

APPLICATION FOR EMPLOYMENT TRANSPORTATION APPLICATION

Applicant to complete all information requested.

Please Print.

Current Driver's History must be attached to application.



716 Umi Street / P. O. Box 855
Honolulu, Hawaii 96819
www.hfmfoodservice.com
hr@hfmfoodservice.com
Phone: (808) 843-3200
Fax: (808) 843-3229

In compliance with Federal and State equal employment opportunity considered for all positions without regards to race, color, religion, status, veteran status, non-job related disability or any other protected group status.

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if an offer of employment has been extended.) 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 information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

- Review information provided by previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

Signature: _____ Date: _____

Date _____

Name _____

Present Address _____

City _____ State _____ Zip Code _____

Previous Address (if less than 3 years) _____

Telephone Number () _____ Email Address _____

Do you have a legal right to be employed in the United States? Yes (proof required) No

Are you over the age of 18? Yes No Date of Birth* _____

*Required for Commercial Drivers

COMPANY EXPERIENCE

Have you worked for this company before? _____ Dates: From _____ To _____

Where? _____ Rate of Pay _____ Position _____

Reason for Leaving: _____

GENERAL

Are you currently employed? _____ If not, when was your last day employed? _____

Do you have any relatives that are employed with HFM? Yes No

If yes who? _____

Position Applying For: _____ Full Time Part Time Temporary

Who Referred You? _____ Rate of Pay Expected _____

Availability	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday*	Sunday**
Sample	8a – 5p	Any	6p – 2a	Off	6p – 2a	Any	Off
Your Avail.							

*Day Shift Only

**Night Shift Only

EDUCATION BACKGROUND

Type of School	Name and City / State	Did you Graduate?	Course or Major
College			
Technical School			
High School			
Other			

EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state and zip code.

Applicants to drive a commercial motor vehicle* in intrastate commerce shall also provide an additional 7 years information on those employees for whom the applicant operated such vehicle.

List all present and past employment, beginning with most current. Add another sheet as necessary.

*Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

†The 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) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport 9 or more passengers, OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

1) Company Name	Start Date	End Date	Position(s) Held
Address, City, State, Zip		Telephone Number ()	
Type of Business:			
Name of Supervisor:			
Reason for Leaving:			
Base Gross Wage:	Starting Wage	\$ _____ Per _____ Hour _____ Year	Avg. Hours Worked Weekly _____
	Ending Wage	\$ _____ Per _____ Hour _____ Year	
Bonus and / or Incentive? ___ No ___ Yes If Yes, what was the amount received? \$ _____			
Were you subject to the FMCSRs+ while employed?		Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the Drug & Alcohol testing requirements of 49 CFR part 40?	
___ No ___ Yes		___ No ___ Yes	

2) Company Name	Start Date	End Date	Position(s) Held
Address, City, State, Zip		Telephone Number ()	
Type of Business:			
Name of Supervisor:			
Reason for Leaving:			
Base Gross Wage:	Starting Wage	\$ _____ Per _____ Hour _____ Year	Avg. Hours Worked Weekly _____
	Ending Wage	\$ _____ Per _____ Hour _____ Year	
Bonus and / or Incentive? ___ No ___ Yes If Yes, what was the amount received? \$ _____			
Were you subject to the FMCSRs+ while employed?		Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the Drug & Alcohol testing requirements of 49 CFR part 40?	
___ No ___ Yes		___ No ___ Yes	

3) Company Name	Start Date	End Date	Position(s) Held
Address, City, State, Zip		Telephone Number ()	
Type of Business:			
Name of Supervisor:			
Reason for Leaving:			
Base Gross Wage:	Starting Wage	\$ _____ Per ____ Hour ____ Year	Avg. Hours Worked Weekly _____
	Ending Wage	\$ _____ Per ____ Hour ____ Year	
Bonus and / or Incentive? ___ No ___ Yes If Yes, what was the amount received? \$ _____			
Were you subject to the FMCSRs+ while employed?		Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the Drug & Alcohol testing requirements of 49 CFR part 40?	
___ No ___ Yes		___ No ___ Yes	

4) Company Name	Start Date	End Date	Position(s) Held
Address, City, State, Zip		Telephone Number ()	
Type of Business:			
Name of Supervisor:			
Reason for Leaving:			
Base Gross Wage:	Starting Wage	\$ _____ Per ____ Hour ____ Year	Avg. Hours Worked Weekly _____
	Ending Wage	\$ _____ Per ____ Hour ____ Year	
Bonus and / or Incentive? ___ No ___ Yes If Yes, what was the amount received? \$ _____			
Were you subject to the FMCSRs+ while employed?		Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the Drug & Alcohol testing requirements of 49 CFR part 40?	
___ No ___ Yes		___ No ___ Yes	

5) Company Name	Start Date	End Date	Position(s) Held
Address, City, State, Zip		Telephone Number ()	
Type of Business:			
Name of Supervisor:			
Reason for Leaving:			
Base Gross Wage:	Starting Wage	\$ _____ Per ____ Hour ____ Year	Avg. Hours Worked Weekly _____
	Ending Wage	\$ _____ Per ____ Hour ____ Year	
Bonus and / or Incentive? ___ No ___ Yes If Yes, what was the amount received? \$ _____			
Were you subject to the FMCSRs+ while employed?		Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the Drug & Alcohol testing requirements of 49 CFR part 40?	
___ No ___ Yes		___ No ___ Yes	

WORK REFERENCES

Name	Years Known	Relationship and Title		
Company				
Work Address	City	State	Home Phone	Business Phone

Name	Years Known	Relationship and Title		
Company				
Work Address	City	State	Home Phone	Business Phone

Name	Years Known	Relationship and Title		
Company				
Work Address	City	State	Home Phone	Business Phone

Name	Years Known	Relationship and Title		
Company				
Work Address	City	State	Home Phone	Business Phone

ACCIDENT RECORD

List all accidents for the past 3 years or more. Attach sheet if more space is needed. If none, please write "none".

Dates		Nature of Accident (Head-On, Rear-End, Upset, etc.)	Fatalities	Injuries	Hazardous Material Spill
Last Accident					
Next Previous					
Next Previous					

TRAFFIC CONVICTIONS

List all traffic convictions and forfeitures for the past 3 years other than parking violations. Attach sheet if more space is needed. If none, please write "none".

Location	Date	Charge	Penalty

EXPERIENCE AND QUALIFICATIONS - DRIVER

List all driver's licenses or permits held in the past 3 years. Attach sheet if more space is needed.

Driver's Licenses	State	License No.	Type	Expiration Date

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 you have answered "Yes" to either a. or b., please explain. _____

Driving Experience – Check Yes or No

Class of Equipment	Circle Type of Equipment		Dates		Approx. No. Miles (Total)
	Yes	No	From (MN)	To (MN)	
Straight Truck	<input type="checkbox"/>	<input type="checkbox"/>	(Van, Tank, Flat, Dump, Refer)		
Tractor & Semi-Trailer	<input type="checkbox"/>	<input type="checkbox"/>	(Van, Tank, Flat, Dump, Refer)		
Tractor – Two Trailers	<input type="checkbox"/>	<input type="checkbox"/>	(Van, Tank, Flat, Dump, Refer)		
Tractor – Three Trailers	<input type="checkbox"/>	<input type="checkbox"/>	(Van, Tank, Flat, Dump, Refer)		
Motorcoach – School Bus 8 passengers+	<input type="checkbox"/>	<input type="checkbox"/>	---		
Motorcoach – School Bus 15 passengers+	<input type="checkbox"/>	<input type="checkbox"/>	---		
Other					

List states operated in for last 5 years: _____

Show special courses or training that will help you as a driver: _____

Which safe driving awards do you hold and from whom? _____

EXPERIENCE AND QUALIFICATIONS – OTHER

Show any trucking, transportation or other experience that may help in your work for this company:

List courses and training other than shown elsewhere in this application: _____

List special equipment or technical materials you can work with other than those already shown in this application:

SPECIAL SKILLS

Please check the skills for which you have received training and / or working knowledge of:

Word Processing Words Per Min. _____ Data Entry 10-Key Calculator

Software Packages: _____

Programming Languages: _____

Database: _____

Manufacturing Equipment: _____

Other: _____

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.

Signature: _____ Date: _____

Print Name: _____ SSN: _____

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SAFETY PERFORMANCE HISTORY RECORDS REQUEST

SECTION 1 – AUTHORIZATION

I, (Print Name) _____, hereby authorize:
(First, M.I., Last)

Previous Employer: _____ Email: _____

Street Address: _____ Phone: _____

City, State, Zip: _____ Fax: _____

to release and forward the information requested by section 3 of this document concerning my Alcohol and Controlled Substance Testing records within the previous 3 years from _____ to:
(Date of Employment Application)

Prospective Employer: HFM FoodService Attn.: Human Resources

Street Address: 716 Umi Street Phone: (808) 843-3200

City, State, Zip: Honolulu, Hawaii 96819 Fax: (808) 843-3229

In compliance with 49 CFR §§40.25(g) and 391.23(h), release of this information must be made in a written form that ensures confidentiality, such as fax, email, or letter.

Prospective employer's confidential fax number: (808) 843-3229

Prospective employer's confidential email: hr@hfmfoodservice.com

Applicant's Signature _____

_____ Date

This information is being requested in compliance with 49 CFR §§ 40.25 and 391.23.

SECTION 2 – ACCIDENT HISTORY

The applicant named above was employed by us. Yes No

Employed as _____ from (mm/yy) _____ to (mm/yy) _____.

Did he/she drive motor vehicle for you? Yes No If yes, what type? Straight Truck Tractor/Semitrailer
 Bus Cargo Tank Doubles/Triples Other (Specify) _____

ACCIDENTS: Complete the following for any accidents included on your accident registrar (§390.15(b)) that involved the applicant in the 3 years prior to the application date shown above, or check here if there is no accident register data for this driver.

Date	Location	No. of Injuries	No. of Fatalities	Hazmat Spill

Please provide information concerning any other accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies: _____

Signature: _____

PREVIOUS EMPLOYER – COMPLETE SIDE 2, SECTION 3

Title: _____ Date: _____

SECTION 3 – DRUG AND ALCOHOL HISTORY

If driver was **not** subject to Department of Transportation testing requirements while employed by this employer, please check here , fill in the date of employment (mm/yy) _____ to (mm/yy) _____, complete bottom of Section 3, sign and return. Driver was subject to Department of Transportation testing requirements from (mm/yy) _____ to (mm/yy) _____.

- 1. Has this person had an alcohol test with a result of 0.04 or higher alcohol concentration? Yes No
- 2. Has this person tested positive or adulterated or substituted a test specimen for controlled substances? Yes No
- 3. Has this person refused to submit to post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test? Yes No
- 4. Has this person committed other violations of Subpart B or Part 382 or Part 40? Yes No
- 5. If this person has violated a DOT drug and alcohol regulation, did this person fail to undertake or complete a program prescribed by a Substance Abuse Professional (SAP) in your employ, including return-to-duty _____ and _____ follow-up _____ tests? Yes No
If yes, please end documentation back with this form.
- 6. For a driver who successfully completed a SAP's rehabilitation referral and remained in your employ, did this driver subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refuse to be tested? Yes No

In answering these questions, include any required DOT drug or alcohol testing information obtained from prior previous employers in the previous 3 years prior to the application date shown on side 1.

Name: _____ Company: _____

Address: _____ Phone: _____

Section 3 completed by (Signature) _____ Date: _____

SECTION 4 – MODE OF COMMUNICATION

This form was sent to previous employer via (check one) Fax Mail Email Other _____

By _____ Date: _____

SECTION 5 – RECEIPT INFORMATION

Complete the following when the requested information is obtained.

Information received from _____

Recorded by: _____

Method: Fax Mail Email Phone Other _____ Date: _____

INSTRUCTIONS FOR COMPLETING THE SAFETY PERFORMANCE HISTORY RECORDS REQUEST

SIDE 1 SECTION 1: Prospective Employee

- Complete the information required in this section
- Sign and date
- Submit to the prospective employer

SIDE 1 SECTION 2: Previous Employer

- Complete the information required in this section
- Sign and date
- Turn form over to complete SIDE 2 SECTION 3

SIDE 2 SECTION 3: Previous Employer

- Complete the information required in this section
- Sign and date
- Return to prospective employer

SIDE 2 SECTION 4: Prospective Employer

- Verify that prospective employee has correctly completed SIDE 1 SECTION 1
- Complete the information required in this section
- Make a copy of this form and keep it on file
- Send to previous employer

SIDE 2 SECTION 5: Prospective Employer

- Record receipt of the information in SECTION 5
- Keep form on file for duration of the driver's employment and for three years thereafter

REQUEST FOR CHECK OF DRIVING RECORD

I hereby authorize you to release the following information to HFM FoodService for purposes of investigation as required by Section 391.23 and 391.25 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information.

Applicant's Signature: _____ Date: _____

In accordance with the provisions of Sections 604 and 607 of the **Fair Credit Reporting Act**, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title 11, Subtitle D, Chapter 1, of Public Law 104-208), I hereby certify the following:

1. The consumer (applicant) has authorized in writing the procurement of this report;
2. The consumer (applicant) has been informed in a separate written disclosure that a consumer report may be obtained for employment purposes;
3. The information requested below will be used for a "permissible purpose" (i.e., information for employment purposes) and will be used for no other purpose;
4. The information being obtained will not be used in violation of any federal or state equal opportunity law or regulation; and
5. Before taking an adverse action based in whole or in part on the report the consumer (applicant) will receive a copy of the requested report and the summary of consumer rights as provided with the report by the consumer reporting agency.

I also hereby certify that this report request and the above applicant's release notice meet the definition of "permissible uses" of state motor vehicle records under the provisions of the **Driver's Privacy Protection Act of 1994** (Public Law 103-322, Title XXX, Section 300002(a)).

Requester's Signature: _____ Date: _____

TO: _____

Requested by:
HFM FoodService, Human Resources Department
716 Umi Street
Honolulu, Hawaii 96819
hr@hfmfoodservice.com
Phone (808) 843-3200
Fax (808) 843-3229

Dear Sir/Madam:

- The following named person had made application with our company for the position of _____. In accordance with Section 391.23, Federal Department of Transportation Regulations, please furnish the undersigned with the applicant's driving record for the past three years.
- The following named person is employed with our company in the position of _____. In accordance with Section 391.25, Federal Department of Transportation Regulations, please furnish the undersigned with the employee's driving record for the past year.

Name of Applicant/Driver _____

Present Address _____

Date of Birth _____ SSN _____ License No. _____

Previous Address (if less than 3 years) _____

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AFFIRMATIVE ACTION SELF-IDENTIFY SURVEY

HFM FoodService is subject to various equal employment opportunity (EEO) laws, which require that we record certain affirmative action information about our employees. Information regarding sex, race, disability, and veteran status is necessary for government reporting purposes and to insure equal employment opportunity for all employees.

To help us comply with Federal and State EEO requirements, we are asking you to participate in an Affirmative Action Self-Identification Survey. Your participation is entirely voluntary; however, your cooperation will be appreciated. The information will be kept confidential and used only in accordance with government regulations.

Confidential Voluntary Disclosure Form

THIS INFORMATION IS ASKED FOR RECORD KEEPING PURPOSES ONLY

As an equal opportunity employer and government contractor, we are obligated by Federal regulations to monitor our employment practices to ensure nondiscrimination, measure the effectiveness of our affirmative action program, and produce required reports. To assist in this process, you are invited to complete this survey, which will be greatly appreciated.

You are **NOT** required by law to provide the information requested. If you elect to provide the data, it will be detached from your application, be kept confidential, and used only in accordance with government regulations and our Affirmative Action Policy. Refusal to provide data will not adversely affect consideration for employment.

Name: _____

Job Applying For: _____

Gender: Please identify your gender: Male Female

Below are two questions: the first is about your ethnicity and the second is about your race. Please answer both questions. In answering the second question, you may select one or more races. The summarized information is reported to the federal government for reporting purposes. For these purposes, if you mark "Yes, Hispanic or Latino," for the first question, your races will not be reported.

If you select more than one race, your race will be reported in the "Two or More Races" category to the federal government. For example, if you select both "Black" and "Asian", you will be reported in the "Two or More Races" category for reporting purposes.

ETHNICITY: Are you Hispanic or Latino?

No, not Hispanic or Latino

Yes, Hispanic or Latino (of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)

RACE: What is your race? Select one or more of the following race categories:

American Indian or Alaskan Native: A person having origins in any of the original peoples of North America and South America, including Central America, and who maintains tribal affiliation or community attachment.

Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Black or African American: A person having origins in any of the Black racial groups of Africa.

Native Hawaiian or Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

White: A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

Two or More Races

I do not wish to self-identify.

Signature: _____ Date: _____

PRE-OFFER PROTECTED VETERAN SELF-IDENTIFICATION FORM

This employer is a Government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 (VEVRAA), which requires Government contractors to take affirmative action to employ and advance in employment: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans. These classifications are defined as follows:

1. A "disabled veteran" is one of the following: A veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or a person who was discharged or released from active duty because of a service-connected disability
2. A "recently separated veteran" means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.
3. An "active duty wartime or campaign badge veteran" means a veteran who served on active duty in the U.S. military, ground, naval, or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.
4. An "Armed forces service medal veteran" means a veteran who, while serving on active duty in the U.S. military, ground, naval, or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

Protected veterans may have additional rights under USERRA – the Uniformed Services Employment and Reemployment Rights Act. In particular, if you were absent from employment in order to perform service in the uniformed service, you may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty if not for the absence due to service.

For more information, call the U.S. Department of Labor's Veterans Employment and Training Service (VETS), toll-free, at 1-866-4-USA-DOL.

If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below. As a Government contractor subject to VEVRAA, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA.

I identify as one or more of the classifications of protected veteran listed above.

I am not a protected veteran.

I choose not to self-identify.

Signature

Date

Print Name

VOLUNTARY SELF-IDENTIFICATION OF DISABILITY

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2017
Page 1 of 2

Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities. To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Autism
- Bipolar disorder
- Post-traumatic stress disorder (PTSD)
- Deafness
- Cerebral palsy
- Major depression
- Obsessive compulsive disorder
- Cancer
- HIV/AIDS
- Multiple sclerosis (MS)
- Impairments requiring the use of a wheelchair
- Diabetes
- Schizophrenia
- Missing limbs or partially missing limbs
- Intellectual disability (previously called mental retardation)
- Epilepsy
- Muscular dystrophy

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

Your Name

Today's Date

VOLUNTARY SELF-IDENTIFICATION OF DISABILITY

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2017
Page 2 of 2

Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

¹Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.

CANDIDATE RELEASE AUTHORIZATION

- I. In connection with my application for employment or continued employment with HFM FoodService, I understand that a consumer report and/or an investigative consumer report will be ordered that may include information as to my character, general reputation, personal characteristics, mode of living, working habits, performance and experience, along with reasons for termination of past employment. I understand that to the extent permitted by applicable law and as directed by company policy and consistent with the job described, the Company may be requesting information from public and private sources about me, including but not limited to: social security number validation, criminal conviction records, employment and earnings history, education, credit, licensing and certification checks, references, military service, sex offender registry, civil cases, OIG/GSA, OFAC/Patriot Act records, any sanctions list, FBI fingerprinting, and if applicable, workers' compensation injuries, driving record, drug testing results. If company policy requires and to the extent permitted by law, I am willing to submit to alcohol and/or drug testing to detect the use of alcohol or drugs prior to and during employment.
- II. Medical and workers' compensation information will only be requested in compliance with the federal Americans with Disabilities Act (ADA) and/or any other applicable state or local laws and only after a conditional job offer is made.
- III. I acknowledge that a telephonic facsimile (FAX) or photographic copy shall be as valid as the original. This release is valid for most federal, state and county agencies. In the event that an agency or record source requires alternative release form or additional identifying characteristics in order to release the requested information, I agree to provide the additional information and sign any additional release authorizations, if so requested by the Company.
- IV. According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by my prospective employer from a Consumer Reporting Agency. If so, I will be notified and given the name and address of the agency or the source that provided the information. Applicants in Massachusetts, Minnesota, Oklahoma, New York, Maine, Washington, New Jersey and California: if you want a free copy of the report(s) ordered, check this box. The report(s) will be sent to you by the Consumer Reporting Agency listed here: ADP Screening and Selection Services, 301 Remington Street, Fort Collins, Colorado 80524. See attached Candidate Notice and Disclosure Form for other notices.
- V. I hereby authorize, without reservation, any law enforcement agency, institution, information service bureau, school, employer, reference, insurance company or other applicable record source contacted by HFM FoodService or its agent, to furnish the information described in Section I.
- VI. If applicable, I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer to HFM FoodService. This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25. I understand that information to be released by my previous employer is limited to the following DOT-regulated items: alcohol tests with a result of 0.04 or higher, verified positive drug tests, refusals to be tested, other violations of DOT agency drug and alcohol testing regulations, information obtained from previous employers of a drug and alcohol rule violation and any documentation of completion of the return-to-duty process following a rule violation.

The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. I understand that this information is confidential and will not be used for any other purposes. I hereby release the employer, its agents, officials, representatives or assigned agencies, including officers, employees or related personnel, both individually and collectively and all persons, agencies, and entities providing information or reports about me from any and all liability for damages of whatever kind which may at any time result to me, my heirs, family or associates arising out of the requests for or release of any of the above mentioned information or reports.

Full Name
(First, Middle, Last) _____

Other names you have used
(Maiden Name, Surname, Alias Name) _____

Current Address _____

City _____ State _____ Zip Code _____

FOR IDENTIFICATION PURPOSES ONLY:

Social Security Number _____ Date of Birth _____

Telephone Number () _____ Email Address _____

A number of states, including but not limited to, AL, AR, FL, GA, IA, IL, IN, KS, MI, MN, MO, NE, NV, NH, PA, SC, TX, VA, WA, WV, and WI, require additional identifying characteristics in order to complete a criminal records search. For that purpose only, please provide the following:

Sex: Male Female Race: Asian Black/African American White Hispanic or Latino Other

Driver's License Number _____ State Issuing License _____ Name as It Appears on License _____

I CERTIFY THAT THE INFORMATION THAT I PROVIDED ON THIS FORM IS TRUE AND CORRECT. I UNDERSTAND THAT FALSE INFORMATION, MISREPRESENTATIONS AND OMISSIONS MAY DISQUALIFY ME FROM CONSIDERATION FOR EMPLOYMENT, OR, IF I AM HIRED OR ALREADY WORK FOR THE COMPANY, THAT I MAY BE DISCIPLINED, UP TO AND INCLUDING TERMINATION.

Signature: _____ Date: _____

If required, notarize here. When using an embossed seal, please shade with a pencil before faxing.

Subscribed and sworn before me:

Notary Signature

Date

My Commission Expires

ACKNOWLEDGEMENT, CONSENT AND RELEASE FORM

I certify that I have read and understand all the contents of this employment application. It is agreed and understood that the employer or his agents may investigate my background to ascertain any and all information of concern to my employment history, whether same is of record or not. I release employers and other persons named herein from all liability for any damages for furnishing such information. I understand that, as an applicant for a position with this company, I may be asked to demonstrate that I am capable of performing tasks pertinent to the job. I also understand that if offered a job, it may be conditioned on the results of a physical examination and drug test. I also understand that I am aware of HFM's substance abuse policy and that it is my responsibility to comply with the terms of this policy.

I hereby give my consent to HFM and its designated representatives to test my system for chemical presence (controlled substance, marijuana, alcohol, etc.) as part of any pre-employment physical and, if hired, throughout my employment.

I further certify that I am a genuine applicant for employment and this application is being submitted solely for the purpose of seeking employment with the employer and for no other reason.

I agree to furnish such additional information and complete such examinations as may be required to complete my employment file.

I also understand that misrepresentation or omission of information or facts may result in my rejection or dismissal.

If hired, I agree to abide by all rules and policies of the employer.

I certify this application was completed by me, and all entries and information are true and completed to the best of my knowledge.

Signature: _____ Date: _____
