APPLICATION FOR EMPLOYMENT

COMPANY BUBBA'S V	WATER T	RUCK SERV	ICE INC	_STREET A	٩DD	RESS <u>1225 S</u>	WEST AVE					
CITY, STATE AND ZIF		FRESNO, CA	93706									
NAME(FIRST											_	
			(MIDDLE)			(Maiden Name, if any)						
ADDRESS(STREET)		(CITV)		(CTATE 8 7ID CODE)		ODE	HOW LONG?					
DATE OF BIRTH			(CITT)	IDITY NO		(STATE & ZIP C	ODE)	LIDE D	ATE			
								HIKE D	AIE		_	
TELEPHONE NUMBER	R			E-	MAI	L ADDRESS _						
		PR	EVIOUS T	HREE YEA	RS I	RESIDENCY						
									#YEARS_			
(STREET)		(CITY	')			(STATE & ZI						
(STREET)		(CITY	7			(STATE & ZI	P CODE)		#YEARS_			
(5,		(5	,						#YEARS _			
(STREET)		(CITY	<u>'</u>)			(STATE & ZI	P CODE)					
		(ATTA	CH SHEET	F IF MORE S	SPA	CE IS NEEDE	D)					
				NSE INFOR								
Section 383.21 FMCSF driver's license". I cert												
unver sincense . I cent	ily tilat i	To flot flave	more man	one motor v	CITIC	Die licerise, trie	IIIIOIIIIalioi	T TOT WITH	ii is iisteu b		-	
STATE		LIC	CENSE NO	Э.		TYPE			EXPIRATIO	N DA	ATE	
			DRI\	/ING EXPER	RIEN	NCE						
CLASS	OF			DESC	חוםי	TION OF WO	ον.		YEA	RS (OF	
EQUIPMENT			DESCRIPTION OF WORK						EXPERIENCE			
WATER TRUCK DUST	CONTF	ROL										
END DUMP/BOTTOM	DUMP											
LOWBED/FLATBED												
TANKER												
ACCIDENT RI	ECORD	FOR PAST 3	YEARS (OR MORE (A	ΔTΤ	ACH SHEET II	F MORE SI	PACE IS	NEEDED)			
DATES		NATURE	OF ACCID	ENT		NUMBER	NL	JMBER	CH	HEMI	CAL	
DATES	(HEA	D-ON, REAL	R-END, UF	PSET, ETC.))	FATALITIES	i INJ	IURIES		SPILI	LS	
									YES		NO	
									YES		NO	〓
											L	<u> </u>
									YES		NO	
TRAFFIC CONVICT	IONS A	ND FORFEIT	TURES FO	R THE PAS	T 3	YEARS (OTH	ER THAN I	PARKING	G VIOLATIO	ONS))	
DATE CONVICTED VIOLATION				STATE OF VIOLATION				PE	ENALTY			
(month/year)				LC	CA	TION	(forfeited	d bond, c	collateral an	d/or	points	;)
		(ATT	ACH SHEE	T IF MORE S	PAC	CE IS NEEDED)						
A. Have you ever been	n denied						le? YES	3	NO \square			
If yes, explain		, p		- 0								
B. Has any license, pe	ermit or n	rivilege ever	heen susr	nended or re	vok	ed?	YES	\Box	NO \square			
If yes, explain	Oi p		20011 0001	2011404 01 10			,		·••			
you, explain												

EMPLOYMENT RECORD (ATTACH SHEET IF MORE SPACE IS NEEDED)

Applicants that desire to drive in intrastate/interstate commerce must provide the following information on all employers during the previous three years. You must give the same information for all employers you have driven a commercial motor vehicle for the seven years prior to the initial three years (total of ten years employment record).

Must list the complete mail	ling address: street numb	ber and name, city, state and zip code.					
LAST EMPLOYER: NAME							
ADDRESS		PHONE					
POSITION HELD	FROM	то					
REASONS FOR LEAVING							
ANY GAPS IN EMPLOYMENT AND/OR UIT AND REASON.		BE EXPLAINED. INCLUDE DATES (MONTH/YEAR)					
Were you subject to the Federal Motor Carrier Sa	afety Regulations (FMCSRs)	while employed by the previous employer? Yes No					
Was the previous job position designated as a sa substances testing requirements as required by 4		y DOT regulated mode, subject to alcohol and controlled Yes No					
SECOND LAST EMPLOYER: NAME							
ADDRESS		PHONE					
POSITION HELD	FROM	то					
REASONS FOR LEAVING							
ANY GAPS IN EMPLOYMENT AND/OR UNAND REASON.		BE EXPLAINED. INCLUDE DATES (MONTH/YEAR)					
Were you subject to the Federal Motor Carrier Sa	afety Regulations (FMCSRs)	while employed by the previous employer? Yes No					
Was the previous job position designated as a sa substances testing requirements as required by 4		y DOT regulated mode, subject to alcohol and controlled Yes No					
THIRD LAST EMPLOYER: NAME							
ADDRESS		PHONE					
POSITION HELD	FROM	TO					
REASONS FOR LEAVING							
ANY GAPS IN EMPLOYMENT AND/OR UN AND REASON.	NEMPLOYMENT MUST B	BE EXPLAINED. INCLUDE DATES (MONTH/YEAR)					
		while employed by the previous employer? Yes No					
Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes No							
TO E	BE READ AND SIGNED B	BY APPLICANT					
related matters as may be necessary in arriving be made only if and after a conditional offer of	ng at an employment decisi if employment has been ext	al, employment, financial or medical history and other sion. (Generally, inquiries regarding medical history will tended.) I hereby release employers, schools, health iiries and releasing information in connection with my					
n the event of employment, I understand that false or misleading information given in my application or interview(s) may result in lischarge. I understand, also, that I am required to abide by all rules and regulations of the Company.							
contacted, for the purpose of investigating my sa have the right to: Review information provided by current/prev	fety performance history as revious employers;	ployers may be used, and those employer(s) will be required by 49 CFR 391.23(d) and (e). I understand that I					
to the prospective employer; and		those previous employers to re-send the corrected information, if the previous employer(s) and I cannot agree on the					
DATE		APPLICANT'S SIGNATURE					
This certifies that I completed this application, an knowledge.	d that all entries on it and info	formation in it are true and complete to the best of my					

Note: A motor carrier may require an applicant to provide information in addition to the information required by the Federal Motor Carrier Safety Regulations.

APPLICANT'S SIGNATURE

DATE