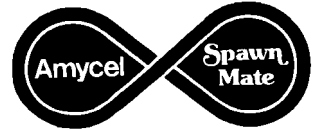




Monterey Mushrooms, Inc.
 5816 Highway 75 South
 Madisonville, Texas 77864



AN EQUAL OPPORTUNITY EMPLOYER

DRIVER EMPLOYMENT APPLICATION

PLEASE PRINT CLEARLY. This application is current for a period of six (6) months. If you have not heard from us in that period and still wish to be considered for employment, you will need to complete a new application.			Date of Application
Name: Last	First	Middle Initial	Phone No.
Address		City	State Zip Code
If hired, can you submit proof of your Legal right to work in the United States?		With whom are you acquainted at this company?	Name Relationship
Date of Birth	Social Security Number	Were you ever employed by Monterey Mushrooms, Amycel or Spawnmate? If Yes, when and where?	
Have you ever been convicted of a felony? <i>Disclosure of a criminal record does not necessarily disqualify you.</i>	Do you have a valid drivers license? Class A Class B State	Are you willing to work flexible and/or rotating days and shifts, including nights and weekends?	

GENERAL

State the Position You Desire	1 st Choice	Date Available for Work
	2 nd Choice	
Please list your addresses for the past three years		
Address	City	State Zip How Long?
Address	City	State Zip How Long?
Address	City	State Zip How Long?

EDUCATION

Type of School	Name and Location	Course of Study	Circle Last Year Completed	Degree, Diploma or Certificate
Grade				
High or Preparatory				
College				
Business College, Technical or Trade School			Number of Months	
Correspondence, Seminars, Special Courses that will help you as a Driver:				

PROFESSIONAL/WORK REFERENCES WE MAY CONTACT

Name	Address	Phone
Name	Address	
Name	Address	

EXPERIENCE (Start with your Present or Most Recent Position)

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. Applicants to drive a commercial motor vehicle* in intrastate or interstate commerce shall also provide an additional 7 years' information on those employers for whom the applicant operated such vehicle.

(Add another sheet as necessary)

Name of Employer/Contact		Address of Employer		Phone Number
Type of Business		Your Title/Duties/Responsibilities		Rate of Pay
Employment Dates From Mo/Yr To Mo/Yr		Why did you leave, or why do you wish to change jobs?		
Name of Employer/Contact		Address of Employer		Phone Number
Type of Business		Your Title/Duties/Responsibilities		Rate of Pay
Employment Dates From Mo/Yr To Mo/Yr		Why did you leave, or why did you wish to change jobs?		
Name of Employer/Contact		Address of Employer		Phone Number
Type of Business		Your Title/Duties/Responsibilities		Rate of Pay
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Name of Employer/Contact		Address of Employer		Phone Number
Type of Business		Your Title/Duties/Responsibilities		Rate of Pay
Employment Dates From Mo/Yr To Mo/Yr		Why did you leave, or why did you wish to change jobs?		

*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.

ACCIDENT RECORD FOR THE PAST 3 YEARS

DATES	NATURE OF ACCIDENT (HEAD ON, REAR END, TURNOVER, ETC)	FATALITIES	INJURIES
LAST ACCIDENT			
NEXT PREVIOUS			
NEXT PREVIOUS			

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

EXPERIENCE AND QUALIFICATIONS

DRIVER LICENSES	STATE	LICENSE NO.	TYPE	EXPIRATION DATE

1. Have you ever been denied a license, permit or privilege to operate a motor vehicle?
2. Has any license, permit or privilege ever been suspended or revoked?

IF THE ANSWER TO EITHER 1. OR 2. IS YES, GIVE DETAILS BELOW:

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT	DATES		APPROX. NUMBER OF MILES (TOTAL)
		FROM	TO	
STRAIGHT TRUCK				
TRACTOR & SEMI-TRAILER				
TRACTOR – TWO TRAILERS				
OTHER _____				

LIST STATES OPERATED IN FOR LAST FIVE YEARS:

LIST SAFE DRIVING AWARDS HELD AND FROM WHOM:

NAME OF AWARD	COMPANY/ORGANIZATION	DATE

READ THE FOLLOWING PARAGRAPHS CAREFULLY AND INITIAL EACH STATEMENT BEFORE SIGNING

I authorize the investigation of all statements contained in this application and in any attachments or supporting documents. I understand that any falsification, misrepresentation, or omission of facts will be cause for denial of employment or immediate termination, regardless of when or how discovered. I release all parties from any liability that might result from making the investigation. check to agree

I understand that the Company requires a post-offer physical examination, and that the Company has a Drug and Alcohol Policy that provides for post-offer testing as well as after-employment testing. Consent to and successful passing of testing and compliance with such policy is a condition of my employment, and continued employment is based on the successful passing of testing under such policy. I authorize release of all results or information obtained from such physical examination and drug and/or alcohol tests to the Company. check to agree

I understand that this application does not constitute an employment agreement and that if I am employed by the Company that either the Company or I can terminate my employment, with or without cause and with or without notice at any time. No Company representative other than the President has any authority to enter into any employment agreement for any specified period of time or contrary to the foregoing, and then only in writing. check to agree

If I am employed by the Company, I agree to abide by Company policies and rules. I understand that the Company reserves the right to change wages, benefits, hours and working conditions as deemed necessary, except as negotiated in any collective bargaining agreement. I also agree to provide original documents to the company that will verify my identity and legal right to work in the U.S., in compliance with the Immigration Reform and Control Act of 1986 (IRCA). I hereby grant the company the right to publish or allow to be published any photograph of myself. check to agree

MY SIGNATURE BELOW CERTIFIES THAT I HAVE READ EACH OF THE ABOVE STATEMENTS AND I HAVE REVIEWED ALL OF THE INFORMATION PROVIDED IN THIS EMPLOYMENT APPLICATION AND IN ANY ATTACHMENTS OR SUPPORTING DOCUMENTS.

Signature of Applicant	Date
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This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, national origin, citizenship, age, disability, or any other characteristic that is protected by law. We assure you that your opportunity for employment with this Company depends solely on your qualifications. Thank you for completing this application and for your interest in our Company.