

**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 Yes, May we contact Current Employer \_\_\_\_\_  
If No, 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? \_\_\_\_\_, If Yes, Please Explain: \_\_\_\_\_

Are you able to run the Provinces of Canada? \_\_\_\_\_

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 \_\_\_\_\_

**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 my 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 application sheet in no way obligates the employer.

This certifies that this application 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 215-750-1453 or email to [hhausman@mawsonandmawson.com](mailto:hhausman@mawsonandmawson.com).***

**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 pervious 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: Holly Schiavo

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: 215-750-1453

X \_\_\_\_\_ Applicant's Signature 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 \_\_\_\_\_.

- |   | YES                      | NO                       |
|---|--------------------------|--------------------------|
| 1. Has this person had an alcohol test with a result of 0.04 or higher alcohol concentration?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Has this person tested positive, adulterated or substituted a test specimen for controlled substances?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Has this person refused to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Has this person committed any other violations of Subpart B of Part 382 or Part 40?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 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?<br>If yes, please send documentation back with this form. | <input type="checkbox"/> | <input type="checkbox"/> |
| 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?          | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Have you received information from a previous employer that this individual violated DOT drug and alcohol regulations in the past 3 years?   | <input type="checkbox"/> | <input type="checkbox"/> |

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: \_\_\_\_\_

**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 **any** drug/alcohol testing including pre-employment screening.

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-submit 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





## ***COMPANY DRIVERS***

We require 2 years over-the-road driving experience and must be 23 years old. We do offer a training program if you don't have any steel experience. Anyone that is short in any category can fill out an application, exceptions are made but nothing is guaranteed.

27-28% of gross, from 100% to start pending total driving experience. Trainees are paid a salary during training. Drivers' wages average between \$1000 and \$1400 per week with potential to make more.

There are 6 paid holidays per year. These are paid at a flat \$100 during the pay week they occur. The holidays are as follows: New Year's Day, Memorial Day, 4<sup>th</sup> of July, Labor Day, Thanksgiving, and Christmas.

We offer free bill scanning to all of our drivers. Bills must be in by Tuesday at noon, checks are mailed Thursday. Direct deposit is available, and funds are in your account on Friday morning. We do not hold a week.

2020-2017 Freightliner Cascadia and Evolutions (automatics) w/Qualcomm and Reitnauer trailers. (Engine is a DD15 14.8L 475/505 HP @ 1800 RPM and has a 60 inch XT Sleeper Cab) Trucks are governed at 65 mph @ pedal, can get 68/69 with cruise.

### ***Bonus'***

An additional 1% safety bonus of total monthly gross revenue will be paid if all DOT roadside inspections result in 0 CSA points, no moving violations, and no preventable accidents or cargo claims. Bonuses are paid out the third week of following month. There is an annual 1 % bonus paid based on total revenue exceeding \$200,000 for the previous year.

### ***Health Insurance:***

Begins 1<sup>ST</sup> of the month following 30 days after you start.

Independence Medical

United Health Care dental/vision/life

Costs are as follows and is a weekly deduction: Single: \$35.00, Employee + Spouse: \$73.00, Employee + Children: \$63.00 & Family: \$89.00. We also offer dental with an additional weekly deduction: \$4.21 Single, \$8.42 Employee + Spouse, \$9.27 Employee with Children, and \$14.15 for family.

### ***Company Driver 401k:***

Available after 3 months, company matches up to 4%.

### ***Driver Vacations:***

Available after 1 year. 1 week the first year, 2 weeks the second year, & 3 weeks the tenth year. Calculated based on weekly average revenue for previous year of employment. 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.