

COMPANY DRIVERS

****Now offering FREE Electronic Bill Scanning!
NO MORE FED-EX FEES!***

We require 2 years over-the-road, 6 months flatbed w/steel, and must be 25 years old. Anyone that is short in any category can fill out an application, exceptions are made but nothing is guaranteed. We don't have a training program.

22% of gross, from 100%, family health insurance at no premium cost, 401k after a year, paid vacations after a year, and there is no slip seating.

Bills must be in by Tuesday at noon, checks are mailed Thursday and not guaranteed to be there Saturday, direct deposit is available, funds are in your account on Friday. We do not hold a week.

Most company drivers can gross between \$700 and \$900, the ones that want to work anyway.

Bonus'

Weekly gross between \$2000 and \$2400 for average is a 1% bonus, weekly gross over \$2400 is 2% bonus for monthly, paid out 2nd or 3rd week of following month. Yearly bonus is ½% or 1% based on same numbers.

Bonus' can be held in an interest bearing account or paid out monthly in settlement check. Paid out 3rd week of following month

Health Insurance:

Begins 90 days after they start at no cost to the driver. 80/20 plan after deductible is met. \$200/person up to \$600. \$200 for single, \$400 for employee plus spouse, \$600 for employee plus family of 3 or more. Blue Cross/Blue Shield only covers hospitalization 100%, not major medical. No vision or dental. Prescriptions can be bought at pharmacy and turned into insurance toward deductible, or use mail-order company for medication they take everyday and pay \$15.00 to \$30.00 for a ninety day supply.

Company Driver 401k:

Available after 1 year, company matches up to 4%.

Driver Vacations:

Available after 1 year. 1week the first year, 2 weeks the second year, & 3 weeks the tenth year. Employee must gross \$110,000 the prior year of service. They must take it in a full week, it can not be broken up, and they cannot take more than a week at a time.

PREVIOUS EMPLOYER DRUG & ALCOHOL TEST INFORMATION

Instructions: Federal Highway Administration (FHWA) regulations (49 C.F.R. § 413) require motor carriers for whom a driver previously worked to provide companies to whom a driver has applied for work with the following drug and alcohol test result information concerning that driver, if provided with the driver's written authorization to release those results: (i) all verified positive drug tests during the previous 3 years; (ii) all alcohol test results of 0.04 or greater during the previous 3 years; (iii) all alcohol tests of 0.02 or greater but less than 0.04 during the previous 3 years; (iv) all instances in which the driver refused to a drug and/or alcohol test during the previous 3 years. FHWA regulations also require that a written record be kept whenever a company refuses to provide this required information. This form should be used for that purpose.

I, (Print Name) X _____ Social Security Number: X _____

hereby authorize:

Previous Employer: _____

To release and forward the information requested in this document concerning my Alcohol and Controlled Substances Testing records within the previous 3 years.

To: Prospective Employer: Mawson & Mawson Inc. Attention: Lisa Hunt

In compliance with 40.25(g) and 391.23(h), release of this information must be made in written form that ensures liability, such as fax, email or letter.

Prospective employer's confidential fax number: 215-750-8191

X _____ Date

If driver was not subject to Department of Transportation testing requirements while employed by this employer, please check here [], fill in the dates of employment from _____ to _____, sign the bottom and return.

Driver was subject to Department of Transportation testing requirements from _____ to _____

- 1. Has this person had an alcohol test with a result of 0.04 or higher alcohol concentration? YES NO
2. Has this person tested positive, adulterated or substituted a test specimen for controlled substances? YES NO
3. Has this person refused to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test? YES NO
4. Has this person committed any other violations of Subpart B of Part 382 or Part 40? YES NO
5. Has this person violated a DOT drug and alcohol regulation and completed a SAP prescribed rehabilitation program in your employ, including return to duty and follow-up tests? YES NO
6. After successfully completing a SAP's rehabilitation referral and remained in your employ, did this driver subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refused to be tested? YES NO
7. Have you received information from a previous employer that this individual violated DOT drug and alcohol regulations in the past 3 years? YES NO

If answering yes to any of these questions, please include any drug & alcohol testing information obtained under 40.25 or other applicable DOT agency regulations.

Name: _____
Company: _____
Street: _____
City, St, Zip: _____

Signature of person completing this form, _____ Date: _____

DRIVER REFERRAL BONUS

1ST Driver -	\$75.00 Upon Hiring \$75.00 After 90 Days
2ND Driver -	\$100.00 Upon Hiring \$75.00 After 90 Days
3RD Driver -	\$100.00 Upon Hiring \$100.00 After 90 Days

Just have the driver put your name on their application.

TO BE READ AND SIGNED BY APPLICANT

It is agreed and understood that any misrepresentations of information given above shall be considered an act of dishonesty.

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.

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e), such as and not limited to vehicle accidents and drug/alcohol testing.

I understand I have the right to:

- Review information provided by previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send Corrected information to the prospected 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.

It is also agreed and understood that under the Fair Credit Reporting Act, Public Law 91-508, I have been told that this investigation may include an Investigating Consumer Report, including information regarding my character, general reputation, personal characteristics and mode of living.

I agree to furnish such additional and complete examinations as may be required to complete my employment file.

(Pennsylvania only) - I authorize the carrier to obtain from the Registry of Motor Vehicles a copy of my Motor Vehicle Violations Record.

It is agreed and understood that this qualification sheet in no way obligates the carrier to lease my equipment.

This certifies that this qualification sheet was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

Date

Applicant's Signature

Please complete the 4 highlighted sections only on the next page and return your complete application to Mawson & Mawson Inc. P.O. Box 248, Langhorne, PA 19047. You may fax your completed application to 1-800-585-9908.

**ZEE CORPORATION
EMPLOYMENT APPLICATION**

Please print clearly

Date _____ 20____

Name _____ Social Security No. _____ - _____ - _____

Address _____ How Long? _____
(Street) (City) (State&Zip Code)

Previous Address _____ How Long? _____
(Street) (City) (State&Zip Code)

Marital Status _____ No. of Children _____ Who referred you? _____

Phone (include area code) (____) _____ List Identification Marks _____

Height _____ Weight _____ Date of Birth _____ (Answer only if applying for driving position)

Have you ever driven equipment leased to us before? _____ If yes, dates _____

In case of emergency, whom should be notify? _____ Home phone _____ Work Phone _____

Address _____ Relationship _____

Date of last D.O.T. Physical Examination _____

Have you ever failed a physical examination? _____ When? _____ Why? _____

Have you ever had a positive pre-employment drug screen in the past 2 years? _____ When? _____ &

What Company? _____

Are you physically capable of heavy manual work? (Lifting over 80 lbs) _____

Are you now employed? _____ If not, how long since leaving last employment? _____

WORK HISTORY

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 interstate or interstate commerce shall provide an additional 7 years information on those employers for whom the applicant operated such vehicle.

Last or Present Employer _____ Phone (____) _____

Address _____ Person to Contact _____
(Street) (City) (State&Zip Code)

Dates Employed From ____/____/____ To ____/____/____ Reason for leaving _____
Mo. Day Yr. Mo. Day Yr.

Position Held _____ Type Equip. driven - Trac. Trl _____ St. Trk _____ Other _____

Type of trailer used: Flatbed _____ Extendable Trl _____ Lowboy _____ Van _____ Dump Trl _____ Other _____

Type of materials Hauled _____

No. of Avoidable accidents _____ No. of unavoidable accidents _____

Explain any accidents, including (dates, type of accident, injuries or fatalities) _____

Were you subject to the FMCSRs** while employed? Yes ___ or No ___

Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug & alcohol testing requirements of 49 CFR PART 40? Yes _____ or No _____

Second Employer _____ Phone (____) _____

Address _____ Person to Contact _____
(Street) (City) (State&Zip Code)

Dates Employed From ____/____/____ To ____/____/____ Reason for leaving _____
Mo. Day Yr. Mo. Day Yr.

Position Held _____ Type Equip. driven - Trac. Trl _____ St. Trk _____ Other _____

Type of trailer used: Flatbed _____ Extendable Trl _____ Lowboy _____ Van _____ Dump Trl _____ Other _____

Type of materials Hauled _____

No. of Avoidable accidents _____ No. of unavoidable accidents _____

Explain any accidents, including (dates, type of accident, injuries or fatalities) _____

Were you subject to the FMCSRs** while employed? Yes ____ or No _____

Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug & alcohol testing requirements of 49 CFR PART 40? Yes _____ or No _____

Third Employer _____ Phone (____) _____

Address _____ Person to Contact _____
(Street) (City) (State&Zip Code)

Dates Employed From ____/____/____ To ____/____/____ Reason for leaving _____
Mo. Day Yr. Mo. Day Yr.

Position Held _____ Type Equip. driven - Trac. Trl _____ St. Trk _____ Other _____

Type of trailer used: Flatbed _____ Extendable Trl _____ Lowboy _____ Van _____ Dump Trl _____ Other _____

Type of materials Hauled _____

No. of Avoidable accidents _____ No. of unavoidable accidents _____

Explain any accidents, including (dates, type of accident, injuries or fatalities) _____

Were you subject to the FMCSRs** while employed? Yes ____ or No _____

Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug & alcohol testing requirements of 49 CFR PART 40? Yes _____ or No _____

Fourth Employer _____ Phone () _____

Address _____ Person to Contact _____
(Street) (City) (State&Zip Code)

Dates Employed From ____/____/____ To ____/____/____ Reason for leaving _____
Mo. Day Yr. Mo. Day Yr.

Position Held _____ Type Equip. driven - Trac. Trl _____ St. Trk _____ Other _____

Type of trailer used: Flatbed _____ Extendable Trl _____ Lowboy _____ Van _____ Dump Trl _____ Other _____

Type of materials Hauled _____

No. of Avoidable accidents _____ No. of unavoidable accidents _____

Explain any accidents, including (dates, type of accident, injuries or fatalities) _____

Were you subject to the FMCSRs** while employed? Yes ___ or No _____

Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug & alcohol testing requirements of 49 CFR PART 40? Yes _____ or No _____

Fifth Employer _____ Phone () _____

Address _____ Person to Contact _____
(Street) (City) (State&Zip Code)

Dates Employed From ____/____/____ To ____/____/____ Reason for leaving _____
Mo. Day Yr. Mo. Day Yr.

Position Held _____ Type Equip. driven - Trac. Trl _____ St. Trk _____ Other _____

Type of trailer used: Flatbed _____ Extendable Trl _____ Lowboy _____ Van _____ Dump Trl _____ Other _____

Type of materials Hauled _____

No. of Avoidable accidents _____ No. of unavoidable accidents _____

Explain any accidents, including (dates, type of accident, injuries or fatalities) _____

Were you subject to the FMCSRs** while employed? Yes ___ or No _____

Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug & alcohol testing requirements of 49 CFR PART 40? Yes _____ or No _____

USE ADDITIONAL PAPER IF ABOVE PERIOD OF EMPLOYMENT COVERS LESS THAN 10 YEARS

*Includes vehicles having a GVWR of 26,001 lbs or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

**The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport 9 or more passengers, OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

Have you ever hauled any steel or machinery with a carrier in the last 5 years? _____

If so, list companies and dates _____

Check types of steel hauled: Coils _____ Sheets _____ Plates _____ Structural _____ Other _____

Types of Machinery Hauled on Flatbed or Lowboy _____

If no steel or machinery experience, have you ever used chains, binders and tarps before? _____ If yes, list on what types of materials _____

Number of safe driving awards from previous employers _____ Type of award _____

Total avoidable accidents in last five years with truck _____ With car _____

Total unavoidable accidents in last five years with truck _____ With car _____

List all traffic convictions and violations, including place and dates in last three years _____

Have you ever been convicted of a felony? _____

Has your driver's license ever been suspended? _____ If yes, give date, reason and period of suspension _____

YOU MUST LIST ALL DRIVERS LICENSE HELD !

State _____ License # _____

State _____ License # _____

Have you ever served in the Armed Forces? _____ Branch _____ Dates: From _____ to _____

Have you ever belonged to truck drivers union? _____

If yes, state local number _____ City and State _____