

SONY PICTURES STUDIOS TRANSPORTATION

Available Hours Form

IMPORTANT NOTE: THIS FORM CANNOT BE USED IF YOU HAVE WORKED AT SONY IN THE PREVIOUS 7 DAYS! YOU MUST SUBMIT LOGS FOR THE PREVIOUS CONSECUTIVE 7 DAYS.

#1

PREVIOUS 7 DAYS	DATE	ON DUTY HOURS	TIME RELIEVED
7TH			
6TH			
5TH			
4TH			
3RD			
2ND			
LAST (Yesterday)			
TOTAL			

(If you were not working, write "0" in the on duty hour column)

<< Time at which you were relieved from duty yesterday.

Pursuant to Federal Motor Carrier Safety Regulations Part 395

DO NOT LIST PAYROLL COMPANIES, CONTRACT SERVICES, 399 AS YOUR EMPLOYER!!!!

#2 LAST EMPLOYER: NAME _____

ADDRESS _____ TEL.# _____

POSITION HELD _____ FROM _____ TO _____ SALARY _____

REASON FOR LEAVING _____

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 requirements of 49CFR Part 40? Yes _____ No _____

#3 Since you last worked at Sony Pictures, have you worked outside of Local 399 and the Motion Picture Industry as a commercial driver? Yes _____ No _____

#4 If you answered the above question "Yes", Complete the Employer(s) information below.

EMPLOYER: NAME _____

ADDRESS _____ TEL.# _____

POSITION HELD _____ FROM _____ TO _____ SALARY _____

REASON FOR LEAVING _____

Were you subject to the FMCRs 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 requirements of 49CFR Part 40? Yes _____ No _____

ATTACH SHEET IF MORE SPACE IS REQUIRED.

#5 TO BE READ AND SIGNED BY APPLICANT

Employers may be contacted for the purposes of investigating your background as required by the FMCSR.

This certifies that this form 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

Print Name

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#6 *READ AND SIGN THE RELEASE FORM ON REVERSE SIDE!*

Rev 07/14/2006

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