



# APPLICATION FOR EMPLOYMENT

Driver

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
Years Completed	9 10 11 12	1 2 3 4	1 2 3 4+	<input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday
Diploma / Degree				<input type="checkbox"/> Friday
Course(s) Studied				<input type="checkbox"/> Saturday <input type="checkbox"/> Sunday

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:

This employer 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 the employer 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?			

**EXPERIENCE AND QUALIFICATIONS - DRIVER**

DRIVER LICENSES	STATE	LICENSE NO.	TYPE	EXPIRATION DATE

- 1- Have you ever been denied a license, permit or privilege to operate a motor vehicle?  YES  NO
- 2- Has any license, permit or privilege ever been suspended or revoked?  YES  NO
- 3- Have you ever been convicted of a felony?  YES  NO
- 4- Have you ever tested positive for, or refused to take, a Drug and/or Alcohol test in the past **Three (3) years**?  YES  NO

\*\* If you answered "YES" to any of these questions, please provide details\*\*

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**DRIVER EXPERIENCE**

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (Van, Tank, Flat, Etc.)	DATES		APROX. NO. MILES (TOTAL)
		FROM:	TO:	
Straight Truck				
Tractor and Semi-Trailer				
Tractor Two Trailers				
Other				

**LIST STATES OPERATED IN FOR THE LAST FIVE YEARS:**

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**DRIVING RECORD**

**ACCIDENT RECORD FOR PAST FIVE YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)**

DATES	NATURE OF ACCIDENT (Head-On, Rear-End, Etc.)	FATALITIES	INJURIES
Last Accident: / /			
Next Previous: / /			
Next Previous: / /			
Next Previous: / /			

**TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST FIVE YEARS (OTHER THAN PARKING VIOLATIONS)**

LOCATION	DATE	CHARGE	PENALTY
	/ /		
	/ /		
	/ /		
	/ /		

**EXPERIENCE AND QUALIFICATIONS - OTHER**

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY.

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LIST COURSES AND TRAINING OTHER THAN THOSE SHOWN ELSEWHERE IN THIS APPLICATION.

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

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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 sit and drive for an 12-16 hour shift?

YES

NO

2- Can you push and pull levers or objects that may require 100 lbs. of force or more?

YES

NO

3- Do you have free and continual movement of your legs and feet as required to safely operate a clutch, break and fuel pedal or full control of a truck?

YES

NO

4- Can you lift and move up to 60 pounds safely?

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 constantly as is required to safely operate the steering, shifting or other mechanical or hydraulic control of a truck?

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

Social Security Number

**TO BE READ AND SIGNED BY APPLICANT**

This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge.

I authorize you to make such investigations and inquiries of my personal, employment, financial and other related matters as may be necessary in arriving at an employment decision. Specifically, I understand that consumer reports may be requested from HireRight Services. These reports may include the following types of information: previous employers, dates of service, reason for termination, accidents, etc. I further understand that such reports may contain information from federal, state, or other agencies, information concerning my driving record, criminal record, workers' compensation claims, etc. I hereby release employers, schools, healthcare providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

You have the right to review information provided to us by your previous employers and have any errors in such information corrected by your previous employer as stated in section 391.23 (i) of the FMCSRs. Should you wish to review this information you must submit a written request to us, your prospective employer, as stated in section 391.23 (i) of the FMCSRs.

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.

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**

# SAFETY PERFORMANCE HISTORY REQUEST

The person identified below has indicated that you employed or used them within the last 3 years as a Commercial Vehicle Operator and was subject to the USDOT Controlled Substances and Alcohol testing, Therefore in accordance with 49 CFR 391.23 and 40.25 you are hereby requested to provide the Safety Performance History of this person. Please note that 49 CFR 391.23 requires your response within 30 days. Please complete Sections 1, 2, 3 & 4 as applicable and return to **Florida Food Tankers, Inc.**

## SECTION 1 - TO BE COMPLETED BY PROSPECTIVE EMPLOYEE/APPLICANT

I, (Print Name) \_\_\_\_\_ SSN: \_\_\_\_\_

hereby authorize my previous employer: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

To release and forward the information requested by section 4 of this document regarding my Controlled Substances and Alcohol testing records for the previous 3 years from this date to **Florida Food Tankers, Inc.**

To comply with 49 CFR 391.23 (h) release of this information must be made in written form that ensures confidentiality i.e.. Fax. Email or Letter.

Florida Food Tankers, Inc. confidential FAX number: **863-676-2589**

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

## SECTION 2 - VERIFICATION (To be completed by PREVIOUS EMPLOYER)

The above named applicant is/was employed or used by this company:  YES  NO

JOB TITLE: \_\_\_\_\_

Date used/employed: From: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ To: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Did this person drive a motor vehicle for you?  YES  NO

Type of Equipment Operated:  Bus  Straight Truck  Tractor-Semitrailer  Cargo Tank  
 Doubles or Triples  Other / Specialized Equipment

Completed by (Name): \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Phone: \_\_\_\_\_

Note: If there is no Safety Performance History to report, check here  and return. Otherwise, please complete Sections 3 and 4 before returning.

## SECTION 3 - ACCIDENT HISTORY (To be completed by PREVIOUS EMPLOYER)

Please provide the following information for any DOT Accidents from your accident register (as defined by 49 CFR 390.15 (b) that the applicant was involved in for the previous 3 year period.

Date	Location	# of Fatalities	# of Injuries	HM Release
/ /				
/ /				
/ /				
/ /				

Any Other Accidents or Incidents involving this applicant that were reported to government agencies, insurers or retained under internal company policies:

\_\_\_\_\_  
 \_\_\_\_\_  
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Applicant's Signature

\_\_\_\_\_  
Date

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JOB TITLE: \_\_\_\_\_

Date used/employed: From: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ To: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Did this person drive a motor vehicle for you?  YES  NO

Type of Equipment Operated:  Bus  Straight Truck  Tractor-Semitrailer  Cargo Tank  
 Doubles or Triples  Other / Specialized Equipment

Completed by (Name): \_\_\_\_\_

Company: \_\_\_\_\_

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Applicant's Signature

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 \_\_\_\_\_



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Did this person drive a motor vehicle for you?  YES  NO

Type of Equipment Operated:  Bus  Straight Truck  Tractor-Semitrailer  Cargo Tank  
 Doubles or Triples  Other / Specialized Equipment

Completed by (Name): \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

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JOB TITLE: \_\_\_\_\_

Date used/employed: From: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ To: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Did this person drive a motor vehicle for you?  YES  NO

Type of Equipment Operated:  Bus  Straight Truck  Tractor-Semitrailer  Cargo Tank  
 Doubles or Triples  Other / Specialized Equipment

Completed by (Name): \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Phone: \_\_\_\_\_

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Date	Location	# of Fatalities	# of Injuries	HM Release
/ /				
/ /				
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/ /				

Any Other Accidents or Incidents involving this applicant that were reported to government agencies, insurers or retained under internal company policies:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**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>Sindy Beliveau</u>
Fax #:	( <u>863</u> ) <u>676</u> - <u>2589</u>
HireRight Customer #:	<u>ZDETY</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: \_\_\_\_\_

DOT Drug/Alcohol Disclosure/Authorization  
 Trucking Industry – Employment Purpose



**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: \_\_\_\_\_

DOT Drug/Alcohol Disclosure/Authorization  
Trucking Industry – Employment Purpose



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**Ordering Of MVR Release Form**

I have applied for employment with Florida Food Tankers Inc. in a position that requires me to operate an automobile or truck. As a condition for my application being considered, I understand and agree to allow the ordering of my Motor Vehicle Driving Record (MVR). I understand that if my driving record contains certain types of violations or problems as reviewed by Florida Food Tankers, Inc., I shall not be considered further for a car or truck driver position.

I hereby authorize any representatives of Florida Food Tankers, Inc. or an authorized insurance professional retained by Florida Food Tankers, Inc. to order such records and to provide the results to Florida Food Tankers, Inc. Furthermore, I release Florida Food Tankers, Inc. and any person affiliated with this action and any such institution or person conducting the screening, from liability.

Insured's Name      Florida Food Tankers, Inc

Driver's Name      \_\_\_\_\_

Driver's D/O/B      \_\_\_\_\_

Driver's License #      \_\_\_\_\_

DL State      \_\_\_\_\_

Driver's Signature      \_\_\_\_\_

Date      \_\_\_\_\_

Marital Status      \_\_\_\_\_

Years Experience      \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**\*All drivers are required to have more than 2 years of On the Road experience.**

*P.O. Box 1427 - 1965 Thompson Nursery Road - Lake Wales, FL 33859*  
*Office: (863) 676-2588 - Fax: (863) 676-2589*