

APPLICATION FOR EMPLOYMENT {See 49 CFR 391.21}

Employment + 3 years

This Application must be filled out completely or it will not be processed.

Prospective Employer:

| | |
|--|--|
| Bliss Transportation 8197 Clyde Park SW Byron Center, MI 49315 | Phone: (616) 277-1341 FAX: (616) 277-1373 |
| Application Submitted: / / | |

Applicant: Read and sign the following notification prior to submitting this Application For Employment.

(A) The information you provide in this Application, including but not limited to the information required by 49 CFR 391.21(b)(10)(11) below may be used, and your previous employer(s) will be contacted, for the purpose of investigating your safety performance history as required by 49 CFR 391.23(d)(e) and 49 CFR 40.25 (re drug and alcohol information).

(B) As the prospective employer, the above named company hereby notifies you that you have the following rights regarding the investigative information that will be provide to us pursuant to 49 CFR 391.23(d)(e):

- (1) The right to review information provided by previous employers;
- (2) 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 us as your prospective employer;
- (3) The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and you cannot agree on the accuracy of the information.

(C) **EQUAL OPPORTUNITY EMPLOYER:** In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, or disability.

(D) I understand that if I have a protected handicap that effects my ability to perform the position, I may ask the Prospective Employer named above to attempt to make accommodation as required by law. I must make my request in writing to the Prospective Employer named above as soon as possible and no later than 182 days after the date I know or reasonably should know that accommodation is needed.

X

Applicant's Signature

Print Applicant's Name _____ Date of Birth _____ Social Security Number _____ Yrs @ Address _____

Applicant's Current Address _____ Home Phone # _____

City/State/Zip _____ Cell Phone # _____

Are there currently any felony charges against you? Yes No If "Yes" ___/___/___

Have you ever been convicted of any crime? Yes No If "Yes" ___/___/___

Have you ever been known by any name other than the one on this application? Yes No If "Yes" print name below.

If "Yes" to any of the above, explain: _____

Are you: a U.S. Citizen, a Lawful Permanent Resident, or otherwise authorized to work in the United States?

Addresses at which Applicant has resided during the 3 years preceding date application submitted:

| |
|------------------------------|
| ___/___/___ to ___/___/___ : |
| ___/___/___ to ___/___/___ : |
| ___/___/___ to ___/___/___ : |

In Case of Emergency notify: _____ (Name) _____ (Relationship) _____ (Address) _____ (Phone)

Are you able to perform the essential functions of the job for which you are applying with or without accommodation? _____

Who referred you? _____

Have you worked for this company before? Yes No If "Yes," Where? _____

Dates: From ___/___/___ to ___/___/___ Rate of pay: _____ Position: _____

Reason for leaving: _____

Education/Military Status

U.S. Military (Branch): _____ Rank: _____ Presently in Guard/Reserves? Yes No

Circle Highest Grade Completed: 1 2 3 4 5 6 7 8 High School 1 2 3 4 College 1 2 3 4

Previous Employment: Information required by 49 CFR 391.21 (b)(10)(11): Names and addresses of applicant's employers during the **10 years** preceding date this application submitted; dates employed by, reason for leaving employment, whether applicant subject to Federal Motor Carrier Safety Regulations (FMCSRs), and whether job designated as safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40 for each such employer. Previous employer information is also needed to comply with 49 CFR 40.25 and 391.23 (e)(checking applicant's prior drug/alcohol test records) and/or required under authority of the Prospective Employer named in this application as part of its application process.

| | | |
|--|---|---|
| Last Employer Company Name: | | Dates of Employment ____/____/____ to ____/____/____ Hired Left |
| Address: | | |
| Supervisor Name: Position Held: | <input type="checkbox"/> Fleet Driver <input type="checkbox"/> Owner Operator <input type="checkbox"/> Other: Applicant was subject to FMCSRs while employed by above employer. <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| | Job was designated as safety sensitive function in any DOT regulated mode subject to alcohol & controlled substances requirements of 49 CFR part 40. <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| Reason for Leaving: | | Salary: |
| In what states did you drive a CMV? | | |

| | | |
|---|---|---|
| 2nd Last Employer Company Name: | | Dates of Employment ____/____/____ to ____/____/____ Hired Left |
| Address: | | |
| Supervisor Name: Position Held: | <input type="checkbox"/> Fleet Driver <input type="checkbox"/> Owner Operator <input type="checkbox"/> Other: Applicant was subject to FMCSRs while employed by above employer. <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| | Job was designated as safety sensitive function in any DOT regulated mode subject to alcohol & controlled substances requirements of 49 CFR part 40. <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| Reason for Leaving: | | Salary: |
| In what states did you drive a CMV? | | |

| | | |
|---|---|---|
| 3rd Last Employer Company Name: | | Dates of Employment ____/____/____ to ____/____/____ Hired Left |
| Address: | | |
| Supervisor Name: Position Held: | <input type="checkbox"/> Fleet Driver <input type="checkbox"/> Owner Operator <input type="checkbox"/> Other: Applicant was subject to FMCSRs while employed by above employer. <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| | Job was designated as safety sensitive function in any DOT regulated mode subject to alcohol & controlled substances requirements of 49 CFR part 40. <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| Reason for Leaving: | | Salary: |
| In what states did you drive a CMV? | | |

| | | |
|---|---|---|
| 4th Last Employer Company Name: | | Dates of Employment ____/____/____ to ____/____/____ Hired Left |
| Address: | | |
| Supervisor Name: Position Held: | <input type="checkbox"/> Fleet Driver <input type="checkbox"/> Owner Operator <input type="checkbox"/> Other: Applicant was subject to FMCSRs while employed by above employer. <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| | Job was designated as safety sensitive function in any DOT regulated mode subject to alcohol & controlled substances requirements of 49 CFR part 40. <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| Reason for Leaving: | | Salary: |
| In what states did you drive a CMV? | | |

Previous Employment: Information required by 49 CFR 391.21 (b)(10)(11): Names and addresses of applicant's employers during the 10 years preceding date this application submitted; dates employed by, reason for leaving employment, whether applicant subject to Federal Motor Carrier Safety Regulations (FMCSRs), and whether job designated as safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40 for each such employer. Previous employer information is also needed to comply with 49 CFR 40.25 and 391.23 (e)(checking applicant's prior drug/alcohol test records) and/or required under authority of the Prospective Employer named in this application as part of its application process.

| | | |
|--|---|---|
| 5 th Last Employer Company Name: | | Dates of Employment ____/____/____ to ____/____/____ Hired Left |
| Address: | | |
| Supervisor Name: | | |
| Position Held: | <input type="checkbox"/> Fleet Diver <input type="checkbox"/> Owner Operator <input type="checkbox"/> Other: Applicant was subject to FMCSRs while employed by above employer. | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| | Job was designated as safety sensitive function in any DOT regulated mode subject to alcohol & controlled substances requirements of 49 CFR part 40. | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Reason for Leaving: | | Salary: |
| In what states did you drive a CMV? | | |

| | | |
|--|---|---|
| 6 th Last Employer Company Name: | | Dates of Employment ____/____/____ to ____/____/____ Hired Left |
| Address: | | |
| Supervisor Name: | | |
| Position Held: | <input type="checkbox"/> Fleet Diver <input type="checkbox"/> Owner Operator <input type="checkbox"/> Other: Applicant was subject to FMCSRs while employed by above employer. | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| | Job was designated as safety sensitive function in any DOT regulated mode subject to alcohol & controlled substances requirements of 49 CFR part 40. | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Reason for Leaving: | | Salary: |
| In what states did you drive a CMV? | | |

| | | |
|--|---|---|
| 7 th Last Employer Company Name: | | Dates of Employment ____/____/____ to ____/____/____ Hired Left |
| Address: | | |
| Supervisor Name: | | |
| Position Held: | <input type="checkbox"/> Fleet Diver <input type="checkbox"/> Owner Operator <input type="checkbox"/> Other: Applicant was subject to FMCSRs while employed by above employer. | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| | Job was designated as safety sensitive function in any DOT regulated mode subject to alcohol & controlled substances requirements of 49 CFR part 40. | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Reason for Leaving: | | Salary: |
| In what states did you drive a CMV? | | |

| | | |
|--|---|---|
| 8 th Last Employer Company Name: | | Dates of Employment ____/____/____ to ____/____/____ Hired Left |
| Address: | | |
| Supervisor Name: | | |
| Position Held: | <input type="checkbox"/> Fleet Diver <input type="checkbox"/> Owner Operator <input type="checkbox"/> Other: Applicant was subject to FMCSRs while employed by above employer. | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| | Job was designated as safety sensitive function in any DOT regulated mode subject to alcohol & controlled substances requirements of 49 CFR part 40. | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Reason for Leaving: | | Salary: |
| In what states did you drive a CMV? | | |

License and Permit Information for every State in which Driver held a commercial motor vehicle operator's license or permit during past 3 years :

| State | License/Permit # | Type | Expiration Date |
|-------|------------------|------|-----------------|
| | | | __/__/__ |
| | | | __/__/__ |
| | | | __/__/__ |

List all violations of motor vehicle laws or ordinances (other than parking) of which applicant was convicted or forfeited bond or collateral during the 3 years preceding date application submitted:

| Dates | Location | Charge | Penalty |
|----------|----------|--------|---------|
| __/__/__ | | | |
| __/__/__ | | | |
| __/__/__ | | | |

Have you ever been disqualified under Federal Motor Carrier Safety Regulations guidelines? YES NO
 Have you ever been convicted or are any charges pending for driving while under the influence of alcohol, a narcotic drug, amphetamines or methamphetamines or derivatives thereof? YES NO
 Have you ever tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past three years? YES NO
 Has any license, permit, or privilege to operate a motor vehicle issued to you ever been Denied? YES NO
Revoked? YES NO
or Suspended? YES NO

If "YES" to any of the above, list dates and circumstances:

Driving experience:

Truck Driving School: _____ Graduation Date __/__/__

| Class/Type of Equipment (buses, trucks, truck tractors, semitrailers, full trailers, pole trailers) | Dates: | | Approx Total Experience | Approx Total # Miles Driven |
|---|----------|-------------|-------------------------|-----------------------------|
| | From | To | | |
| | __/__/__ | to __/__/__ | __ yrs/mos | |
| | __/__/__ | to __/__/__ | __ yrs/mos | |
| | __/__/__ | to __/__/__ | __ yrs/mos | |
| | __/__/__ | to __/__/__ | __ yrs/mos | |

List all motor vehicle accidents applicant involved in for 3 years preceding date application submitted:

| Dates | Nature of Accident (head-on, rear-end, upset, etc.) | #Fatalities | # Injuries |
|-------------------------|---|-------------|------------|
| Last Accident: __/__/__ | | | |
| Next previous: __/__/__ | | | |
| Next previous: __/__/__ | | | |

Driver Certification Includes all additional sheets. Were any additional sheets used for this application? YES NO
If "Yes" list here:

I understand that all employees of the Prospective Employer named in this application (Company) are employed on an indefinite basis and are subject to termination at any time, with or without notice, with or without prior discipline or warning, and with or without cause. No person other than the President of the Company has authority to offer employment for any specified period or to make any contract contrary to the statement of at-will employment. Moreover, no such agreement by the President will be enforceable unless the document is in writing, dated, and signed by the President.

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.

X

(Date) (Applicant's signature)

**MOTOR VEHICLE DRIVER'S
Certification of Violations/Annual Review of Driving Record**

COMPLETED BY DRIVER - CERTIFICATION OF VIOLATIONS

| | | |
|---------------------------------------|--|------------------------|
| NAME OF DRIVER (PRINT) | SOCIAL SECURITY # | |
| HOME TERMINAL (CITY AND STATE) | DRIVER'S LICENSE # STATE | EXPIRATION DATE |

I certify that the following is a true and complete list of traffic violations required to be listed (other than those I have provided under Part 383) for which I have been convicted or forfeited bond or collateral during the past 12 months.

(If you have had no violations, mark the following line _____ NONE.)

| DATE | OFFENSE | LOCATION | TYPE OF VEHICLE OPERATED |
|-------------|----------------|-----------------|---------------------------------|
|-------------|----------------|-----------------|---------------------------------|

DATE _____ **DRIVER'S SIGNATURE** _____

COMPLETED BY MOTOR CARRIER - ANNUAL REVIEW OF DRIVING RECORD

MOTOR CARRIER INSTRUCTIONS: Review the Certification of Violations listed above and other information described in Section 391.25 of the Federal Motor Carrier Safety Regulations. Complete the information requested below.

I have hereby reviewed the driving record of the above named driver in accordance with Section 391.25 and find that he/she (check one):

_____ Meets minimum requirements for safe driving _____ Is disqualified to drive a motor vehicle pursuant to Section 391.15

_____ Does not adequately meet satisfactory safe driving performance

Action taken with driver: _____

Reviewed by: _____

Signature

Date

Printed Name

Title

Motor Carrier
Name & Address :

Motor Vehicle Driver's

CERTIFICATION OF COMPLIANCE WITH DRIVER LICENSE REQUIREMENTS

MOTOR CARRIER INSTRUCTIONS: The requirements in Part 383 apply to every driver who operates in intrastate, interstate, or foreign commerce and operates a vehicle weighing 26,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

The requirements in Part 391 apply to every driver who operates in interstate commerce and operates a vehicle weighing 10,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

DRIVER REQUIREMENTS: Parts 383 and 391 of the Federal Motor Carrier Safety Regulations contain some requirements that you as a driver must comply with. They are as follows:

- 1) **POSSESS ONLY ONE LICENSE:** You, as a commercial vehicle driver, may not possess more than one motor vehicle operator's license.
- 2) **NOTIFICATION OF LICENSE SUSPENSION, REVOCATION OR CANCELLATION:** Sections 391.15(b)(2) and 383.33 of the Federal Motor Carrier Safety Regulations require that you notify your employer the NEXT BUSINESS DAY of any revocation or suspension of your driver's license. In addition, Section 383.31 requires that any time you are convicted of violating a state or local traffic law (other than parking), you must report it within 30 days to: 1) your employing motor carrier, and 2) the state that issued your license (if the violation occurs in a state other than the one which issued your license). The notification to both the employer and state must be in writing.
- 3) **CDL DOMICILE REQUIREMENT:** Section 383.23(a)(2) requires that your commercial driver's license be issued by your legal state of domicile, where you have your true, fixed, and permanent home and principal residence and to which you have the intention of returning whenever you are absent. If you establish a new domicile in another state, you must apply to transfer your CDL within 30 days.

The following license is the only one I possess:

Driver's License No. _____ State _____ Exp. Date _____

DRIVER CERTIFICATION: I certify that I have read and understood the above requirements.

Driver's Name (Printed): _____

Driver's Signature: _____ Date: _____

Notes: _____

DRIVER STATEMENT OF ON-DUTY HOURS (For Newly Hired Drivers)

INSTRUCTIONS: Motor carriers when using a driver for the first time shall obtain from the driver a signed statement giving the total time on-duty during the immediately preceding 7 days and time at which such driver was last relieved from duty prior to beginning work for such carrier. Rule 395.8(j)(2) Federal Motor Carrier Safety Regulations. NOTE: Hours for any compensated work during the preceding 7 days, including work for a non-motor carrier entity, must be recorded on this form.

Driver Name (Print) _____

Social Security Number _____

Driver's License: State _____ Number _____ Class _____ Endorsement(s) _____ Restriction(s) _____

Type of License _____ Issuing State _____

| | | | | | | | | |
|--------------|---------------------------------|---|---|---|---|---|---|-------------|
| DAY | 1 <small>(yesterday)</small> | 2 | 3 | 4 | 5 | 6 | 7 | |
| DATE | | | | | | | | |
| HOURS WORKED | | | | | | | | TOTAL HOURS |

I hereby certify that the information given above is correct to the best of my knowledge and belief, and that I was last relieved from work at

A.M.
P.M.

_____ On _____ Day _____ Month _____ Year

Time

Driver's Signature

Date

DRIVER CERTIFICATION FOR OTHER COMPENSATED WORK

INSTRUCTIONS: When employed by a motor carrier, a driver must report to the carrier all on-duty time including time working for other employers. The definition of on-duty time found in Section 395.2 paragraphs (8) and (9) of the Federal Motor Carrier Safety Regulations includes time performing any other work in the capacity of, or in the employ or service of, a common, contract or private motor carrier, also performing any compensated work for any nonmotor carrier entity.

(check one)

Are you currently working for another employer? Yes No

At this time do you intend to work for another employer while still employed by this company? Yes No

I hereby certify that the information given above is true and I understand that once I become employed with this company, if I begin working for any additional employer(s) for compensation that I must inform this company immediately of such employment activity.

Driver's Signature

Date

Witness: _____
Company Representative

Date

**REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER
CONFIDENTIAL**

Prospective Employer: _____

Information Requested by: _____

Previous Employer: _____

Supervisor Name: _____
 Company Name: _____
 Address: _____
 City, State Zip: _____

Applicant Name: _____
 SSN: _____
 D.O.B.: _____
 Dates Employed: _____

The above mentioned individual has made application to this company for a position as driver, and states that he/she was employed by you during the above mentioned time. We appreciate your time in completing, in confidence, the information requested below. Enclosed is business reply envelope for your convenience. Thank you for your courtesy.

I hereby authorize you to release the following information for the purpose of investigation as required by Section 391.23 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information.

Date: Applicants Signature:

1. Is the employment record with your company correct as stated above? _____
2. What Kind(s) of work did the applicant do? _____
3. Did the applicant drive motor vehicles for you? _____
4. Was the applicant a safe and efficient driver? _____
5. Reason for leaving your employ: _____
 Discharged _____ Laid off _____ Resigned _____
6. Was the applicant's conduct satisfactory? _____
7. Is the applicant competent for the position sought? _____
8. Did the applicant drink any alcoholic beverages while on duty? _____

| | Excellent | Good | Fair | Poor | Very Poor |
|-------------------------|-----------|-------|-------|-------|-----------|
| Quality of work | _____ | _____ | _____ | _____ | _____ |
| Cooperation with others | _____ | _____ | _____ | _____ | _____ |
| Safety habits | _____ | _____ | _____ | _____ | _____ |
| Personal habits | _____ | _____ | _____ | _____ | _____ |
| Driving skill | _____ | _____ | _____ | _____ | _____ |
| Attitude | _____ | _____ | _____ | _____ | _____ |

Remarks: _____

Signature: _____ Date: _____
 Print Name & Title: _____ Phone: _____

C O N F I D E N T I A L

Prospective Employer:

Information Requested by:

Application Date: ___/___/___

A separate request for information must be signed by the applicant for each company for which the applicant has worked within 3 years prior to Application Date. A single "blanket request" signature is prohibited.

Previous Employer:

Supervisor Name:

Applicant Name:

Company Name:

SSN:

Address:

D.O.B.:

City/State/Zip:

Dates Employed

From: ___/___/___ to ___/___/___

Request for information from Applicant's previous employer pursuant to 49 CFR 391.23(d)(e) and 49 CFR 40.25:

I hereby authorize information from my Department of Transportation regulated drug and alcohol testing records {in accordance with 49 CFR 40.25} and other information {in accordance with 391.23(d)(e)} including but not limited to accident information specified in 390.15(b)(1)(2) to be released by my "Previous Employer" (listed above) to the Prospective Employer named above. The information requested includes all of the information in the Section below titled "To be completed by the previous employer and faxed or mailed to Prospective Employer listed above":

X

Applicant's Signature

Date of Request

To be completed by the previous employer and faxed or mailed to Prospective Employer listed above

391.23(d)(1) general driver identification and employment verification information

YES NO The Applicant's Name, SSN, D.O.B., and Dates Employed as listed above are correct. If "NO," notes:

Reason for leaving:

Salary:

YES NO YES NO

Applicant was subject to FMCSRs while employed by above employer. Job designated as safety sensitive function in any DOT regulated mode subject to alcohol & controlled substances requirements of 49 CFR part 40.

Position: YES NO YES NO YES NO Other:

In what states did applicant drive CMV?

49 CFR 391.23(d)(2) accident (as defined in 49 CFR 390.5) data elements specified in 49 CFR 390.15(b)(1)(2)

YES NO Previous employer has records meeting the following criteria (if "YES" please include the appropriate records with your report): The data elements as specified in 49 CFR 390.15(b)(1) for accidents involving the driver that occurred in the three-year period preceding the Application Date listed above.

- (i) Any accidents as defined by 49 CFR 390.5. (ii) Any accidents the previous employer may wish to provide that are retained pursuant to 390.15(b)(2), or pursuant to the employer's internal policies for retaining more detailed minor accident information.

49 CFR 391.23(e) and 49 CFR 40.25 Compliance with DOT Drug and Alcohol regulations

Within the three years prior to the above Application Date:

YES NO YES NO YES NO YES NO YES NO YES NO

- (1) Did driver violate any alcohol or controlled substances prohibitions under 49 CFR part 40 or 382? (2) Did driver fail to undertake or complete a rehabilitation program prescribed by a SAP pursuant to 382.605 or part 40, subpart O? (3) If driver successfully completed a SAP's referral and remained in the employ of the referring employer, did the driver have any: (i) Alcohol tests with a result of 0.04 or higher alcohol concentration; (ii) Verified positive drug tests; (iii) Refusals to be tested (including verified adulterated or substituted drug test results). (4) Did a previous employer report a drug and alcohol rule violation to you? If you answered "YES" to item 4, you must provide the previous employer's report. It is not a violation of Part 40 or DOT agency rules if you provide, in addition, information about the employee's DOT drug and alcohol tests obtained from former employers that dates back more than two years ago. You must also transmit any return-to-duty documentation (e.g., SAP reports, Follow-up tests).

Signature: Print Name and Title:

X

Date: ___/___/___

Phone: _____

PREVIOUS PRE-EMPLOYMENT EMPLOYEE ALCOHOL AND DRUG TEST STATEMENT

Sec. 40.25(j) As the employer, you must also ask the employee whether he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years. If the employee admits that he or she had a positive test or a refusal to test, you must not use the employee to perform safety-sensitive functions for you, until and unless the employee documents successful completion of the return-to-duty process. (see Sec. 40.25(b)(5) and (e))

Prospective Employee Name: _____ ID Number: _____
(print)

The prospective employee is required by Sec. 40.25(j) to respond to the following questions.

- 1) Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years?

Check one: Yes No

- 2) If you answered yes, can you provide/obtain proof that you've successfully completed the DOT return-to-duty requirements?

Check one: Yes No

I certify that the information provided on this document is true and correct.

Prospective Employee Signature: _____ Date: _____

Witnessed By: _____ Date: _____
(signature)