

Binns & Stevens Explosives, Inc.

DOT Employment Application

1503 17th Ave East
Oskaloosa, IA 52577

Last Name: _____ First Name: _____ Middle Name: _____

Street Address: _____ SSN: _____ Date of Birth: _____

City: _____ State: _____ Zip: _____

Position desired: _____ Phone: _____ Email: _____

Have you ever applied for employment or worked for us before? Yes No If yes, month and year _____

Apart from absence for religious observation, are you available for full time work? Yes No If no, what hours can you work? _____

Are you legally eligible for employment in the United States? Yes No Date available for employment? _____
Proof of citizenship or immigration status will be required upon employment

If you are less than 18 years of age, can you provide required proof of your eligibility to work? N/A Yes No Rate of pay expected: \$ _____

Will you work overtime if asked? Yes No Per _____

If requested, would you be willing to take a pre-employment drug/alcohol screening test as a condition of employment? Yes No

The position for which you are applying may require overnight or out of town employment. Do you have any objections to this arrangement? Yes No

Have you ever been fired or forced to resign from previous employment? Yes No

Does present employer know you plan to make an employment change? Yes No

Why do you desire an employment change? _____

Source of referral to Binns & Stevens: Company Website Newspaper Agency Contact on my own
 Other Website Career day/ job fair Radio Current employee

We are an equal opportunity employer: Prospective employees will receive consideration without discrimination because of race, color, sex, age, disability, national origin religion, or any other prohibited basis of discrimination, as provided under applicable state and federal law.

EMPLOYMENT HISTORY

The Federal Motor Carrier Safety Regulations (49 CFR 391.21) requires that all applicants wishing to drive a commercial vehicle list all employment for the last three (3) years. *In addition, if you have driven a commercial vehicle previously, you must provide employment history for an additional seven (7) years (for a total of ten (10) years). Any gaps in employment in excess of one (1) month must be explained.*

Start with the last or current position, including any military experience, and work backwards (attach separate sheet if necessary). You are required to list the complete mailing address, including: street number, city, state, zip, and complete all other information and questions.

ANY GAPS IN EMPLOYMENT IN EXCESS OF ONE (1) MONTH AND/OR UNEMPLOYMENT MUST BE EXPLAINED

Are you currently employed? Yes No

Employer Name: _____

May we contact this employer? Yes No

City: _____ Phone: _____ Fax: _____

Job Title & duties: _____

From: _____ To: _____

Beginning Wage: _____ Ending Wage: _____

Supervisor Name: _____ Reason for leaving: _____

What did you like best about this job? _____

What did you least like about this job? _____

Were you subject to the FMCSRs while employed? Yes No

Was your job designated as a safety-sensitive function in any Dot regulated mode subject to the drug and alcohol testing requirement of the 49 CFR Part 40? Yes No

Employer Name: _____

May we contact this employer? Yes No

City: _____ Phone: _____ Fax: _____

Job Title & duties: _____

From: _____ To: _____

Beginning Wage: _____ Ending Wage: _____

Supervisor Name: _____ Reason for leaving: _____

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Previous Addresses

List the addresses at which you have resided at during the preceding three (3) years.

Address: _____ Length at this address: _____

City: _____ State: _____

Address: _____ Length at this address: _____

City: _____ State: _____

Address: _____ Length at this address: _____

City: _____ State: _____

EDUCATION

SCHOOL	NAME & LOCATION	COURSE OF STUDY	YEARS COMPLETED	GRADUATE
High School				
College				
Other				

Work Skills & Qualifications – indicate training and experience in the following:

Area	Years Experience	Area	Years Experience	Area	Years Experience
<input type="checkbox"/> Drive line Components		<input type="checkbox"/> Sheet Metal Equipment		<input type="checkbox"/> Paint Spray Gun	
<input type="checkbox"/> Diesel Engine Tune-up & Rebuild		<input type="checkbox"/> Diesel Injection Equipment		<input type="checkbox"/> Engine Analyzer	
<input type="checkbox"/> Gas Engine Tune-Up & rebuild		<input type="checkbox"/> Brakes		<input type="checkbox"/> Oxyacetylene Welder	
<input type="checkbox"/> Frame and Wheel Alignment		<input type="checkbox"/> Body Work		<input type="checkbox"/> Emissions/ Smoke Testing	
<input type="checkbox"/> Inspections (DOT)		<input type="checkbox"/> Electrical Diagnostic/ Repair		<input type="checkbox"/> ASE Certifications	
<input type="checkbox"/> Wheel & Tire Balancing Machine		<input type="checkbox"/> Trailer Repair		<input type="checkbox"/> Diagnostic Equipment (types)	
<input type="checkbox"/> Air Conditioning (Cab)		<input type="checkbox"/> Cooling System		<input type="checkbox"/> Electric Welder	

Drivers License Information

License Number: _____ Issuing State: _____

Class: _____ Endorsements: _____ Expiration Date: _____

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

2. Has any license, permit, or privilege ever been suspended or revoked? Yes No If yes, date: _____

Reason for denial suspension or revocation: _____

Accident History (3 years) Check here if no accidents in the last 3 years.

Date	Nature of Accident	No. of Injuries	No. of Fatalities

Traffic Convictions and Forfeitures (3 Years) Check here if no traffic convictions and/ or forfeitures in the last 3 years.

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (van, tanker, flat, etc.)	MANUAL	AUTO- Matic	DATE FROM	DATE TO	APPROXIMATE NUMBER OF MILES (TOTAL)
Straight Truck		<input type="checkbox"/>	<input type="checkbox"/>			
Tractor & Semi Trailer		<input type="checkbox"/>	<input type="checkbox"/>			
Tractor & Two Trailers		<input type="checkbox"/>	<input type="checkbox"/>			
Tractor & Tanker		<input type="checkbox"/>	<input type="checkbox"/>			
Other						

Total number of years driving experience: _____

Fair Credit Reporting Act Disclosure Statement

In accordance with the provisions of the Fair Credit Reporting Act (Public La 91-508) as amended by the Consumer Credit Reporting Act of 1996. I have been informed the Company will procure a motor vehicle report (MVR), criminal background check and reference checks, all of which are defined as a consumer report regarding my driving and background record to determine my suitability for work at the Company.

I understand that I have the rights to request, in writing, information pertaining to the nature and scope of the inquiry and a written summary of my rights under the Fair Credit Reporting Act. I understand that I may have additional rights under applicable state and federal laws.

I hereby authorize the Company to obtain this information and release and hold harmless any person, firm, or entity that discloses such information in accordance with this authorization. This authorization shall remain on file and shall serve as ongoing authorization for the Company to procure a motor vehicle report (MVR) and a criminal check which is defined as a consumer report at any time during my employment period. Any copy of this authorization shall have the same authority as the original.

Signature: _____ Date: _____

Name (Please Print): _____

NOTIFICATION AND AGREEMENT

I CERTIFY THAT ALL ANSWERS GIVEN BY ME ARE TRUE, ACCURATE AND COMPLETE, I UNDERSTAND THAT THE FALSIFICATION, MISREPRESENTATION OR OMISSION OF FACT ON THIS EMPLOYMENT APPLICATION (OR ANY OTHER ACCOMPANYING OR REQUIRED DOCUMENTS) MAY RESULT IN MY NOT BEING CONSIDERED FOR EMPLOYMENT, AND IF NOT DISCOVERED BY THE COMPANY UNTIL AFTER BECOMING EMPLOYED, IS GROUNDS FOR, AND MAY RESULT IN IMMEDIATE TERMINATION.

Questions regarding this statement should be directed to any employment interviewer before signing. The application will be given every consideration, but its receipt does not imply that the applicant will be employed.

To the extent not otherwise prohibited by FMCSA regulation or any other applicable regulations or laws, it is the policy of the company to provide equal employment opportunities to all individuals, regardless of race, color, creed national origin, ethnicity, ancestry, sex, sexual orientation or preference, age, religious beliefs, disability, genetic information, citizenship status, pregnancy, child bearing status, marital status, veteran status, military service, or any other characteristic protected by applicable law.

I authorize the investigation of all statements and information contained in this application. I release from all liability anyone supplying such information and I also release the Employer from all liability that might result from making an investigation.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written documentation or by conduct unless an authorized executive of this organization specifically acknowledges such change in writing.

If hired, I agree to abide by all of the company rules and regulations. I further understand that no representation, whether oral or written by any representative or agent of the Company, at any time, can constitute a contract of employment. I understand that the Company shall have the maximum discretion permitted by law to administer, interpret, modify, discontinue, enhance or otherwise change all policies, procedures, benefits or other terms or conditions of employment. No representative or agent of the company, has the authority to enter into any agreement for employment for any specified period of time or to make any change in any policy, procedure, benefit or other term or condition of employment other than in a document signed by the President or Vice President to make any agreement contrary to the foregoing

NOTICE TO ALL APPLICANTS

The Company may not require a pre-employment medical examination, but does reserve the right to require drug testing and a medical examination after an offer of employment is made to the applicant. All offers of employment are conditional upon the passing of a drug test for the purpose of detecting the illegal use of drugs. Also, if an employment offer is made, you will be asked to answer certain medical questions. Medical examinations and answers to medical inquiries will be maintained on separate forms, and will be treated as confidential medical records. An applicant will not be excluded from employment unless they have medical conditions that prohibit their ability to perform the essential job functions of the position they desire within this company. The Company will make reasonable accommodations to qualified individuals with disabilities in the application process and, if hired, allow qualified individuals with disabilities to perform essential job functions. Written job descriptions are available and will be furnished to applicants upon request. The Company may use the information contained in this application and may contact your former employer(s) for the purpose of investigating your safety performance history information as required by the Federal Motor Safety Regulations (49 CFR 391.23 (d) and (3)). Pursuant to 49 CFR 391.23 (i), you have the following rights regarding the investigative information that is provided to The Company by your previous employer(s):

- You have the right to review the information provided by your previous employer(s);
- You have the right to have errors in the information corrected by your previous employer(s) and for the previous employer(s) to re-send the corrected information to The Company; and
- You have the right to have a rebuttal statement attached

REPRESENTATION AND WAIVERS

Carefully review the following conditions. If you have any questions regarding the conditions, you should ask for an explanation or clarification from the employment interviewer. Signify your understanding and specific acceptance of each condition by your signature in the space provided at the end of the conditions.

I hereby authorize The Company to investigate any and all statements contained in this application. I hereby consent to The Company conducting any checks concerning my background which are deemed necessary, advisable, or helpful by The Company (except contacting my current employer prior to hiring, unless permission is granted above). I understand that if hired, I will receive a copy of The Company rules and regulations and the Company's policies including its drug/alcohol policy. I will read and understand the rules, regulations, and policies; and I acknowledge that I will be required to abide by them. I understand that if hired, I will be required to submit to a drug test as part of this application procedure. I hereby consent to that drug test, agree to cooperate fully with that drug test, and waive any and all objections I might otherwise have to such drug testing. I understand that if I am offered employment, it may be contingent upon passing a medical examination. If so, I hereby consent to such medical examination, and will fully cooperate with any

required examination. I understand and agree that if this application results in employment, my employment can be terminated with or without cause and with or without notice, at any time, at the option of either The Company or myself. I understand that no manager or representative of The Company has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing.

I certify and guarantee that all statements made on this application are true and complete to the best of my knowledge and without mental reservations. I understand that falsification of this application may result in my not being considered for employment or, in the event I become employed by The Company in my dismissal, regardless of when such falsification is discovered.

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.

Signature: _____ Date: _____

DO NOT WRITE BELOW THIS LINE

Interviewed: _____ Hired: Yes No Date: _____

Position: _____ Salary/ Wage: _____ Start Date: _____

Employee Possessor Questionnaire

Who needs to complete this form? This questionnaire MUST be completed by EACH employee possessor of a Federal explosives licensee or permittee or applicant, unless otherwise provided. (See reverse for definition of employee possessor.)

For ATF Use Only
RDS KEY: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Employee Possessor Information and Certification

Print the Requested Information in Block Letters.	Explosives Applicant Business or Operations Name
1. Last Name	14. Name and address of explosives business or operations at which you are an employee possessor
2. First Name	Binns & Stevens, 1503 17th Avenue East, Oskaloosa, IA 52577
3. Middle Name	15. Your position in the explosives business or operations.
4. Name Suffix, if any (e.g., Sr., Jr., II)	16. Federal explosives license/permit number for explosives business
5. Other Names Used - Including Maiden Name	5-IA-123-20-6K-10901
6. Social Security Number (Voluntary, will help prevent misidentification) <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	17a. What is your Country of Citizenship?
7. Place of Birth (City and State - or - City and Foreign Country)	17b. If you have citizenship in additional countries, please list.
8. Date of Birth (Month/Day/Year) <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	If you indicated above you are a United States citizen, skip to question 18.
9. Race/Ethnicity (Check one or more boxes)	17c. What is your U.S. Immigration and Naturalization Service (INS)-issued alien number or admission number? <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Black or African American <input type="checkbox"/> White	The following questions must be answered with a "YES" or "NO" in the box.
10. Sex (Check one box) <input type="checkbox"/> Male <input type="checkbox"/> Female	18. Are you a fugitive from justice?
11. Home Telephone Number (Include area code)	19. Are you an unlawful user of, or addicted to, marijuana or any depressant, stimulant, or narcotic drug, or any other controlled substance?
12. Work Telephone Number (Include area code and extension)	20. Have you ever been convicted in any court of a felony, or any other crime, for which the judge could have imprisoned you for more than one year, even if you received a shorter sentence, including probation? (See Definition 1, Exception 1.)
Home Address	21. Are you under indictment or information in any court for a felony, or any crime, for which the judge could imprison you for more than one year? (An information is a formal accusation of a crime by a prosecutor. See Definition 1.)
13a. Street Address	22. Have you ever been adjudicated mentally defective (which includes having been adjudicated incompetent to manage your own affairs) or have you ever been committed to a mental institution?
13b. Street Address (Continuation)	23. Have you ever been discharged from the Armed Forces under dishonorable conditions?
13c. Apt. Number	24. Have you ever renounced your United States citizenship?
13d. City	25. Are you an alien in the United States? If "YES," attach an explanatory statement showing that you are a lawful permanent resident (See Definition 3, Exception 2.) (Generally, if you are an alien [except for a lawful permanent resident alien], you cannot possess explosive materials.)
13e. State or Province, Country (if outside the United States)	<input type="checkbox"/> Statement attached.
13f. Zip Code/Postal Code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

Under the penalties imposed by 18 U.S.C. 844, I, _____, certify under penalties of perjury that the answers on this questionnaire are true, correct, and complete.

Print Your Full Name

Your Signature

Date