



COMMERCIAL DRIVER APPLICATION FOR EMPLOYMENT

Applicant Name _____ Date _____
(Please print using ink)

We appreciate your interest in Aeropres Corporation. Aeropres Corporation is an Equal Employment Opportunity Employer. The Company's policy is not to discriminate against any applicant or employee based on race, color, sex, religion, national origin, age, disability, or any other basis protected by applicable law. The Company also prohibits harassment of applicants or employees based on any of these protected categories.

APPLICANT TO COMPLETE
(Answer all questions - please print)

Personal Information

Desired Position _____ Are you over the age of 21 yrs old? _____
Can you provide proof of age? Yes _____ No _____

Name _____ Social Security No. _____ - _____ - _____
Last First MI

List your current address and previous addresses of residency for the past 3 years.

Current Address _____
Street City State Zip

Home Phone _____ Cell Phone _____ How Long? _____
yr / mo

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

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

"In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification form upon hire." If hired, can you present evidence of your U.S. citizenship or proof of your legal right to work in the U.S.? Yes _____ No _____

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

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

Reason for leaving? _____

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

Are you available to work full-time? _____ Date available to work? _____

Who referred you? _____ Rate of pay expected? _____

Do you have any relatives now employed at Aeropres? Yes _____ No _____ If yes, state name(s) and where they are located. _____

Have you ever used any other name(s) which is (are) necessary for us to know in order for us to verify your employment or educational record? Yes _____ No _____ If yes, please provide your other name(s) _____

Can you perform the essential job functions for the position in which you have applied, with or without reasonable accommodation? _____

Employment History

List your full employment history

Please specify your complete full-time and part-time employment history for at least ten years, including self-employment. You may include any verified work performed on a volunteer basis. Begin with your most recent employer. If you require additional space, please use the reverse side of this page and/or the following page.

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

EMPLOYER			DATE	
NAME			FROM MO.	YR
ADDRESS			TO MO.	YR
CITY	STATE	ZIP	POSITION HELD	
SUPERIOR	PHONE NO.		SALARY/WAGE	
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Please explain any gaps in your employment _____

†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.

Education

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

High School Attended: (Name) _____ (City, State) _____

College/Trade School Attended: (Name) _____ (City, State) _____

Years Attended _____ Did you graduate? _____ Degree Earned _____

ADDITIONAL EMPLOYMENT INQUIRIES

Please note that a "Yes" answer to any of the following questions will not necessarily disqualify you from employment. Factors such as the age and time of the offense, seriousness and nature of the violation, and rehabilitation will be considered when making any employment decisions.

Have you ever been convicted of a crime? **Do not include convictions that were sealed or expunged pursuant to a court order.**

NOTE: Before answering this question regarding criminal convictions please refer to the instructions below if you reside or are applying for a position in California.

Yes _____ No _____ Please explain any "Yes" answer. Use additional paper if necessary. _____

Have you ever initiated an act of violence in the workplace?

Yes _____ No _____ Please explain any "Yes" answer. Use additional paper if necessary.

Emergency Contact Person:

Name _____ Phone Number () _____

INSTRUCTIONS FOR ANSWERING CRIMINAL CONVICTION INQUIRY

California Applicants: Do not identify convictions under California Health & Safety Code §§11357(b) or (c), 11360(b) (formerly subdivision (c) of section 11360), 11364, 11365, or 11550 related to marijuana offenses that occurred two or more years before the instant application. Also, do not identify any conviction for which the record has been judicially ordered sealed, expunged or statutorily eradicated, or any misdemeanor conviction for which probation has been successfully completed or otherwise discharged and the case has been judicially dismissed.

APPLICANT'S STATEMENT & ACKNOWLEDGEMENT

THIS APPLICATION IS NOT COMPLETE UNTIL IT IS FULLY COMPLETED, SIGNED, AND ALL STATEMENTS BELOW HAVE BEEN READ AND INITIALED

Initial: _____ I certify that all of the information furnished on this application and during the application process is true, complete and correct to the best of my knowledge. I understand that any misrepresentation or omission of facts called for may result in refusal to hire or, if hired, may result in my dismissal at any time regardless of when the false answer or omissions are discovered.

Initial: _____ I recognize that this employment application is not an offer of employment. I agree that if I am hired by the Company, **I will be an at-will employee**, meaning that either the Company or I may end the employment relationship at any time with or without cause or notice. I understand that only the Managing Director of Aeropres Corporation, and no manager, supervisor, or representative of Aeropres Corporation, has authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the at-will employment relationship, and with respect to the Managing Director, any such agreements must be in writing and are subject to approval by the Company's Board of Directors.

Initial: _____ I further understand and agree that, except for employment-at-will status, if hired my wages, hours, working conditions, job assignment(s), and compensation rate(s) will be subject to change by Aeropres Corporation.

Initial: _____ I understand that if I am offered employment, I may be required to sign a non-solicitation and non-disclosure agreement, as a condition of the employment.

Initial: _____ I understand that Aeropres Corporation may share the information contained in this application with other Aeropres Corporation employees for employment and administrative purposes and hereby consent to such transfer.

Initial: _____ I hereby authorize Aeropres Corporation to conduct any necessary investigation regarding my background as it relates to the position I am seeking and to the extent permitted by federal, state, and local law. I agree to complete the requisite authorization forms for the background investigation. I hereby release all parties from any liability in connection with the provision and use of such information.

Initial: _____ I agree to submit to legally permissible drug testing upon an offer of employment from Aeropres Corporation and prior to starting work. I agree that any offer of employment is contingent upon my receiving a negative test result.

Initial: _____ I understand and expressly agree that if employed by Aeropres Corporation, storage areas provided for me (locker, desk, etc.) are open to investigation by the Company without prior notice to me.

Initial: _____ I agree to undergo a pre-employment physical examination consistent with federal and state law.

TO BE READ AND SIGNED BY THE APPLICANT

My signature below certifies that I agree to be bound by the terms and conditions stated in this application, which contains all the understandings between Aeropres Corporation and me concerning the topics addressed herein, and supersedes any prior inconsistent understandings between Aeropres Corporation and me on such issues.

Signature: _____

Date: _____

