

#### Application For Employment

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Cheney Brothers, Inc. is an equal opportunity employer and adheres to all local, state, and federal laws prohibiting discrimination in employment whether on the basis of race, sex, religion, disability, national origin, age or any other protected class. Our company is committed to a drug-free and smoke-free workplace. By signing this application, you agree to submit to a pre-employment drug test prior to being considered for employment as outlined in our Drug Free Work Place Policies. All applicants must successfully pass the pre-employment drug test prior to being considered for employment. On-going random, post-accident, and reasonable suspicion drug testing is a requirement of all employees of the company in accordance with our Drug Free Work Place Policy.

Your application will be given every consideration, but its receipt does not imply that you will be contacted or employed.

Answer each section completely. Do not leave any blanks. If a section or question does not apply to you, answer with N/A. Incomplete applications will not be considered. Attachment of resumes or other documents does not substitute for a fully completed application. This application for employment will be considered active for a period of time not to exceed 60 days from the date of application. Any applicant wishing to be considered for employment beyond this time may have to reapply. Thank you for your consideration of employment with Cheney Brothers.

NOTICE TO ALL APPLICANTS - We are required by Court Order to make inquiry and obtain a signature of all applicants (except drivers) whether currently or previously employed with Henry Lee/Smart & Final. No \_\_\_\_ Yes If yes, Dates of Employment: \_\_\_\_ to \_\_\_ Position \_ Position(s) Applied For \_\_\_\_ \_\_\_ Date of Application \_ First Name Middle Name Last Name City State Zip Code Address Telephone Number(s) If you have resided at the above address less than three years, please provide previous address(es). ADDRESS Zip Code State City FOR PAST THREE YEARS How Long? \_ City State Zip Code If you are under 18 years of age, can you provide required proof of your eligibility to work?...... O Yes O No Are you prevented from lawfully becoming employed Have you worked for this company before? \_\_\_\_\_ Where? \_\_\_\_ Dates: From \_\_\_\_\_\_ To \_\_\_\_\_\_ Position \_\_\_\_\_\_ Reason for leaving Are you now employed? \_\_\_\_\_ If not, how long since leaving last employment? \_\_\_\_\_ Who referred you?\_\_\_\_\_ \_\_\_\_\_ Rate of pay expected\_\_\_\_ On what date would you be available for work? Are you available to work ............ Full Time Part Time Days Nights Weekends If Yes, please explain \_\_\_\_\_

## Education History

| HIGH SCHOOL                            | •                                     |  |                                    |  |          |
|--|---------------------------------------|--|------------------------------------|--|----------|
|  |                                       | · · · · · · · · · · · · · · · · · · ·  | City                               |  | State    |
| Course/Major                           |                                       | Years Completed  | Diploma/Degree                     |  | Date     |
| COLLEGE                                |                                       |  |                                    |  | •        |
| Name of School                         | · · · · · · · · · · · · · · · · · · · | . 1.   | City                               |  | State    |
|  |                                       |  | Diploma/Degree                     |  |          |
|  |                                       | •  |                                    |  |          |
| OTHER (Specify)                        |                                       |  | <b>~</b> :                         |  | <b>6</b> |
| _                                      |                                       |  | City                               |  |          |
| Course/Major                           |                                       | Years Completed  | Diploma/Degree                     | enciritina encirca con | Date     |
| Indicate any foreign la                | nguages you can speak, re             |  |                                    |  |          |
| <del></del>                            |                                       |  |                                    |  | ,        |
| Describes and an administration        |                                       |  | invlor antivities.                 |  |          |
| Jescribe any specialize                | ed training, apprenticeshi            | ip, skills and extra-curr  | icular activities:                 |  |          |
| ······································ |                                       |  |                                    |  |          |
| • •                                    | ed training received in the           |  |                                    |  | · · ·    |
| , , , , , , , , , , , , , , , , , , ,  |                                       |  |                                    |  |          |
|  |                                       |  |                                    |  |          |
|  | •                                     | Additional   | Information                        |  |          |
|  |                                       | A AU COA U   |                                    |  |          |
| Other Qualificat                       | cions                                 |  | •                                  |  | ~        |
|  | e, business or civic activit          |  |                                    |  |          |
| (You may exclude membe                 | *                                     |  | nal origin, age, ancestry, disabil |  | itus)    |
|  |                                       |  |                                    |  |          |
|  | · · · · · · · · · · · · · · · · · · · |  |                                    |  |          |
| Summarize special job-1                | related skills and qualificat         | ions acquired from empl  | loyment or other experience.       |  |          |
|  |                                       |  |                                    |  |          |
|  |                                       |  |                                    |  |          |
| Specialized Skills                     | S [Check Skills/Equipmen              | t Operated}  |                                    |  |          |
| O PC                                   | O MS Word                             | Production/M   | Tobile Machinery (list):           | Other (list):  |          |
| О 10 Кеу                               | MS Powerpoint                         |  |                                    |  |          |
| ○ Fax                                  | MS Publisher                          |  |                                    |  | •        |
| ○ MS Excel                             | ○ MS Project                          | · Control of the cont |                                    |  |          |
|  |                                       | · · · · · · · · · · · · · · · · · · ·  | , *                                |  |          |
| State any additional into              | ormation you feel may be l            | helpful to us in consideri   | ng your application.               |  |          |
|  |                                       |  |                                    |  |          |
| · · · · · · · · · · · · · · · · · · ·  |                                       | _  | <u> </u>                           |  | ,        |
|  |                                       | Note to  | Applicants                         |  |          |
|  |                                       | Note to 2  | Applicants                         |  |          |
| DO NOT ANSW                            | ER THIS QUESTIC                       | N UNLESS YOU   | HAVE BEEN INFORT                   | MED ABOUT  |          |
|  |                                       |  | OU ARE APPLYING.                   | en e                   |          |
|  | erforming in a reasonable             |  |                                    | O'Va O No  |          |
| accommodation, the                     | activities involved in the            | e job or occupation for  | which you have applied?            | ○ Yes ○ No   |          |

#### **Employment History**

Please provide the following information on all employers. List employers in reverse order starting with the most recent. Use additional sheets if necessary.

\* Applicants for commercial driving positions shall also provide an additional ten years information on those employers for whom the applicant operated a commercial motor vehicle whether in intrastate or interstate commerce. Please provide written explanation (utilizing additional paper if necessary) of any gaps in employment.

|  | EMPI                                 | OYER                             |   | DATE  |
|--|--------------------------------------|----------------------------------|---|---|
| NAME   |                                      |                                  |   | FROM TO MO. YR. MO. YR.                           |
| ADDRESS  |                                      |                                  |   | POSITION HELD                                     |
| CITY   | STATE .                              | ZIP                              |   | SALARY/WAGE                                       |
| CONTACT PERSON                                       |                                      | PHONE NUMBER                     |   | REASON FOR LEAVING                                |
|  | EMPL                                 | OYER                             |   | DATE  |
| NAME   |                                      |                                  |   | FROM TO MO. YR. MO. YR.                           |
| ADDRESS  |                                      | 1                                |   | POSITION HELD                                     |
| CITY   | STATE                                | ZIP                              |   | SALARY/WAGE                                       |
| CONTACT PERSON                                       |                                      | PHONE NUMBER                     | :   | REASON FOR LEAVING                                |
|  | EMPL                                 | OYER                             | 20.00                                       | DATE  |
| NAME   |                                      | •                                |   | FROM TO  MO. YR. MO. YR.                          |
| ADDRESS  |                                      |                                  |   | POSITION HELD                                     |
| CITY   | STATE                                | ZIP                              |   | SALARY/WAGE                                       |
| CONTACT PERSON                                       | ·                                    | PHONE NUMBER                     |   | REASON FOR LEAVING                                |
|  | EMPL                                 | OYER                             |   | DATE  |
| NAME   |                                      |                                  |   | FROM TO MO. YR. MO. YR.                           |
| ADDRESS  |                                      |                                  |   | POSITION HELD                                     |
| CITY   | STATE                                | ZIP                              |   | SALARY/WAGE                                       |
| CONTACT PERSON                                       | -                                    | PHONE NUMBER                     |   | REASON FOR LEAVING                                |
|  | EMPL                                 | OYER                             |   | DATE  |
| NAME   |                                      |                                  |   | FROM TO  MO. YR. MO. YR.                          |
| ADDRESS  |                                      |                                  |   | POSITION HELD                                     |
| CITY   | STATE                                | ZIP                              |   | SALARY/WAGE                                       |
| CONTACT PERSON                                       |                                      | PHONE NUMBER                     |   | REASON FOR LEAVING                                |
|  | EMPL                                 | OYER                             |   | DATE  |
| NAME   |                                      |                                  |   | FROM TO MO. YR. MO. YR.                           |
| ADDRESS  |                                      |                                  |   | POSITION HELD                                     |
| CITY   | STATE                                | ZIP                              | ,   | SALARY/WAGE                                       |
| CONTACT PERSON                                       |                                      | PHONE NUMBER                     |   | REASON FOR LEAVING                                |
| Includes vehicles having a GVWR of 26,001 References | lbs. or more, vehicles designed to t | ansport 15 or more passengers, c | or any size vehicle used to transport hazar | dous materials in a quantity requiring placarding |
| Name   |                                      | Address                          |   | Telephone Number(s)                               |
| Name   |                                      | Address                          |   | Telephone Number(s)                               |
| Name   |                                      | Address                          |   | Telephone Number(s)                               |
|  |                                      |                                  |   |   |

I certify that this application was completed by me and that entries on it and information in it are true and complete to the best of my knowledge. I further understand that the information provided herein may be used by Cheney Brothers, Inc. to contact prior employers and investigate my background.

# Complete this section only if you have a Class "A" or "B" License and you are applying for a commercial driving position.

| B. Has any license, permit or privilege ever been suspended or revoked?  IF THE ANSWER TO EITHER A OR B IS YES, ATTACH STATEMENT GIVING DETAILS  Driving Experience  CLASS OF EQUIPMENT TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)  Straight Truck Tractor and Semi-Trailer Tractor - Two Trailers Other  A. List states operated in for last five years:  B. Show special courses or training that will help you as a driver:  C. Which safe driving awards do you hold and from whom?  ACCIDENT RECORD FOR PAST 3 YEARS *List ALL accidents regardless of citation or charges and regardless of whether received in personal or commercial vehicle.  DATES NATURE OF ACCIDENT (HEAD-ON REALED, UPSET, ETC.)  Straight Truck Tractor - Two Trailers Other  (USE ADDITIONAL PAPER IF MORE SPACE IS NEEDED).  TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VI*-List ALL traffic convictions and forfeitures regardless of whether received in personal or commercial vehicle.  | e you ever been denied a license, permit or privilege to operate a motor vehicle?                       |
|--|---|
| A. Have you ever been denied a license, permit or privilege to operate a motor vehicle?  B. Has any license, permit or privilege ever been suspended or revoked?  IF THE ANSWER TO EITHER A OR B IS YES, ATTACH STATEMENT GIVING DETAILS  Driving Experience  CLASS OF EQUIPMENT  TYPE OF EQUIPMENT  TOAN, TANK, FLAT, ETC.)  Straight Truck  Tractor and Semi-Trailer  Tractor - Two Trailers  Other  A. List states operated in for last five years:  B. Show special courses or training that will help you as a driver:  C. Which safe driving awards do you hold and from whom?  ACCIDENT RECORD FOR PAST 3 YEARS  *List ALL accidents regardless of citation or charges and regardless of whether received in personal or commercial vehicle.  DATES  NATURE OF ACCIDENT  (HEAD-ON REMCEND, UTST, ETC.)  Straight Truck  Tractor and Semi-Trailer  Tractor - Two Trailers  Other  USE ADDITIONAL PAPER IF MORE SPACE IS NEEDED).  TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VI *List ALL traffic convictions and forfeitures regardless of whether received in personal or commercial vehicle.  | enses  e you ever been denied a license, permit or privilege to operate a motor vehicle?                |
| A. Have you ever been denied a license, permit or privilege to operate a motor vehicle?  3. Has any license, permit or privilege ever been suspended or revoked?  IF THE ANSWER TO EITHER A OR B IS YES, ATTACH STATEMENT GIVING DETAILS  Driving Experience  CLASS OF EQUIPMENT  TYPE OF EQUIPMENT  (VAN. TANK, PLAY, ETC.)  Straight Truck  Tractor - Two Trailers  Other  A. List states operated in for last five years:  3. Show special courses or training that will help you as a driver:  5. Which safe driving awards do you hold and from whom?  ACCIDENT RECORD FOR PAST 3 YEARS  List ALL accidents regardless of citation or charges and regardless of whether received in personal or commerical vehicle.  DATES  NATURE OF ACCIDENT  (HEAD-ON, REAR-END, UPSEL ETC.)  Straight Truck  Tractor - Two Trailers  Other  USE ADDITIONAL PAPER IF MORE SPACE IS NEEDED.  TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VILLS ALL traffic convictions and forfeitures regardless of whether received in personal or commerical vehicle.   | e you ever been denied a license, permit or privilege to operate a motor vehicle?                       |
| A. Have you ever been denied a license, permit or privilege to operate a motor vehicle?  B. Has any license, permit or privilege ever been suspended or revoked?  IF THE ANSWER TO EITHER A OR B IS YES, ATTACH STATEMENT GIVING DETAILS  Driving Experience  CLASS.OF EQUIPMENT  TYPE OF EQUIPMENT  TYPE OF EQUIPMENT  Tractor and Semi-Trailer  Tractor - Two Trailers  Other  A. List states operated in for last five years:  B. Show special courses or training that will help you as a driver:  C. Which safe driving awards do you hold and from whom?  ACCIDENT RECORD FOR PAST 3 YEARS  List ALL accidents regardless of citation or charges and regardless of whether received in personal or commerical vehicle.  DATES  NATURE OF ACCIDENT  Tractor - Two Trailers  Other  Use additional paper if more space is needed).  TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VI List ALL traffic convictions and forfeitures regardless of whether received in personal or commercial vehicle.   | e you ever been denied a license, permit or privilege to operate a motor vehicle?                       |
| A. Have you ever been denied a license, permit or privilege to operate a motor vehicle?  B. Has any license, permit or privilege ever been suspended or revoked?  IF THE ANSWER TO EITHER A OR B IS YES, ATTACH STATEMENT GIVING DETAILS  Driving Experience  CLASS OF EQUIPMENT  TYPE OF EQUIPMENT  TYPE OF EQUIPMENT  Tractor and Semi-Trailer  Tractor - Two Trailers  Other  A. List states operated in for last five years:  B. Show special courses or training that will help you as a driver:  C. Which safe driving awards do you hold and from whom?  ACCIDENT RECORD FOR PAST 3 YEARS  List ALL accidents regardless of citation or charges and regardless of whether received in personal or commerical vehicle.  DATES  NATURE OF ACCIDENT  Tractor - Two Trailers  Other  Tractor - Two Trailers  Other  Use additional paper if more space is needed).  TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VI Lists ALL traffic convictions and forfeitures regardless of whether received in personal or commerical vehicle.   | e you ever been denied a license, permit or privilege to operate a motor vehicle?                       |
| B. Has any license, permit or privilege ever been suspended or revoked?  IF THE ANSWER TO EITHER A OR B IS YES, ATTACH STATEMENT GIVING DETAILS  Driving Experience  CLASS OF EQUIPMENT  TYPE OF EQUIPMENT  (VAN, TANK, FLAT, ETC.)  Straight Truck  Tractor and Semi-Trailer  Tractor - Two Trailers  Other  A. List states operated in for last five years:  B. Show special courses or training that will help you as a driver:  C. Which safe driving awards do you hold and from whom?  ACCIDENT RECORD FOR PAST 3 YEARS  *List ALL accidents regardless of citation or charges and regardless of whether received in personal or commerical vehicle.  DATES  NATURE OF ACCIDENT  (Head-ON REALEND, UPSEL, ETC.)  IND  Straight Truck  Tractor - Two Trailers  Other  Tractor - Two Trailers  Tractor - Two Trailers  Other  Tractor - Two Trailers  Tractor - Two Trailers  Tractor - Two Trailers  Tractor - Two Trailers  T | c you ever been defined a needse, permit of privilege to operate a service                              |
| Driving Experience  CLASS OF EQUIPMENT TYPE OF EQUIPMENT (VAN. TANK. PLAT. ETC.)  Straight Truck Tractor and Semi-Trailer Tractor - Two Trailers Other  A. List states operated in for last five years:  B. Show special courses or training that will help you as a driver:  C. Which safe driving awards do you hold and from whom?  ACCIDENT RECORD FOR PAST 3 YEARS *List ALL accidents regardless of citation or charges and regardless of whether received in personal or commercial vehicle.  DATES  NATURE OF ACCIDENT (HEAD-ON, REARIND, Urst. ETC.)  Straight Truck Tractor - Two Trailers Other  Tractor - Two Trailers Other  Use ADDITIONAL PAPER IF MORE SPACE IS NEEDED).  TRAFFIC CONVICTIONS AND FORFETTURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VI List ALL traffic convictions and forfeitures regardless of whether received in personal or commercial vehicle.   | any needse, permit of privilege ever been suspended of revolved minimum.                                |
| CLASS OF EQUIPMENT  TYPE OF EQUIPMENT  (VAN. TANK. PLAT. ETC.)  Straight Truck  Tractor and Semi-Trailer  Tractor - Two Trailers  Other  A. List states operated in for last five years:  B. Show special courses or training that will help you as a driver:  C. Which safe driving awards do you hold and from whom?  **ACCIDENT RECORD FOR PAST 3 YEARS**  **List ALL accidents regardless of citation or charges and regardless of whether received in personal or commercial vehicle.  DATES  **DATES  **DATES  **INTURE OF ACCIDENT  (HEAD-ON, REAR-END, UPSET, ETC.)  Straight Truck  Tractor and Semi-Trailer  Tractor - Two Trailers  Other  USE ADDITIONAL PAPER IF MORE SPACE IS NEEDED).  TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VI **List ALL* traffic convictions and forfeitures regardless of whether received in personal or commercial vehicle.  | THE ANSWER TO FITHER A OR B IS YES ATTACH STATEMENT GIVING DETAILS                                      |
| CLASS OF EQUIPMENT TYPE OF EQUIPMENT From DATES TO CAPPROX. To Straight Truck  Tractor and Semi-Trailer Tractor - Two Trailers Other  A. List states operated in for last five years:  B. Show special courses or training that will help you as a driver:  C. Which safe driving awards do you hold and from whom?  ACCIDENT RECORD FOR PAST 3 YEARS  *List ALL accidents regardless of citation or charges and regardless of whether received in personal or commercial vehicle.  DATES  NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)  Straight Truck Tractor and Semi-Trailer Tractor - Two Trailers Other  USE ADDITIONAL PAPER IF MORE SPACE IS NEEDED).  TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VI *List ALL* traffic convictions and forfeitures regardless of whether received in personal or commercial vehicle.   |   |
| Straight Truck  Tractor and Semi-Trailer  Tractor - Two Trailers  Other  A. List states operated in for last five years:  B. Show special courses or training that will help you as a driver:  C. Which safe driving awards do you hold and from whom?  ACCIDENT RECORD FOR PAST 3 YEARS  *List ALL accidents regardless of citation or charges and regardless of whether received in personal or commerical vehicle.  DATES  NATURE OF ACCIDENT (HEAD-ON, REAR-END, UNSET, ETC.)  Straight Truck Tractor and Semi-Trailer Tractor - Two Trailers Other  USE ADDITIONAL PAPER IF MORE SPACE IS NEEDED).  TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VI *List ALL traffic convictions and forfeitures regardless of whether received in personal or commercical vehicle.  |   |
| Straight Truck  Tractor and Semi-Trailer  Tractor - Two Trailers  Other  A. List states operated in for last five years:  B. Show special courses or training that will help you as a driver:  C. Which safe driving awards do you hold and from whom?  ACCIDENT RECORD FOR PAST 3 YEARS  *List ALL accidents regardless of citation or charges and regardless of whether received in personal or commerical vehicle.  DATES  NATURE OF ACCIDENT (HEAD-ON, REAL RED), USET, ETC)  Straight Truck  Tractor and Semi-Trailer  Tractor - Two Trailers  Other  USE ADDITIONAL PAPER IF MORE SPACE IS NEEDED).  TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VI *List ALL traffic convictions and forfeitures regardless of whether received in personal or commerical vehicle.   | CLASS OF EQUIPMENT TYPE OF EQUIPMENT DATES APPROX NO. OF (Total)  |
| Tractor and Semi-Trailer  Other  A. List states operated in for last five years:  3. Show special courses or training that will help you as a driver:  C. Which safe driving awards do you hold and from whom?  ACCIDENT RECORD FOR PAST 3 YEARS  *List ALL accidents regardless of citation or charges and regardless of whether received in personal or commerical vehicle.  DATES  NATURE OF ACCIDENT  PATALITIES  INI  Straight Truck  Tractor and Semi-Trailer  Tractor - Two Trailers  Other  USE ADDITIONAL PAPER IF MORE SPACE IS NEEDED).  TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VI *List ALL traffic convictions and forfeitures regardless of whether received in personl or commerical vehicle.   |   |
| Tractor - Two Trailers  Other  A. List states operated in for last five years:  B. Show special courses or training that will help you as a driver:  C. Which safe driving awards do you hold and from whom?  ACCIDENT RECORD FOR PAST 3 YEARS  * List ALL accidents regardless of citation or charges and regardless of whether received in personal or commerical vehicle.  DATES  NATURE OF ACCIDENT (HEAD-ON, REAR END, UPSET, ETIC.)  Straight Truck  Tractor and Semi-Trailer  Tractor - Two Trailers  Other  USE ADDITIONAL PAPER IF MORE SPACE IS NEEDED).  TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VI * List ALL traffic convictions and forfeitures regardless of whether received in personal or commerical vehicle.   |   |
| A. List states operated in for last five years:  B. Show special courses or training that will help you as a driver:  C. Which safe driving awards do you hold and from whom?  ACCIDENT RECORD FOR PAST 3 YEARS  * List ALL accidents regardless of citation or charges and regardless of whether received in personal or commercial vehicle.  DATES  NATURE OF ACCIDENT (Head-on, Rear-end, Upser, Erc.)  Straight Truck  Tractor and Semi-Trailer  Tractor - Two Trailers  Other  (Use Additional Paper IF More SPACE IS NEEDED).  TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VI * List ALL traffic convictions and forfeitures regardless of whether received in personl or commercial vehicle.   |   |
| A. List states operated in for last five years:  B. Show special courses or training that will help you as a driver:  C. Which safe driving awards do you hold and from whom?  ACCIDENT RECORD FOR PAST 3 YEARS  * List ALL accidents regardless of citation or charges and regardless of whether received in personal or commercial vehicle.  DATES  NATURE OF ACCIDENT (Head-on, Rear-end, Urset, Etc.)  Straight Truck  Tractor and Semi-Trailer  Tractor - Two Trailers  Other  (Use ADDITIONAL PAPER IF MORE SPACE IS NEEDED).  TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VI * List ALL traffic convictions and forfeitures regardless of whether received in personl or commercial vehicle.   |   |
| B. Show special courses or training that will help you as a driver:  C. Which safe driving awards do you hold and from whom?  ACCIDENT RECORD FOR PAST 3 YEARS  *List ALL accidents regardless of citation or charges and regardless of whether received in personal or commercial vehicle.  DATES  NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)  Straight Truck  Tractor and Semi-Trailer  Tractor - Two Trailers  Other  USE ADDITIONAL PAPER IF MORE SPACE IS NEEDED).  TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VI * List ALL traffic convictions and forfeitures regardless of whether received in personl or commercial vehicle.  |   |
| B. Show special courses or training that will help you as a driver:  C. Which safe driving awards do you hold and from whom?  **List ALL accidents regardless of citation or charges and regardless of whether received in personal or commercial vehicle.  DATES  NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)  Straight Truck  Tractor and Semi-Trailer  Tractor - Two Trailers  Other  (USE ADDITIONAL PAPER IF MORE SPACE IS NEEDED).  TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VI * List ALL* traffic convictions and forfeitures regardless of whether received in personl or commercial vehicle.   |   |
| C. Which safe driving awards do you hold and from whom?  ACCIDENT RECORD FOR PAST 3 YEARS  * List ALL accidents regardless of citation or charges and regardless of whether received in personal or commerical vehicle.  DATES  NATURE OF ACCIDENT (HBAD-ON, REAR-END, UPSET, ETC.)  Straight Truck  Tractor and Semi-Trailer  Tractor - Two Trailers  Other  USE ADDITIONAL PAPER IF MORE SPACE IS NEEDED).  TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VI LIST ALL traffic convictions and forfeitures regardless of whether received in personl or commerical vehicle.  |   |
| *List ALL accidents regardless of citation or charges and regardless of whether received in personal or commercial vehicle.  DATES  NATURE OF ACCIDENT (Head-on, Rear-end, Urset, Etc.)  Straight Truck  Tractor and Semi-Trailer  Tractor - Two Trailers  Other  Use Additional paper if More space is Needed).  TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VI List ALL traffic convictions and forfeitures regardless of whether received in personl or commercial vehicle.  |   |
| *List ALL accidents regardless of citation or charges and regardless of whether received in personal or commerical vehicle.    DATES   | nich safe driving awards do you hold and from whom?   |
| Straight Truck  Tractor and Semi-Trailer  Tractor - Two Trailers  Other  Use additional paper if more space is needed).  TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VI * List ALL traffic convictions and forfeitures regardless of whether received in personl or commercial vehicle.   | DENT RECORD FOR PAST 3 YEARS  |
| Straight Truck  Tractor and Semi-Trailer  Tractor - Two Trailers  Other  Use additional paper if more space is needed).  TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VI * List ALL traffic convictions and forfeitures regardless of whether received in personl or commercial vehicle.   |   |
| Tractor and Semi-Trailer  Tractor - Two Trailers  Other  Use additional paper if more space is needed).  TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VI List ALL traffic convictions and forfeitures regardless of whether received in personl or commercial vehicle.   | DATES NATURE OF ACCIDENT FATALITIES INJURIES (Head-on, Rear-end, Upset, Etc.)                           |
| Tractor and Semi-Trailer  Tractor - Two Trailers  Other  Use additional paper if more space is needed).  TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VI List ALL traffic convictions and forfeitures regardless of whether received in personl or commercial vehicle.   | nt Truck  |
| Tractor - Two Trailers  Other  (USE ADDITIONAL PAPER IF MORE SPACE IS NEEDED).  TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VI * List ALL traffic convictions and forfeitures regardless of whether received in personl or commercial vehicle.  | r and Semi-Trailer  |
| Other  |   |
| (Use additional paper if more space is needed).  TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VI * List ALL traffic convictions and forfeitures regardless of whether received in personl or commercial vehicle.   |   |
| TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VI * List ALL traffic convictions and forfeitures regardless of whether received in personl or commercial vehicle.  |   |
| * List ALL traffic convictions and forfeitures regardless of whether received in personl or commercial vehicle.  | FIG CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLAT                         |
| LOGATION DATE CHARGE PENA  | LL traffic convictions and forfeitures regardless of whether received in personl or commerical vehicle. |
|  | LOCATION DATE CHARGE PENALTY  |
|  |   |
|  |   |
|  |   |
|  |   |
| (Use additional paper if more space is needed).  |   |
| Experience and Qualifications - Other  | <u>.</u> − − − − − − − − − − − − − − − − − − −  |
| Show any trucking, transportation or other experience that may help in your work for this company:   | ny trucking, transportation or other experience that may help in your work for this company:            |
| I have also also also a this application.  | 1   |
| LIST COURSES and training other than shown eisewhere in this application:  | irses and training other than shown elsewhere in this application:                                      |
| **   | cial equipment or technical materials you can work with (other than those already listed):              |
| List special equipment or technical materials you can work with (other than those already listed):   | colar equipment of technical materials for ear north man (other same shoot arrange areas)               |

Applicant's Signature



### Background Inquiry Release

In connection with my application for employment (including contract for services) with you, I understand that investigative background inquires are to be made on myself, including consumer credit, criminal convictions, motor vehicle, and other reports. These reports will include information as to my character, education, work habits, performance and experience along with reasons for termination of past employment. Further, I understand that you will be requesting information from various Federal, State and other agencies which maintain records concerning my past activities relating to my driving, credit, criminal, civil and other experiences.

I authorize without reservations, any party or agency contracted by this employer to furnish the above-mentioned information.

I agree to indemnify and hold harmless Cheney Brothers, Inc., its employees, officers, directors, affiliates, sub contractors, and agents from any loss, expense, or damage, which may result directly or indirectly from information or reports furnished by or to Cheney Brothers, Inc.

I hereby consent to your obtaining the above information in connection with consideration of my application for employment as well as, if offered employment, as reasonably necessary throughout my employment. I understand to aid in the proper identification of my files or records the following information, as well as other information, is necessary.

| Print Full Name                              |                          |   |                                       |
|--|--------------------------|---|---------------------------------------|
| Social Security Number                       |                          | <del>, , , , , , , , , , , , , , , , , , , </del> |                                       |
| Date of Birth                                | Sex                      |   |                                       |
| Driver's License Number                      |                          |   | _ State                               |
| Current Address                              |                          |   |                                       |
| City/State/Zip Code                          |                          |   |                                       |
|  |                          |   |                                       |
| Previous Employer                            |                          |   |                                       |
| Phone ( )                                    |                          |   |                                       |
| Position                                     |                          |   |                                       |
| Employed Dates: From                         | То                       |   | · · · · · · · · · · · · · · · · · · · |
|  |                          |   |                                       |
| Applicant's Signature                        |                          |   | _ Date                                |
| *Photographic identification must be submitt | ted with this release in | order to ve                                       | rify information.                     |