APPLICATION FOR EMPLOYMENT

COMPANY Game	Cree	ek Vide	o, LLC	STREET	ADD	RESS	23	Executi	ive	Drive	
CITY, STATE AND ZIF		Huds	on, NI	1 0305	51						
NAME(FIRST	ME								(LAST)		
ADDRESS(STREET)				,			• •	, ,			
DATE OF BIRTH		SOC	CIAL SECU	JRITY NO.				Н	IRE DA	ATE	
TELEPHONE NUMBER	R			E	-MAII	L ADD	RESS _				
		PR	EVIOUS T	HREE YEA	ARS F	RESID	ENCY				
(STREET)	TREET) (CITY)				(STATE & ZIP CODE)			P CODE)	# YEARS		
(OTTLET)	(611)			,						# YEARS	
(STREET)	STREET) (CITY)			(STATE & ZIP CODE)							
(STREET) (CITY)			·)	(STATE & ZIP CODE)					;	# YEARS	
		(ATTA	CH SHEET	IF MORE	SPA	CE IS	NEEDE	D)			
				NSE INFOR		_					
Section 383.21 FMCSF driver's license". I cert											
STATE		LIC	CENSE NO) .			TYPE		EXPIRATION DATE		
			DRI	ING EXPE	RIEN	ICE					
CLASS OF EQUIPMENT					MENT DATI		DATES -	APPROX. NO. OF MILES (TOTAL)			
STRAIGHT TRUCK											
TRACTOR AND SEMI-TRAILER											
TRACTOR - TWO TRAILERS											
OTHER											
ACCIDENT RI	ECORD	FOR PAST 3	YEARS (OR MORE	(ATT	ACH S	HEET II	F MORE SPA	CE IS	NEEDED)	
DATES (HEAL		NATURE OF ACCIDENT AD-ON, REAR-END, UPSET, ET							BER RIES	CHEMICAL SPILLS	
										YES NO	
										YES NO	
										YES NO	
TRAFFIC CONVICT	IONS A	ND FORFEIT	URES FO	R THE PA	ST 3	YEAR	S (OTH	ER THAN PA	RKING	G VIOLATIONS)	
DATE CONVICTED VIOLATIO (month/year)		N	OF VIOLATION OCATION		PENALTY (forfeited bond, collateral and/or points)						
		(ATT	ACH SHEE	T IF MORE	SPAC	E IS N	EEDED)				
A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES NO											
If yes, explain											
B. Has any license, pe	ermit or p	rivilege ever	been susp	ended or re	evoke	ed?		YES _		NO	
If yes, explain											



EMPLOYMENT RECORD (ATTACH SHEET IF MORE SPACE IS NEEDED)

Applicants that desire to drive in intrastate/interstate commerce must provide the following information on all employers during the previous three years. You must give the same information for all employers you have driven a commercial motor vehicle for the seven years prior to the initial three years (total of ten years employment record).

Must list the complete mailing ad	dress: street num	ber and name, city	, state and zip code.	
LAST EMPLOYER: NAME				
ADDRESS				
POSITION HELD	FROM	то	SALARY	····
REASONS FOR LEAVING				
ANY GAPS IN EMPLOYMENT AND/OR UNEMPLAND REASON.			NCLUDE DATES (M	ONTH/YEAR)
Were you subject to the Federal Motor Carrier Safety Re			he previous employer?	Yes No
Was the previous job position designated as a safety se substances testing requirements as required by 49 CFR		DOT regulated mod	e, subject to alcohol an	d controlled Yes No
SECOND LAST EMPLOYER: NAME				
ADDRESS		PHONE _		
POSITION HELD	FROM	то	SALARY	
REASONS FOR LEAVING				
ANY GAPS IN EMPLOYMENT AND/OR UNEMPLAND REASON.			NCLUDE DATES (M	ONTH/YEAR)
Were you subject to the Federal Motor Carrier Safety Re	egulations (FMCSRs)	while employed by t	ne previous employer?	Yes No
Was the previous job position designated as a safety se substances testing requirements as required by 49 CFR	nsitive function in any Part 40?	DOT regulated mod	e, subject to alcohol an	d controlled Yes No
THIRD LAST EMPLOYER: NAME				
ADDRESS		PHONE _		
POSITION HELD	FROM	то	SALARY	
REASONS FOR LEAVING				
ANY GAPS IN EMPLOYMENT AND/OR UNEMPLAND REASON.			NCLUDE DATES (M	ONTH/YEAR)
Were you subject to the Federal Motor Carrier Safety Re	-			
Was the previous job position designated as a safety se substances testing requirements as required by 49 CFR		DOT regulated mod	e, subject to alcohol an	d controlled Yes No
TO BE RE	AD AND SIGNED	BY APPLICANT		
I authorize you to make sure investigations and inquerelated matters as may be necessary in arriving at a be made only if and after a conditional offer of emploare providers and other persons from all liability in application.	n employment decis oyment has been ex	ion. (Generally, inc tended.) I hereby r	quiries regarding med elease employers, sch	ical history will nools, health
In the event of employment, I understand that false or m discharge. I understand, also, that I am required to abid				result in
"I understand that information I provide regarding current contacted, for the purpose of investigating my safety per have the right to: Review information provided by current/previous errors."	rformance history as r			
 Have errors in the information corrected by previous to the prospective employer; and Have a rebuttal statement attached to the alleged eaccuracy of the information." 				
DATE		APPLICANT'S	SIGNATURE	
This certifies that I completed this application, and that a knowledge.	all entries on it and inf	ormation in it are true	e and complete to the b	est of my

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

APPLICANT'S SIGNATURE

DATE