



Thank you for your interest in pursuing a *Field Staff Position* with our company. **This Application packet is for those interested in pursuing a *Field Staff Position*, and who are also qualified CDL Drivers.** If you do **not** have a Commercial Driver License, please download the *Field Staff Application for Applicants with a Regular Driver License* (See Employment Page of CrewZers.com)

Please find information and instructions (below) for submitting your application packet. Submittal of this Application is not a guarantee of employment, and does not automatically constitute an offer of employment.

Minimum Requirements: (Drug Free Company, Smoke Free Environment)

- For *Tanker Driver Position*, must have a valid **Class A CDL** with *Tanker Endorsement*
- For *Crew Carrier Driver Position*, must have a valid **Class B CDL** with *Passenger Endorsement*
- Must have at least 3 years of CDL Driving Experience.
- Must have Clean Driving Record.
- Must have valid Medical Card and Medical Long Form
- Must be able to work evenings, nights and/or weekends and/or a modified work week.
- Must be available to work "On-Call" including nights and weekends for indefinite periods.
- Must be able to communicate effectively (both speaking & writing) in English.
- Must be able to pass *Pre-Employment Drug Test* and *Random Drug Tests*.
- Trailer/Towing experience preferred, but not required.

Please Submit your *Application for Employment* with the following items:

- Complete & sign each form in the *Application packet* (pages 1-17)
- Include a readable **color copy** of your CDL (**front and back sides**)
- Include a readable **color copy** of your Social Security Card
- Include a readable copy of a current *Medical Card*
- Include a readable copy of your *Medical Long Form*

Please submit the above items to the following address:

CrewZers Fire Crew Transport Inc
ATTN Applicant for Field Staff Support
PO BOX 52408
MESA, AZ 85208-0121

PLEASE DO NOT FAX YOUR APPLICATION PACKET
PLEASE DO NOT EMAIL YOUR APPLICATION PACKET

Please do **not** require us to provide a signature to retrieve your *application packet* from the post office. Our local post office is very busy and we cannot spare the staff time to wait in line. You may e-mail Questions or Inquiries regarding this application to info@crewzers.com.



APPLICATION FOR EMPLOYMENT: FIELD STAFF POSITION (CDL QUALIFIED)

Please answer all questions completely and in print. Incomplete applications will not be accepted.

Applying for (check one or more): Field Staff Tanker Driver Crew Carrier Driver

| | | | | | |
|--|--------------|----------------------|-----------------|----------------|----------------|
| Applicant Last Name | | Applicant First Name | | Middle Initial | |
| Home Address | | Apt. # | City | State | ZIP Code |
| Main Phone | Mobile Phone | | Alternate Phone | | E-MAIL Address |
| Do you have any relatives who are employed by CrewZers? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, please list them below. | | | | | |
| Name(s) | | Relationship to you | | Phone Numbers | |
| Person(s) to contact in case of Emergency | | Relationship to you | | Phone Numbers | |

PREVIOUS ADDRESSES (3 YEARS)

| | | | | |
|---------|--------|------|-------------|-----------|
| Address | STREET | CITY | STATE & ZIP | HOW LONG? |
| Address | STREET | CITY | STATE & ZIP | HOW LONG? |
| Address | STREET | CITY | STATE & ZIP | HOW LONG? |

Are you legally authorized to work in the United States, either because you are a U.S. citizen, or because your visa or immigration status authorized legal employment in the U.S.? Yes No

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 safety-sensitive transportation work covered by the DOT drug and alcohol testing rules** during the past two years? Yes No

If YES, Employer's Name: _____ Date: _____

Have you been convicted of a **felony or misdemeanor, pled guilty** or been **released from prison** within the past seven (7) years? Yes No If YES, indicate the dates and nature of offenses (a conviction will not necessarily bar you from employment). _____

Are you at least 18 years old? Yes No

How will you get to work? _____

Are you willing to work SEASONAL ON-CALL, including Nights and Weekends for indefinite periods? Yes No
If NO, please state any limitations _____

If you are offered employment, when would you be available to work? _____

Essential Functions of the Field Staff Position include basic tasks such as Set Up and Take-Down of Tents/Portable Shelters & Equipment, site preparation, maintenance of equipment (cleaning, sweeping, mopping), maintaining equipment logs, and performing equipment duties in a mobile environment. Some job positions will require **Heavy Lifting, Physical Strength, Hand-Eye Coordination & Endurance**. Jobs may include setting up/cleaning mobile shower units, mobile hand wash units and/or mobile laundry detail. Must be able to concentrate on tasks, follow instructions, & work well with others. Hiring will require successful completion of Pre-Employment Drug Test, Background Check, Orientation & Training. Position is Seasonal/On-Call.

Are you able to perform **Essential Functions of the Field Staff Position (see above)** without special accommodations?
 Yes No If NO, what special accommodation, if any, would you require? _____

CrewZers provides equal employment opportunities to all applicants and employees without regard to race, color, religion, gender, National Origin, age, disability, or veteran status.

CDL QUALIFICATIONS (List all States & CDL License Info for the last 10 years)

| STATE | LICENSE NUMBER | TYPE | EXPIRATION DATE |
|-------|----------------|------|-----------------|
| | | | |
| | | | |
| | | | |

DRIVING EXPERIENCE

| CLASS OF EQUIPMENT | TYPE OF EQUIPMENT | DATES | | APPROXIMATE # OF MILES (TOTAL) |
|------------------------|-------------------|-------|----|--------------------------------|
| | | FROM | TO | |
| SCHOOL BUS | | | | |
| STRAIGHT TRUCK | | | | |
| TRACTOR & SEMI TRAILER | | | | |
| TRACTOR – 2 TRAILERS | | | | |
| OTHER _____ | | | | |

List States you operated in as a CDL Driver during the last 5 years:

Have you taken any special courses or training that help you as a CDL Driver: If YES, please list:

Have you been awarded any safe driving awards? If YES, please list:

In the last five (5) years, has your driver’s license been revoked or suspended? Yes No

If YES, give Date and Reason: _____

In the last five (5) years, have you been convicted of **Negligent Driving, DWI or DUI, Reckless Driving or Open Container?**

Yes No If YES, give date and offense: _____

List all accidents in the last five (5) years in which you were at fault, including *employment-related accidents*.

| DATE Month/Year | BRIEF DESCRIPTION | DAMAGE (Approximate Dollar Amount) | INJURIES | Were you given a traffic citation? |
|--------------------|-------------------|---------------------------------------|----------|------------------------------------|
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Applicant Skills

List any skills that may be useful for the *Field Staff Position*. Enter the number of years of experience, and circle the number which corresponds to your ability for each particular skill (1 represents **POOR ability**, while 5 represents **EXCEPTIONAL ability**)

| SKILL | Years of Experience | RATING |
|-------|---------------------|-----------|
| _____ | _____ | 1 2 3 4 5 |
| _____ | _____ | 1 2 3 4 5 |
| _____ | _____ | 1 2 3 4 5 |

WORK EXPERIENCE This section must be completed in detail.

- List your work experience for the last 10 years, STARTING WITH YOUR MOST RECENT JOB.
- A resume **will not** substitute for a completed application form.
- Under “duties and responsibilities” **describe your job in detail.**
- If you have had more than seven (7) jobs or wish to add more detail to the “duties” section, complete a separate sheet in the same format and attach to this form.
- If you have been **terminated** from any previous job(s), please **state the specific reason(s) why**

| | | | | |
|--------------------------------------|--------------|-------------|---|--|
| 1 | From (Mo/Yr) | To (Mo/Yr) | Name of Employer: | Employer Address, City & State: |
| Ending Salary: | | Your Title: | | Supervisor Name & Title: Phone: |
| Number of Work Hours per Week: | | | You may contact this employer. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Contact me first | |
| Duties and Responsibilities: | | | | |
| | | | | |
| | | | | |
| Reason for leaving/wishing to leave: | | | | |
| 2 | From (Mo/Yr) | To (Mo/Yr) | Name of Employer: | Employer Address, City & State: |
| Ending Salary: | | Your Title: | | Supervisor Name & Title: Phone: |
| Number of Work Hours per Week: | | | You may contact this employer. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Contact me first | |
| Duties and Responsibilities: | | | | |
| | | | | |
| | | | | |
| Reason for Leaving/Wishing to Leave: | | | | |
| 3 | From (Mo/Yr) | To (Mo/Yr) | Name of Employer: | Employer Address, City & State: |
| Ending Salary: | | Your Title: | | Supervisor Name & Title: Phone: |
| Number of Work Hours per Week: | | | You may contact this employer. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Contact me first | |
| Duties and Responsibilities: | | | | |
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| | | | | |
| Reason for Leaving/Wishing to Leave: | | | | |

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|--------------------------------------|--------------|-------------|---|--|
| 4 | From (Mo/Yr) | To (Mo/Yr) | Name of Employer: | Employer Address, City & State: |
| Ending Salary: | | Your Title: | | Supervisor Name & Title: Phone: |
| Number of Work Hours per Week: | | | You may contact this employer. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Contact me first | |
| Duties and Responsibilities: | | | | |
| | | | | |
| Reason for Leaving/Wishing to Leave: | | | | |
| 5 | From (Mo/Yr) | To (Mo/Yr) | Name of Employer: | Employer Address, City & State: |
| Ending Salary: | | Your Title: | | Supervisor Name & Title: Phone: |
| Number of Work Hours per Week: | | | You may contact this employer. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Contact me first | |
| Duties and Responsibilities: | | | | |
| | | | | |
| Reason for Leaving/Wishing to Leave: | | | | |
| 6 | From (Mo/Yr) | To (Mo/Yr) | Name of Employer: | Employer Address, City & State: |
| Ending Salary: | | Your Title: | | Supervisor Name & Title: Phone: |
| Number of Work Hours per Week: | | | You may contact this employer. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Contact me first | |
| Duties and Responsibilities: | | | | |
| | | | | |
| Reason for Leaving/Wishing to Leave: | | | | |
| 7 | From (Mo/Yr) | To (Mo/Yr) | Name of Employer: | Employer Address, City & State: |
| Ending Salary: | | Your Title: | | Supervisor Name & Title: Phone: |
| Number of Work Hours per Week: | | | You may contact this employer. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Contact me first | |
| Duties and Responsibilities: | | | | |
| | | | | |
| Reason for Leaving/Wishing to Leave: | | | | |

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|---|
| Give Dates and explain all periods of UNEMPLOYMENT during the past 10 years: |
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I acknowledge that submittal of my application packet does not automatically constitute an offer of employment.

I certify that I have completed this application and that all information contained within is true and complete to the best of my knowledge. I understand that any misrepresentation or material omission of fact on this or any other document required by Crewzers will constitute grounds for Rejection of my Application.

I further understand that an employment offer will be subject to successful completion and results for drug and alcohol background check, drug testing, reference checks, driver's record evaluation, and criminal history checks. Having applied for employment with Crewzers, I hereby agree and give my consent that any person, firm or organization listed herein is authorized to furnish Crewzers with reference material concerning my character, past employment or any other information requested.

I agree to take any *post-offer employment physical, drug and/or alcohol tests*, as are required. I agree to wear protective clothing or devices as required and to comply with safety rules. I authorize Crewzers to obtain my employment and non-employment driving record, including all *State Department of Licensing Actions* that have occurred under the driver's license I **now hold**, the driver licenses I **have held**, or the driver licenses I **may obtain** in the future. I further agree to any other conditions of employment described in the application materials.

I authorize CrewZers Fire Crew Transport, Inc. to make such investigations and inquiries of my employment and medical history and other related matters as may be necessary to make an employment decision. I hereby release my employers, schools, health care providers, and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of my employment, I understand that false or misleading information given in my application or interview(s) may result in my dismissal. I understand that I am required to abide by all rules and regulations of CrewZers, USDOT, USFS, BLM, BIA, DOD, and any other contracting agencies.

Signature _____

Date: _____

Print Name _____

COMMENTS (Office Use Only)

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I fully acknowledge that *USDOT Rules and Regulations* apply to me as a driver of a CrewZers vehicle. I will abide by all applicable USDOT Rules and Regulations, including:

- **Observance of maximum driving time for passenger-carrying vehicles**
- **Driver's record of duty status (via submittal of the Driver's Daily Log)**
- **Safe Operation of vehicles as per 66 FR 22516-392.62**
- **Required stops at all *railroad grade crossings***
- **Observance of prohibition against smoking in a company vehicle (USDOT Reg. § 374.201)**
- **Observance of prohibition against "texting" while driving (USDOT Reg. § 392.80)**
"Driving does not include operating a commercial motor vehicle with or without the motor running when the driver moved the vehicle to the side of, or off, a highway, as defined in 49 CFR 390.5, and halted in a location where the vehicle can remain stationary."
- **Observance of prohibition against *cell phone use* while driving.**
You are prohibited from holding, dialing or reaching for a hand-held cellular phone while driving. Violators will be subject to \$2750.00 fine (maximum of \$11,000.00 fine) by USDOT. Violators will be fired. USE THE BUDDY SYSTEM (passengers in the vehicle may answer your phone for you) else PULL OVER AND PARK IT!
- **Observance of prohibition against *alcohol use* while on company time.** (We have a Zero Tolerance Alcohol Policy.)

I acknowledge that I am prohibited from *cell phone use* at all times while driving a company vehicle. **I acknowledge that cell phone use while driving a company vehicle will be cause for my immediate dismissal.** I will vacate all roads and/or highways and "Park" the company vehicle prior to *cell phone use*. When necessary, I will return any "urgent missed calls" once I have safely parked the company vehicle.

Employee Signature

Date

Print Name



Fair Credit Reporting Act Disclosure Statement

In accordance with the provisions of Section 604(b)(2)(A) of *the Fair Credit Reporting Act*, Public Law 91-508, as amended by the *Consumer Credit Reporting Act of 1996* (Title II, Subtitle D, Chapter I, of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on you for employment purposes. These reports are required by Sections 382.413, 391.23 and 391.25 of the Federal Motor Carrier Safety Regulations.

I authorize you to make such investigations and inquiries of my person, employment or medical history and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the company.

I understand that information I provide regarding current and/or previous employers may be used, and those employers(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e).

Applicants Signature

Date

Print Name

Social Security Number

CONFIDENTIAL FAXED OR MAILED INQUIRY TO PAST EMPLOYER(S)

Dear Personnel Manager,

Your company has been identified as a previous employer by the applicant listed in the box below. The applicant is applying for a driver position with:

CrewZers Fire Crew Transport, Inc
10662 East University Dr
Apache Junction, AZ 85120-4271

Please fill out the bottom portion of this form and return it via fax or mail to the above listed crewZers address. (A self addressed stamped envelope is enclosed for your convenience.) The applicant has signed a statement of release in the box shown below. Thank you for your time and consideration of this matter.

INFORMATION IN BOX TO BE COMPLETED BY THE APPLICANT (1 PER EACH CDL-REQUIRED EMPLOYER)

To: _____ Date _____

(Former Employer-Name, Address, City, State)

I hereby authorize your company to release all records of employment, including assessments of my job performance, ability, and fitness (including dates of any and all alcohol or drug tests, those confirmed results and/or my refusal to submit to any alcohol or drug tests and any rehabilitation completion under direction of SAP/MRO) to **crewZers Fire Crew Transport, INC** (or their authorized agents) when they request such information in connection with my application for employment. I hereby release your company and its employees, officers, directors and agents for any and all liability of any type as a result of providing the following information to **crewZers Fire Crew Transport, Inc.**

Applicant's Signature, Date

Dates of Employment

Applicant's Name

Applicants Social Security Number

What position did the applicant hold in your company? _____ From _____ To _____

If he/she was employed as a driver, please list:

- Equipment Operated _____ Type of Trailer pulled _____
- Commodities transported _____ General area of operation _____

Accidents? **YES** or **NO**. If yes, list date and brief description of each: _____

Traffic Violations? **YES** or **NO**. If yes, please list the dates and brief descriptions of each: _____

License(s) suspended? **YES** or **NO**. If yes, please list: License type: _____ License # _____ State _____

Problems with Bonding? **YES** or **NO**. If yes, please briefly explain: _____

Why did this person leave your company? _____

Would you re-employ this person? **YES** or **NO**. If no, please explain: _____

Inquiry on alcohol and controlled substances information for preceding two (2) years:

- Alcohol tests with result of .04 or greater? **YES** or **NO**. If yes, please give dates _____
- Verified positive controlled substance test results? **YES** or **NO**. If yes, please give dates _____
- Refusal to be tested? **YES** or **NO**. If yes, please give dates _____
- Rehab completed under direction of SAP/MRO? **YES** or **NO**. If yes, please give dates _____

Additional Comments: Any problems with customer relations, supervision, or abuse of equipment? _____

Signature or person providing above information

Title of person providing above information

Name of person providing above information

phone number

Company

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(Former Employer-Name, Address, City, State)

I hereby authorize your company to release all records of employment, including assessments of my job performance, ability, and fitness (including dates of any and all alcohol or drug tests, those confirmed results and/or my refusal to submit to any alcohol or drug tests and any rehabilitation completion under direction of SAP/MRO) to **crewZers Fire Crew Transport, INC** (or their authorized agents) when they request such information in connection with my application for employment. I hereby release your company and its employees, officers, directors and agents for any and all liability of any type as a result of providing the following information to **crewZers Fire Crew Transport, Inc.**

Applicant's Signature, Date

Dates of Employment

Applicant's Name

Applicants Social Security Number

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If he/she was employed as a driver, please list:

- Equipment Operated _____ Type of Trailer pulled _____
- Commodities transported _____ General area of operation _____

Accidents? **YES** or **NO**. If yes, list date and brief description of each: _____

Traffic Violations? **YES** or **NO**. If yes, please list the dates and brief descriptions of each: _____

License(s) suspended? **YES** or **NO**. If yes, please list: License type: _____ License # _____ State _____

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- Alcohol tests with result of .04 or greater? **YES** or **NO**. If yes, please give dates _____
- Verified positive controlled substance test results? **YES** or **NO**. If yes, please give dates _____
- Refusal to be tested? **YES** or **NO**. If yes, please give dates _____
- Rehab completed under direction of SAP/MRO? **YES** or **NO**. If yes, please give dates _____

Additional Comments: Any problems with customer relations, supervision, or abuse of equipment? _____

Signature or person providing above information

Title of person providing above information

Name of person providing above information

phone number

Company

MOTOR VEHICLE DRIVER'S CERTIFICATION OF VIOLATIONS

I certify that the following is a true and complete list of traffic violations (other than parking violations) for which I have been convicted or forfeited bond or collateral during the past 12 months.

*If you have no violations, write **NONE** below, before you sign and date this document.*

| Date | Offense | Location | Type of Vehicle Operated |
|------|---------|----------|--------------------------|
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If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation required to be listed during the past 12 months:

Driver's Signature

Driver's Name

Reviewed By

Date

CrewZers Fire Crew Transport Inc
10662 East University Dr, Apache Junction, AZ 85120-4271

Title



RELEASE & DOCUMENTATION OF PRE-EMPLOYMENT TESTING INFORMATION BY DRIVER/APPLICANT FOR TRANSPORTATION COMPANIES THAT DID NOT HIRE THEM.

49 CFR Part 40.25 (j)

As required by FMSCA section 49 CFR-Part 40.25 (j) effective September 2001, an employer must ask a prospective employee whether he or she has ever tested positive, or refused to test, on any pre-employment drug test administered by an employer to whom the employee applied, but did not obtain, safety-sensitive transportation work covered by DOT drug and alcohol testing rules during the past two (2) years.

TO BE COMPLETED BY THE APPLICANT:

During the past (2) years, have you tested positive on a pre-employment drug test required by a DOT company to which you applied, but did not obtain a position?

NO _____ YES _____

During the past (2) years, have you ever refused to take a pre-employment drug test required by a DOT company to which you applied, but did not obtain a position?

NO _____ YES _____

If you have answered yes to either of the above questions, please provide documentation of your successful completion of the required Substance Abuse Professional evaluation, treatment and return-to-duty process.

Four horizontal lines for providing documentation.

Applicants Name

Applicants Signature

Social Security #

Date

Confidential Information Agreement for Employee

This confidential information assignment agreement ("the agreement") is made between **crewZers Fire Crew Transport, Inc** ("the company") and the undersigned employee. In consideration of my employment with the company which for purposes of this agreement shall be deemed to include any subsidiaries or affiliates of the company, the receipt of confidential information while associated with the company and other good and valuable consideration, I, the undersigned individual, agree that:

Term of agreement. This Agreement shall continue in full force and effect for the duration of my employment by the company and shall continue thereafter as otherwise provided in this Agreement.

Definitions. "Proprietary Information" is all information and any idea whatever form, tangible or intangible, pertaining in any manner to the business of the Company, or any of its Affiliates, or its employees, clients, consultants, or business associates, which was produced by any employee or consultant of the Company in the course of his or her employment or consulting relationship or otherwise produced or acquired by or on behalf of the company. All proprietary information known only through improper means, shall be deemed "Confidential Information." By example and without limiting the foregoing definition, proprietary and Confidential Information shall include but not be limited to *formulas, research and development techniques, processes, trade secrets, computer programs, software, electronic codes, subject ideas & inventions, innovations, patents, patent applications, discoveries, improvements, data, know-how, formats, test results & research project, information about costs, profits, markets, sales, contracts & lists of customers and agencies, Business, marketing and strategic plans, forecasts, unpublished financial information, budgets, projections, customer identities, characteristics and agreements, employee personnel files and compensation information.* Confidential Information is to be broadly defined, and includes all information that has or could have commercial value or other utility in the business in which the Company is engaged or contemplates engaging and all information of which the unauthorized disclosure could be detrimental to the interests of the Company, whether or not such information is identified as Confidential Information by the Company.

Existence of Confidential Information. The company owns and has developed and compiled and will develop and compile certain trade secrets, proprietary techniques and other Confidential Information which have great value to its business. This Confidential Information includes not only information disclosed by the Company to me, but also information developed or learned by me during the course of my employment with the Company.

Protection of Confidential Information. I will not, directly or indirectly, use, make available, sell, disclose or otherwise communicate to any third party, other than in my assigned duties and for the benefit of the Company, any of the Company's Confidential Proprietary information, either during or after my employment with the Company. I acknowledge that I am aware that the unauthorized disclosure of Confidential Information of the Company may be highly prejudicial to its interests, an invasion of privacy and an improper disclosure of trade secrets.

Delivery of Confidential Information. Upon request, or when my employment with the Company terminates, I will immediately deliver to the Company all copies of any and all materials and writings received from, created for, or belonging to the Company including but no limited to, those which relate to or contain Confidential Information.

Location & Production. I shall maintain at my work vehicle and/or any other place under my control only such Confidential Information as I have a current "need to know". I shall return to the appropriate person or location or otherwise properly dispose of Confidential Information once that need to know no longer exists. I shall not make copies of or otherwise reproduce Confidential information unless there is a legitimate business need of the Company for reproduction.

Prior Actions & Knowledge. I represent and warrant that from the time of my first contact with the Company, I held in strict confidence all Confidential Proprietary Information and have not disclosed any Confidential Information, directly or indirectly, to anyone outside of the Company, or used, copied, published or summarized any Confidential Information, except to the extent otherwise permitted in this agreement.

Third Party Information. I acknowledge that the Company has received and in the future will receive assignments from outside agencies. I will hold all such information in the strictest confidence and not disclose or use it, except as necessary to perform my obligations hereunder and as is consistent with the Company's agreement with such agencies.

Proprietary Rights, Inventions and New Ideas. The term "Subject Ideas or Inventions" includes all *ideas, processes, trademarks, service marks, inventions, designs, technologies, computer hardware or software, original works of authorship, formulas, discoveries, patents, copyrights, copyrightable works products, marketing and business ideas, and all improvements, know-how, data, rights, and claims related to the foregoing that, whether or not patentable, which are conceived, developed or created which (1) relate to the Company's current or contemplated business or activities, (2) relate to the Company's actual or anticipated advancement or development; (3) result from any work performed by me for the Company; (4) involve the use of the company's equipment, supplies, facilities or trade secrets; (5) result from or are suggested by any work done by the Company or at the Company's request, or any projects specifically assigned to me; or (6) result from my access to any of the Company's memoranda, notes, records, drawings, sketches, models, maps, customer lists, research results, data, formulae, specifications, inventions, processes, forms, worksheets, business practices, booklets, equipment, locations of equipment, or other materials (collectively, "Company Materials").*

I have read and understand the **Confidential Information Agreement for Employee** in its entirety. I understand that I am bound by this agreement to maintain the confidentiality of **crewZers Fire Crew Transport, Inc** at all times, during and after my employment with the Company.

Employee Signature

Date

Print Employee Name

Form W-4 (2012)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2012 expires February 18, 2013. See Pub. 505, Tax Withholding and Estimated Tax.

Note. If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$950 and includes more than \$300 of unearned income (for example, interest and dividends).

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity

income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

Nonresident alien. If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2012. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments. The IRS has created a page on www.irs.gov for information about Form W-4, at www.irs.gov/w4. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted on that page.

Personal Allowances Worksheet (Keep for your records.)

| | | |
|----------|--|----------------|
| A | Enter "1" for yourself if no one else can claim you as a dependent | A _____ |
| B | Enter "1" if: <ul style="list-style-type: none"> • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. | B _____ |
| C | Enter "1" for your spouse . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) | C _____ |
| D | Enter number of dependents (other than your spouse or yourself) you will claim on your tax return | D _____ |
| E | Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above) | E _____ |
| F | Enter "1" if you have at least \$1,900 of child or dependent care expenses for which you plan to claim a credit | F _____ |
| G | Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> • If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then less "1" if you have three to seven eligible children or less "2" if you have eight or more eligible children. • If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child | G _____ |
| H | Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ► | H _____ |
| | For accuracy, complete all worksheets that apply. <ul style="list-style-type: none"> • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2. • If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$40,000 (\$10,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld. • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below. | |

----- Separate here and give Form W-4 to your employer. Keep the top part for your records. -----

| | | | | | | | | |
|---|---|---|-----------|---|--|-----------------------------------|--|-------------------------------|
| Form W-4 Department of the Treasury Internal Revenue Service | <h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">► Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</p> | OMB No. 1545-0074 <div style="font-size: 2em; font-weight: bold; text-align: center;">2012</div> | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">1 Your first name and middle initial</td> <td style="width: 50%; padding: 2px;">Last name</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Home address (number and street or rural route)</td> </tr> <tr> <td colspan="2" style="padding: 2px;">City or town, state, and ZIP code</td> </tr> </table> | | 1 Your first name and middle initial | Last name | Home address (number and street or rural route) | | City or town, state, and ZIP code | | 2 Your social security number |
| 1 Your first name and middle initial | Last name | | | | | | | |
| Home address (number and street or rural route) | | | | | | | | |
| City or town, state, and ZIP code | | | | | | | | |
| 3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box. | | 5 _____ 6 \$ _____ | | | | | | |
| 4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ► <input type="checkbox"/> | | 7 _____ | | | | | | |
| 5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2) | | 5 _____ | | | | | | |
| 6 Additional amount, if any, you want withheld from each paycheck | | 6 \$ _____ | | | | | | |
| 7 I claim exemption from withholding for 2012, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ► | | 7 _____ | | | | | | |
| Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete. | | | | | | | | |
| Employee's signature (This form is not valid unless you sign it.) ► | | Date ► | | | | | | |
| 8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.) | | 9 Office code (optional) | | | | | | |
| 10 Employer identification number (EIN) | | | | | | | | |

Deductions and Adjustments Worksheet

Note. Use this worksheet *only* if you plan to itemize deductions or claim certain credits or adjustments to income.

| | | | |
|-----------|---|-----------|----------|
| 1 | Enter an estimate of your 2012 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions | 1 | \$ _____ |
| 2 | Enter: $\left\{ \begin{array}{l} \$11,900 \text{ if married filing jointly or qualifying widow(er)} \\ \$8,700 \text{ if head of household} \\ \$5,950 \text{ if single or married filing separately} \end{array} \right\}$ | 2 | \$ _____ |
| 3 | Subtract line 2 from line 1. If zero or less, enter “-0-” | 3 | \$ _____ |
| 4 | Enter an estimate of your 2012 adjustments to income and any additional standard deduction (see Pub. 505) | 4 | \$ _____ |
| 5 | Add lines 3 and 4 and enter the total. (Include any amount for credits from the <i>Converting Credits to Withholding Allowances for 2012 Form W-4</i> worksheet in Pub. 505.) | 5 | \$ _____ |
| 6 | Enter an estimate of your 2012 nonwage income (such as dividends or interest) | 6 | \$ _____ |
| 7 | Subtract line 6 from line 5. If zero or less, enter “-0-” | 7 | \$ _____ |
| 8 | Divide the amount on line 7 by \$3,800 and enter the result here. Drop any fraction | 8 | _____ |
| 9 | Enter the number from the Personal Allowances Worksheet , line H, page 1 | 9 | _____ |
| 10 | Add lines 8 and 9 and enter the total here. If you plan to use the Two-Earners/Multiple Jobs Worksheet , also enter this total on line 1 below. Otherwise, stop here and enter this total on Form W-4, line 5, page 1 | 10 | _____ |

Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)

Note. Use this worksheet *only* if the instructions under line H on page 1 direct you here.

| | | | |
|--|---|----------|----------|
| 1 | Enter the number from line H, page 1 (or from line 10 above if you used the Deductions and Adjustments Worksheet) | 1 | _____ |
| 2 | Find the number in Table 1 below that applies to the LOWEST paying job and enter it here. However , if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than “3” | 2 | _____ |
| 3 | If line 1 is more than or equal to line 2, subtract line 2 from line 1. Enter the result here (if zero, enter “-0-”) and on Form W-4, line 5, page 1. Do not use the rest of this worksheet | 3 | _____ |
| Note. If line 1 is less than line 2, enter “-0-” on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill. | | | |
| 4 | Enter the number from line 2 of this worksheet | 4 | _____ |
| 5 | Enter the number from line 1 of this worksheet | 5 | _____ |
| 6 | Subtract line 5 from line 4 | 6 | _____ |
| 7 | Find the amount in Table 2 below that applies to the HIGHEST paying job and enter it here | 7 | \$ _____ |
| 8 | Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed | 8 | \$ _____ |
| 9 | Divide line 8 by the number of pay periods remaining in 2012. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2011. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck | 9 | \$ _____ |

Table 1

Table 2

| Married Filing Jointly | | All Others | | Married Filing Jointly | | All Others | |
|---|-----------------------|---|-----------------------|--|-----------------------|--|-----------------------|
| If wages from LOWEST paying job are— | Enter on line 2 above | If wages from LOWEST paying job are— | Enter on line 2 above | If wages from HIGHEST paying job are— | Enter on line 7 above | If wages from HIGHEST paying job are— | Enter on line 7 above |
| \$0 - \$5,000 | 0 | \$0 - \$8,000 | 0 | \$0 - \$70,000 | \$570 | \$0 - \$35,000 | \$570 |
| 5,001 - 12,000 | 1 | 8,001 - 15,000 | 1 | 70,001 - 125,000 | 950 | 35,001 - 90,000 | 950 |
| 12,001 - 22,000 | 2 | 15,001 - 25,000 | 2 | 125,001 - 190,000 | 1,060 | 90,001 - 170,000 | 1,060 |
| 22,001 - 25,000 | 3 | 25,001 - 30,000 | 3 | 190,001 - 340,000 | 1,250 | 170,001 - 375,000 | 1,250 |
| 25,001 - 30,000 | 4 | 30,001 - 40,000 | 4 | 340,001 and over | 1,330 | 375,001 and over | 1,330 |
| 30,001 - 40,000 | 5 | 40,001 - 50,000 | 5 | | | | |
| 40,001 - 48,000 | 6 | 50,001 - 65,000 | 6 | | | | |
| 48,001 - 55,000 | 7 | 65,001 - 80,000 | 7 | | | | |
| 55,001 - 65,000 | 8 | 80,001 - 95,000 | 8 | | | | |
| 65,001 - 72,000 | 9 | 95,001 - 120,000 | 9 | | | | |
| 72,001 - 85,000 | 10 | 120,001 and over | 10 | | | | |
| 85,001 - 97,000 | 11 | | | | | | |
| 97,001 - 110,000 | 12 | | | | | | |
| 110,001 - 120,000 | 13 | | | | | | |
| 120,001 - 135,000 | 14 | | | | | | |
| 135,001 and over | 15 | | | | | | |

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

Form I-9, Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

Read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification *(To be completed and signed by employee at the time employment begins.)*

| | | | |
|----------------------------------|-------|----------------|--------------------------------|
| Print Name: Last | First | Middle Initial | Maiden Name |
| Address (Street Name and Number) | | Apt. # | Date of Birth (month/day/year) |
| City | State | Zip Code | Social Security # |

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- A citizen of the United States
- A noncitizen national of the United States (see instructions)
- A lawful permanent resident (Alien #) _____
- An alien authorized to work (Alien # or Admission #) _____ until (expiration date, if applicable - month/day/year)

Employee's Signature

Date (month/day/year)

Preparer and/or Translator Certification *(To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.*

| | |
|---|------------|
| Preparer's/Translator's Signature | Print Name |
| Address (Street Name and Number, City, State, Zip Code) | |
| Date (month/day/year) | |

Section 2. Employer Review and Verification *(To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)*

| List A | OR | List B | AND | List C |
|---------------------------------|----|--------|-----|--------|
| Document title: _____ | | _____ | | _____ |
| Issuing authority: _____ | | _____ | | _____ |
| Document #: _____ | | _____ | | _____ |
| Expiration Date (if any): _____ | | _____ | | _____ |
| Document #: _____ | | _____ | | _____ |
| Expiration Date (if any): _____ | | _____ | | _____ |

CERTIFICATION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) _____ and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

| | | |
|---|------------|-----------------------|
| Signature of Employer or Authorized Representative | Print Name | Title |
| Business or Organization Name and Address (Street Name and Number, City, State, Zip Code) | | Date (month/day/year) |

Section 3. Updating and Reverification *(To be completed and signed by employer.)*

| | |
|-----------------------------|--|
| A. New Name (if applicable) | B. Date of Rehire (month/day/year) (if applicable) |
|-----------------------------|--|

C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.

| | | |
|--|-------------------|---------------------------------|
| Document Title: _____ | Document #: _____ | Expiration Date (if any): _____ |
| I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual. | | |
| Signature of Employer or Authorized Representative | | Date (month/day/year) |

| | |
|---|-----------------------------|
| Type or print your full name | Your social security number |
| Home address (number and street or rural route) | |
| City or town, state, and ZIP code | |

Arizona Withholding Percentage Election Options

Choose only one:

1 I choose to have Arizona withholding at the rate of
(check only one box): 0.8% 1.3% 1.8% 2.7% 3.6% 4.2% 5.1% of my gross taxable wages.
 Additional amount to be withheld per paycheck \$ _____

2 I hereby elect an Arizona withholding percentage of zero, and I certify that I expect to have no Arizona tax liability for the current taxable year.

| | |
|--|-------|
| I certify that I have made the percentage election marked above. | |
| _____ | _____ |
| SIGNATURE | DATE |

EMPLOYEE'S INSTRUCTIONS

Arizona law requires your employer to withhold Arizona income tax from your wages for work done in Arizona. This amount is applied to your Arizona income tax due when you file your tax return. The amount withheld is a percentage of your gross taxable wages of every paycheck. You may also have your employer withhold an extra amount from each paycheck. Complete this form to select a percentage and any extra amount to be withheld from each paycheck.

What are my "Gross Taxable Wages"?

For withholding purposes, your "gross taxable wages" are the wages that will generally be in box 1 of your federal Form W-2. It is your gross wages less any pretax deductions, such as your share of health insurance premiums.

New Employees

Complete this form in the first five days of employment to select an Arizona withholding percentage. You may also have your employer withhold an extra amount from each paycheck. If you do not file this form, the department requires your employer to withhold 2.7% of your gross taxable wages.

Current Employees

If you want to change the current amount withheld, you must file this form to change the Arizona withholding percentage or change the extra amount withheld.

What Should I do With Form A-4?

Give your completed Form A-4 to your employer.

Electing a Withholding Percentage of Zero

You may elect an Arizona withholding percentage of zero if you expect to have no Arizona income tax liability for the current year. Arizona tax liability is gross tax liability less any tax credits, such as the family tax credit, school tax credits, or credits for taxes paid to other states. If you make this election, your employer will not withhold Arizona income tax from your wages for payroll periods beginning after the date you file the form. Zero withholding does not relieve you from paying Arizona income taxes that might be due at the time you file your Arizona income tax return. If you have an Arizona tax liability when you file your return or if at any time during the current year conditions change so that you expect to have a tax liability, you should promptly file a new Form A-4 and choose a percentage that applies to you.

Voluntary Withholding Election by Certain Nonresident Employees

Compensation earned by nonresidents while physically working in Arizona for temporary periods is subject to Arizona income tax. However, under Arizona law, compensation paid to certain nonresident employees is not subject to Arizona income tax withholding. These nonresident employees need to review their situations and determine whether they should elect to have Arizona income taxes withheld from their Arizona source compensation. Nonresident employees may request that their employer withhold Arizona income taxes by completing this form to elect an Arizona withholding percentage.