



APPLICATION FOR EMPLOYMENT

SANJEL (USA) INC.
511 16th STREET, SUITE 300
DENVER, CO 80202
TELEPHONE (800) 972-6535
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

Email Address

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



APPLICATION FOR EMPLOYMENT

Have you ever applied here before? Yes No If yes, when? _____

Were you ever employed here? Yes No If yes, when? _____

Do you have relatives employed by Sanjel (USA) Inc. or Sanjel Corporation? Yes No
 If yes, please list: _____

Are you now or do you expect to be engaged in any other business or employment? Yes No
 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: _____ | | |



APPLICATION FOR EMPLOYMENT

| 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 (provide DD214) and any periods of unemployment. If self-employed, provide firm name and 1099 and/or tax records. | |
| Name of Employer | Supervisor |
| Address | Employed From (mo/yr) / To (mo/yr) / |
| City, State, Zip Code | |
| Telephone | Pay Start \$ Final \$ |
| Title | Reason for leaving |
| Duties | |
| Were you subject to the FMCSRs while employed? Yes <input type="checkbox"/> No <input type="checkbox"/> | Was your job designated as a safety sensitive function in any DOT regulated mode subject to drug and alcohol testing requirements? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Name of Employer | Supervisor |
| Address | Employed From (mo/yr) / To (mo/yr) / |
| City, State, Zip Code | |
| Telephone | Pay Start \$ Final \$ |
| Title | Reason for leaving |
| Duties | |
| Were you subject to the FMCSRs while employed? Yes <input type="checkbox"/> No <input type="checkbox"/> | Was your job designated as a safety sensitive function in any DOT regulated mode subject to drug and alcohol testing requirements? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Name of Employer | Supervisor |
| Address | Employed From (mo/yr) / To (mo/yr) / |
| City, State, Zip Code | |
| Telephone | Pay Start \$ Final \$ |
| Title | Reason for leaving |
| Duties | |
| Were you subject to the FMCSRs while employed? Yes <input type="checkbox"/> No <input type="checkbox"/> | Was your job designated as a safety sensitive function in any DOT regulated mode subject to drug and alcohol testing requirements? Yes <input type="checkbox"/> No <input type="checkbox"/> |



APPLICATION FOR EMPLOYMENT

| | |
|--|--|
| Name of Employer | Supervisor |
| Address | Employed From (mo/yr) / To (mo/yr) / |
| City, State, Zip Code | Pay Start \$ Final \$ |
| Telephone | |
| Title | Reason for leaving |
| Duties | |
| Were you subject to the FMCSRs while employed? Yes <input type="checkbox"/> No <input type="checkbox"/> | Was your job designated as a safety sensitive function in any DOT regulated mode subject to drug and alcohol testing requirements? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Name of Employer | Supervisor |
| Address | Employed From (mo/yr) / To (mo/yr) |
| City, State, Zip | Pay Start \$ Final \$ |
| Telephone | |
| Title | Reason for leaving |
| Duties | |
| Were you subject to the FMCSRs while employed? Yes <input type="checkbox"/> No <input type="checkbox"/> | Was your job designated as a safety sensitive function in any DOT regulated mode subject to drug and alcohol testing requirements? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Name of Employer | Supervisor |
| Address | Employed From (mo/yr) / To (mo/yr) |
| City, State, Zip | Pay Start \$ Final \$ |
| Telephone | |
| Title | Reason for leaving |
| Duties | |
| Were you subject to the FMCSRs while employed? Yes <input type="checkbox"/> No <input type="checkbox"/> | Was your job designated as a safety sensitive function in any DOT regulated mode subject to drug and alcohol testing requirements? Yes <input type="checkbox"/> No <input type="checkbox"/> |



APPLICATION FOR EMPLOYMENT

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 |
|------|---------|---------|-------|
|------|---------|---------|-------|



APPLICATION FOR EMPLOYMENT

MOTOR VEHICLE RECORDS HISTORY

To CMV 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 _____

Endorsements: HAZMAT Tanker Airbrakes Doubles/ Triples

Social Security Number _____

Have you had your driver's license suspended or revoked in the last five (5) 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: _____

List all violations of motor vehicle and/or traffic laws and ordinances within the past 5 years (i.e. speeding, reckless driving, DUI, etc): _____

ACCIDENT RECORD FOR THE PAST 3 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 | | | | | CMV <input type="checkbox"/> PERSONAL <input type="checkbox"/> |
| PREVIOUS ACCIDENT | | | | | CMV <input type="checkbox"/> PERSONAL <input type="checkbox"/> |
| PREVIOUS ACCIDENT | | | | | CMV <input type="checkbox"/> PERSONAL <input type="checkbox"/> |

LIST ALL DRIVER LICENSES AND/OR PERMITS HELD WITHIN LAST 5 YEARS

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



APPLICATION FOR EMPLOYMENT

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

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: _____

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.



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, IN ALL STATES RECOGNIZING AT-WILL EMPLOYMENT, 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.



APPLICATION FOR EMPLOYMENT

PREVIOUS PRE-EMPLOYMENT EMPLOYEE ALCOHOL AND DRUG TEST STATEMENT

TO BE COMPLETED BY CANDIDATES APPLYING FOR POSITIONS REQUIRING OPERATION OF A MOTOR VEHICLE ONLY

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: _____

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 years?

Yes No

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

Yes No

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

Signature: _____ Date: _____



POST- OFFER / PRE - PLACEMENT TESTING POLICY

POLICY:

It is the policy of Sanjel (USA) Inc. ("Sanjel USA" or the "Company") to conduct post-offer/pre-employment examinations. Post-offer/Pre-placement examinations are successful tools utilized to evaluate whether a candidate or prospective employee is able to perform the job with or without reasonable accommodation and to create a safer working environment by identifying any significant risk to the health and safety of the prospective employee or others that cannot be resolved by reasonable accommodations.

Sanjel has implemented the WorkSTEPS® evaluation program for all prospective employees in designated job categories as set forth below. The WorkSTEPS® program has been in effect since 1986, has one of the largest normative databases in the United States, and has proven its success by creating safety in the workplace. Recognizing that every job and every employee are different, the tests are utilized to determine whether or not the employee can safely perform job duties.

When necessary, to enable an otherwise qualified candidate with a disability to participate in testing, Sanjel will provide reasonable accommodations provided such accommodations do not cause an undue hardship. Prospective employees, who believe they need an accommodation to participate in the testing program, must request such accommodations. To minimize or avoid delays in testing, Sanjel asks prospective employees to advise the Company of the need for any accommodation as soon as possible after receiving a conditional offer of employment.

All applicants for employment in any field or shop position who receive a conditional offer of employment will be required to successfully complete a functional employment test.

Below is the process that will be followed:

Upon receiving conditional offers of employment, candidates will be given written job descriptions and additional written information regarding the post-offer/pre-placement functional employment test. After carefully reviewing this information and/or consulting with their personal physicians, candidates must complete a release authorizing Sanjel, WorkSTEPS®, and the licensed WorkSTEPS® testing facility to conduct the post-offer functional employment tests. Requests for accommodations should be noted on the release. Depending on the nature of the accommodation sought, further discussions and/or medical documentation may be needed to identify an appropriate accommodation. Testing will be delayed until the interactive process aimed at identifying appropriate and necessary reasonable accommodations is completed.

Once Sanjel receives a fully completed release and any requests for reasonable accommodation are resolved, Sanjel will schedule candidates for the post-offer/pre-placement functional employment test.

Upon reporting to the licensed WorkSTEPS® testing facility, candidates will be examined by a licensed occupational or physical therapist and their staff.

Because Sanjel seeks to make employment decisions based on the best available objective medical evidence, candidates who receive a "not capable" result or who are unable to complete the test should provide Sanjel with any additional information they believe the company should consider in evaluating the conditional offer of employment.

If it is determined that the candidate is unable to perform the essential job functions with or without a reasonable accommodation or the candidate would pose a direct threat to the health and safety of the candidate or others, which threat cannot be reduced to an acceptable level with a reasonable accommodation, Sanjel will withdraw the conditional offer of employment.

Candidates, who successfully complete the post-offer/pre-placement functional employment test, will be contacted by human resources or other authorized representative about employment.



POST- OFFER / PRE - PLACEMENT TESTING POLICY

Additional Points:

The costs of post-offer/pre-placement employment test procedures are paid by Sanjel. Medical information collected in connection with such tests will be maintained as confidential in accordance with requirements of applicable law, including the Americans with Disabilities Act (ADA), as amended, and the information collected will not be used for any purpose inconsistent with the ADA, as amended, or other applicable law.

The Company is an equal opportunity employer and does not discriminate against individuals on the basis of race, religion, color, sex, age, national origin, mental or physical disability, veteran status, or other conditions or identifications against which discrimination is prohibited by federal, state or local law.

Acknowledgment:

I have read the above policy and understand that if offered employment it will be conditioned on the successful completion of a post-offer/pre-placement functional employment examination. I hereby agree to comply with the above procedure and request that my application for employment be processed pursuant to this policy.

Signature of Employee/Date

Sanjel Representative/Date

In all states recognizing "at will" employment, employees of Sanjel (USA), Inc. ("Sanjel USA") are employed "at will." Employment is not for any definite term, and the employment relationship may be terminated at any time and for any lawful reason.

Sanjel USA may publish various policies, procedures and handbooks from time to time. Sanjel USA employees are expected to abide by the requirements expressed in those documents. However, nothing in any policies, procedures or handbooks constitutes a contract of employment with Sanjel USA. Sanjel USA may modify, amend or terminate such policies, procedures and handbooks from time to time in its sole discretion.

Para informacion en espanol, viste www.ftc.gov/credit o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave NW, Washington, D.C. 20580.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of the consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.ftc.gov/credit or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. NW, Washington, D.C. 20580.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identify theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistant;
 - you are unemployed but expect to apply for employment within 60 days.

In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.ftc.gov/credit for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.ftc.gov/credit for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.ftc.gov/credit.
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.ftc.gov/credit.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:

| TYPE OF BUSINESS: | CONTACT: |
|---|--|
| Consumer reporting agencies, creditors and others not listed below | Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 1-877-382-4357 |
| 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 Consumer Help (FRCH) P O Box 1200 Minneapolis, MN 55480 Telephone: 888-851-1920 Website Address: www.federalreserveconsumerhelp.gov Email Address: ConsumerHelp@FederalReserve.gov |
| 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 Complaints 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 703-519-4600 |
| State-chartered banks that are not members of the Federal Reserve System | Federal Deposit Insurance Corporation Consumer Response Center, 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108-2638 1-877-275-3342 |
| 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 |