



308 S. LEBARON, MESA, AZ 85210; PHONE: 480-619-4100, FAX: 480-619-4104

## Application for Employment

Candidate's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Drivers License #: \_\_\_\_\_ State Issued: \_\_\_\_\_

Are you 18 years of age or older?  Yes  No

Are you either a U.S. citizen or an alien authorized to work in the U.S.?  Yes  No

Have you ever worked or attended school under another name? If so, under what name?

\_\_\_\_\_

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### Position Desired

Position: \_\_\_\_\_ Start date available: \_\_\_\_\_

Wage rate desired: \$ \_\_\_\_\_  Hourly  Monthly  Annually

Do you prefer:  Full-time  Part-time If part-time, hours per week desired: \_\_\_\_\_

Hours you are available to work: \_\_\_\_\_

Days of week you are available to work: \_\_\_\_\_

Are you able to work:  Weekends  
 Holidays  
 Nights  
 Overtime

Have you ever worked for Quality Emulsions?  Yes  No (If yes, complete the rest of this page)

Dates of employment with Quality Emulsions: from \_\_\_\_\_ to \_\_\_\_\_

Reason(s) for leaving: \_\_\_\_\_

Former supervisor(s) at this company: \_\_\_\_\_

How did you learn about this opening? \_\_\_\_\_



Please list all companies or businesses that you have ownership in or where you work during off hours or weekends:

\_\_\_\_\_

\_\_\_\_\_

### Education

High School:	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Technical School:	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Course of Study:
College/University:	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Course of Study:
Post-Graduate Education:	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Course of Study:
Other education, training or special skills:		

### Work Experience

Please list all previous employment, beginning with the most recent. If you need more room, you may attach another sheet of paper.			
Employer:		Address:	
From	To	Position Held:	Reason for Leaving:
Supervisor's Name & Title:			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Description of Duties:			
Starting Compensation:		Final Compensation:	



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Employer:		Address:	
From	To	Position Held:	Reason for Leaving:
Supervisor's Name & Title:			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Type of Truck Driven:		<input type="checkbox"/> Tanker <input type="checkbox"/> Flatbed <input type="checkbox"/> Reefer <input type="checkbox"/> Dry Van	
Description of Duties:			
Starting Compensation:		Final Compensation:	

### Professional References

Identify three persons who know your work, beginning with the most recent.

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Position or Title: \_\_\_\_\_ Years Known: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Position or Title: \_\_\_\_\_ Years Known: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Position or Title: \_\_\_\_\_ Years Known: \_\_\_\_\_



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## DRIVING EXPERIENCE

Number of years experience driving: \_\_\_\_\_

How many years experience do you have with with the following equipment:

Tractor w/ Trailer: \_\_\_\_\_

Flatbed: \_\_\_\_\_

Refer: \_\_\_\_\_

Van: \_\_\_\_\_

Tanker: \_\_\_\_\_

How many accidents in the last 3 years: \_\_\_\_\_

How many traffic violations in the last 3 years: \_\_\_\_\_

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## Authorization and Acknowledgements

I affirm that the information I have provided in this application is true to the best of my knowledge, information and belief, and I have not knowingly withheld any information requested. I understand that withholding or misstating any information requested in this application is grounds for rejection of my application, and that providing false or misleading information in this application is grounds for discharge.

I authorize the company to verify my references, record of employment, education record, and any other information I have provided. Unless otherwise noted, I authorize the references I have listed to disclose any information related to my work record and my professional experiences with them, without giving me prior notice of such disclosure. In addition, I release the company, my former employers and all other persons and entities, from any and all claims, demands or liabilities arising out of or in any way related to such inquiry or disclosure.

\_\_\_\_\_  
Candidate's Signature

\_\_\_\_\_  
Date

**Release of Information Form**  
(49 CFR Part 40 Drug and Alcohol Testing)

**Section I. To be completed by the new employer, signed by the employee, and transmitted to the previous employer:**

Employee Printed or Typed Name: \_\_\_\_\_

Employee SS or ID Number: \_\_\_\_\_

I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer, listed in *Section I-B*, to the employer listed in *Section I-A*. This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25. I understand that information to be released in *Section II-A* by my previous employer, is limited to the following DOT-regulated testing items:

1. Alcohol tests with a result of 0.04 or higher;
2. Verified positive drug tests;
3. Refusals to be tested;
4. Other violations of DOT agency drug and alcohol testing regulations;
5. Information obtained from previous employers of a drug and alcohol rule violation;
6. Documentation, if any, of completion of the return-to-duty process following a rule violation.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**I-A.**

New Employer Name: Quality Emulsions

Address: 308 S Lebaron  
Mesa, AZ 85210

Phone #: 480-619-4100 Fax #: 480-619-4104

Designated Employer Representative: Sandie Wood

**I-B.**

Previous Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone #: \_\_\_\_\_

Designated Employer Representative (if known): \_\_\_\_\_

**Section II. To be completed by the previous employer and transmitted by mail or fax to the new employer:**

**II-A.** In the two years prior to the date of the employee's signature (in Section I), for DOT-regulated testing ~

- |   |                        |
|---|------------------------|
| 1. Did the employee have alcohol tests with a result of 0.04 or higher?                                   | YES ___ NO ___         |
| 2. Did the employee have verified positive drug tests?  | YES ___ NO ___         |
| 3. Did the employee refuse to be tested?  | YES ___ NO ___         |
| 4. Did the employee have other violations of DOT agency drug and alcohol testing regulations?             | YES ___ NO ___         |
| 5. Did a previous employer report a drug and alcohol rule violation to you?                               | YES ___ NO ___         |
| 6. If you answered "yes" to any of the above items, did the employee complete the return-to-duty process? | N/A ___ YES ___ NO ___ |

*NOTE: If you answered "yes" to item 5, you must provide the previous employer's report. If you answered "yes" to item 6, you must also transmit the appropriate return-to-duty documentation (e.g., SAP report(s), follow-up testing record).*

**II-B.**

Name of person providing information in *Section II-A*: \_\_\_\_\_

Title: \_\_\_\_\_

Phone #: \_\_\_\_\_

Date: \_\_\_\_\_

**General Consent for Limited Queries of the Federal Motor Carrier Safety  
Administration (FMCSA) Drug and Alcohol Clearinghouse**

I, \_\_\_\_\_, hereby provide consent to Quality Emulsions, LLC to conduct a limited query of the FMCSA Commercial Driver's License Drug and Alcohol Clearinghouse (Clearinghouse) to determine whether drug or alcohol violation information about me exists in the Clearinghouse. I grant this consent to Quality Emulsions, LLC for the entire duration of my employment with Quality Emulsions, LLC with no limit to how frequently that Quality Emulsions, LLC conducts a limited query.

I understand that if the limited query conducted by Quality Emulsions, LLC indicates that drug or alcohol violation information about me exists in the Clearinghouse, FMCSA will not disclose that information to Quality Emulsions, LLC without first obtaining additional specific consent from me.

I further understand that if I refuse to provide consent for Quality Emulsions, LLC to conduct a limited query of the Clearinghouse, Quality Emulsions, LLC must prohibit me from performing safety-sensitive functions, including driving a commercial motor vehicle, as required by FMCSA drug and alcohol program regulations.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date