

Richard E. Pierson Materials Corp.

PO Box 704, Bridgeport, NJ 08014

APPLICATION FOR EMPLOYMENT: TRUCKING

An Equal Opportunity Employer
Pre-Employment Questionnaire

Personal Information:

POSITION(S) APPLIED FOR _____

| | |
|--|----------------------------|
| NAME | SOCIAL SECURITY NO. |
| LAST FIRST MIDDLE | |
| | TELEPHONE # |
| LIST YOUR ADDRESSES OF RESIDENCY FOR THE PAST 3 YEARS. | CELL # |

| | | | | |
|------------------------|---------------|-------------|-----------------------------|------------------|
| CURRENT ADDRESS | STREET | CITY | STATE & ZIP CODE | HOW LONG? |
| | | | | yr./mo. |
| PREVIOUS ADDRESSES | STREET | CITY | STATE & ZIP CODE | HOW LONG? |
| | | | | yr./mo. |
| | STREET | CITY | STATE & ZIP CODE | HOW LONG? |
| | | | | yr./mo. |
| | STREET | CITY | STATE & ZIP CODE | HOW LONG? |
| | | | | yr./mo. |

DO YOU HAVE THE LEGAL RIGHT TO WORK IN THE UNITED STATES? YES NO

DATE OF BIRTH CAN YOU PROVIDE PROOF OF AGE? YES NO
(REQUIRED FOR COMMERCIAL DRIVERS)

| | | |
|--|---------------------------|---------------|
| HAVE YOU WORKED FOR THIS COMPANY BEFORE? YES NO | POSITION | WHERE? |
| | FROM | TO |
| | yr./mo. | yr./mo. |
| | REASON FOR LEAVING | |

ARE YOU NOW EMPLOYED? YES NO 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
(ANSWER ONLY IF A JOB REQUIREMENT)

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES NO

IF YES, PLEASE EXPLAIN FULLY.
CONVICTION OF A CRIME IS NOT
AN AUTOMATIC BAR TO EMPLOYMENT.
ALL CIRCUMSTANCES WILL BE CONSIDERED.

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 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 NAME | FROM | TO |
| ADDRESS | yr./mo. | yr./mo. |
| CITY STATE ZIP | POSITION HELD | |
| CONTACT PERSON PHONE NUMBER | SALARY/WAGE | |
| REASON FOR LEAVING | | |
| WERE YOU SUBJECT TO THE FMCSRs WHILE EMPLOYED? † YES 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? YES NO | | |

| | | |
|---|---------------|---------|
| EMPLOYER NAME | FROM | TO |
| ADDRESS | yr./mo. | yr./mo. |
| CITY STATE ZIP | POSITION HELD | |
| CONTACT PERSON PHONE NUMBER | SALARY/WAGE | |
| REASON FOR LEAVING | | |
| WERE YOU SUBJECT TO THE FMCSRs WHILE EMPLOYED? † YES 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? YES NO | | |

| | | |
|---|---------------|---------|
| EMPLOYER NAME | FROM | TO |
| ADDRESS | yr./mo. | yr./mo. |
| CITY STATE ZIP | POSITION HELD | |
| CONTACT PERSON PHONE NUMBER | SALARY/WAGE | |
| REASON FOR LEAVING | | |
| WERE YOU SUBJECT TO THE FMCSRs WHILE EMPLOYED? † YES 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? YES NO | | |

| | | |
|---|---------------|---------|
| EMPLOYER NAME | FROM | TO |
| ADDRESS | yr./mo. | yr./mo. |
| CITY STATE ZIP | POSITION HELD | |
| CONTACT PERSON PHONE NUMBER | SALARY/WAGE | |
| REASON FOR LEAVING | | |
| WERE YOU SUBJECT TO THE FMCSRs WHILE EMPLOYED? † YES 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? YES NO | | |

*INCLUDES VEHICLES HAVING A GVWR OF 26,001 LBS. OR MORE, VEHICLES DESIGNED TO TRANSPORT 16 OR MORE PASSENGERS (INCLUDING THE DRIVER), OR ANY SIZE VEHICLE 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 LBS. OR MORE, (2) IS DESIGNED OR USED TO TRANSPORT MORE THAN 8 PASSENGERS (INCLUDING THE DRIVER), OR (3) IS ANY SIZE AND IS USED TO TRANSPORT HAZARDOUS MATERIALS IN A QUANTITY REQUIRING PLACARDING.

DRIVER INFORMATION:

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE. IF NONE, WRITE NONE

| DATE | NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.) | FATALITIES | INJURIES | HAZARDOUS MATERIAL SPILL | |
|---------------|--|------------|----------|--------------------------|----|
| LAST ACCIDENT | | | | YES | NO |
| NEXT PREVIOUS | | | | YES | NO |
| NEXT PREVIOUS | | | | YES | NO |

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

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

EXPERIENCE AND QUALIFICATIONS

LIST ALL DRIVER LICENSES OR PERMITS HELD IN THE PAST 3 YEARS

| STATE | LICENSE NO. | TYPE | EXPIRATION DATE |
|-------|-------------|------|-----------------|
| | | | |
| | | | |
| | | | |

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

[]

DRIVING EXPERIENCE

| CLASS OF EQUIPMENT | | | TYPE OF EQUIPMENT | DATES (yr./mo.) | | APPROX. NO. OF MILES (TOTAL) |
|--------------------------|-----|----|-------------------------|-----------------|----|------------------------------|
| | YES | NO | | FROM | TO | |
| STRAIGHT TRUCK | YES | NO | | | | |
| TRACTOR & SEMI TRAILER | YES | NO | | | | |
| TRACTOR - TWO TRAILERS | YES | NO | | | | |
| TRACTOR - THREE TRAILERS | YES | NO | | | | |
| MOTORCOACH - SCHOOL BUS | YES | NO | MORE THAN 8 PASSENGERS | | | |
| MOTORCOACH - SCHOOL BUS | YES | NO | MORE THAN 15 PASSENGERS | | | |
| OTHER | | | | | | |

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: 1 2 3 4 COLLEGE: 1 2 3 4

LAST SCHOOL ATTENDED

| NAME | 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: