

PRE-EMPLOYMENT NOTICE

APPLICANTS MUST PROVIDE ALL OF THE FOLLOWING DOCUMENTS LISTED WITH THIS APPLICATION.

- **Copy of Social Security Card or documents that establish both identity and employment eligibility**
- **Front and back copy of a valid Drivers' License showing current endorsements and restrictions**
- **Copy of a current Motor Vehicle Report (MVR) covering at least the past 39 months**
- **Copy of your current DOT Medical Examiner's Certificate (long form)**

Revised: Tuesday, March 25, 2008

APPLICATION FOR EMPLOYMENT

Huddleston Trucking Service, Inc.

○ 4116 E Superior Ave Ste D5, Phoenix, AZ, 85040

○ 750 E Ohio St Ste 2, Tucson, AZ, 85714

In compliance with all Federal, State, and local equal opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, sexual orientation, political affiliation or non-job related disability. Huddleston Trucking is an equal opportunity employer.

Position(s) applied for: _____ Date of application: _____

FULL Legal Name: _____ Social Security No. _____

List your addresses of residency for the past three years:

Current Address: _____
Street _____ City _____
Phone _____ State _____ Zip Code _____ How long have you lived there? _____

Previous Addresses:

| | | | | |
|--------|------|-------|----------|-----------|
| Street | City | State | Zip Code | How Long? |
| Street | City | State | Zip Code | How Long? |
| Street | City | State | Zip Code | How Long? |

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

Date of Birth _____ Can you provide proof of age? _____
(Required for Commercial Drivers)

Have you worked for this company before? _____ If yes, where? _____

Dates: From _____ to _____ Rate of Pay _____ Position _____

Reason for leaving: _____

Are you currently employed? _____ If not, how long since last employment? _____

Who referred you? _____ Rate of pay desired: _____

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

If yes, explain, if you wish: _____

Employment History

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

Applicants to drive a commercial motor vehicle* in intrastate or interstate commerce shall also provide an additional seven years' information on those employers for whom the applicant operated such vehicle.

NOTE: List employers in reverse order starting with the most recent one. Add another sheet as necessary.

| EMPLOYER | | | DATE | | | |
|----------------|-------|-------|-----------------------|-----|-----------|-----|
| NAME | | | FROM MO. | YR. | TO MO. | YR. |
| ADDRESS | | | POSITION HELD | | | |
| CITY | STATE | ZIP | SALARY/ WAGE | | | |
| CONTACT PERSON | | PHONE | REASON FOR LEAVING | | | |
| EMPLOYER | | | DATE | | | |
| NAME | | | FROM MO. | YR. | TO MO. | YR. |
| ADDRESS | | | POSITION HELD | | | |
| CITY | STATE | ZIP | SALARY/ WAGE | | | |
| CONTACT PERSON | | PHONE | REASON FOR LEAVING | | | |
| EMPLOYER | | | DATE | | | |
| NAME | | | FROM MO. | YR. | TO MO. | YR. |
| ADDRESS | | | POSITION HELD | | | |
| CITY | STATE | ZIP | SALARY/ WAGE | | | |
| CONTACT PERSON | | PHONE | REASON FOR LEAVING | | | |
| EMPLOYER | | | DATE | | | |
| NAME | | | FROM MO. | YR. | TO MO. | YR. |
| ADDRESS | | | POSITION HELD | | | |
| CITY | STATE | ZIP | SALARY/ WAGE | | | |
| CONTACT PERSON | | PHONE | REASON FOR LEAVING | | | |
| EMPLOYER | | | DATE | | | |
| NAME | | | FROM MO. | YR. | TO MO. | YR. |
| ADDRESS | | | POSITION HELD | | | |
| CITY | STATE | ZIP | SALARY/ WAGE | | | |
| CONTACT PERSON | | PHONE | REASON FOR LEAVING | | | |

* Includes vehicles having a GVWR of 26,001 pounds or more, vehicles designed to transport fifteen or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

Experience and Qualifications - Other

Show any trucking, transportation or other experience that may help you in your work here:

List courses and training other than shown elsewhere in this Application:

List equipment or technical materials you can work with (other than those already shown):

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, accurate, and complete to the best of my knowledge and ability.

I authorize Huddleston Trucking Service, Inc., to make such investigations and inquiries of my personal, employment, financial and/or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my Application.

In the event of employment, I understand that false or misleading information given in my Application or interview(s) may result in termination of employment. I understand, also, that I am required to abide by all rules and regulations of the Company, whether verbal or written.

Applicant's Signature

Date Signed

Huddleston Trucking Service, Inc., demands a safe and drug-free workplace. As such, a pre-employment drug and alcohol screening will be required from any Applicant offered employment. As mandated by law, Huddleston Trucking Service, Inc., also utilizes random drug and alcohol screening to ensure compliance with all applicable laws.