

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.

Instructions for "Past Employment Record"

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, employment dates and the reason for leaving. For each the previous employers you must indicate whether 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 of investigating your background as required by 49 CFR 391.23.

The 10 year employment history required by the DOT is investigated as follows:

The most recent 3 years of employment:

You must list all of your employers for the past 3 years (this includes employment where you did not drive a commercial motor vehicle). The entire 3 year period must be accounted for, including all gaps in employment (see below for explanation of gaps). If you drove a commercial motor vehicle for any of these employers, they will be contacted to verify employment and investigate your accident and drug/alcohol testing history.

Gaps:

Any period of time over 30 days during which you were not employed. DOT requires that you explain any gaps during your most recent 3 years of employment. There is a section available to explain gaps in the "Past Employment History" below each employer.

The 7 years of employment prior to the 3 years listed above:

If you drove a commercial motor vehicle for any employer during this time period, you must include that employer in your employment history. These employers **will not** be contacted to investigate your accident and drug/alcohol history, however DOT requires that this employer be included in your employment history.

Example For Filling Out "Past Employment Record - Independents & Outside Companies"					
Previous Employer:					
Wildbiz Productions. LLC - A Walk in the Park				From 12 / 08	To 3 / 09
Studio / Production Company & Name of Show - OR - Company (outside of Film / Television production)				(mo/yr)	(mo/yr)
6000 Balboa St.		North Hollywood		<i>Reason for leaving:</i>	
Street Address		City		<input checked="" type="checkbox"/> Production Wrapped <input type="checkbox"/> Lay Off	
State	Zip	Contact Name		Other: _____	
CA	91384	Drew Stokes			
Phone Number		Fax Number		Were you subject to FMCSRs? **	
999 / 555-5000		999 / 555-5100		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Position Held:			Were you subject to drug/alcohol testing requirements of 49 CFR Part 40?		
Driver			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

Example For Filling Out "Gap Dates"					
Gap in Employment					
<input type="checkbox"/> Unemployment	<input checked="" type="checkbox"/> Lack of Work	<input type="checkbox"/> Vacation	<input type="checkbox"/> Medical Leave	From	To
<input type="checkbox"/> Other (Explain)				9 / 08	11 / 08
				(mo/yr)	(mo/yr)

** 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 - Major Studios

Name: _____
Last First

Paramount Pictures 5555 Melrose Avenue Los Angeles, CA 90038 Contact: 323.956.5151	From _____ (mo/yr)	To _____ (mo/yr)	Reason for leaving: <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.			

Sony Pictures Studios 10202 W. Washington Blvd. Culver City, CA 90232 Contact: 310.244.7016	From _____ (mo/yr)	To _____ (mo/yr)	Reason for leaving: <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.			

20th Century Fox 10201 W. Pico Blvd. Los Angeles, CA 90035 Contact: 310.369.2533	From _____ (mo/yr)	To _____ (mo/yr)	Reason for leaving: <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.			

Universal Studios 100 Universal City Plaza Universal City, CA 91608 Contact: 818.777.2966	From _____ (mo/yr)	To _____ (mo/yr)	Reason for leaving: <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.			

Walt Disney Studios 500 South Buena Vista St. Burbank, CA 91521-7790 Contact: 818.560.1285	From _____ (mo/yr)	To _____ (mo/yr)	Reason for leaving: <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.			

Warner Bros. Studios 4000 Warner Blvd. Burbank, CA 91522 Contact: 818.954.4106	From _____ (mo/yr)	To _____ (mo/yr)	Reason for leaving: <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.

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

Phone Number Fax Number Other: _____

Position Held: _____ Were you subject to FMCSRs? ** Yes No

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

Other (Explain) _____ **From** _____ **To** _____
(mo/yr) (mo/yr)

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

Phone Number Fax Number Other: _____

Position Held: _____ Were you subject to FMCSRs? ** Yes No

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

Other (Explain) _____ **From** _____ **To** _____
(mo/yr) (mo/yr)

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

Phone Number Fax Number Other: _____

Position Held: _____ Were you subject to FMCSRs? ** Yes No

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

Other (Explain) _____ **From** _____ **To** _____
(mo/yr) (mo/yr)

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

Phone Number Fax Number Other: _____

Position Held: _____ Were you subject to FMCSRs? ** Yes No

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

Other (Explain) _____ **From** _____ **To** _____
(mo/yr) (mo/yr)

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 - OR - Company (outside of Film / Television production)		From _____	To _____
		(mo/yr)	(mo/yr)
Street Address _____	City _____	Reason for leaving:	
State _____	Zip _____	Contact Name _____	<input type="checkbox"/> Production Complete <input type="checkbox"/> Lay Off
Phone Number _____	Fax Number _____	Other: _____	
Position Held: _____	Were you subject to FMCSRs? **		<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	

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 - OR - Company (outside of Film / Television production)		From _____	To _____
		(mo/yr)	(mo/yr)
Street Address _____	City _____	Reason for leaving:	
State _____	Zip _____	Contact Name _____	<input type="checkbox"/> Production Complete <input type="checkbox"/> Lay Off
Phone Number _____	Fax Number _____	Other: _____	
Position Held: _____	Were you subject to FMCSRs? **		<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	

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 - OR - Company (outside of Film / Television production)		From _____	To _____
		(mo/yr)	(mo/yr)
Street Address _____	City _____	Reason for leaving:	
State _____	Zip _____	Contact Name _____	<input type="checkbox"/> Production Complete <input type="checkbox"/> Lay Off
Phone Number _____	Fax Number _____	Other: _____	
Position Held: _____	Were you subject to FMCSRs? **		<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	

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 - OR - Company (outside of Film / Television production)		From _____	To _____
		(mo/yr)	(mo/yr)
Street Address _____	City _____	Reason for leaving:	
State _____	Zip _____	Contact Name _____	<input type="checkbox"/> Production Complete <input type="checkbox"/> Lay Off
Phone Number _____	Fax Number _____	Other: _____	
Position Held: _____	Were you subject to FMCSRs? **		<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	

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.