



APPLICATION FOR EMPLOYMENT

Mechanic / Wash Bay

P.O. Box 1427, Lake Wales, FL. 33859

Phone: 863-676-2588 Fax: 863-676-2589

DATE OF APPLICATION: ____ / ____ / ____ All questions on this form must be completed. Please Print and Use Ink.

PERSONAL INFORMATION

Name: _____
Last First Middle

SSN: - -

Address: _____

County: _____

City, State, Zip: _____

Home Phone: () -

Date Of Birth: ____ / ____ / ____

Other Phone: () -

Do you smoke? YES NO

	High School	College/University	Graduate/Professional	Days Available to work:			
School Name				<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday
Years Completed	9 10 11 12	1 2 3 4	1 2 3 4+	<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday	<input type="checkbox"/> Sunday	
Diploma / Degree							
Course(s) Studied							

Describe specialized training, apprenticeship, skills and extra- curricular activities:

GENERAL INFORMATION

Are you prevented from lawfully becoming employed in this country because of visa or immigration status? (*Proof of citizenship or immigration status will be required upon employment.*)

YES NO

Please Explain:

Have you been convicted of a crime within the last seven years? (*Convictions will not necessarily disqualify applicant from employment*)

YES NO

Please Explain:

In case of an Emergency, Notify: _____

Name Phone Number

Sex: Male Female

Race: White (not of Hispanic Origin) Black or African American Hispanic or Latino

Asian Two or more races Native Hawaiian or Pacific Islander

NOTICE TO APPLICANTS:

Florida Food Tankers, Inc. complies with the American With Disabilities Act of 1990. We will not use the information in this application to discriminate against an individual with respect to their compensation, terms, conditions, or privileges of employment because of race, color, religion, sex, age, national origin, marital status, sexual orientation or disabilities.

The fact set forth in my application for employment are true and complete. I understand that if employed, any false statement on this application may result in my dismissal. I further understand that this application is not and is not intended to be a contract of employment, nor does this application obligate Florida Food Tankers, Inc. in any way if the employer decides to employ me. You are hereby authorized to make any investigation of my personal and employment history, and financial and credit record through any investigative or credit agency(ies) or bureau of your choice.

It is also understood that Florida Food Tankers, Inc. reserves the right to unilaterally abolish or modify any personnel policy without prior notice. In consideration for employment, I agree to conform to the rules and regulations of Florida Food Tankers, Inc. and my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at the option of Florida Food Tankers, Inc.

Signature: _____ Date: _____

EMPLOYMENT HISTORY

Company Name:		From:	To:
Address:		City, State, Zip:	
Telephone: () -	Supervisor Name:		Business Type:
Reason for Leaving:		Weekly Starting Wage:	Weekly Ending Wage:
Job Title: Please describe your duties:			
May we contact this employer?			
Company Name:		From:	To:
Address:		City, State, Zip:	
Telephone: () -	Supervisor Name:		Business Type:
Reason for Leaving:		Weekly Starting Wage:	Weekly Ending Wage:
Job Title: Please describe your duties:			
May we contact this employer?			
Company Name:		From:	To:
Address:		City, State, Zip:	
Telephone: () -	Supervisor Name:		Business Type:
Reason for Leaving:		Weekly Starting Wage:	Weekly Ending Wage:
Job Title: Please describe your duties:			
May we contact this employer?			
Company Name:		From:	To:
Address:		City, State, Zip:	
Telephone: () -	Supervisor Name:		Business Type:
Reason for Leaving:		Weekly Starting Wage:	Weekly Ending Wage:
Job Title: Please describe your duties:			
May we contact this employer?			
Company Name:		From:	To:
Address:		City, State, Zip:	
Telephone: () -	Supervisor Name:		Business Type:
Reason for Leaving:		Weekly Starting Wage:	Weekly Ending Wage:
Job Title: Please describe your duties:			
May we contact this employer?			



RELEASE & CONSENT FORM
CRIMINAL RECORDS & ILLEGAL DRUG SCREENING

ILLEGAL DRUG AND ALCOHOL SCREEN AUTHORIZATION & CONSENT

For the period of employment with Florida Food Tankers, Inc., I hereby authorize and give full permission for Florida Food Tankers, Inc. and/or their medical company physician to send a specimen of my urine and/or blood to a laboratory for a screening test for the presence of illegal drugs, alcohol or prescription medication taken without a prescription.

I will hold all parties harmless, including Florida Food Tankers, Inc. and/or its affiliates, from any liabilities due to my refusal to test and/or the reporting of any result of such test.

IF AN ON-THE-JOB INJURY OCCURS, I UNDERSTAND THAT FLORIDA FOOD TANKERS, INC. WILL REQUIRE A POST INJURY DRUG AND/OR ALCOHOL SCREEN TEST. MY REFUSAL TO SUBMIT TO DRUG AND/OR ALCOHOL TESTING MAY BE GROUNDS OF TERMINATION. THIS IS IN ACCORDANCE WITH FLORIDA FOOD TANKERS, INC POLICY.

If hired (or contracted), this authorization shall remain on file and shall serve as ongoing authorization to conduct illegal drug & alcohol screening at any time during my employment (or contract) period, in accordance with company policy.

Print Applicant's Name

Social Security Number

Applicant's Signature

Date

ESSENTIAL JOB FUNCTIONS WORKSHEET

Mechanic / Wash Bay

The following are physical requirements pertaining to the job(s) for which you are applying. These bona fide physical requirements are essential functions of the job and are in addition to the skill, certification, years of experience and other qualifications required to perform the job(s) for which you have applied.

Please be aware that all persons may be required to furnish health condition information and if necessary, submit to an examination by a company-designated physician. This information will be used to determine appropriate job placement. It shall not be used to disqualify an otherwise qualified person who may have a mental or physical disability.

These statements/questions pertain only to the essential functions of the job for which you are applying.

- 1- Can you stand/sit for an 8-10 hour shift?
 YES NO
- 2- Can you perform repetitive motion tasks with your hands and wrists for an 8 hour shift? This includes the movement and use of hand and power tools.
 YES NO
- 3- Can you bend and stoop throughout an 8 hour shift?
 YES NO
- 4- Can you work in a dusty environment, around chemical odors and fumes, and in a shop that may be noisy?
 YES NO
- 5- Can you safely climb stairs in/out of a truck and on/off a trailer, if required?
 YES NO
- 6- Can you grip, grasp, and twist using your hands and wrists regularly?
 YES NO
- 7- Can you work in an environment that is sometimes hot or cold?
 YES NO

For any "NO" answers to the above questions, please explain:

I understand that any misstatement, omission, falsification, or misrepresentation of fact on this form is ground for withdrawal of the conditional job offer or termination of employment if already employed.

Signature of Employee

Date

Printed Name

Conditional Job Offer, Essential Function and Medical Questionnaire

By completing and signing this form, I am verifying that I have been presented with a conditional job offer based on the qualifications stated on my application form and during the job interview. I understand that I have been offered a job with your organization conditioned upon my completion of this form and your determination, after reviewing this completed form, that the job offer should be made unconditional. I understand that any misstatement, omission, falsification, or misrepresentation of fact on this form or any other employment-related form is grounds for withdrawal of the conditional job offer, or termination of employment if assigned to a job. I further understand that this information is considered personal, confidential and medical in nature and will be treated as such by handling it confidentially in strict compliance with the Americans with Disabilities Act.

1- Do you currently have any medical restrictions?
 YES NO

If Yes, please explain: _____

2- Have you had any injuries or have any medical conditions that would prevent you from safely performing the essential functions of this job
 YES NO

If Yes, please explain: _____

3- Have you had any serious knee injuries that would affect your ability to safely perform the essential functions of this job?
 YES NO

If Yes, please explain: _____

4- Do you have any medical conditions requiring special care of which we should be aware? (i.e. diabetes, seizures, allergic reactions, etc.)
 YES NO

If Yes, please explain: _____

5- Have you ever had any serious wrist and/or hand problems, including carpal tunnel syndrome, cysts and/or tendonitis?
 YES NO

If Yes, please explain: _____

6- Have you ever had any back, neck, shoulder and/or knee problems that would affect your ability to perform the duties of this position with or without reasonable accommodation?
 YES NO

If Yes, please explain: _____

Signature of Employee _____

Date _____

Printed name of Employee _____

Social Security Number _____

Drug and Alcohol Policy

Florida Food Tankers, Inc. is a Drug and Alcohol Free Workplace. All employees must operate within the scope of the Federal Regulations governing their employment, and in accordance with CFR 40.386 and 40.395. All employees will be subject to pre-employment Drug Testing as well as Drug and/or Alcohol Testing under the categories of random, reasonable suspicion, post accident, return to duty, and follow-up testing. Refusal to test will result in immediate termination. Rehabilitation will not constitute employment at Florida Food Tankers, Inc.

Employee Signature: _____ Date: _____

Employee Printed Name: _____

Employer Signature: _____ Date: _____

TRUCKING INDUSTRY:
DOT D/A Disclosure and Authorization

Send to Fax# (800) 267-4093 (Manual Service)
 Send to Fax# (800) 257-8069 (Database Retrieval)

HireRight Customer:	
Company Name:	<u>Florida Food Tankers, Inc.</u>
Company Contact Name:	<u>Charles Hurst</u>
Fax #:	<u>(863) 676 - 2589</u>
HireRight Customer #:	<u>133177</u> Sub-account: _____

PART I – DISCLOSURE AND AUTHORIZATION FOR RELEASE OF INFORMATION FOR EMPLOYMENT PURPOSES – 49 CFR PART 391.23, DOT DRUG AND ALCOHOL TESTING

In accordance with DOT Regulation 49 CFR Part 391.23, I hereby authorize release of my DOT-regulated drug and alcohol testing records by the DOT-regulated employer(s) listed below to HireRight for the purpose of HireRight transmitting such records to the HireRight customer listed above. I understand that information/documents released pursuant to this Part I is limited to the following DOT-regulated testing items, including pre-employment testing results, occurring during the previous **three (3) years**: (i) alcohol tests with a result of 0.04 or higher; (ii) verified positive drug tests; (iii) refusals to be tested (including adulterated and/or substituted tests); (iv) other violations of DOT drug and alcohol testing regulations (i.e., violations of 49 CFR 382 Subpart B); (v) information obtained from previous employers of a drug and alcohol rule violation; and (vi) any documentation of completion of the return-to-duty process following a rule violation.

If any company listed below furnishes HireRight with information concerning items (i) through (vi) above, I also authorize such company to furnish the following information to HireRight, if applicable: (i) dates of my negative drug and/or alcohol tests and/or tests with results below 0.04 during the previous **three (3) years**; and (ii) the name and phone number of any substance abuse professional who evaluated me during the previous **three (3) years**.

List all DOT-regulated employers you have applied with and/or worked for in a safety-sensitive function during the previous **three (3) years**. If necessary, attach additional pages, including the date, your name, social security number and signature.

Previous DOT-Regulated Employer	City	State	Phone Number
_____	_____	_____	(____) _____ - _____
_____	_____	_____	(____) _____ - _____
_____	_____	_____	(____) _____ - _____
_____	_____	_____	(____) _____ - _____
_____	_____	_____	(____) _____ - _____
_____	_____	_____	(____) _____ - _____

By signing below, I certify that: (i) all information provided herein is complete and accurate; (ii) I have read and fully understand this Part I disclosure and authorization for release; (iii) prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction; (iv) I execute this authorization voluntarily and with the knowledge that the information obtained pursuant to this authorization could affect my eligibility for employment, promotion, retention or other lawful purpose; (v) I understand I may review this document with legal counsel prior to signing; and (vi) facsimile or photographic copies of this authorization are as valid as an original.

Print Applicant Name: _____ Social Security #: _____

Applicant Signature: _____ Date: _____

PART II – CONSUMER REPORT AND INVESTIGATIVE CONSUMER REPORT DISCLOSURE
(FOR EMPLOYMENT PURPOSES)

In connection with your employment or application for employment (including contract for services) and in accordance with applicable laws, HireRight may obtain or assemble consumer reports and/or investigative consumer reports (collectively, "Reports") which may include information about you related to: previous employment (including employers, dates of employment, salary information, reasons for termination, etc.), accident history, academic history, verification of references and other information supplied by applicant, professional credentials, drug/alcohol use in violation of law and/or company policy, driving record, workers' compensation claims, credit history, creditworthiness, credit capacity, bankruptcy filings, criminal history records, information about your character, general reputation, personal characteristics and mode of living (collectively, "Information"). Information may be obtained from government agencies, educational institutions, HireRight clients, personal references, personal interviews and other Information suppliers (collectively, "Suppliers").

Upon providing proper identification and complying with any applicable legal requirements, you have the right to request the nature and substance of all Information in HireRight's files pertaining to you at the time of your request, including but not limited to: (i) whether any Reports have been provided by HireRight to other parties; (ii) identification of any Suppliers utilized by HireRight in compiling such Reports; and (iii) identification of any recipients of Reports furnished by HireRight within the **two (2) year** period preceding your request. HireRight may be contacted by mail at P.O. Box 33181, Tulsa, Oklahoma, 74153, or by phone at (800) 381-0645.

- ← Check this box if you are applying for employment in **California** and/or you are a California resident and, in either case, you wish to receive a copy of your **credit report or investigative consumer report** if one is obtained or assembled by HireRight. Pursuant to the California Civil Code, you may view the file maintained on you by HireRight during normal business hours. You may also obtain a copy of this file by submitting proper identification and paying applicable costs for such file, if required by law, by contacting HireRight in person or by mail. HireRight is required to have personnel available to explain your file to you and must explain to you any coded information appearing in your file. If you appear in person, a person of your choice may accompany you, provided that this person furnishes proper identification.

- ← Check this box if you are applying for employment in **Oklahoma** and/or you are an Oklahoma resident and, in either case, you wish to receive a copy of your **consumer report** if one is obtained or assembled by HireRight.

- ← Check this box if you are applying for employment in **Minnesota** and/or you are a Minnesota resident and, in either case, you wish to receive a copy of your **consumer report** if one is obtained or assembled by HireRight.

PART II – AUTHORIZATION FOR RELEASE OF INFORMATION (FOR EMPLOYMENT PURPOSES)

I hereby authorize HireRight to receive Information and disclose such Information to its customers for the purpose of making a determination as to my eligibility for employment, promotion, retention or other lawful purpose. If hired or contracted, I authorize HireRight and the HireRight customer named above ("Customer") to retain this document on file to act as ongoing authorization for the procurement and possession of Reports at any time during my employment or contract period. I fully release HireRight and Suppliers from all claims of damages related to the investigation of my background and provision of Information as set forth in this disclosure and authorization. I agree that Information in HireRight's possession and my employment history with Customer if I am hired, may be supplied by HireRight to other HireRight customers for legally permissible purposes; provided, such Information will not include the Drug and Alcohol information set forth in Part I above, unless I have given a separate specific consent for HireRight to share such Information.

By signing below, I certify that: (i) all information provided herein is complete and accurate; (ii) I have read and fully understand this Part II disclosure and authorization for release; (iii) prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction; (iv) I execute this authorization voluntarily and with the knowledge that the Information obtained pursuant to this authorization could affect my eligibility for employment, promotion, retention or other lawful purpose; (v) I understand I may review this document with legal counsel prior to signing; (vi) I authorize HireRight and any person or entity contacted by HireRight to furnish the above-mentioned Information; and (vii) facsimile or photographic copies of this authorization are as valid as an original.

NOTE - THIS AUTHORIZATION DOES NOT APPLY TO DRUG & ALCOHOL INFO. ADDRESSED IN PART I.

Print Applicant Name: _____ Social Security #: _____

Applicant Signature: _____ Date: _____