CHRISTENSEN BROTHERS GENERAL ENGINEERING, INC.

PO BOX 1286 21288 PAPAGO RD. APPLE VALLEY, CA 92307

DRIVER'S APPLICATION FOR EMPLOYMENT

(Attach copy of current DMV printout. Answer all questions noting N/A or NONE where applicable. - Please print)

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or non job related disability.

Positions(s) Applied for				
Name	First	Social So	cial Security No.	
Last	First	Middle		
ist your addresses of re	esidency for the past 3 ye	ears.		
Current address				
	Street		City	
	State	Zip Code	Phone	
Previous	State	Zip Code		
Addresses	Street	City	State & Zip Code	How Long?
	Street	City	State & Zip Code	
	Street	City	State & Zip Code	How Long?
	Street			How Long?
-	Street	City	State & Zip Code	HOW LONG:
Have you worked for t	his company before?	v	Can you provide prod Where?	
Dates: From	To	Rate of		Position
Reason for Leaving		If not how long since	leaving last employr	ment?
_	d?	If flot, flow long since		
Are you now employe				
Are you now employe Who referred you?			_ Rate of Pay Exped	eted
Are you now employe Who referred you?	night be unable to perform t		Rate of Pay Expediction Control Report Repor	s described in
Are you now employe Who referred you? Is there any reason your	night be unable to perform t)?	he functions of the job for whi	Rate of Pay Expect	s described in
Are you now employe Who referred you? Is there any reason you mattached job description	night be unable to perform t)?	he functions of the job for whi	Rate of Pay Expect	s described in

APPLICATION WILL REMAIN ACTIVE FOR 30 DAYS

EMPLOYMENT HISTORY FOR PAST 10 YEARS

Provide Complete Address and Phone Numbers

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 additional sheets as necessary**.)

LEAVE NO BLANKS OR GAPS IN TIME FOR THE PAST 10-YEAR PERIOD. APPLICATION IS INCOMPLETE WITHOUT ALL INFORMATION.

DATE: From Month/Year:	10:	Type of Trailer Pulled.	
Company:		Type of Equipment Driven:	
Address:		Number of Accidents:	
City: Sta	te: Zip:	States you Drove In:	
Telephone: ()		Positions Held:	Compensation/Pay:
Supervisor:		Reason for Leaving:	
Full or Part time (Circle) Hour o	r Miles/Week:	May We Contact This Employer?	□ Yes □ No
DATE: From Month/Year:	То:	Type of Trailer Pulled:	
Company:		Type of Equipment Driven:	
Address:		Number of Accidents:	
City: Sta	te: Zip:	States you Drove In:	
Telephone: ()		Positions Held:	Compensation/Pay:
Supervisor:		Reason for Leaving:	
	r Miles/Week:	May We Contact This Employer?	□ Yes □ No
DATE: From Month/Year:	To:	Type of Trailer Pulled:	
Company:		Type of Equipment Driven:	
Address:		Number of Accidents:	
City: Sta	ate: Zip:	States you Drove In:	
Telephone: ()		Positions Held:	Compensation/Pay:
Supervisor:		Reason for Leaving:	
	or Miles/Week:	May We Contact This Employer?	□ Yes □ No
DATE: From Month/Year:	To:	Type of Trailer Pulled:	
Company:		Type of Equipment Driven:	
Address:		Number of Accidents:	
	ate: Zip:	States you Drove In:	
Telephone: ()		Positions Held:	Compensation/Pay:
		Reason for Leaving:	
Supervisor:	or Miles/Week:	May We Contact This Employer?	□ Yes □ No
Full or Part time (Circle) Hour of	JI WIIIES/VVECK.	Way We Contact This Employer:	U105 B10
DATE: From Month/Year:	То:	Type of Trailer Pulled:	
Company:		Type of Equipment Driven:	
Address:		Number of Accidents:	
	ate: Zip:	States you Drove In:	
Telephone: ()		Positions Held:	Compensation/Pay:
Supervisor:		Reason for Leaving:	
	or Miles/Week:	May We Contact This Employer?	□ Yes □ No
Tun of Fartuing (Onoic) Trout			

400 N 000 N

DA	TES	(HEA	NATURE OF ACCI O ON, REAR END, U		FATA	ALITIES	INJURIES
LAST ACCIDENT							
NEXT PREVIOUS							
NEXT PREVIOUS							
				RS (OTHER		NG VIOLATION	S) IF NONE, WRITE NONE
LOCATI	ON		DATE		CHARGE		PENALTY
				•			
		(AT	TACH SHEET IF MOI	RE SPACE I	S NEEDED)		
			EDUC	MOITA			
CIDCLE HICHES		DETED 1 2	3 4 5 6 7 8		H SCHOOL : 1	2 3 4	COLLEGE: 1 2 3
	I GRADE COIVI	PEIED I Z	3 4 3 0 7 0	1110	IT SCHOOL.	2 3 4	OOLLEGE, 1 2 0
4 LAST SCHOOL A	TTENDED						
LAST SCHOOL A	_	(NAME)				CITY)	
		(17 (11)			`	-··· ,	
		EXPE	RIENCE AND QUA	LIFICATIO	NS - DRIVER		
	STATE		LICENSE NO.		TYPE		EXPIRATION DATE
DRIVER							
LICENSES							
Lighting			W-1 - W-1 - W-1	1		_ _	
A. Have you	ı ever been denie	ed a license, per	mit or privilege to op	erate a moto	r vehicle	•	YES NO
B. Has any	license, permit o	r privilege ever	been suspended or r	evoked?		,	YES NO
IF THE A	NSWER TO EITH	IER A OR B IS	'ES, ATTACH STATE!	MENT GIVIN	G DETAILS		
DRIVING EXPER	S OF EQUIPMEN		TYPE OF EQUIPM			ATE	APPROX. NO. OF MILE
		·	(VAN, TANK, FLAT	, ETC.)	FROM	то	(TOTAL)
STRAIGHT TRUCK						<u> </u>	
TRACTOR AND SE	MI-TRAILER			-			
TRACTOR - TWO	TRAILERS -						
MOTORCOACH -	SCHOOL BUS				<u>.</u>	ļ	
OTHER							
LIST STATES O	PERATED IN F	OR LAST FIVE	YEARS		<u></u>		
				<u> </u>			
SHOW SPECIAL C	OURSES OR TR	AINING THAT V	VILL HELP YOU AS A	DRIVER:			

SHOW ANY TRUCKING, TRAN					AT MAY HELP IN Y		DR THIS COMPANY
LIST COURSES TRAINING OT	HER THAN SHO	WN ELSEV	VHERE IN	THIS AP	PPLICATION		
LICT ODECIMA EQUIDATENT O	D TECHNICAL M	ATERIALS	VOLLCAN	MORY	WITH OTHER TH	AN THOSE AL	BEADY CHOWAI)
LIST SPECIAL EQUIPMENT O	R TECHNICAL M	A I ERIALS	TOU CAN	WORK	WIIH (OIHEK IH	AN THUSE AL	CREADY SHOWIN)
and complete to the be- l authorize you to mal history and other rela inquiries regarding me extended.) I hereby responding to inquiries in the event of emplo	application wast of my know ke such invested matters a dical history elease emplosand releasing when the language.	ras completed co	pleted by as and in be nece made or chool, he ation in that fa	me, and me, an	es of my pers in arriving a and after a co care providers ection with my misteading	ntries on it sonal, emplor t an emplor nditional control and othe application	and information in it are true doyment, financial or medical oyment decision. (Generally, offer of employment has been repersons form all liability in a given in my application or by all rules and regulations of
Date	<u> </u>	-				Appl	icant's Signature
APPLICANT HIRED DATE EMPLOYED DEPARTMENT (IF REJECTED SUMMARY RE APPLICATION INTERVIEW PAST EMPLOYMENT WRITTEN EXAM		IS SECTION	JLD BE PL	ACED I	RECORD REJECTED POINT EMPLOYED CLASSIFICATION N FILE) ED IN BY RESPO (REPRESENTA OW AVERAGE	NSIBLE	WRITTEN RECORD ON FILE
5. ROAD TEST 5. CRIMINAL AND TRAFFIC CONVICTIONS							
	SIGNATURE	OF INTERVI	EWING OFF	ICER			
FROM: DATE: REASON FOR TRASNFER	TO:		ТІ	RANSI	FERS FROM: DATE: REASON FOR T	RANSFER	то:
FROM: DATE: REASON FOR TRANSFER	то:				FROM: DATE: REASON FOR T	RANSFER	ТО:
DATE TERMINATED		DEPAR	RTMENT R	ELEASE	EMPLOYMEN D FROM		D
DISMISSED	ACED IN EILE	voi	UNTARILY	QUIT	SUPERVISOR	OTHEI	

Driver File Checklist #3 - A, B

PREVIOUS EMPLOYEE SAFETY PERFORMANCE HISTORY REQUEST

TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

rospective Emplo ocial Security No here by authoria Icohol testing to rospective Emplo	o: ze the Previous o my Prospecti	ve Employer.	d below to releas	Date of B e and forward Inf	lirth: dormado	/ n requested cor	/ nceming safety performan	ice history and	l drug and
		and work on	PREVIO	OUS EMPLOY	YER IN	IFORMATIO	N		RV TO STATE
Company Name:					ohone Nur	nhar:			
ax Number:			77	1,041,41,4		illoci.			
\ddress:			- 10 Office	ate:		SI WELL	Zip Code:		8
City:		-	Committee Control	CTIVE EMPL	OVED	INFORMAT	F = 1		
Sammanii Momoi	Christon	on Brothers Ga	eneral Engineering					ate	
Company Name: Attention: Leon	na Christensen	ATTEMPT OF THE RESERVE OF THE PARTY OF THE P	eneral Engareering	1000 -11		Mailed	appropriate box)		1 11
	Box 1286		_W21 11			Faxed			
City, State, Zip:	Apple Valley	, CA 92307			Emailed				
Phone Number: Fax Number:	(760) 240-52 (760) 961-2307			M	Relayed	by Phone	on Contacted:		
		nce history to rep	port	TETY PERFOR	RMANC	E HISTORY			
DOT Regula Driver Oper Straight Truc Tractor-Sem Bus	rated a (please ck itrailer	□ Non-DOT F check box) Cargo Tank Doubles/Triples Other (Specify)	Regulated Driver	Eligible for Re-	Rea	☐ Yes ☐ ason for Leaving Discharged Resignation ay off	No g Employment (please che	eck box)	
ACCIDENTS: application date s	Complete the shown above, or	following for any check here	if there is no	I on your accident register data for the	t registrat his driver		that involved the applicant i	n the 3 years pri	
Date			Location			# of Injuries	# of Fatalities	Hazillat Mater	iai Spiii
2 3.				00 olasas (T					
RUG & ALCOHO	OL TESTING:	Complete this se	ection only if DOT	Regulated Drive	er was ch	ecked off on the	e Safety Performance Hist e testing specified by 49 CF	ory section) R Part 40. (if bo	x is check
skip the se	ection below)				E				
Under Departme	ent of Transporta		irements for the pa					Yes	No
1. Has this pe	erson had an alc	ohol test with a r	esult of 0.04 or high	her alcohol concer	entration?				
2. Has this pe	erson tested pos	itive or adulterate	ed or substituted a	test specimen for	controlle	d substance?	_		_
3. Has this pe	erson refused to	submit to a post	-accident, random	reasonable suspic	cion, or fo	llow-up alcohol o	or controlled substance test?		
4. Has this pe	erson committed	other violations	of subpart B of Par	t 382, or Part 40.					
5. Has this pe	erson violated a int, including reti	DOT drug and alurn-to-duty and fo	lcohol regulation ar ollow-up tests? If ye	nd completed a SA es please attach d	AP-presci document	ribed rehabilitatio ation.	n program in your		
6. Has this pe	erson, after succ	cessfully completi	ing a SAP's rehabiled positive drug tes	litation referral, res	emained ir e tested.	your employme	nt but subsequently had an		
providing thin in Any other rem	nformation, any	drug or alcohol te	esting information o	obtained from prev	vious emp	oloyers under §4	0.25 or other applicable DO	T regulations in	included.
						Signature: Title:		Date:	<u>n</u>
Pursuant to a	request for Pre	vious Employee S	Safety Performance Department of Tran	e History, Dated	ations, §4	Title:	, this response is being p		ros

Driver File Checklist #3 - A, B

PREVIOUS EMPLOYEE SAFETY PERFORMANCE HISTORY REQUEST

TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

rospective Employee Name: ocial Security No: here by authorize the Previous Employer noted below to release a loohol testing to my Prospective Employer. rospective Employees Signature:	Date of Birth: and forward Informat	/ on requested con-	/ cerning safety performan	ce history and	drug and
	JS EMPLOYER	INFORMATIO			17 12 12 1X 5 (E
ompany Name:	TO THE OWNER OF THE OWNER OWNER OF THE OWNER				
ontact Name:	Telephone N Email:	umber:			
ax Number:ddress:	Ellidii.				
ity: State	e;		Zip Code:		
PROSPEC	TIVE EMPLOYE	R INFORMATI	ON		
ompany Name: Christensen Brothers General Engineering,	Inc. THIS F	ORM WAS (check a	appropriate box) D	ate	- 0
ttention: Leona Christensen					
ddress: P.O. Box 1286	Emaile				
ity, State, Zip: Apple Valley, CA 92307 hone Number: (760) 240-5236 x100	F4.5657)	d by Phone			
ax Number: (760) 961-2307	N 10 (88)	Name of Person	Contacted:	= =	
☐ There is no safety performance history to report☐ DOT Regulated Driver☐ Non-DOT Regulated Driver☐	Eligible for Re-Hire	□ Yes □	No Employment (please che	ack hox)	
Driver Operated a (please check box) ☐ Straight Truck ☐ Cargo Tank ☐ Tractor-Semitrailer ☐ Doubles/Triples ☐ Bus ☐ Other (Specify)		Discharged Resignation Lay off	☐ Military Duty☐ Other (Specify)		
philotation said sine and a sine	on your accident regist gister data for this driv		hat involved the applicant i # of Fatalities	n the 3 years pri Hazmat Mater	SECTION AND A
Date Location		# of Injuries	# Of Fatables	Hazillat Matci	iai opiii
		THE COL			
RUG & ALCOHOL TESTING: (Complete this section only if DOT, R	egulated Driver was	checked off on the	Safety Performance Hist	ory section)	
This person was not employed in a safety sensitive function that	required alcohol and o	controlled substance	testing specified by 49 CF	R Part 40. (if bo	x is check
skip the section below)				Yes	No
Inder Department of Transportation testing requirements for the past	o years.	.2			
. Has this person had an alcohol test with a result of 0.04 or higher	er alconor concentration	Ind substance?			
2. Has this person tested positive or adulterated or substituted a te	st specimen for contro	fellow up alaahal ar	controlled substance test?	, 🗆	
3. Has this person refused to submit to a post-accident, random re-		tollow-up alcohol of	COMMUNEU SUDStance tests		
Has this person committed other violations of subpart B of Part 3 Has this person violated a DOT drug and alcohol regulation and	completed a SAP-pre-	scribed rehabilitation	n program in your		
employment, including return-to-duty and follow-up tests? If yes Has this person, after successfully completing a SAP's rehabilite	please attach docume ation referral, remained	ntation. I in your employmen			
alcohol test result of 0.04 or grater, a verified positive drug test.	or refused to be tested				anludad
providing thin information, any drug or alcohol testing information obtain other remarks:	ained from previous e	mployers under §40	.25 or other applicable DO	1 regulations in	nciuded.
		Signature: Title:	54	Date:	v _
Pursuant to a request for Previous Employee Safety Performance Employer noted above in compliance with the Department of Trans	History, Dated	40.321(b)	, this response is being p	rovided to the Pr	ospective

Driver File Checklist #3 - A, B

PREVIOUS EMPLOYEE SAFETY PERFORMANCE HISTORY REQUEST

TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

ocial Security No; here by authorize the Previous Emp icohol testing to my Prospective En rospective Employees Signature:	ployer noted below to release and for	Date of Birth: /ward Information requested conce	/ emling safety performanc	e history and	drug and
	PREVIOUS E	MPLOYER INFORMATION	Particulars (Sandamaria)		2394
		Telephone Number: Email:			
address:					
Sity:	State:	POREST CALL PRESENT CONTRACTOR	Zip Code:		- 75
	PROSPECTIVE	EMPLOYER INFORMATIO			
· · · · · · · · · · · · · · · · · · ·	Brothers General Engineering, Inc.	THIS FORM WAS (check ap	ppropriate box) Dat	ie	
ttention: Leona Christensen ddress: P.O. Box 1286		☐ Mailed ☐ Faxed			
City, State, Zip: Apple Valley, CA	92307	Emailed			
Phone Number: (760) 240-5236 x1		Relayed by Phone			
ax Number: (760) 961-2307	1 71 F F F F F F F F F F F F F F F F F F	Name of Person (
Driver Operated a (please checl ☐ Straight Truck ☐ Cargo ☐ Tractor-Semitrailer ☐ Double	istory to report Non-DOT Regulated Driver Eligibl k box)		No Employment (please chec	k box)	
ACCIDENTS: Complete the follow application date shown above, or chec	wing for any accidents included on your there if there is no register d	accident registration (§390.15(b)) that	it involved the applicant in	the 3 years prid	or to the
Date	Location	# of Injuries	# of Fatalities	Hazmat Materi	al Spill
Date i.		# of Injuries	# of Fatalities	Hazmat Materi	al Spill
Date	Location	# of Injuries			al Spill
Date RUG & ALCOHOL TESTING: (Comp	Location Idea this section only if DOT Regulate	# of Injuries	afety Performance Histor	ry_section)	
Date RUG & ALCOHOL TESTING: (Comp) This person was not employed in skip the section below)	Location Section only if DOT Regulate In a safety sensitive function that require	# of Injuries # of Injuries # of Injuries	afety Performance Histor	ry, section) Part 40. (if box	k is check
Date RUG & ALCOHOL TESTING: (Comp) This person was not employed in skip the section below) Inder Department of Transportation te	Location Section only if DOT Regulate In a safety sensitive function that require esting requirements for the past 3 years	# of Injuries # of Injuries # of Injuries	afety Performance Histor	r y section) Part 40. (if box Yes	k is check
Date RUG & ALCOHOL TESTING: (Complete Complete	Location Jete this section only if DOT Regulate In a safety sensitive function that require The esting requirements for the past 3 years The esting result of 0.04 or higher alcohology.	# of Injuries ed Driver, was checked off on the Set alcohol and controlled substance to set concentration?	afety Performance Histor	ry, section) Part 40. (if box Yes	k is check
Date RUG & ALCOHOL TESTING: (Complete in Skip the section below) Under Department of Transportation to the Has this person had an alcohol to the Has this person tested positive or the Has this person tested posi	Location lete this section only if DOT Regulate In a safety sensitive function that require esting requirements for the past 3 years lest with a result of 0.04 or higher alcohor adulterated or substituted a test speci	# of Injuries ed Driver, was checked off on the S id alcohol and controlled substance to it in concentration? imen for controlled substance?	afety Performance Historesting specified by 49 CFR	ry, section) Part 40. (if box Yes	v is check
Date RUG & ALCOHOL TESTING: (Complete Stip the section below) Under Department of Transportation to the Has this person had an alcohol to the Has this person tested positive of the Has this person refused to submit	Location Jete this section only if DOT Regulater a safety sensitive function that require esting requirements for the past 3 years test with a result of 0.04 or higher alcohor adulterated or substituted a test speci	# of Injuries	afety Performance Historesting specified by 49 CFR	ry, section) Part 40. (if box Yes	No
Date RUG & ALCOHOL TESTING: (Complete Section below) Inder Department of Transportation to the Has this person had an alcohol to the Has this person tested positive of the Has this person refused to submit the Has this person committed other	Location lete this section only if DOT Regulater in a safety sensitive function that require esting requirements for the past 3 years test with a result of 0.04 or higher alcohor adulterated or substituted a test specifie to a post-accident, random reasonably riviolations of subpart B of Part 382, or leading the section of the section of subpart B of Part 382, or leading the s	# of Injuries	esting specified by 49 CFR ontrolled substance test?	ry, section) Part 40. (if box Yes	k is check
Date RUG & ALCOHOL TESTING: (Complete Section below) Inder Department of Transportation to the Has this person had an alcohol to the Has this person tested positive of the Has this person refused to submultant the Has this person committed other Has this person violated a DOT of the Has this per	Location Jete this section only if DOT Regulater a safety sensitive function that require esting requirements for the past 3 years test with a result of 0.04 or higher alcohor adulterated or substituted a test speci	# of Injuries ed Driver, was checked off on the Set alcohol and controlled substance to concentration? imen for controlled substance? le suspicion, or follow-up alcohol or controlled substance? Part 40.	esting specified by 49 CFR ontrolled substance test?	ry, section) Part 40. (if box Yes	k is check
Date RUG & ALCOHOL TESTING: (Complete Skip the section below) Under Department of Transportation to the Has this person had an alcohol to Has this person tested positive of Has this person committed other than this person violated a DOT of the employment, including return-to-the Has this person, after successfur alcohol test result of 0.04 or grafter successfur alcohol test result alcohol test result of 0.04 or grafter successfur alcohol te	Location lete this section only if DOT Regulater in a safety sensitive function that require esting requirements for the past 3 years test with a result of 0.04 or higher alcohor adulterated or substituted a test specific to a post-accident, random reasonably riviolations of subpart B of Part 382, or left of the post-accident in the post-acci	# of Injuries # of I	esting specified by 49 CFR ontrolled substance test?	y, section) Part 40. (if box	No O
Date RUG & ALCOHOL TESTING: (Complete Skip the section below) Under Department of Transportation to the Has this person had an alcohol to Has this person tested positive of Has this person committed other than this person violated a DOT of the employment, including return-to-the Has this person, after successfur alcohol test result of 0.04 or grafter successfur alcohol test result of 0.04 or	Location lete this section only if DOT Regulater in a safety sensitive function that require esting requirements for the past 3 years test with a result of 0.04 or higher alcoholor adulterated or substituted a test specific to a post-accident, random reasonably riviolations of subpart B of Part 382, or lidrug and alcohol regulation and compleduty and follow-up tests? If yes please ally completing a SAP's rehabilitation ref	# of Injuries # of I	esting specified by 49 CFR ontrolled substance test?	y, section) Part 40. (if box	No 🗆 🗆
Date 1. 2. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3.	Location lete this section only if DOT Regulater in a safety sensitive function that require esting requirements for the past 3 years test with a result of 0.04 or higher alcohor adulterated or substituted a test specific to a post-accident, random reasonably riviolations of subpart B of Part 382, or left of the post-accident in the post-acci	# of Injuries # of I	esting specified by 49 CFR ontrolled substance test? orogram in your out subsequently had an 5 or other applicable DOT response.	y, section) Part 40. (if box	No 🗆 🗆



A Public Service Agency

EMPLOYER PULL NOTICE PROGRAM

RELEASE OF DRIVER RECORD INFORMATION

	X	
	NITATNES SPREM GENEROHTUR TO E JITT ONA BRUTANDIR	TIAC
Tate	CONNEX	EXECUTEDAT CITY
		CVC Sections 1808,45 and 1808,46.
a, that I am an authorized representative of to the best of my knowledge and that I am ration as provided by said individual. This gitimate business need to verify information nformation received will not be used for any se subject to prosecution for perjury (Penal re punishable by a fine not exceeding five one year, or both fine and imprisonment. It is and increase to prosecution to the subject to both fine and imprisonment. It is a subject to post the subject to prosecution to the subject to provide the subject to the subje	the above individual to verify the informatic above individual to verify the information table of business and as a less normal course of business and as a lessay provided false information, I may base provided false information, I has as abon (CVC Section 1808.45). These are ment in the county jail not exceeding	his company, that the information entere equesting driver record information on ecord is to be used by this employer in the elating to a driving position not mandater infawful purpose. I understand that if I the Code Section 118) and false representa captant (\$100,000) or by imprisor
COMPANY NAME	INE CHKISTENSE	ATN323PPGS GENERAL
	X	
	SIGNATURE OF EMPLOYEE	31A0
31AT2	SIGNATURE OF EMPLOYEE	EXECUTED AT CITY DATE
	at enrollment in the EPM program is in an by employer to determine my eligibility as count	(CVC) Section 1808. 1(k). I understand the driver license report will be released to mexecurenar city
ogram pursuant to California Vehicle Code neffort to promote driver safety, and that my a licensed driver for my employment.	en any subsequent conviction, failure to an any subsequent convidege during my en against my driving privilege during my en se mandatory enrollment in the EPN program is in an at enrollment in the EPN program is in an y employer to determine my eligibility as	east once every twelve (12) months or who revocation, or any other action is taken a sm not driving in a capacity that require (CVC) Section 1808.1(k). I understand the driver license report will be released to make the remaining of the contents.

THIS FORM MUST BE COMPLETED AND **RETAINED AT THE EMPLOYER'S PRINCIPAL PLACE OF BUSINESS AND**MADE AVAILABLE UPON REQUEST TO DMV STAFF.

To obtain a driver record on a prospective employee you may submit an INF 1103 form. To add this driver to the EPN Program you must submit the applicable forms: INF 1100, INF 1103, INF 1103A form. You may obtain forms at our website

at www.dmv.ca.gov/otherservices, or by calling 916-657-6346.

DO NOT RETURN THIS FORM TO DMY.