



Dear Driver Applicant,

MHX is a professional trans-loading, transportation and logistics, company. We employ only those drivers who meet our qualifications. In the interest of time and effort, we have developed a multi-step program for hiring drivers. The following is a list of requirements for Class A drivers who are seeking employment with our company. If you meet our basic requirements, you will then be given an overview of our company, the types of services we provide, areas we operate, and the types of equipment we use. Thereafter, you will have the opportunity to complete and submit an application for employment and begin the next step of the screening process. If you do not meet the following requirements, you will not be considered for employment.

Our screening process is designed to maximize our knowledge of your experience and qualifications for the position for which you are applying. The following information is the first part of this process.

1. **The driver must have a current Class A license (unrestricted, except for corrective eye lenses and approved hearing aids) issued by the State of California. The driver must also have a current certified medical card.**
2. **The driver must be at least 25 years of age.**
3. **The driver must have at least two (1) years verifiable prior professional driving experience.**
4. **The driver may not have more than 3 points based on company MVR scoring criteria within the past 3 years (regardless of the type of vehicle being driven at the time the points were accumulated).**
5. **The driver may not have any citations or convictions for the following offenses (regardless of the type of vehicle being driven at the time), on the motor vehicle report within the past 7 years:**
 - a. **Driving Under the Influence (DUI)**
 - b. **Reckless Driving**
 - c. **Hit and Run Accident**
 - d. **Any Felony Convictions**

I certify by my signature that I meet each of the above requirements. I understand that each of the above items will be reviewed and verified by MHX. I further understand that by meeting these requirements, MHX is not offering employment. Only if I successfully complete each of the screening requirements will I be offered employment, which will be subject to the company policies, including the "At-Will Employment" policy of the company.

Signature

Date

Printed Name



22707 S. Wilmington Ave., Carson, CA 90745

DRIVER'S APPLICATION FOR EMPLOYMENT

EQUAL OPPORTUNITY EMPLOYER

All applications must be filled out completely and legibly. Failure to submit a complete and legible application will result in the application being refused.

All applicants applying for Class A driver positions are required to submit their driving record showing the previous three years of activity. The driving record must be current (no older than thirty days) from time of filling out application. A driving record must be submitted from each state you have operated in for the previous three years. Upon completion of application you will be asked to present your driver's license, medical card, and TWIC card (if applicable) to be photocopied and attached to your application.

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 that 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 the company.

I understand that information I provide regarding current and/or previous employers may be used, and those employers will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

- Review information provided by previous employers;
- Have errors in the information corrected by previous employers and for those 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 _____

Printed Name _____

Pre-Employment Questionnaire

PLEASE READ CAREFULLY

---PRINT CLEARLY---

ANSWER ALL QUESTIONS

PERSONAL INFORMATION:

Name (Last Name, First, Middle)	Social Security Number:
Present Address	
City, State, Zip Code	How Long? yr./mo.
Prior Addresses <u>(If less than 3 years at present address)</u>	
City, State, Zip Code	How Long? yr./mo.
City, State, Zip Code	How Long? yr./mo.
City, State, Zip Code	How Long? yr./mo.
Phone Number:	Referred By:

Position Applied For: _____ Full Time / Part Time: _____

Date Available: _____ Number of Years Experience: _____

Wage/Salary Expected: _____ Are You Currently Employed? _____

If not, how long since leaving last employment? _____

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

Prior to employment, can you submit verification of your legal right to work in the U.S.? _____

Have you ever applied for a position at MHX before? _____ When? _____

Do you have any relatives working for this company? _____

If yes, provide names and positions _____

The position you are applying for requires physical agility and heavy exertion and lifting. Do you have any physical conditions which may limit your ability to perform the duties required for this position? _____

If yes, what can be done to accommodate your limitations? _____

EDUCATION

Circle highest grade completed: 1 2 3 4 5 6 7 8 High School: 9 10 11 12 College: 1 2 3 4 5+

Last school attended: Name _____ City, State _____

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)

EMPLOYMENT HISTORY

--READ CAREFULLY--

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		DATE	
Name		FROM MO. YR.	TO MO. YR.
Address		POSITION HELD	
City	State Zip		
Contact Person:	Phone Number:	REASON FOR LEAVING	
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 49CFR Part 40? <input type="checkbox"/> YES <input type="checkbox"/> NO			

EMPLOYER		DATE	
Name		FROM MO. YR.	TO MO. YR.
Address		POSITION HELD	
City	State Zip		
Contact Person:	Phone Number:	REASON FOR LEAVING	
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 49CFR Part 40? <input type="checkbox"/> YES <input type="checkbox"/> NO			

EMPLOYER		DATE	
Name		FROM MO. YR.	TO MO. YR.
Address		POSITION HELD	
City	State Zip		
Contact Person:	Phone Number:	REASON FOR LEAVING	
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 49CFR Part 40? <input type="checkbox"/> YES <input type="checkbox"/> NO			

EMPLOYER		DATE	
Name		FROM MO. YR.	TO MO. YR.
Address		POSITION HELD	
City	State Zip		
Contact Person:	Phone Number:	REASON FOR LEAVING	
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 49CFR Part 40? <input type="checkbox"/> YES <input type="checkbox"/> NO			

EMPLOYER		DATE	
Name		FROM MO. YR.	TO MO. YR.
Address		POSITION HELD	
City	State Zip		
Contact Person:	Phone Number:	REASON FOR LEAVING	
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 49CFR Part 40? <input type="checkbox"/> YES <input type="checkbox"/> NO			

EMPLOYMENT HISTORY (continued)

EMPLOYER		DATE	
Name		FROM MO. YR.	TO MO. YR.
Address		POSITION HELD	
City	State Zip		
Contact Person:	Phone Number:	REASON FOR LEAVING	
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 49CFR Part 40? <input type="checkbox"/> YES <input type="checkbox"/> NO			

EMPLOYER		DATE	
Name		FROM MO. YR.	TO MO. YR.
Address		POSITION HELD	
City	State Zip		
Contact Person:	Phone Number:	REASON FOR LEAVING	
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 49CFR Part 40? <input type="checkbox"/> YES <input type="checkbox"/> NO			

EMPLOYER		DATE	
Name		FROM MO. YR.	TO MO. YR.
Address		POSITION HELD	
City	State Zip		
Contact Person:	Phone Number:	REASON FOR LEAVING	
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 49CFR Part 40? <input type="checkbox"/> YES <input type="checkbox"/> NO			

EMPLOYER		DATE	
Name		FROM MO. YR.	TO MO. YR.
Address		POSITION HELD	
City	State Zip		
Contact Person:	Phone Number:	REASON FOR LEAVING	
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 49CFR Part 40? <input type="checkbox"/> YES <input type="checkbox"/> NO			

GENERAL DRIVING RECORD

ACCIDENT RECORD FOR THE PAST THREE (3) YEARS (IF NONE, WRITE NONE)

Date of Accident	Accident Type	Commercial or Personal Vehicle	Death or Injuries from Accident	City and State	Time of Accident	Employer

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

LOCATION	DATE	CHARGE	PENALTY

LIST ALL DRIVER LICENSES HELD LAST 3 YEARS

STATE	LICENSE NUMBER	CLASS	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 RECORD

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES		APPROXIMATE NUMBER OF MILES DRIVEN
		FROM	TO	
TRACTOR – SEMI TRAILER				
TRACTOR – TWO TRAILERS				
STRAIGHT TRUCK				
OTHER				

APPLICANT: READ AND SIGN BEFORE SUBMITTING THIS APPLICATION

AUTHORIZATION:

I authorize MHX, or its agents, to investigate my background to ascertain any and all information of concern to my record, and release employers and persons names herein from all liability for any damages on account of his/her furnishing such information.

I understand that if hired, any misrepresentation or omission of facts on this employment application will result in discharge.

Labor Code Section 2922 states that employment, having no specified term, may be terminated at the will of either party. MHX, LLC adheres to this section of the labor code and hereby puts the applicant on notice that all employment offered by the employer may be terminated at the will of either party without cause.

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.

Applicant's Signature

Printed Name

Date