

# APPLICATION FOR EMPLOYMENT

## SONY PICTURES STUDIOS

10202 W. Washington Blvd., Culver City, CA 90232

Name \_\_\_\_\_  
 (First) (Middle) (Maiden name, if any) / (Last)

Address \_\_\_\_\_  
 (Street) (Apt.#)

Address \_\_\_\_\_ How Long? \_\_\_\_\_  
 (City) (State) (Zip)

DOB \_\_\_\_\_ Phone \_\_\_\_\_ Cell / Pager \_\_\_\_\_

Email Address \_\_\_\_\_ Social Security No. \_\_\_\_\_

Would you prefer that we communicate with you via email \_\_\_\_\_ or via the postal service \_\_\_\_\_.

Other

Address(es) \_\_\_\_\_ How Long? \_\_\_\_\_

(Go back (Street) (City) (State & Zip)  
 3 years)

In case of emergency notify \_\_\_\_\_ Phone \_\_\_\_\_

DRIVER'S	STATE	LICENSE NO.	CLASS	ENDORSEMENTS	EXPIRATION DATE
LICENSE					

MEDICAL EXAMINATION EXPIRATION DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

### ACCIDENT RECORD FOR PAST 3 YEARS (WRITE "NONE", IF APPLICABLE)

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, SIDE SWIPED, ETC.)	FATALITIES	INJURIES
LAST ACCIDENT			
NEXT PREVIOUS			
NEXT PREVIOUS			

### TRAFFIC CONVICTIONS & FORFEITURES FOR THE PAST 3 YEARS (WRITE "NONE", IF APPLICABLE)

LOCATION	DATE	CHARGE

ATTACH SHEET IF MORE SPACE IS NEEDED

- A) Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes \_\_\_\_ No \_\_\_\_  
 B) Has any license, permit or privilege ever been suspended or revoked? Yes \_\_\_\_ No \_\_\_\_

**IF THE ANSWER TO EITHER A) OR B) ABOVE IS YES, THEN ATTACH A SHEET GIVING DETAILS.**



# Past Employment Record - Major Studios

Name: \_\_\_\_\_  
Last First

<b>Paramount Pictures</b> 5555 Melrose Avenue Los Angeles, CA 90038 Contact: 323.956.5151	From _____ (mo/yr)	To _____ (mo/yr)	<b>Reason for leaving:</b> <input type="checkbox"/> Production Wrapped <input type="checkbox"/> Lay Off <input type="checkbox"/> Discharged Other: _____
<input type="checkbox"/> Yes <input type="checkbox"/> No I was subject to FMCSRs.**			
<input type="checkbox"/> Yes <input type="checkbox"/> No I was subject to drug/alcohol testing requirements of 49 CFR Part 40.			

<b>Sony Pictures Studios</b> 10202 W. Washington Blvd. Culver City, CA 90232 Contact: 310.244.7016	From _____ (mo/yr)	To _____ (mo/yr)	<b>Reason for leaving:</b> <input type="checkbox"/> Production Wrapped <input type="checkbox"/> Lay Off <input type="checkbox"/> Discharged Other: _____
<input type="checkbox"/> Yes <input type="checkbox"/> No I was subject to FMCSRs.**			
<input type="checkbox"/> Yes <input type="checkbox"/> No I was subject to drug/alcohol testing requirements of 49 CFR Part 40.			

<b>20th Century Fox</b> 10201 W. Pico Blvd. Los Angeles, CA 90035 Contact: 310.369.2533	From _____ (mo/yr)	To _____ (mo/yr)	<b>Reason for leaving:</b> <input type="checkbox"/> Production Wrapped <input type="checkbox"/> Lay Off <input type="checkbox"/> Discharged Other: _____
<input type="checkbox"/> Yes <input type="checkbox"/> No I was subject to FMCSRs.**			
<input type="checkbox"/> Yes <input type="checkbox"/> No I was subject to drug/alcohol testing requirements of 49 CFR Part 40.			

<b>Universal Studios</b> 100 Universal City Plaza Universal City, CA 91608 Contact: 818.777.2966	From _____ (mo/yr)	To _____ (mo/yr)	<b>Reason for leaving:</b> <input type="checkbox"/> Production Wrapped <input type="checkbox"/> Lay Off <input type="checkbox"/> Discharged Other: _____
<input type="checkbox"/> Yes <input type="checkbox"/> No I was subject to FMCSRs.**			
<input type="checkbox"/> Yes <input type="checkbox"/> No I was subject to drug/alcohol testing requirements of 49 CFR Part 40.			

<b>Walt Disney Studios</b> 500 South Buena Vista St. Burbank, CA 91521-7790 Contact: 818.560.1285	From _____ (mo/yr)	To _____ (mo/yr)	<b>Reason for leaving:</b> <input type="checkbox"/> Production Wrapped <input type="checkbox"/> Lay Off <input type="checkbox"/> Discharged Other: _____
<input type="checkbox"/> Yes <input type="checkbox"/> No I was subject to FMCSRs.**			
<input type="checkbox"/> Yes <input type="checkbox"/> No I was subject to drug/alcohol testing requirements of 49 CFR Part 40.			

<b>Warner Bros. Studios</b> 4000 Warner Blvd. Burbank, CA 91522 Contact: 818.954.4106	From _____ (mo/yr)	To _____ (mo/yr)	<b>Reason for leaving:</b> <input type="checkbox"/> Production Wrapped <input type="checkbox"/> Lay Off <input type="checkbox"/> Discharged Other: _____
<input type="checkbox"/> Yes <input type="checkbox"/> No I was subject to FMCSRs.**			
<input type="checkbox"/> Yes <input type="checkbox"/> No I was subject to drug/alcohol testing requirements of 49 CFR Part 40.			

\*\* Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) has a gross vehicle weight (or rating) or gross combination weight (or rating) of 10,001 pounds or more, (2) is designed or used to transport 8 or more passengers (including the driver) for compensation, (3) is designed or used to transport 16 or more passengers (including the driver), OR (4) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

# Past Employment Record

Name: \_\_\_\_\_  
Last
First

Any person applying for employment as an operator of a commercial motor vehicle shall provide employment history for the 10 years preceding the application date. The history must be complete and include previous employers names and addresses, the employment dates and the reason for leaving

For each of the previous employers you must indicate weather or not you were subject to FMCSR's and drug/alcohol testing requirements.

The information contained in the following "Past Employment Record" may be used, and your prior employers may be contacted, for the purpose o investigating your background as required by 49 CFR 391.23.

**List employers in reverse order starting with the most recent.**

**Do Not List Teamster Locals as Employers.**

<b>Employer:</b>	
_____ Studio / Production Company & Name of Show - <b>OR</b> - Company (outside of Film / Television production)	From _____ To _____ (mo/yr) (mo/yr)
_____ Street Address	_____ City
_____ State	_____ Zip
_____ Contact Name	Reason for leaving: <input type="checkbox"/> Production Complete <input type="checkbox"/> Lay Off
_____ Phone Number	_____ Fax Number
_____ Position Held:	Were you subject to FMCSR's? ** <input type="checkbox"/> Yes <input type="checkbox"/> No Were you subject to drug/alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Gap in Employment</b> <input type="checkbox"/> Unemployment <input type="checkbox"/> Lack of Work <input type="checkbox"/> Vacation <input type="checkbox"/> Medical Leave	
<input type="checkbox"/> Other (Explain) _____	From _____ To _____ (mo/yr) (mo/yr)
<b>Next Employer:</b>	
_____ Studio / Production Company & Name of Show - <b>OR</b> - Company (outside of Film / Television production)	From _____ To _____ (mo/yr) (mo/yr)
_____ Street Address	_____ City
_____ State	_____ Zip
_____ Contact Name	Reason for leaving: <input type="checkbox"/> Production Complete <input type="checkbox"/> Lay Off
_____ Phone Number	_____ Fax Number
_____ Position Held:	Were you subject to FMCSR's? ** <input type="checkbox"/> Yes <input type="checkbox"/> No Were you subject to drug/alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Gap in Employment</b> <input type="checkbox"/> Unemployment <input type="checkbox"/> Lack of Work <input type="checkbox"/> Vacation <input type="checkbox"/> Medical Leave	
<input type="checkbox"/> Other (Explain) _____	From _____ To _____ (mo/yr) (mo/yr)
<b>Next Employer:</b>	
_____ Studio / Production Company & Name of Show - <b>OR</b> - Company (outside of Film / Television production)	From _____ To _____ (mo/yr) (mo/yr)
_____ Street Address	_____ City
_____ State	_____ Zip
_____ Contact Name	Reason for leaving: <input type="checkbox"/> Production Complete <input type="checkbox"/> Lay Off
_____ Phone Number	_____ Fax Number
_____ Position Held:	Were you subject to FMCSR's? ** <input type="checkbox"/> Yes <input type="checkbox"/> No Were you subject to drug/alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Gap in Employment</b> <input type="checkbox"/> Unemployment <input type="checkbox"/> Lack of Work <input type="checkbox"/> Vacation <input type="checkbox"/> Medical Leave	
<input type="checkbox"/> Other (Explain) _____	From _____ To _____ (mo/yr) (mo/yr)

Continue on following page.

\*\* Federal Motor Carrier Safety Regulations (FMCSR's) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) has a gross vehicle weight (or rating) or gross combination weight

# Past Employment Record

Name: \_\_\_\_\_  
Last First

## Next Employer:

\_\_\_\_\_  
Studio / Production Company & Name of Show - **OR** - Company (outside of Film / Television production) From \_\_\_\_\_ To \_\_\_\_\_  
(mo/yr) (mo/yr)

\_\_\_\_\_  
Street Address City Reason for leaving:  
\_\_\_\_\_  
State Zip Contact Name  Production Complete  Lay Off  
Other: \_\_\_\_\_

\_\_\_\_\_  
Phone Number Fax Number Were you subject to FMCSRs? \*\*  Yes  No  
Position Held: \_\_\_\_\_ Were you subject to drug/alcohol testing requirements of 49 CFR Part 40?  Yes  No

## Gap in Employment

Unemployment  Lack of Work  Vacation  Medical Leave From \_\_\_\_\_ To \_\_\_\_\_  
(mo/yr) (mo/yr)

Other (Explain) \_\_\_\_\_

## Next Employer:

\_\_\_\_\_  
Studio / Production Company & Name of Show - **OR** - Company (outside of Film / Television production) From \_\_\_\_\_ To \_\_\_\_\_  
(mo/yr) (mo/yr)

\_\_\_\_\_  
Street Address City Reason for leaving:  
\_\_\_\_\_  
State Zip Contact Name  Production Complete  Lay Off  
Other: \_\_\_\_\_

\_\_\_\_\_  
Phone Number Fax Number Were you subject to FMCSRs? \*\*  Yes  No  
Position Held: \_\_\_\_\_ Were you subject to drug/alcohol testing requirements of 49 CFR Part 40?  Yes  No

## Gap in Employment

Unemployment  Lack of Work  Vacation  Medical Leave From \_\_\_\_\_ To \_\_\_\_\_  
(mo/yr) (mo/yr)

Other (Explain) \_\_\_\_\_

## Next Employer:

\_\_\_\_\_  
Studio / Production Company & Name of Show - **OR** - Company (outside of Film / Television production) From \_\_\_\_\_ To \_\_\_\_\_  
(mo/yr) (mo/yr)

\_\_\_\_\_  
Street Address City Reason for leaving:  
\_\_\_\_\_  
State Zip Contact Name  Production Complete  Lay Off  
Other: \_\_\_\_\_

\_\_\_\_\_  
Phone Number Fax Number Were you subject to FMCSRs? \*\*  Yes  No  
Position Held: \_\_\_\_\_ Were you subject to drug/alcohol testing requirements of 49 CFR Part 40?  Yes  No

## Gap in Employment

Unemployment  Lack of Work  Vacation  Medical Leave From \_\_\_\_\_ To \_\_\_\_\_  
(mo/yr) (mo/yr)

Other (Explain) \_\_\_\_\_

## Next Employer:

\_\_\_\_\_  
Studio / Production Company & Name of Show - **OR** - Company (outside of Film / Television production) From \_\_\_\_\_ To \_\_\_\_\_  
(mo/yr) (mo/yr)

\_\_\_\_\_  
Street Address City Reason for leaving:  
\_\_\_\_\_  
State Zip Contact Name  Production Complete  Lay Off  
Other: \_\_\_\_\_

\_\_\_\_\_  
Phone Number Fax Number Were you subject to FMCSRs? \*\*  Yes  No  
Position Held: \_\_\_\_\_ Were you subject to drug/alcohol testing requirements of 49 CFR Part 40?  Yes  No

## Gap in Employment

Unemployment  Lack of Work  Vacation  Medical Leave From \_\_\_\_\_ To \_\_\_\_\_  
(mo/yr) (mo/yr)

Other (Explain) \_\_\_\_\_

# Past Employment Record

Name: \_\_\_\_\_

Last

First

If additional space is needed PLEASE make copies of this form.

## Next Employer:

Studio / Production Company & Name of Show - <b>OR</b> - Company (outside of Film / Television production)		From _____	To _____
		(mo/yr)	(mo/yr)
Street Address _____		Reason for leaving:	
City _____		<input type="checkbox"/> Production Complete <input type="checkbox"/> Lay Off	
State _____	Zip _____	Other: _____	
Contact Name _____		Were you subject to FMCSRs? ** <input type="checkbox"/> Yes <input type="checkbox"/> No	
Phone Number _____	Fax Number _____	Were you subject to drug/alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Position Held: _____			

## Gap in Employment

<input type="checkbox"/> Unemployment	<input type="checkbox"/> Lack of Work	<input type="checkbox"/> Vacation	<input type="checkbox"/> Medical Leave	From _____	To _____
				(mo/yr)	(mo/yr)
<input type="checkbox"/> Other (Explain) _____					

## Next Employer:

Studio / Production Company & Name of Show - <b>OR</b> - Company (outside of Film / Television production)		From _____	To _____
		(mo/yr)	(mo/yr)
Street Address _____		Reason for leaving:	
City _____		<input type="checkbox"/> Production Complete <input type="checkbox"/> Lay Off	
State _____	Zip _____	Other: _____	
Contact Name _____		Were you subject to FMCSRs? ** <input type="checkbox"/> Yes <input type="checkbox"/> No	
Phone Number _____	Fax Number _____	Were you subject to drug/alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Position Held: _____			

## Gap in Employment

<input type="checkbox"/> Unemployment	<input type="checkbox"/> Lack of Work	<input type="checkbox"/> Vacation	<input type="checkbox"/> Medical Leave	From _____	To _____
				(mo/yr)	(mo/yr)
<input type="checkbox"/> Other (Explain) _____					

## Next Employer:

Studio / Production Company & Name of Show - <b>OR</b> - Company (outside of Film / Television production)		From _____	To _____
		(mo/yr)	(mo/yr)
Street Address _____		Reason for leaving:	
City _____		<input type="checkbox"/> Production Complete <input type="checkbox"/> Lay Off	
State _____	Zip _____	Other: _____	
Contact Name _____		Were you subject to FMCSRs? ** <input type="checkbox"/> Yes <input type="checkbox"/> No	
Phone Number _____	Fax Number _____	Were you subject to drug/alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Position Held: _____			

## Gap in Employment

<input type="checkbox"/> Unemployment	<input type="checkbox"/> Lack of Work	<input type="checkbox"/> Vacation	<input type="checkbox"/> Medical Leave	From _____	To _____
				(mo/yr)	(mo/yr)
<input type="checkbox"/> Other (Explain) _____					

## Next Employer:

Studio / Production Company & Name of Show - <b>OR</b> - Company (outside of Film / Television production)		From _____	To _____
		(mo/yr)	(mo/yr)
Street Address _____		Reason for leaving:	
City _____		<input type="checkbox"/> Production Complete <input type="checkbox"/> Lay Off	
State _____	Zip _____	Other: _____	
Contact Name _____		Were you subject to FMCSRs? ** <input type="checkbox"/> Yes <input type="checkbox"/> No	
Phone Number _____	Fax Number _____	Were you subject to drug/alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Position Held: _____			

## Gap in Employment

<input type="checkbox"/> Unemployment	<input type="checkbox"/> Lack of Work	<input type="checkbox"/> Vacation	<input type="checkbox"/> Medical Leave	From _____	To _____
				(mo/yr)	(mo/yr)
<input type="checkbox"/> Other (Explain) _____					

**Employee is required by Sec. 40.25 to respond to the following question:**

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?

Check One: \_\_\_\_\_YES    \_\_\_\_\_NO

**TO BE READ AND SIGNED BY APPLICANT**

The information contained in your "Employment Record" may be used and your prior employers may be contacted for the purposes of investigating your background as required by the FMCSR.

You have the right to review information provided by previous employers; you have the right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to the prospective employer; you have the right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and you cannot agree on the accuracy of the information.

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.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Printed Name

NOTE: A motor carrier may require applicant to provide information in addition to information required by the Federal Motor Carrier Safety Regulations.