

### Stewart Industries International Roswell, LLC APPLICATION FOR EMPLOYMENT

PLEASE PRINT ALL
INFORMATION REQUESTED
EXCEPT SIGNATURE

#### APPLICANTS WILL BE TESTED FOR ILLEGAL DRUGS

Any applications not completely filled out may not be considered (if it does not apply, use "N/A")

PLEASE COMPLETE	E PAGES 1-4			DATE	:	
Name:						
Last	First	Middle Initial				
Present Address:						How Long?
	Street		City	State	Zip	
Addresses for past three (3) years:	Street		City	State	Zip	How Long?
(attach sheet if	Street		Oity	Otate	Σip	How Long?
more space is needed)	Street		City	State	Zip	now Long.
Telephone No.		Referred by: _				
Are you 18 or over?				the lega	al right to	work in the US?
Have you worked for	this company before?		Where?			
	to Rate o					
Reason for Leaving:						
Are you now employe	ed? If not	, how long since leav	ing last employ	yment?		
Employment desired:	☐ FULL-TIME ONLY	☐ PART-TIME ONL	Y 🗖 FULL-	OR PAR	RT-TIME	
Position applied for:			Rate of pay	expected	d:	
						ied (as described in the job
description)?	If yes, explain if you	wish.				
T						
		MILITARY S	TATUS			
HAVE YOU EVER SE	ERVED IN THE ARMED F	FORCES? □ Ye	es 🗆 No		Branch	:
						Date
	EMBER OF THE NATION					I No
			-			
		EDUCAT	ION			
Circle Highest Grade	Complete: 1 2 3 4	5 6 7 8 High	School: 1 2	3 4	College:	1 2 3 4
Last school attended:		Add	lress:			
Do you have an A&	P Certificate?	Yes □ N	o Certifica	ate Num	nber:	
DO YOU HAVE A DR	RIVER'S LICENSE? 🔲 Y	′es 🛭 No How v	vill you get to w	ork?		
Driver's License#	S	tate of issue	□ Operator	☐ Con	nmercial (	CDL) 🗖 Chauffeur
Expiration Date						
Have you had any ac	cidents during the past th	ree (3) years?	☐ No		Yes	How many?
Have you had any mo	oving violations during the	e past three (3) years	s? □ No		Yes	How many?
UPON HIRING, WE	MAY REQUEST A DRIVI	NG HISTORY REPO	ORT FROM DE	PARTM	IENT OF	MOTOR VEHICLES.

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Name	Na	me			
Relationship					
Company		Company			
Address	Ad	dress			
Telephone	 Te	lephone			
• •	makes it difficult for an individual to a additional information necessary to d				
	WORK EXPER	IENCE			
=	state and zip code. Include self-er				
explain breaks in employm	ent. Attach additional sheets if r this application	-	attach a resume, t	out complete	
explain breaks in employm		-		out complete	
NAME	this application	-	D From	ATE To	
NAME ADDRESS	this application  EMPLOYER	as well.	D From Mo Yr	ATE	
NAME ADDRESS CITY	this application  EMPLOYER  STATE	-	From Mo Yr Salary/Wage	ATE To Mo Yr	
NAME ADDRESS CITY Contact Person	this application  EMPLOYER	as well.	D From Mo Yr	ATE To Mo Yr	
NAME ADDRESS CITY Contact Person Position Held Was your job designated as a Safrequirements of 49CFR Part 40?	this application  EMPLOYER  STATE	ZIP  Regulated mode subject	From Mo Yr  Salary/Wage Reason for Le	ATE To Mo Yr aving	
NAME ADDRESS CITY Contact Person Position Held Was your job designated as a Safrequirements of 49CFR Part 40?	this application  EMPLOYER  STATE Phone Number  fety Sensitive function in any DOT/FAA Yes No  Dormed, skills used or learned, advancen	ZIP  Regulated mode subject	From Mo Yr Salary/Wage Reason for Leason for Leason worked at this co	ATE To Mo Yr  aving ol Testing ompany.	
NAME ADDRESS CITY Contact Person Position Held Was your job designated as a Safrequirements of 49CFR Part 40? List the jobs you held, duties perfo	this application  EMPLOYER  STATE Phone Number  Tety Sensitive function in any DOT/FAA Yes No	ZIP  Regulated mode subject	From Mo Yr Salary/Wage Reason for Le to the Drug and Alcoh e you worked at this co	ATE To Mo Yr  aving ol Testing ompany.	
NAME ADDRESS CITY Contact Person Position Held Was your job designated as a Safrequirements of 49CFR Part 40? List the jobs you held, duties performance.	this application  EMPLOYER  STATE Phone Number  fety Sensitive function in any DOT/FAA Yes No  Dormed, skills used or learned, advancen	ZIP  Regulated mode subject	From Mo Yr Salary/Wage Reason for Leason for Leason worked at this co	ATE To Mo Yr  aving ol Testing ompany.	
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	EMPLOYER		D	ATE
NAME			From	То
ADDRESS			Mo Yr	Mo Yr
CITY	STATE	ZIP	Salary/Wage	•
Contact Person	Phone Number		Reason for Lea	aving
Position Held	•		1	-
Was your job designated as a Safety Sensitive		ed mode subject to the Dru	g and Alcohol Tes	sting
requirements of 49CFR Part 40?	☐ Yes ☐ No			
List the jobs you held, duties performed, skill	s used or learned, advancemer	is or promotions while you	worked at this co	mpany.
	EMPLOYER		T	ATE
NAME	EMFLOTER		From	To
ADDRESS			Mo Yr	Mo Yr
CITY	STATE	ZIP	Solon/Mogo	
Contact Person		ZIP	Salary/Wage Reason for Lea	
Position Held	Phone Number		Reason for Lea	aving
Was your job designated as a Safety Sensitiv	ve function in any DOT/FAA Re	gulated mode subject to the	e Drug and Alcoho	ol Testing
requirements of 49CFR Part 40?	☐ Yes ☐ No		-	-
	EMPLOYER		D	ATE
NAME			From	То
ADDRESS			Mo Yr	Mo Yr
CITY	STATE	ZIP	Salary/Wage	
Contact Person	Phone Number		Reason for Lea	aving
Position Held	•			
Was your job designated as a Safety Sensitive		gulated mode subject to the	e Drug and Alcoho	ol Testing
requirements of 490FK Part 40?	☐ Yes ☐ No			
requirements of 49CFR Part 40?  List the jobs you held, duties performed, skill:		its or promotions while you	worked at this co	mpany.
List the jobs you held, duties performed, skill	s used or learned, advancemer	its or promotions while you		mpany.
List the jobs you held, duties performed, skill		its or promotions while you	D	
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List the jobs you held, duties performed, skill  NAME  ADDRESS	s used or learned, advancemer		From Mo Yr	ATE To
List the jobs you held, duties performed, skills  NAME  ADDRESS  CITY	s used or learned, advancement sused or learned sused sused or learned sused	ts or promotions while you	From Mo Yr Salary/Wage	ATE To Mo Yr
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#### PLEASE READ CAREFULLY

## Stewart Industries International Roswell, LLC Certifications, Disclaimers and Acknowledgments

- 1. General Disclaimer: I understand that Stewart Industries International Roswell, LLC, hereafter "SII," is under no obligation to hire me, that any employment I am offered will not be for any specified period of time, that my employment is terminable by either party at will with or without notice or cause, and that no representative of SII has authority to enter into any agreement with me contrary to the foregoing. Applicant agrees that all disputes, claims, and controversies between them, whether individual, joint, or class in nature shall be arbitrated pursuant to the rules of the American Arbitration Association, which the decision or award shall be final, conclusive, binding, and enforceable in a court of law. All costs of arbitration shall be shared equally except that each party shall pay his own legal costs. I understand that nothing contained in my employment application, or in granting of an interview, is intended to create an employment contract between SII and myself for either employment or for the providing of any benefit. I understand that none of the benefits or policies in any handbook issued to me by SII are intended by reason of its publication to confer any rights or privileges to any benefits or policies, or entitle me to remain employed by SII, or to change my status as an "at will" employee (permitted by law). I understand that all statements and provisions in the handbook are procedural and/or guideline and that SII has the right to change any policy, benefit, or procedure at any time without notice.
- 2. Notice of Drug and Alcohol Testing Requirements: SII is concerned with the health and safety of its employees, as well as the safety of its customers and the motoring public. Therefore, the company requires, as one step of the hiring process and according to DOT/FAA regulations, that all otherwise qualified applicants for employment submit to a drug test. I understand that I will be required to provide urine, hair, or other biological samples to be tested for the presence of controlled substances including, but not limited to, marijuana, cocaine, amphetamines, opiates, phencyclidine and MDMA (Ecstasy). If employed, I will also be required to submit to drug and/or alcohol tests as required by SII substance abuse policy and/or federal, state, or local regulations. I understand that SII may contract with a third party to assist in the administration of drug and alcohol testing and agree to this party being provided with all information to which SII is entitled and subject to the same confidentiality requirements as SII. I further understand that a confirmed positive drug or alcohol test, or a refusal to test, will disqualify me from consideration of employment or will result in my termination from employment. SII will report the results of drug and alcohol test results in accordance with regulatory requirements, including release to motor carriers and/or other third parties upon receipt of a properly executed release document. I also understand that a positive result or refusal on a post accident test may result in denial of any Workers' Compensation claims I may make as a result of injuries sustained in the accident.
- 3. Drug and Alcohol History Release Authorization: Under the authority granted me by 49 CFR Parts 40 and 382, I hereby authorize and require my previous, current and/or future employers specifically listed as well as any other person or company provided by me in writing or by verbal interview by whom I was employed or to whom I applied for employment in the three years preceding the date of the application to release the date, type of test and result of all drug and alcohol tests taken by me, including the date and type of test for any refusal by me to take a drug or alcohol test to the Employment Placement Representative assigned to process my application at SII. If I tested positive on any controlled substance test, had an alcohol test with a concentration of 0.04 or greater, or refused to take any drug or alcohol test, I also authorize the release of all information concerning my referral to a Substance Abuse Professional (SAP) including all records pertaining to my evaluation and treatment (if required by SAP). I authorize this release by whatever means is most expedient and agree to hold harmless any past employer or any person or company I applied with as well as their employees, agents, or representatives from all liability or damage that may arise from the release of the information specifically authorized here.
- 4. Work Record and Consumer Reports Release Authorization: I hereby authorize, without liability, any person or organization, including but not limited to any educational institution, training facility or any institution whose name I have given as reference, or by whom I have been previously employed, to furnish SII any information they may have concerning my character, habits, ability, financial responsibility, job performance, and reasons for leaving employment. Furthermore, there may be entities that SII does business with which may request investigative reports or consumer reports which apply to my background. In this case, these reports would apply to my assignment to projects related to the customer, permission to be on the customers' premises and to handle its products and other security concerns to the customer. I authorize SII to obtain future criminal, investigative and/or consumer reports. I hereby release all such persons and organizations from any claims for damages of any kind, which may occur to me by reasons of furnishing such information. I hereby authorize any law enforcement agency or court of record to furnish SII information concerning Motor Vehicle Record, or any felony or misdemeanor of which I have been convicted.
- 5. Applicant Rights (pursuant to 49 CFR Part 391.23(I) effective October 29, 2004): I understand that I have the right to review information provided by my previous employers, to have errors corrected by the previous employers and re-sent to SII once corrected, and to have a rebuttal statement attached to any alleged erroneous information should my previous employer and I not agree on the accuracy of the information. I further understand that the information provided by me will be used in making employment determinations and that my previous employers will be contacted for the purpose of investigating my safety performance history information as required by paragraphs (c) and (e) of 49 CFR Part 391.23. Request to review previous employer information must be in writing and mailed to Human Resources, 605 E Challenger St, Roswell, NM 88203-8457.
- 6. Agreement to Follow Rules: If employed, I agree to abide by and observe all company rules, guidelines, and regulations as published by the company or in publicly available regulations or publicly displayed postings. I understand that there is no expectation of privacy for any of my personal property on SII premises, including SII trucks. I consent to and agree that SII may search my personal property located on SII property, along with SII desks, lockers, toolkits, etc. for the purpose of investigating possible violations of company rules or violations of any local, state, or federal law.

Applicant Signature	Date	Applicant Printed Name	