

FOR INTERNAL USE ONLY

| | | | |
|---------------------------------|-----------------------|-------------------------------------|--|
| Applicant Full Name (s): | | Applicant Contact Number(s): | |
| | | | |
| Position Applying for: | Plant Location | Date: | |
| | | | |

| APPLICATION PROCESS (STEPS 1 through 3) | | Driver: DOT Application.pdf Non Driver: NON DOT Application.pdf |
|--|---|--|
| | D.O.T Employment Application. <i>If applicant is not a driver use NON DRIVER Application.</i> | |
| | Verify on application that 10 year Employment History is complete & applicant is entitled to work in the U.S | |
| | Notification and Authorization to Conduct Background Investigation | |
| | Copy CDL Driver License ONLY --- DO NOT copy other documents such as Green Card or SSN | |
| | Voluntary Disclosure Form | |
| | Fair Credit Act (applicant should keep this disclosure) | |
| If Hiring/Plant Manager determines- applicant meets initial hiring qualifications then use the: | | |
| | Pre Employment Interview Questionnaire | |

| If Hiring/Plant Manager determines- applicant meets job requirement and has successful interview then: | | |
|---|--|----------------------|
| SCREENING PROCESS (STEPS 4 through 6) | | Screening.pdf |
| | Send completed Application & Background Screening Authorization with a legible copy of this form to HR. | |
| | Via Fax (407) 802-3579 and send all originals to Orlando Headquarters (address below) | |
| Upon approval from HR print the applicable <u>PDF</u> provide applicant with Medical forms and closest locations for testing | | |
| | Medical Provider Authorization | |
| | Medical Examination Report | |
| | HPE Concentra Form | |

| HIRING PROCESS (STEP 7) | | Driver: DOT New Hire.pdf Non Driver: NON DOT New Hire.pdf |
|--|---|--|
| Upon receipt of final approval schedule applicant for new hire orientation, print the applicable <u>PDF</u> & submit completed paperwork: | | |
| | Employee Status Change Form (Include date of hire, rate of pay, and position) | |
| | I-9 Form & Supporting Documents: (e. g. U.S. Passport, Driver's License, Social Security Card, Birth Certificate, Employment Authorization, or other documents to verify eligibility to work within the US) | |
| | W-4 Form & Applicable State Tax Form | |
| | Direct Deposit Form | |
| | Drug Free Workplace Policy Informed Consent for Drug & Alcohol Testing | |
| | Receipt for Company Handbook (if handbook is available) | |
| FOR DRIVERS ONLY | | |
| | Copy of Driver License - CDL Class A or Class B | |
| | D.O.T. Medical Card | |
| | Motor Vehicle Driver's Certification of Violations/ Annual Review of Driving Record | |
| | Drivers Statement of On-Duty Hours | |
| | Motor Vehicle Driver's Certification of Compliance with Driver License Requirements | |
| | Driver Log Acknowledgment and Acceptance | |
| | Acknowledgement of Receipt of Controlled Substance and Alcohol Policy | |

Shelley Loughrey, HR Manager
8529 S. Park Circle, Suite 320, Orlando FL 32819
Phone: 407-802-3553 Fax: 407-802-3579

Notification and Authorization To Conduct Background Investigation

I hereby authorize Company or its agents SINGLESOURCE SERVICES CORPORATION to investigate my background to determine any and all information of concern to my record, whether same is of record or not, and I release employers and persons named in my application from all liability for any damages on account of his/her furnishing said information.

Additionally, you are hereby authorized to make any investigation of my personal history, including, but not limited to a credit check, driver's license history, educational background, military record, criminal records and more through an investigative or credit agency or bureau of your choice I authorize the release of this information by the appropriate agencies to the investigating service. I understand that this may include a workers compensation claims search after a conditional job offer has been made. I also understand that I may be required to take a drug test before or during employment.

This authorization, in original or copy form shall be valid for this and for any future reports and updates that may be requested.

PLEASE PRINT CLEARLY

FULLNAME: _____ SSN _____

OTHER NAMES OR SSN USED: _____

CURRENT ADDRESS _____
Street City State Zip

PHONE: (____) _____

LIST ALL ADDRESSES FOR PAST 7 YEARS: (show others on back and check here _____)

Street Address City State Zip DATES _____

Street Address City State Zip DATES _____

DRIVER'S LIC.# _____ STATE _____ DOB ____/____/____

(DOB is optional and is only used for identification purposes in screening inquiries)

***MAY WE CONTACT YOUR CURRENT EMPLOYER? _____ YES _____ NO

***HAVE YOU EVER BEEN CONVICTED OF A CRIME? _____ YES _____ NO

This includes but is not limited to pleas of guilty, nolo contendere, no contest, adjudication withheld, and pre trial intervention programs. If YES show details including date, charge, county, disposition on rear.

SIGNATURE: _____ DATE: ____/____/____

FOR COMPANY USE ONLY

Fax to: 904-241-0601 or 877-835-5787 Client Ref: _____ or checkit@singlesourceservices.com

Please carry out the services checked below:

| | | | | | |
|--------------------------|-------------------------------------|--------------------------|-----------------------|--------------------------|--|
| <input type="checkbox"/> | Statewide Criminal (State _____) | <input type="checkbox"/> | Drug Screen - Offsite | <input type="checkbox"/> | Employment Verification (attach job application) |
| <input type="checkbox"/> | County Criminal (County _____) | <input type="checkbox"/> | Discovery | <input type="checkbox"/> | References (attach job application) |
| <input type="checkbox"/> | Residential Trace w/7 Year Criminal | <input type="checkbox"/> | Credit Check | <input type="checkbox"/> | Education Verification |
| <input type="checkbox"/> | Residential Trace | <input type="checkbox"/> | Driving History | <input type="checkbox"/> | Professional License |

DRIVER'S APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer and do not discriminate in employment practices on the basis of race, color, age, religion, sex, national origin, citizenship, disability, marital status, veteran status or any other status that is protected under applicable federal, state and local law, regulations, or ordinance.

THIS APPLICATION IS ONLY GOOD FOR SIXTY (60) DAYS AND ONLY FOR THE POSITION SET FORTH BELOW. CONSIDERATION FOR EMPLOYMENT AFTER SIXTY (60) DAYS OR FOR ANOTHER POSITION REQUIRES A NEW APPLICATION.

Position Desired: _____

Personal

NAME: (Last) (First) (Middle) DATE: _____

LIST YOUR ADDRESS OF RESIDENCY FOR THE PAST 3 YEARS.

CURRENT ADDRESS: (Street) _____ (City) _____ (State) _____
(Zip Code) _____ (Phone Number) _____ (How Long)? _____

PREVIOUS ADDRESSES: (Street) _____ (City) _____ (State) _____
(Zip Code) _____ (Phone Number) _____ (How Long)? _____
(Street) _____ (City) _____ (State) _____
(Zip Code) _____ (Phone Number) _____ (How Long)? _____

SOCIAL SECURITY NUMBER: _____ DATE OF BIRTH: (Required for Commercial Drivers FMCSR 391.21) _____

WERE YOU REFERRED TO US BY A PRESTIGE EMPLOYEE? ☐ YES ☐ NO IF YES, NAME: _____

HOW DID YOU HEAR ABOUT PRESTIGE?

☐ TRADE PUBLICATION ☐ HELP WANTED AD ☐ EMPLOYMENT AGENCY ☐ OTHER (Specify): _____

HAVE YOU EVER APPLIED BEFORE OR BEEN EMPLOYED BY THE COMPANY OR ANY OF ITS AFFILIATES OR SUBSIDIARIES BEFORE?

☐ YES ☐ NO If yes, please list jobs, dates, rate of pay and reason for leaving?

HAVE YOU EVER BEEN CONVICTED OF: (INCLUDING GUILTY PLEA, VERDICT, OR OTHER FINDING OF GUILT REGARDLESS OF WHETHER A SENTENCE WAS IMPOSED) OR PLED NO CONTEST TO A FELONY OR MISDEMEANOR
California Residents, In the case of Misdemeanors, need only to report two years ? ☐ YES ☐ NO IF YES, EXPLAIN IN DETAIL.

(Conviction of a crime will not necessarily be a bar for employment. Factors such as age at the time of the offense, type of offense, remoteness of the offense in time, and rehabilitation will be taken into account in determining effect on suitability for employment.)

1. ARE YOU 18 YEARS OF AGE OR OLDER?

☐ YES ☐ NO

2. ARE YOU LEGALLY ENTITLED TO WORK IN THE U.S.?

☐ YES ☐ NO

(If you are hired, you will be required to comply with the verification provisions of the Immigration Act as a condition of employment.)

3. DO YOU READ, WRITE, AND SPEAK THE ENGLISH LANGUAGE? ☐ YES ☐ NO (Required for Commercial Drivers FMCSR 391.11)

Education

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 HIGH SCHOOL: 1 2 3 4 COLLEGE: 1 2 3 4

LAST SCHOOL ATTENDED: _____
(NAME) (CITY) (STATE)

Employment History

Begin with your **present** experience and **work backward** in order listing all of your employers, driving school and other training programs, periods of military service, self-employment, and periods of unemployment for the last 10 years. All time must be accounted for. Use supplementary sheets if necessary. Fill in all blanks. If discharged from any job, please explain.

Leave no blanks or gaps in time for the past 10 years.

ARE YOU EMPLOYED NOW? ☐ YES ☐ NO IF YES, MAY WE CONTACT YOUR PRESENT EMPLOYER? ☐ YES ☐ NO
If NO, EXPLAIN WHY: _____

I. COMPANY NAME:

WERE YOU SUBJECT TO THE FMCSR's WHILE EMPLOYED?

☐ YES ☐ NO

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____ COMPANY PHONE NUMBER: _____

| POSITION HELD: | EMPLOYED (Month & Year) | | SALARY/WAGE | |
|----------------|-------------------------|----|-------------|--------|
| | FROM | To | Beginning | Ending |
| | | | | |

CONTACT PERSON: _____ PHONE NUMBER: _____

REASON(s) FOR LEAVING OR CONSIDERING CHANGE: _____

WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? ☐ YES ☐ NO

II. COMPANY NAME:

WERE YOU SUBJECT TO THE FMCSR's WHILE EMPLOYED?

☐ YES ☐ NO

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____ COMPANY PHONE NUMBER: _____

| POSITION HELD: | EMPLOYED (Month & Year) | | SALARY/WAGE | |
|----------------|-------------------------|----|-------------|--------|
| | FROM | To | Beginning | Ending |
| | | | | |

CONTACT PERSON: _____ PHONE NUMBER: _____

REASON(s) FOR LEAVING: _____

WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? ☐ YES ☐ NO

III. COMPANY NAME:

WERE YOU SUBJECT TO THE FMCSR's WHILE EMPLOYED?

☐ YES☐ NO

ADDRESS: CITY: STATE: ZIP: COMPANY PHONE NUMBER:

POSITION HELD: EMPLOYED (Month & Year) SALARY/WAGE
FROM To Beginning Ending

CONTACT PERSON: PHONE NUMBER:

REASON(s) FOR LEAVING:

WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? ☐ YES ☐ NO**IV. COMPANY NAME:**

WERE YOU SUBJECT TO THE FMCSR's WHILE EMPLOYED?

☐ YES☐ NO

ADDRESS: CITY: STATE: ZIP: COMPANY PHONE NUMBER:

POSITION HELD: EMPLOYED (Month & Year) SALARY/WAGE
FROM To Beginning Ending

CONTACT PERSON: PHONE NUMBER:

REASON(s) FOR LEAVING:

WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? ☐ YES ☐ NO**V. COMPANY NAME:**

WERE YOU SUBJECT TO THE FMCSR's WHILE EMPLOYED?

☐ YES☐ NO

ADDRESS: CITY: STATE: ZIP: COMPANY PHONE NUMBER:

POSITION HELD: EMPLOYED (Month & Year) SALARY/WAGE
FROM To Beginning Ending

CONTACT PERSON: PHONE NUMBER:

REASON(s) FOR LEAVING:

WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? ☐ YES ☐ NO**VI. COMPANY NAME:**

WERE YOU SUBJECT TO THE FMCSR's WHILE EMPLOYED?

☐ YES☐ NO

ADDRESS: CITY: STATE: ZIP: COMPANY PHONE NUMBER:

POSITION HELD: EMPLOYED (Month & Year) SALARY/WAGE
FROM To Beginning Ending

CONTACT PERSON: PHONE NUMBER:

REASON(s) FOR LEAVING:

WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? ☐ YES ☐ NO

DID YOU EVER WORK FOR ANY OF THESE EMPLOYERS UNDER A DIFFERENT NAME?

☐ YES ☐ NO

Auto and/or Commercial Driver's Licenses - You must list all licenses held by you within the past 3 years.

| STATE | LICENSE NUMBER | CLASS | ENDORSEMENTS | EXPIRATION DATE | DATE SURRENDERED |
|-------|----------------|-------|--------------|-----------------|------------------|
| | | | | | |
| | | | | | |
| | | | | | |

Traffic Convictions and Forfeitures – as required by FMCSR Sec.391.27. List all traffic convictions, forfeitures or suspensions of license in a motor vehicle (other than parking violations) for the past 3 years. If none, write "None".

| LOCATION (STATE) | DATE | CHARGE | PENALTY |
|------------------|------|--------|---------|
| | | | |
| | | | |
| | | | |

Accident Record - List all accidents you have been involved in while operating a truck, car, motorcycle, or other motorized vehicle including property damage in the past 3 years. Include all accidents whether at fault or not at fault. If none, write "None".

| DATE | TYPE VEHICLE | NATURE OF ACCIDENT (Head On, Rear-End, Upset, Etc.) | WERE YOU AT FAULT? | WERE YOU TICKETED? | FATALITIES | INJURIES | AMOUNT OF PROPERTY DAMAGE |
|------|--------------|--|--------------------|--------------------|------------|----------|---------------------------|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Driving Experience – Circle Yes or No

| CLASS OF EQUIPMENT | | CIRCLE TYPE OF EQUIPMENT | DATES | | APPROXIMATE NUMBER OF MILES (TOTAL) |
|--------------------------|----------|--------------------------------|--------------|------------|-------------------------------------|
| | | | FROM (MO/YR) | TO (MO/YR) | |
| Straight Truck | Yes / No | (Van, Tank, Flat, Dump, Refer) | | | |
| Tractor and Semi-Trailer | Yes / No | (Van, Tank, Flat, Dump, Refer) | | | |
| Tractor – Two Trailers | Yes / No | (Van, Tank, Flat, Dump, Refer) | | | |
| Tractor – Three Trailers | Yes / No | (Van, Tank, Flat, Dump, Refer) | | | |
| Motorcoach – School Bus | Yes / No | _____ | | | |
| More than 15 passengers | | | | | |
| Other | | | | | |

References - List the names of three (3) persons who are not related to you. They must be homeowners, individuals who have been employed for at least three (3) of the past five (5) years (not former employers).

| NAME | COMPLETE ADDRESS | PHONE NUMBER | YEARS KNOWN |
|------|------------------|--------------|-------------|
| | | | |
| | | | |
| | | | |

General

HAVE YOU EVER BEEN DENIED A LICENSE, PERMIT OR PRIVILEGE TO OPERATE A MOTOR VEHICLE? ☐ YES ☐ NO

HAS ANY LICENSE, PERMIT OR PRIVILEGE EVER BEEN SUSPENDED OR REVOKED? ☐ YES ☐ NO

HAVE YOU EVER BEEN CONVICTED FOR DRIVING WHILE INTOXICATED ? ☐ YES ☐ NO

HAVE YOU EVER BEEN CONVICTED FOR POSSESSION OR SALE OF A NARCOTIC DRUG, AMPHETAMINE, OR DERIVATIVE THERE OF? ☐ YES ☐ NO

HAVE YOU EVER TESTED POSITIVE, OR REFUSED TO TEST IN A COMPANY SPONSORED DRUG/ALCOHOL PROGRAM? ☐ YES ☐ NO

HAVE YOU EVER BEEN DISQUALIFIED SUBJECT TO SECTION 391 (MEDICAL) OF THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS? ☐ YES ☐ NO

HAVE YOU EVER BEEN DISCHARGED OR SUSPENDED FROM ANY JOB? ☐ YES ☐ NO

WERE YOU EVER DISCHARGED BY AN EMPLOYER BECAUSE OF AN ACCIDENT? ☐ YES ☐ NO

IF ANSWERED YES TO ANY OF THE QUESTIONS ABOVE, PLEASE STATE CIRCUMSTANCES AND DATE:

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER:

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM?

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWN ON THIS APPLICATION)

WHEN WILL YOU BE AVAILABLE FOR EMPLOYMENT?

LOCATION PREFERENCES/RESTRICTIONS:

ARE YOU WILLING TO WORK EXTENDED HOURS?

OVERTIME?

If you would like to provide additional information about yourself, you may do so here, or attach to this application a resume, certificates or training, transcripts, or other information you feel may better depict your qualifications.

EMPLOYMENT APPLICATION CERTIFICATION
PLEASE READ CAREFULLY
IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT THE COMPANY

I HEREBY CERTIFY that the facts and information given by me in this Application for Employment are true and complete in all respects. I understand and agree that if any of the facts or information is found to be false, misleading or incomplete (in the exclusive judgment of the Company) I may be disqualified from consideration for employment or subject to immediate termination at any time during my employment.

I AUTHORIZE the Company and its agents, in making this Application for employment, to investigate all information furnished in this Application. I hereby authorize all individuals and organizations named or referred to in this Application, and any law enforcement organizations to give the Company or its designee any and all information that relates to or is requested during the Company's investigation and I hereby release those individuals, organizations and the Company, its employees and its agents from any and all liability for any claim or damage resulting there from. I agree to furnish any supporting documentation that the Company requires. I also understand that a consumer credit report may be obtained from a consumer-reporting agency in connection with this application, and if I request, I understand that I will be informed of the name and address of the agency.

I ACKNOWLEDGE that I have received a Summary form of the Fair Credit Reporting Act and I have completed the Notification and Authorization to Conduct Background Investigation form that may be used by Prestige for the purpose of evaluating me for employment.

I UNDERSTAND AND ACKNOWLEDGE that I may be required to complete a post-job offer medical history questionnaire and/or undergo a medical examination to the extent permitted by applicable federal and state law. I UNDERSTAND AND ACKNOWLEDGE that all offers of employment are contingent upon successful completion of a medical examination to determine my fitness for the position for which I am applying, and to determine whether there are illegal drugs or controlled substances in my body. I hereby give my consent to such tests to be conducted by examiners selected by the Company and I consent to the release of the results of such tests to the Company.

I UNDERSTAND that for certain positions with the Company that include safety-sensitive duties, prior to performing those duties the Company must, after obtaining my written consent, request from Department of Transportation regulated employers who have employed me during any period during the two years before the date I submit an employment application: (1) alcohol tests with a result of 0.04 or higher alcohol concentration; (2) verified positive drug tests; (3) refusals to be tested (including verified adulterated or substituted drug test results); (4) other violations of DOT agency drug and alcohol testing regulations; and (4) documentation of my successful completion of DOT return-to-duty requirements (including follow-up tests), if any. If I am offered employment for one of these positions, I hereby give my consent to the Company's requesting such information from any of the above-described DOT regulated employers and the release of such information and documents to the Company by the DOT regulated employers. I understand that the information obtained from a previous DOT regulated employer may include drug or alcohol test information obtained under DOT regulations from other previous employers. I understand that information I provide regarding current and/or previous employers may be used, and those employers will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand I have the right to: (1) review information provided by previous employers; (2) 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 (3) 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.

I AGREE, if hired, to submit, at any reasonable time during my employment, and without notice, to a drug and/or alcohol-screening test. I understand that refusal to take a requested drug and/or alcohol screening test may result in discharge. I further understand that, if employed, a positive test result may also result in immediate discharge.

I AGREE, if hired, to wear or use protective clothing or devices as required and to fully comply with all relevant safety rules. If hired, I agree to conform with all rules and regulations.

I UNDERSTAND AND AGREE that nothing in this Application for Employment or in the interview process is intended to be a promise of employment or to create an employment contract for a specified period of time. I further understand and agree that, if hired; my employment is of an "at will" nature, is for no definite period and may be terminated by the Company or me at any time with or without notice or cause. I further understand that this "at will" employment relationship may not be changed except by an express, written agreement signed by an authorized executive of the Company.

I HEREBY ACKNOWLEDGE THAT I HAVE READ, UNDERSTAND AND AGREE TO THE FOREGOING STATEMENT. I ALSO HEREBY ACKNOWLEDGE THAT I HAVE COMPLETED THIS APPLICATION FOR EMPLOYMENT TO THE BEST OF MY ABILITY.

Signature of Applicant

Date

Voluntary Disclosure Form

As a means of complying with regulations stated in 29 CFR 1602.13 for Equal Employment Opportunity report requirements we request employees to voluntarily submit information related to their ethnic/race and gender. This confidential information is used only by the Human Resources Department and only to complete the Company's EEO-1 Report. **Submission of the information below is entirely voluntary and refusal to provide it will not adversely affect your employment status in any way.** Information you submit will be kept confidential, except as may be otherwise required by law or governmental reporting requirements.

NAME: _____ DATE: _____

Please check the appropriate boxes

☐ I **do not** wish to furnish the information requested below.

1. What is your gender?

☐ MALE

☐ FEMALE

2. Are you Hispanic or Latino? ☐ Yes ☐ No

3. If your answer to Question 2 was "No", please identify your race:

☐ AMERICAN INDIAN/ALASKAN NATIVE (Not Hispanic or Latino). Persons having origins in any of the original people of North America and South America (including Central America) and who maintain tribal affiliation or community attachment.

☐ ASIAN (Not Hispanic or Latino). Persons 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 (Not Hispanic or Latino). Persons having origins in any of the Black racial groups of Africa.

☐ HISPANIC or LATINO. Persons of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

☐ NATIVE HAWAIIAN OR PACIFIC ISLANDER (Not Hispanic or Latino). Persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

☐ WHITE (Not Hispanic or Latino). A persons having origins in any of the original peoples of Europe, North Africa or the Middle East.

☐ Two or more races (Not Hispanic or Latino). All persons who identify with more than one of the above five races.

Para información en español, visite www.ftc.gov/credit o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.

A Summary of Your Rights Under the Fair Credit Reporting Act

The Federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.ftc.gov/credit or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - A person has taken adverse action against you because of information in your credit report;
 - You are the victim of identity theft and place a fraud alert in your file;
 - Your file contains inaccurate information as a result of fraud;
 - You are on public assistance;
 - You are unemployed but expect to apply for employment within 60 days.In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.ftc.gov/credit for additional information.
- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.ftc.gov/credit for explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.

- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.ftc.gov/credit.
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.ftc.gov/credit.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:

| TYPE OF BUSINESS: | CONTACT: |
|---|--|
| Consumer reporting agencies, creditors and others not listed below | Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 1-877-382-4357 |
| National banks, federal branches/agencies of foreign banks (word “National” or initials “N.A.” appear in or after bank’s name) | Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743 |
| Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks) | Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693 |
| Savings associations and federally chartered savings banks (word “Federal” or initials “F.S.B.” appear in federal institution’s name) | Office of Thrift Supervision Consumer Complaints Washington, DC 20552 800-842-6929 |
| Federal credit unions (words “Federal Credit Union” appear in institution’s name) | National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-519-4600 |
| State-chartered banks that are not members of the Federal Reserve System | Federal Deposit Insurance Corporation Consumer Response Center, 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108-2638 1-877-275-3342 |
| Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission | Department of Transportation, Office of Financial Management Washington, DC 20590 202-366-1306 |
| Activities subject to the Packers and Stockyards Act, 1921 | Department of Agriculture Office of Deputy Administrator – GIPSA Washington, DC 20250 202-720-7051 |

Pre Employment Interview Questionnaire
Ready Mix/Gunite Driver

Interviewer Name: _____

Date: _____

Interviewer Title: _____

CDL License Type: _____

Applicants' Name: _____

Applicants' Phone #: _____

Preferred Plant: _____

Alternate Plant: _____

Previous Experience & Equipment Operated

- ❖ What did you do at your last job? _____
- ❖ Have you worked for other Ready Mix Companies? If yes, for which ones? _____
- ❖ Have you ever operated a Ready Mix Truck? (Front or Rear) _____
 - When? _____ For how long? _____
- ❖ Are you certified to operate a forklift? Yes___No___If yes, Date of Certification: _____
- ❖ Are you certified to operate a front end loader? Yes___No___If yes, Date of Certification: _____
- ❖ Which other motor vehicles have you operated? _____
 - When? _____ For how long? _____
- ❖ Are you able to drive a manual shift? _____

Work Schedule

- ❖ This job requires up to 70 hours per week and up to 16 hours per day. Are you available to work the long hours? _____
- ❖ Are you available to work 5 to 6 days a week to include Saturdays and some volunteer work on Sundays? _____
- ❖ Your schedule will vary from day to day. Are you available to work with that type of schedule? _____
- ❖ Are you available to work the night shift? _____

Job Functions

- ❖ Review the Job Description with applicant, specifically the Essential Job Function and Physical Requirements. Then ask, Are you able to perform all the Essential Functions of the job? _____

Interview Recommendation

- ❖ Is the applicant being recommended for hire? ☐ Yes ☐ No
- ❖ If not, Why? (Check the applicable ones)
 - ☐ Failed Road Test
 - ☐ Unable to Operate Manual Transmission
 - ☐ Not Available to Work Required Schedule
 - ☐ Cannot Perform Essential Job Functions
 - ☐ Lacks Actual Driving Experience
 - ☐ Not a Good Fit