



APPLICATION FOR EMPLOYMENT

SANJEL (USA) INC.
511 16th STREET, SUITE 300
DENVER, CO 80202
TELEPHONE (303) 893-6866
FAX (303) 628-4178

AN EQUAL OPPORTUNITY EMPLOYER

We do not discriminate on the basis of race, color, religion, national origin, sex, age, disability, or any other status protected by state or federal law. It is our intention that all qualified applicants be given equal opportunity and that selection decisions be based on job-related factors.

Answer each question fully and accurately. No action can be taken on this application until you have answered all questions. PLEASE PRINT, except for signature on final page of application.

Position applied for _____ Today's Date _____

Are you seeking: Full-time Part-time Temporary employment ?

Will you accept temporary work? Yes No Part-time work? Yes No

When could you start work, if hired? _____

How did you hear about Sanjel?

- Current Sanjel employee Name of employee: _____
 Workforce Center
 Radio Ad
 Newspaper Ad Name of Newspaper: _____
 Website job posting Name of website: _____
 Job Fair
 Other Please indicate: _____

_____	_____	_____	_____
Last Name	First Name	Middle Name	Telephone Number
_____	_____	_____	_____
Current Street Address	City	State	Zip Code

Are you legally eligible to work in the United States? Yes No

If hired, can you furnish proof you are eligible to work in the United States? Yes No



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Have you ever applied here before?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, when? _____
Were you ever employed here?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, when? _____
Do you have relatives employed by Sanjel (USA) Inc. or Sanjel Corporation?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, please list: _____		
Are you now or do you expect to be engaged in any other business or employment?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, please explain: _____		

Have you EVER been convicted of any felonies or misdemeanors? The term "Criminal Conviction" includes Guilty, Deferred Adjudication, No Contest pleas, related attempts and/or Conspiracy to Commit. Yes No

If yes, please provide dates and details: _____

(A "Yes" answer does not automatically disqualify you from employment. The nature of the offense, date, and the job for which you are applying will be considered.)

Sanjel (USA) Inc. reserves the right to perform a criminal history information check. You may be asked to sign an authorization to release your criminal history information to a representative of Sanjel (USA) Inc. obtained from the proper authorities.

EDUCATION		
List Name, Dates and Address of Schools, and name alias (if applicable)	Number of Years Completed	Diploma/ Degree/ Certificate
High School or GED: _____ _____ _____		
College or University: _____ Subjects Studied: _____		
College or University: _____ Subjects Studied: _____		
Vocational or Technical: _____ Subjects Studied: _____		



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WORK HISTORY	
Begin with present or most recent position first. List work experience for PAST 10 YEARS . Attach resume, if necessary. Account for all periods of time including military service and any periods of unemployment. If self-employed, provide firm name and supply business references.	
Name of Employer	Supervisor
Address	Employed From (mo/yr) / To (mo/yr) /
City, State, Zip Code	Pay Start \$ Final \$
Telephone	Reason for leaving
Title	
Duties	
Were you subject to the FMCSRs while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Was your job designated as a safety sensitive function in any DOT regulated mode subject to drug and alcohol testing requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No
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SPECIAL SKILLS

What skills or additional training do you have related to the job for which you are applying? (including licenses, certificates and/or registrations) _____

What machines or equipment can you operate that are related to the job for which you are applying?

What Microsoft Office applications are you familiar with, and what is your proficiency?

JOB REQUIREMENTS

Are you able to perform the essential job requirements of the position for which you are applying with or without accommodation? Yes No

If no, please explain: _____

REFERENCES

Are you presently employed? Yes No
If yes, whom do you suggest we contact? _____

May we contact your present employer for reference? Yes No

Have you ever been fired from a job or asked to resign? Yes No
If yes, please explain: _____

Provide a minimum of three (3) professional references (excluding relatives.)

Name	Company	Address	Phone

SECTION TO BE COMPLETED BY CANDIDATES APPLYING FOR POSITIONS REQUIRING OPERATION OF A COMMERCIAL MOTOR VEHICLE (CMV) ONLY

To the applicant: The information below is required by the Department of Transportation (DOT) regulations section 391.23.

Do you have a valid driver's license? Yes No

Driver's License Number _____ Class of License _____ Expiration Date _____

Date of birth _____

Social Security Number _____

Have you had your driver's license suspended or revoked in the last three (3) years? Yes No
If yes, please provide details: _____

Have you ever had conditions or restrictions imposed on your driver's license? Yes No
If yes, please explain: _____

Have you ever been denied a license, permit, or privilege to operate a motor vehicle? Yes No
If yes, please explain: _____

PREVIOUS ADDRESS(ES) FOR LAST 3 YEARS

Street Address _____ City _____ State _____ Zip Code _____

Street Address _____ City _____ State _____ Zip Code _____

Street Address _____ City _____ State _____ Zip Code _____

LIST ALL DRIVER LICENSES AND/OR PERMITS HELD WITHIN LAST 3 YEARS

DRIVER LICENSES	STATE/COUNTRY	LICENSE #	EXPIRATION DATE	TYPE OF LICENSE

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN TANK, FLAT, ETC)	DATE FROM:	DATE TO:	APPROX NO. OF MILES (TOTAL)
TRUCKS				
BUSES				
TRUCK TRACTOR				
SEMI TRAILOR				
FULL TRAILOR				
POLE TRAILOR				

OTHER: _____

ACCIDENT RECORD FOR THE PAST 3 OR MORE YEARS (ATTACH SHEET IF MORE SPACE IS NEEDED)

	DATE	NATURE OF ACCIDENT (HEAD-ON, REAR END, UPSET, ETC)	FATALITIES/ PERSONAL INJURIES	HAZARDOUS MATERIAL SPILL
LAST ACCIDENT				
PREVIOUS ACCIDENT				
PREVIOUS ACCIDENT				

List all violations of motor vehicle and/or traffic laws and ordinances within the past 3 years (i.e. speeding, reckless driving, DUI, etc): _____

List states/countries operated in the last 5 years: _____

List any special courses or training you have had that will or has helped you as a driver: _____

List any safety driving awards that you hold and from whom: _____

Sanjel (USA) Inc. requires applicants applying for positions that require driving to provide a drivers' abstract before being considered for employment. You may be asked to sign an authorization to release your drivers' abstract to a representative of Sanjel USA from the Department of Transportation.



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APPLICANT AFFIDAVIT

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I understand that any false information or omission in this application or during the course of any interview with Sanjel (USA) Inc. may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I understand that Sanjel (USA) Inc. may request historical information, including my driving record, criminal history record and employment history. I hereby authorize Sanjel (USA) Inc. to investigate any or all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer, past employers and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements in good faith.

I understand as an applicant for any US Department of Transportation regulated position, my previous employers will be contacted to investigate my safety performance history

I understand that any offer of employment will be conditioned upon my successfully passing a test for illegal drug and alcohol screening and the completion of documentation. I hereby consent to a pre-and/or post- employment drug screen as a condition of employment. I will, upon request, sign all the necessary authorizations relating to the foregoing.

I hereby fully release Sanjel (USA) Inc., all former employers, and their employees, as well as any other individuals who release information to Sanjel (USA) Inc. from any and all liability, claims or damages that directly or indirectly result from the use, disclosure, or release of any such information by any person or party, whether such information is favorable or unfavorable to me. I also hereby authorize Sanjel (USA) Inc. to release my employment information to future employers and fully release them from any and all liability, claims or damages resulting from the release, in full or in part, of this information.

I UNDERSTAND THAT THIS APPLICATION OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE A CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. IF EMPLOYED, I UNDERSTAND THAT MY EMPLOYMENT RELATIONSHIP IS AT-WILL AND THAT MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, BY MY EMPLOYER OR MYSELF.

I have read, understood, and by signature, consent to these statements.

Signature: _____ Date: _____

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.

All applications and/or resumes should indicate position of interest being applied for. Sanjel (USA) Inc. retains applications for two (2) years after submittal.



**AUTHORIZATION FOR RELEASE
OF INFORMATION FOR EMPLOYMENT PURPOSES**

Background Screening Disclosure

I, _____, hereby authorize Sanjel (USA) Inc. and its designated agents (DISA) to conduct a comprehensive review of my background through a consumer report and/or investigative consumer report to be generated for employment, promotion, reassignment or retention as an employee. I understand that the scope of the consumer report/investigative consumer report may include, but is not limited, the following areas: names and dates of previous/current employment, work experience, worker's compensation claims, criminal history records (from local, state, federal, international and other law enforcement records), sexual offender's lists, wants and warrants records, motor vehicle records, military records, educational verification, license verification, credit history, civil cases, FBI fingerprinting and drug testing. Upon request, DISA will supply a copy of the completed consumer report along with a copy and an individual's rights under the Fair Credit Reporting Act.

I authorize the complete release of these records or data pertaining to me which an individual, company, firm, corporation, and public agency may have. I authorize the full release of the information described above, without any reservation, throughout any duration of my employment with Sanjel (USA), Inc. I hold harmless DISA for any adverse employment actions that may be taken by Sanjel (USA) Inc. as a result of any and all information that may be contained in the consumer report/investigative consumer report.

Applicant's Full Legal Name:

Aliases AND/OR Maiden Name:

Address: City, State, Zip:

Phone number:

Applicant's Date of Birth (this will not affect hiring decision):

Applicant's Social Security Number:

Driver's Licenses held within past three (3) years:

Driver License Number:	State:	Expiration:	Class:
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Driver License Number:	State:	Expiration:	Class:
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Driver License Number:	State:	Expiration:	Class:
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Counties lived in for past ten (10) years

County <u>and</u> State:	Years:
--------------------------	--------

County <u>and</u> State:	Years:
--------------------------	--------

County <u>and</u> State:	Years:
--------------------------	--------

County <u>and</u> State:	Years:
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Applicant Signature:

Date:

I hereby certify that all statements made above and on my application are true and correct to the best of my knowledge. I understand and agree that any misrepresentation of facts regarding my history record may exclude me from being considered for employment with Sanjel (USA) Inc.



**PREVIOUS PRE-EMPLOYMENT EMPLOYEE
ALCOHOL AND DRUG TEST STATEMENT**

Sec. 40.25(j) As the employer, you must also ask the employee whether he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years. If the employee admits that he or she had a positive test or a refusal to test, you must not use the employee to perform safety-sensitive functions for you, until and unless the employee documents successful completion of the return-to-duty process. (see Sec. 40.25(b)(5) and (e))

Prospective Employee Name: _____
(print)

The prospective employee is required by Sec. 40.25(j) to respond to the following questions.

- 1) Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer, to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two year?

Check One: Yes No

- 2) If you answered yes, can you provide/obtain proof that you've successfully completed the DOT return-to-duty requirements?

Check One: Yes No

I certify that the information provided on this document is true and correct.

Prospective Employee Signature: _____

Date: _____

Witness Signature: _____

Date: _____

ORIGINAL - EMPLOYER

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every "consumer reporting agency" (CRA). Most CRAs are credit bureaus that gather and sell information about you -- such as if you pay your bills on time or have filed bankruptcy -- to creditors, employers, landlords, and other businesses. You can find the complete text of the FCRA, 15 U.S.C. 1681-1681u, at the Federal Trade Commission's web site (<http://www.ftc.gov>). The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

- **You must be told if information in your file has been used against you.** Anyone who uses information from a CRA to take action against you -- such as denying an application for credit, insurance, or employment -- must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.
- **You can find out what is in your file.** At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You also are entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.
- **You can dispute inaccurate information with the CRA.** If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRAs -- to which it has provided the data -- of any error.) The CRA must give you a written report of the investigation, and a copy of your report if the investigation results in any change. If the CRA's investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.
- **Inaccurate information must be corrected or deleted.** A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. **However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified.** If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.
- **You can dispute inaccurate items with the source of the information.** If you tell anyone -- such as a creditor who reports to a CRA -- that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you've notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.
- **Outdated information may not be reported.** In most cases, a CRA may not report negative information that is more than seven years old; ten years for bankruptcies.
- **Access to your file is limited.** A CRA may provide information about you only to people with a need recognized by the FCRA -- usually to consider an application with a creditor, insurer, employer, landlord, or other business.

- **Your consent is required for reports that are provided to employers, or reports that contain medical information.** A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.
- **You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers.** Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free phone number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.
- **You may seek damages from violators.** If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court.

The FCRA gives several different federal agencies authority to enforce the FCRA:

FOR QUESTIONS OR CONCERNS REGARDING:	PLEASE CONTACT:
CRA's, creditors and others not listed below	Federal Trade Commission Consumer Response Center - FCRA Washington, DC 20580 1-877-382-4367 (Toll-Free)
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Programs Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-518-6360
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Division of Compliance & Consumer Affairs Washington, DC 20429 800-934-FDIC
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator - GIPSA Washington, DC 20250 202-720-7051