

ATTENTION CDL APPLICANTS

Please review the company requirements for CDL Drivers prior to making application.

The following criteria is based on Federal Motor Carrier Safety Regulations is being adopted as a standard by Sunset Materials, Inc. for all CDL Driver prospective new hires.

Prospective employees wishing to obtain employment as a CDL Driver with Sunset Materials, Inc. are required to furnish a Drivers Abstract from the Department of Licensing. The Abstract needs to have a printed date that is within 30 days from the day of application.

On an annual basis throughout employment each driver will be required to sign an Abstract Release form allowing Sunset Materials, Inc., to obtain records in order to perform reviews required by the Washington State Patrol.

No Record of any of the following:

1. Driving under the influence of alcohol or a controlled substance
2. Leaving the scene of an accident
3. Committing a felony with a motor vehicle
4. Reckless driving

Not more than two violations in the past 3 years of the following:

1. Excessive speed: 15 mph or more above the limit
2. Improper lane change
3. Following too closely
4. Preventable accidents

TRAFFIC CONVICTIONS AND FOREFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

LOCATION	DATE	CHARGE	PENALTY

- 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, ATTACH A STATEMENT GIVING FULL DETAIL.

EMPLOYMENT RECORD

NOTE: DOT requires records for 3 years and/or Commercial Driving experience for past 10 years be shown.

LAST EMPLOYER NAME _____

ADDRESS _____

PHONE _____ POSITION HELD _____ FROM/TO _____

SALARY _____ REASON FOR LEAVING _____

Subject to Federal Motor Carrier Safety Regulations YES _____ NO _____

Performed safety sensitive function subject to DOT Controlled Substance/Alcohol Testing YES _____ NO _____

SECOND LAST EMPLOYER NAME _____

ADDRESS _____

PHONE _____ POSITION HELD _____ FROM/TO _____

SALARY _____ REASON FOR LEAVING _____

Subject to Federal Motor Carrier Safety Regulations YES _____ NO _____

Performed safety sensitive function subject to DOT Controlled Substance/Alcohol Testing YES _____ NO _____

THIRD LAST EMPLOYER NAME _____

ADDRESS _____

PHONE _____ POSITION HELD _____ FROM/TO _____

SALARY _____ REASON FOR LEAVING _____

Subject to Federal Motor Carrier Safety Regulations YES _____ NO _____

Performed safety sensitive function subject to DOT Controlled Substance/Alcohol Testing YES _____ NO _____

TO BE READ AND SIGNED BY APPLICANT

I certify that this application was completed by me, and that all entries on it and information in it to be true and complete to the best of my knowledge.

(Date)

(Applicants Signature)

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