WITH A GROSS VEHICLE WEIGHT RATING OVER 26,000 POUNDS, AND TO ANY VEHICLE, REGARDLESS OF WEIGHT, TRANSPORTING HAZARDOUS MATERIALS.

THE FOLLOWING PROVISIONS OF THIS LEGISLATION BECAME EFFECTIVE JULY 01, 1987:

1. NO DRIVER MAY POSSESS MORE THAN ONE LICENSE, AND NO MOTOR CARRIER MAY USE A DRIVER HAVING MORE THAN ONE LICENSE. A LIMITED EXCEPTION IS MADE FOR DRIVERS WHO ARE SUBJECT TO NON-RESIDENT LICENSING REQUIREMENTS OF ANY STATE. THIS EXCEPTION DOES NOT APPLY AFTER DECEMBER 31, 1987.

2. A DRIVER CONVICTED OF A TRAFFIC VIOLATION (OTHER THAN PARKING) MUST NOTIFY THE MOTOR CARRIER AND THE STATE WHICH ISSUED THE LICENSE TO THAT DRIVER OF SUCH CONVICTION WITHIN 30 DAYS.

3. ANY PERSON APPLYING FOR A JOB AS A COMMERCIAL VEHICLE DRIVER MUST INFORM THE PROPECTIVE EMPLOYER OF ALL PREVIOUS EMPLOYMENT AS THE DRIVER OF A COMMERCIAL VEHICLE FOR THE PAST 10 YEARS IN ADDITION TO ANY OTHER REQUIRED INFORMATION ABOUT THE APPLICANT'S EMPLOYMENT HISTORY.

4. ANY VIOLATION IS PUNISHABLE BY A FINE NOT EXCEED \$2,500.00. IN ADDITION, THE FEDERAL MOTOR CARRIER REGULATIONS NOW REQUIRE THAT A DRIVER WHO LOSES ANY PRIVILAGE TO OPERATE A COMMERCIAL VEHICLE OR WHO IS DISQUALIFIED FROM OPERATING A COMMERCIAL VEHICLE, MUST ADVISE THE MOTOR CARRIER THE NEXT BUSINESS DAY AFTER RECEIVING NOTIFICATION OF SUCH ACTION.

II. CERTIFICATION BY DRIVER

I HEREBY CERTIFY THAT I HAVE READ AND UNDERSTAND THE DRIVER PROVISIONS OF THE COMMERCIAL MOTOR VEHICLE SAFETY ACT OF 1986, WHICH IS EFFECTIVE JULY 01, 1987.

DRIVERS NAME: _____ SOC.SEC # : _____
PRINT NAME

DRIVER'S ADDRESS: _____

LICENSE: STATE _____ TYPE / CLASS _____ ID# _____

I FUTHER CERTIFY THAT THE ABOVE COMMERCIAL VEHICLE LICENSE IS THE ONLY ONE HELD OR THAT I HAVE SURRENDERED THE FOLLOWING LICENSES TO THE STATE INDICATED:

LICENSE: STATE _____ TYPE / CLASS _____ ID# _____

LICENSE: STATE _____ TYPE / CLASS _____ ID# _____

DRIVER'S SIGNATURE: _____ DATE: _____

NOTIFICATION OF TRAFFIC VIOLATIONS

[10]

THE COMMERCIAL MOTOR VEHICLE SAFETY ACT OF 1986 REQUIRES THAT COMMERCIAL DRIVERS NOTIFY THEIR EMPLOYER AND THE STATE THAT ISSUED THEIR LICENSE OF ALL MOVING VIOLATIONS, INCLUDING THOSE COMMITTED IN A PERSONAL VEHICLE, FOR WHICH THE DRIVER FORFEITED COLLATERAL OR WAS CONVICTED, WITHIN THIRTY DAYS AFTER CONVICTION.

THE FOLLOWING INFORMATION IS BEING PROVIDED BY THE BELOW NAMED DRIVER TO COMPLY WITH THE TRAFFIC VIOLATION NOTIFICATION REQUIREMENTS OF THE ACT.

DRIVER'S FULL NAME: _____

DRIVER'S ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE NUMBER: _____

DRIVER'S LICENSE NUMBER: _____ STATE: _____

DATE OF VIOLATION: _____ CITATION NUMBER: _____

VEHICLE OPERATED (CHECK ONE):

PERSONAL _____

COMMERCIAL (26,001# OR MORE) _____

OTHER: _____

PLEASE DESCRIBE

LOCATION OF OFFENSE (CITY, TOWN / COUNTY) _____

STATE: _____

NATURE OF VIOLATION: _____

DISPOSITION OF CASE (BAIL FORFEITURE, CONVICTION WITH FINE, LOSE OF LICENSE, ETC.)

DATE OF CONVICTION: _____

DRIVER'S SIGNATURE: _____ TODAY'S DATE: _____

DRIVER'S CERTIFICATION OF VIOLATIONS

I CERTIFY THAT THE FOLLOWING IS A TRUE AND COMPLETE LIST OF TRAFFIC VIOLATIONS (OTHER THAN PARKING VIOLATIONS) FOR WHICH I HAVE BEEN CONVICTED OR FORFEITED BOND OR COLLATERAL DURING THE PAST 12 MONTHS.

DATE	OFFENSE	LOCATION	TYPE OF VEHICLE OPERATED
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

IF NO VIOLATIONS ARE LISTED ABOVE, I CERTIFY THAT I HAVE NOT BEEN CONVICTED OR FORFEITED BOND OR COLLATERAL ON ACCOUNT OF ANY VIOLATION REQUIRED TO BE LISTED DURING THE PAST 12 MONTHS.

DATE OF CERTIFICATION

DRIVERS SIGNATURE

MOTOR CARRIER'S NAME: GRILEY AIRFREIGHT

**MOTOR CARRIER'S ADDRESS: 5341 WEST 104th STREET
LOS ANGELES, CA. 90045**

REVIEWED BY: _____
SIGNATURE

TITLE

INQUIRY TO STATE AGENCY FOR DRIVER'S RECORD

**U.S. DEPARTMENT OF TRANSPORTATION
MOTOR CARRIER SAFETY PROGRAM
391.23**

DRIVER'S NAME

DRIVER'S OPERATORS LICENSE No.

DRIVER'S SOCIAL SECURITY No.

DEAR: _____

THE ABOVE LISTED INDIVIDUAL HAS MADE APPLICATION WITH US FOR EMPLOYMENT AS A DRIVER. HE / SHE HAS INDICATED THAT THE ABOVE NUMBERED OPERATOR'S LICENSE OR PERMIT HAS BEEN ISSUED BY YOUR STATE TO HIM / HER, AND THAT IT IS IN GOOD STANDING.

IN ACCORDANCE WITH SECTION 391.23 (a)(1) and (b) OF THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS, WE ARE REQUIRED TO MAKE INQUIRY INTO THE DRIVING RECORD DURING THE PRECEDING THREE YEARS OF EVERY STATE IN WHICH AN APPLICANT-DRIVER HAS HELD A MOTOR OPERATOR'S LICENSE OR PERMIT DURING THOSE THREE YEARS.

THEREFORE, PLEASE CERTIFY TO US WHAT THE INDIVIDUAL'S DRIVING RECORD IS FOR THE PRECEDING THREE YEARS, OR CERTIFY THAT NO RECORD EXISTS IF THAT BE THE CASE.

IN THE EVENT THAT THIS INQUIRY DOES NOT SATISFY YOUR REQUIREMENTS FOR MAKING SUCH INQUIRIES, PLEASE SEND TO US SUCH FORMS OF YOURS AS ARE NECESSARY FOR US TO COMPLETE OUR INQUIRY INTO THE DRIVING RECORD OF THIS INDIVIDUAL.

RESPECTFULLY YOURS,

SIGNATURE OF PERSON MAKING INQUIRY

PRINT NAME OF PERSON MAKING INQUIRY

TITLE OF PERSON MAKING INQUIRY

MOTOR CARRIER NAME

ADDRESS

CITY, STATE, ZIP

I HEREBY ACKNOWLEDGE THAT, PRIOR TO SUBMITTING THIS APPLICATION PROVIDED HEREIN MAY BE USED, AND THAT MY REFERENCES AND PRIOR EMPLOYERS MAY BE CONTACTED, FOR THE PURPOSE OF INVESTIGATING MY BACKGROUND.

I HEREBY AUTHORIZE " GRILEY AIRFREIGHT " HEREINAFTER THE " COMPANY " TO INVESTIGATE ALL STATEMENTS IN THIS APPLICATION AND TO SECURE ANY NECESSARY INFORMATION FROM ANY OF MY REFERENCES, PRIOR EMPLOYERS, OR OTHER SOURCES IDENTIFIED HEREIN.

I RELEASE THE " COMPANY " AND ANY OF MY REFERENCES, PRIOR EMPLOYERS, OR OTHER SOURCES IDENTIFIED HEREIN FROM ANY AND ALL LIABILITY ARISING FROM THEIR GIVING OR RECEIVING INFORMATION ABOUT ME OR MY DRIVING RECORD OR EMPLOYMENT HISTORY. I HEREBY AUTHORIZE ANY LAW ENFORCEMENT AGENCY OR COURT OF RECORD TO FURNISH THE " COMPANY " INFORMATION CONCERNING MY MOTOR VEHICLE RECORDS, OR ANY FELONY OR MISDEMEANORS OF WHICH I HAVE BEEN CONVICTED.

I UNDERSTAND THAT ANY FALSE OR MISLEADING STATEMENTS IN THIS APPLICATION WILL BE SUFFICIENT CAUSE FOR REJECTION OF MY APPLICATION IF THE "COMPANY" HAS NOT ALREADY QUALIFIED ME AS A DRIVER AND FOR IMMEDIATE DISQUALIFICATION IF IT QUALIFIED ME AS A DRIVER.

IF THIS APPLICATION IS FOR QUALIFICATION AS A " COMPANY " DRIVER, I AGREE THAT THE " COMPANY " IS NOT OBLIGATED TO EMPLOY ME. I FURTHER AGREE THAT, IF I AM EMPLOYED AS A " COMPANY " DRIVER, I HAVE THE RIGHT TO TERMINATE MY EMPLOYMENT AT ANY TIME FOR ANY REASON AND THE " COMPANY " HAS THE SAME RIGHT. ANY FALSE, MISLEADING OR INCOMPLETE STATEMENT OF THE INFORMATION REQUESTED IN THIS APPLICATION WILL BE SUFFICIENT GROUNDS FOR DISCHARGE FROM EMPLOYMENT AS A " COMPANY " DRIVER.

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.

I AGREE TO FURNISH SUCH ADDITIONAL INFORMATION AND COMPLETE SUCH EXAMINATIONS AS MAY BE REQUIRED TO COMPLETE MY DRIVER QUALIFICATION FILE.

I HEREBY ACKNOWLEDGE THAT I HAVE READ, UNDERSTAND, AND AGREE TO THE PRECEDING STATEMENT

DATE: _____

SIGNATURE OF APPLICANT: _____

MINIMUM ELIGIBILITY CRITERIA FOR DRIVERS:

ACCIDENTS:

NO MORE THAN ONE AT FAULT ACCIDENT, AND ONE NOT AT FAULT ACCIDENT IN PAST 36 MONTHS (3 YEARS).

NOTE: THE POLICE REPORT MUST BE PROVIDED, SHOWING THAT ONE OF THE ACCIDENTS IS A NOT FAULT PRIOR TO ACCEPTANCE.

MOVING VIOLATIONS:

NO MORE THAN THREE MOVING VIOLATIONS IN THE PAST 36 MONTHS (3 YEARS), NO MORE THAN TWO IN THE PAST 12 MONTHS (1 YEAR).

NON-MOVING VIOLATIONS:

NO MORE THAN FIVE NON-MOVING VIOLATIONS ON AN INDIVIDUAL MOTOR VEHICLE REPORT, IN THE PAST 36 MONTHS (3 YEARS).

NOTE: FAILURE TO APPEAR, EQUIPMENT AND OVER WEIGHTS ALL COUNT.

NOTE: NOT MORE THAN THREE CAN BE A COMBINATION OF EQUIPMENT VIOLATIONS IN THE PAST 36 MONTHS (3 YEARS).

YEARS OF EXPERIENCE:

MINIMUM 2 YEARS DRIVING EXPERIENCE WITHIN LIKE VEHICLE BEING OPERATED.

AGE OF DRIVER:

DRIVER MUST BE AT LEAST 24 YEARS OF AGE.

NOTE: DRIVERS BETWEEN THE AGES OF 21-23 YEARS OLD MAY BE SUBMITTED TO THE CARRIER FOR APPROVAL.

MAJOR VIOLATIONS:

**ANY MAJOR VIOLATION AND OR THE FOLLOWING WILL BE UNACCEPTABLE TO THE INSURANCE CARRIER WITH IN THE PAST 60 MONTHS (5 YEARS), BASED ON CONVICTION DATE:
FOLLOWING TO CLOSE
RECKLESS DRIVING
DUI
HIT & RUN**

NOTE: THE ABOVE IS A REPRESENTATION OF MINIMUM GUIDELINES OF HIRING PRACTICES THAT THE CARRIER WILL ACCEPT AND ARE SUBJECT TO CHANGE.

THE CARRIER RESERVES THE RIGHT OF FINAL APPROVAL ON ALL DRIVERS.

RELEASE & DOCUMENTATION OF TESTING INFORMATION BY PREVIOUS EMPLOYER

THIS FORM MAY BE USED TO FULFILL THE REQUIREMENT OF 382.413, OBTAINING INFORMATION FROM A NEW DRIVER'S EMPLOYER (S) REGARDING PAST DRUG AND ALCOHOL TESTING RESULTS. THIS INFORMATION MUST BE OBTAINED FROM ALL EMPLOYERS OF ALL NEW DRIVERS WITHIN THE PRECEDING TWO YEARS. IT MUST BE OBTAINED NO LATER THAN 14 CALENDAR DAYS AFTER THE FIRST TIME A DRIVER PERFORMS A SAFETY SENSITIVE FUNCTION. SEND A SEPARATE REQUEST TO EACH PREVIOUS EMPLOYER YOU MAY BE CONTACTING. AFTER IT IS COMPLETED AND SIGNED BY A PROGRAM REPRESENTATIVE, KEEP THE FORM IN THE DRIVER'S QUALIFICATION FILE.

DATE OF DRIVER'S EMPLOYMENT APPLICATION: _____ / _____ / _____

PART 1, TO BE COMPLETED BY THE DRIVER / APPLICANT

I, _____ **HEREBY AUTHORIZE** _____
DRIVER / APPLICANT NAME PREVIOUS EMPLOYER / COMPANY

TO RELEASE TO Adam Alarcon **AT** GRILEY AIRFREIGHT
COMPANY CONTACT NEW EMPLOYER / COMPANY

ADDRESS 5341 WEST 104th STREET **CITY** LOS ANGELES

STATE CA. **ZIP** 90045 **PHONE No.** 310 642-0462 **FAX** 310 645-1190

RESULTS OF ANY POSITIVE CONTROLLED SUBSTANCE TESTS; ALCOHOL TESTS WITH A RESULT OF 0.04 OR GREATER; EVIDENCE OF REFUSAL TO BE TESTED; AND INFORMATION ON ANY REQUIRED SUBSTANCE ABUSE PROFESSIONAL (SAP) EVALUATION, DETERMINATION OF NEED FOR ASSISTANCE, AND COMPLIANCE WITH "SAP" RECOMMENDATIONS FOR THE PRECEDING TWO YEARS. I REQUEST SUCH RECORDS BE RELEASED IMMEDIATELY. **THIS AUTHORIZATION IS VALID UNTIL WITHDRAWN BY ME IN WRITING.**

DATED THIS _____ DAY OF _____, 20_____

APPLICANT'S NAME, PRINTED

APPLICANT'S SIGNATURE

APPLICANT'S SOCIAL SECURITY No.

WITNESS SIGNATURE

PART 2, TO BE COMPLETED BY PREVIOUS BY PREVIOUS EMPLOYER

- 1. HAS THIS PERSON EVER TESTED POSITIVE FOR CONTROLLED SUBSTANCES IN THE PAST 2 YEARS DURING THEIR EMPLOYMENT WITH YOUR COMPANY. YES [] NO []
- 2. HAS THIS PERSON EVER HAD A BREATH ALCOHOL TEST WITH A RESULT OF 0.04 OR GREATER IN THE PAST 2 YEARS DURING THEIR EMPLOYMENT WITH YOUR COMPANY. YES [] NO []
- 3. HAS THIS PERSON EVER REFUSED A REQUIRED TEST FOR DRUGS OR ALCOHOL IN THE PAST 2 YEARS DURING THEIR EMPLOYMENT WITH YOUR COMPANY. YES [] NO []

NOTE: IF YES TO ANY OF THE ABOVE QUESTIONS, PLEASE RELEASE ANY DOCUMENTATION RELATING TO THE "SAP'S" EVALUATION, DETERMINATION, AND COMPLIANCE, AND GIVE THE "SAP'S" NAME, ADDRESS, AND PHONE NUMBER FOR FUTHER REFERENCE.

SAP NAME _____ SAP PHONE No. _____

SAP ADDRESS _____ CITY _____ STATE _____ ZIP _____

NAME OF PERSON RELEASING INFORMATION _____ TITLE _____

SIGNATURE OF PERSON RELEASING INFORMATION _____ DATE _____

PAST EMPLOYMENT REFERENCE

COMPANY CONTACT: _____ PHONE No.: _____

DATE CONTACTED: _____ CONTACT PERSON: _____ POSITION: _____

VERIFICATION: _____'S APPLICATION INDICATES THAT HE / SHE WAS
APPLICANTS NAME

EMPLOYED AS _____ AT YOUR COMPANY FROM _____ TO _____
JOB DESCRIPTION

IF THE INFORMATION PROVIDED IS CORRECT, CHECK N/A, OR IF INCORRECT, SUPPLY CORRECT DATES IN SPACE PROVIDED.

[] N/A _____

EQUIPMENT OPERATED: [] TRACTOR/TRAILER [] STRAIGHT TRUCK [] OTHER _____

TYPE OF TRAILER: [] VAN [] REEFER [] TANK [] FLATBED [] OTHER _____

COMMODITIES HAULED: _____

AREAS OF OPERATION: _____

ACCIDENTS (PLEASE LIST ANY THE DRIVER WAS INVOLVED IN) :

DATE	TYPE	LOCATION	PREV./NON-PREV.	INJURY	FATAL	COST
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

CITATIONS

DATE	TYPE	STATE	DUI	SUSPENSION	OTHER
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

QUALIFICATION:

WAS THIS DRIVER PHYSICALLY QUALIFIED ? YES [] NO []
WAS THIS DRIVER EVER DISQUALIFIED ? YES [] NO [] IF YES REASON: _____

GENERAL: ANY OTHER VIOLATIONS OR COMPANY INFRACTIONS ? _____

WOULD YOU REHIRE THIS DRIVER ? YES [] NO []

IF YOU ARE ACCEPTED TO DRIVER FOR GRILEY AIRFREIGHT WE WILL NEED THE FOLLOWING DOCUMENTS BEFORE WE CAN PROCESS YOUR APPLICATION:

A. DRIVERS LICENSE

HOW LONG HAVE YOU HAD THIS CLASS LICENSE ? _____

B. MEDICAL CARD

WE MUST HAVE A COPY OF THE LONG FORM.

C. SOCIAL SECURITY CARD

D. RESIDENT ALIEN CARD, FORM I-551 OR I-766

E. D.M.V. PRINT OUT

5 YEAR PRINT OUT.

MUST BE DATED NOT LESS THAN 10 DAYS FROM THE TIME OF APPLICATION.

F. GRILEY AIRFREIGHT MUST SEND YOU FOR A PRE-HIRE DRUG / ALCOHOL SCREENING TEST.

****NOTE WE MUST WAIT FOR TEST RESULTS.

ALL DRIVERS WILL HAVE TO FILL OUT THE :

1. DMV " EMPLOYER PULL NOTICE "
2. A CONTROLLED SUBSTANCES AND ALCOHOL TESTING PROGRAM FORM.
RANDOM DRUG AND ALCOHOL TESTING PROGRAM.
3. COMPANY DRIVERS IRS FORM W-4
4. TSA-APPLICATION FOR A SECURITY TREAT ASSESSMENT
5. GRILEY AIRFREIGHT SECURITY UPDATE
6. I.A.C.S.S.P. DIRECT EMPLOYEE AIR CARGO SECURITY TRAINING OR
I.A.C.S.S.P. AUTHORIZED REPRESENTATIVE AIR CARGO SECURITY TRAINING
7. FORM I-9 EMPLOYMENT ELIGIBILITY VERIFICATION.
8. GRILEY SPEED AND SPACE MANAGEMENT FORM
9. CARGO ACCEPTANCE FORM
10. CCSP COMPLIANCE SECURITY
11. PASS A ROAD TEST IN THE TYPE VEHICLE THAT YOU WILL BE DRIVING
WITH ANOTHER CDL DRIVER OBSERVING FROM THE PASSENGER SEAT.