



Merit Trucking Company, Inc.
4335 E. Lowell Street, Ste B, Ontario, CA 91761
(909) 906-2150 F: (909) 906-2171

EMPLOYMENT APPLICATION

Attention Applicant:

Along with your completed application, please provide copies of the following:

1. DMV (H-6), must be within one month
2. Copy of your commercial driver's license
3. Past employment references
4. Copy of current medical examination report and medical card
5. Copy of your social security card

Incomplete applications will not be processed. Merit Trucking Company, Inc. is an equal opportunity employer.

Federal regulations require you to be tested for drug and alcohol, and upon offer of employment, you will be entered in a random drug screen program.

Thank you for your interest in applying with Merit Trucking Company, Inc.



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DRIVER'S APPLICATION FOR EMPLOYMENT

Applicant Name (Print): _____ Date of Application: _____

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, marital status, non-job related disability, or any other protected group status.

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make such investigations and inquiries of my personal, employment, financial 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 false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of Merit Trucking Company, Inc.

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 391.23 (d) and (e). I understand 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 cannot agree on the accuracy of the information.

Signature: _____ Date: _____

FOR COMPANY USE

PROCESS RECORD

APPLICANT HIRED REJECTED (IF REJECTED, SUMMARY REPORT OF REASONS SHOULD BE PLACED IN FILE)

DATE OF EMPLOYMENT: _____ LOCATION: _____ CLASSIFICATION: _____

SIGNATURE OF INTERVIEWING OFFICER: _____

TERMINATION OF EMPLOYMENT

DISMISSED
 VOLUNTARY QUIT DATE TERMINATED: _____ SUPERVISOR: _____
 OTHER

APPLICANT TO COMPLETE

(answer all questions-please print)

Position(s) Applied for _____

Name _____ Social Security # _____
Last First Middle

List your addresses of residency for the past 3 years:

Current Address _____
Street City

State Zip Code Phone How Long? _____
yr/mo

Previous Addresses:

_____ How Long? _____
Street City State & Zip Code yr/mo

_____ How Long? _____
Street City State & Zip Code yr/mo

_____ How Long? _____
Street City State & Zip Code yr/mo

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

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

Have you worked for this company before? _____ Where? _____

Dates: From _____ To _____ Reason for Leaving: _____

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

Who referred you? _____ Rate of pay expected _____

Have you ever been bonded? Yes No Name of bonding company _____

Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the attached job description)? Yes No

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 3 years- list complete mailing address, street number, city, state and zip code.

Applicants to drive a commercial motor vehicle* in intrastate or interstate commerce shall also provide an additional 7 years of information on those employers for whom the applicant operated such vehicle.

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

| EMPLOYER | DATE | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|----|
| NAME | FROM | TO |
| ADDRESS | POSITION HELD | |
| CITY STATE ZIP | REASON FOR LEAVING | |
| PHONE: | CONTACT PERSON | |
| WERE YOU SUBJECT TO THE FMCSRs** WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| WAS YOUR JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO | | |

| EMPLOYER | | | DATE | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-----|--------------------|----|
| NAME | | | FROM | TO |
| ADDRESS | | | POSITION HELD | |
| CITY | STATE | ZIP | REASON FOR LEAVING | |
| PHONE: | | | CONTACT PERSON | |
| WERE YOU SUBJECT TO THE FMCSRs** WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | |
| WAS YOUR JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | |

| EMPLOYER | | | DATE | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-----|--------------------|----|
| NAME | | | FROM | TO |
| ADDRESS | | | POSITION HELD | |
| CITY | STATE | ZIP | REASON FOR LEAVING | |
| PHONE: | | | CONTACT PERSON | |
| WERE YOU SUBJECT TO THE FMCSRs** WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | |
| WAS YOUR JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | |

| EMPLOYER | | | DATE | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-----|--------------------|----|
| NAME | | | FROM | TO |
| ADDRESS | | | POSITION HELD | |
| CITY | STATE | ZIP | REASON FOR LEAVING | |
| PHONE: | | | CONTACT PERSON | |
| WERE YOU SUBJECT TO THE FMCSRs** WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | |
| WAS YOUR JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | |

| EMPLOYER | | | DATE | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-----|--------------------|----|
| NAME | | | FROM | TO |
| ADDRESS | | | POSITION HELD | |
| CITY | STATE | ZIP | REASON FOR LEAVING | |
| PHONE: | | | CONTACT PERSON | |
| WERE YOU SUBJECT TO THE FMCSRs** WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | |
| WAS YOUR JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | |

| EMPLOYER | | | DATE | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-----|--------------------|----|
| NAME | | | FROM | TO |
| ADDRESS | | | POSITION HELD | |
| CITY | STATE | ZIP | REASON FOR LEAVING | |
| PHONE: | | | CONTACT PERSON | |
| WERE YOU SUBJECT TO THE FMCSRs** WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | |
| WAS YOUR JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | |

*Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 16 passengers (including the driver), or any size used to transport hazardous materials in a quantity requiring placarding.

**The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more (2) is designed or used to transport more than 8 passengers (including the driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED) IF NONE, WRITE NONE

| DATES | NATURE OF ACCIDENT | FATALITIES | INJURIES | HAZARDOUS |
|----------------|---------------------------------|------------|----------|----------------|
| | (HEAD-ON, REAR-END, UPSET, ETC) | | | MATERIAL SPILL |
| LAST ACCIDENT- | | | | |
| NEXT PREVIOUS- | | | | |
| NEXT PREVIOUS- | | | | |

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE NONE

(ATTACH SHEET IF MORE SPACE IS NEEDED)

EXPERIENCE AND QUALIFICATIONS-DRIVER

| Driver | STATE | LICENSE NO. | CLASS | ENDORSEMENT (S) | EXPIRATION DATE |
|--------------|-------|-------------|-------|-----------------|-----------------|
| licenses or | | | | | |
| permits held | | | | | |
| in the past | | | | | |
| 3 years | | | | | |

- 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

If the answer to either A or B is yes, give details: _____

| LOCATION | DATE | CHARGE | PENALTY |
|----------|------|--------|---------|
| | | | |
| | | | |
| | | | |

DRIVING EXPERIENCE -CHECK YES OR NO

| CLASS OF EQUIPMENT | CIRCLE TYPE OF EQUIPMENT | DATES | | APPROX. NO. OF MILES |
|--------------------------------------------------------------------------------------------------|--------------------------|------------|----------|----------------------|
| | | FROM (M/Y) | TO (M/Y) | (TOTAL) |
| STRAIGHT TRUCK <input type="checkbox"/> YES <input type="checkbox"/> NO | VAN TANK FLAT DUMP REFER | | | |
| TRACTOR AND SEMI-TRAILER <input type="checkbox"/> YES <input type="checkbox"/> NO | VAN TANK FLAT DUMP REFER | | | |
| TRACTOR -TWO TRAILERS <input type="checkbox"/> YES <input type="checkbox"/> NO | VAN TANK FLAT DUMP REFER | | | |
| TRACTOR-THREE TRAILERS <input type="checkbox"/> YES <input type="checkbox"/> NO | VAN TANK FLAT DUMP REFER | | | |
| MOTORCOACH-SCHOOL BUS <input type="checkbox"/> YES <input type="checkbox"/> NO 8+ passengers | N/A | | | |
| MOTORCOACH-SCHOOL BUS <input type="checkbox"/> YES <input type="checkbox"/> NO 15+ passengers | N/A | | | |

LIST STATES OPERATED IN FOR LAST FIVE YEARS: _____

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER: _____

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM? _____

EXPERIENCE AND QUALIFICATIONS-OTHER

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY:

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION:

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWN)

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 HIGH SCHOOL: 9 10 11 12 COLLEGE: 1 2 3 4

LAST SCHOOL ATTENDED: _____ CITY: _____ STATE: _____

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.

Signature: _____ Date: _____

REQUEST FOR INFORMATION-From Previous Employer

I hereby authorize you to release the following information to **Merit Trucking Company, Inc. P.O. Box 5507, Norco, CA 92860** for the purposes of investigation as required by Section 391.23 of the Federal Motor Carrier Safety Regulations.

Applicant's Signature: _____ Date: _____

| | |
|-------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| NAME AND ADDRESS OF PREVIOUS EMPLOYER: _____ _____ _____ | THIS FORM WAS (check appropriate box) <input type="checkbox"/> Mailed, Date: _____ <input type="checkbox"/> Faxed, Date: _____ <input type="checkbox"/> Emailed, Date: _____ <input type="checkbox"/> Received by Phone, Date: _____ Name of Person Contacted: _____ |
|-------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Name of Applicant: _____

Social Security No: _____ Date of Birth: _____

Dear Sir/Madam:

The above named individual has made application to this company for a position as _____ and states that he/she was employed by you as _____

from (m/y) _____ to (m/y) _____.

In accordance with Section 391.23, we are obligated to request the information below from all previous employers of the applicant that employed him/her to operate a commercial motor vehicle within the 3 years preceding (date of application) _____. Please complete the information below and return to us within 30 days, as required by Section 391.23(g). You may return the information by telephone, fax, mail, or email: lillie@merittrucking.com

Prospective Employer: **Merit Trucking Company, Inc.**
P.O. Box 5507
Norco, CA 92860
Phone: (909) 906-2150
Fax: (909) 906-2171 Attn: Lillie



TO BE COMPLETED BY PREVIOUS EMPLOYER

SECTION 1: DRIVER IDENTIFICATION

The applicant named above was employed by us Yes No

Employed as _____ from (m/y) _____ to (m/y) _____

If driver was involved in a safety-sensitive position subject to drug and alcohol testing under Part 40, check here .

SECTION 2: SAFETY PERFORMANCE HISTORY

1. Did he/she drive motor vehicle for you? Yes No If yes, what type? Straight truck Tractor-Semitrailer Bus

Cargo Tank Double/Triples Other (Specify) _____

If there is no safety performance history to report, check here , sign below and return.

ACCIDENTS: Complete the following for any accidents included on your accident register (§390.15(b)) that involved the applicant in the 3 years prior to the application date shown above, or check here if there s no accident register data for this driver.

| Date | Location | No. of Injuries | No. of Fatalities | Hazmat Spill |
|----------|----------|-----------------|-------------------|--------------|
| 1. _____ | _____ | _____ | _____ | _____ |
| 2. _____ | _____ | _____ | _____ | _____ |
| 3. _____ | _____ | _____ | _____ | _____ |

Please provide information concerning any other accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies:

Signature: _____

Title: _____ Date: _____

PREVIOUS EMPLOYER ALCOHOL & DRUG TEST INFORMATION

SECTION 1: TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

I, (Print Name) _____
First, Middle, Last _____ Social Security Number _____
_____ hereby authorize: _____
Date of Birth _____
Previous Employer: _____ Contact: _____
Street: _____ City: _____ State: _____ Zip: _____
Telephone: _____ Fax: _____ Email: _____
to release and forward the information requested by Section 2 (below) of this document concerning my Alcohol and Controlled
Substances Testing Records within the previous 3 years from: _____ to:
(date of employment application)

Merit Trucking Company, Inc.
P.O. Box 5507
Norco, CA 92860
Phone: (909) 906-2150
Fax: (951) 906-2171



In compliance with §40.25(g) and 391.23(h), release of this information must be made in a written form that ensures confidentiality, such as fax, email, or letter. Under §391.23(g), you must respond to this inquiry within 30 days of receipt.
Prospective employer's confidential fax number: (909) 906-2171
Prospective employer's confidential email address: lillie@merittrucking.com

Applicant's Signature: _____ Date: _____
This information is being requested in compliance with §4.25 and §391.23.

SECTION 2: TO BE COMPLETED BY PREVIOUS/CURRENT EMPLOYER

If applicant was not subject to Department of Transportation testing requirements while employed by you, please check here , fill in the dates of employment from _____ to _____, complete bottom of Section 2, sign, and return.
Applicant was subject to Department of Transportation testing requirements from _____ to _____.

In answering these questions, include any required DOT drug or alcohol testing information you obtained from other employers in the 3 years prior to the application date shown in Section 1.

Within the past 3 years from the application date shown in Section 1:

1. Has this person violated any of the drug and/or alcohol prohibitions under 49 CFR Part 40 Yes No
or Subpart B of Part 382, including:
- An alcohol test with a result of 0.04 or higher alcohol concentration.
 - A controlled substances test result of positive, adulterated, or substituted.
 - A refusal to submit to a random, post-accident, reasonable-suspicion, or follow-up controlled substances or alcohol test.
 - Alcohol use while performing or within 4 hours before performing safety-sensitive functions.
 - Alcohol use after an accident, in violation of §382.303.
 - Controlled substances use while on duty, except as allowed under §382.213.
2. If this person violated a DOT drug and/or alcohol prohibition, did he/she fail to begin or complete a rehabilitation program prescribed by a Substance Abuse Professional (SAP)? If rehabilitation was required but you do not know if he/she began or completed by such a program, check here .
3. If this person successfully completed a SAP's rehabilitation referral and remained in your employ, did he/she subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refusal to be tested?

Name: _____

Company: _____

Street: _____

City, State, Zip: _____ Telephone: _____

Section 2 Completed by (Signature): _____ Date: _____

SECTION 3: TO BE COMPLETED BY PROSPECTIVE EMPLOYER

This form was (check one): Faxed to previous employer Mailed Emailed Other Date: _____
Complete below when information is obtained.

Information received from: _____

Recorded by: _____ Method: Fax Mail Emailed Telephone

Date: _____ Other: _____



Merit Trucking Company, Inc.
4335 E. Lowell Street, Ste B, Ontario, CA 91761
(909) 906-2150 F: (909) 906-2171

Prospective Employee Name: Merit Trucking Company, Inc.

The prospective employee is required by Section 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 three 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

Prospective Employee Signature: _____ Date: _____

Witness: _____ Date: _____