

OLE TYME PRODUCE, INC.
APPLICATION FOR EMPLOYMENT
Drivers



Ole Tyme Produce, Inc. is an equal opportunity employer. All applicants will be considered without regard to race, color, religion, gender, sexual orientation, genetic information, national origin, age, disability, marital status, veteran status, or any other legally protected status.

Last Name	First Name	Middle Name

Street Address	City	State	Zip

Telephone Number	Best Time to Call

Position(s) Applied For	Date of Application

How did you learn about us?		
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Walk-In
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Other _____

Have you ever filed an application with us before? <i>If Yes, give date</i> _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you ever been employed with us before? <i>If Yes, give date</i> _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are you currently employed?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
May we contact your present employer?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are you currently on layoff status and subject to recall?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
On what date would you be available for work? _____		
Are you available to work (check all that apply):	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Shift Work <input type="checkbox"/> Temporary	
Days and hours available to work: _____	Compensation Requested: \$ _____	
In compliance with federal law, will you be able to provide proof of identity and eligibility to work in the United States if you are hired?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you been convicted of a felony within the last 7 years? (A conviction record will not necessarily be a bar to employment. Factors such as job relation, age and time of offense, seriousness and nature of violation, and rehabilitation will be taken into account.)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<i>If yes, please explain:</i> _____		

EDUCATION				
	Name and Address of School	Course of Study	Number of Years Completed	Diploma/Degree
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				
Please list any scholarships, academic honors or special achievements:				

PROFESSIONAL ACTIVITIES
List professional, trade, business or civic activities and offices held. You may exclude membership that would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.

SPECIALIZED SKILLS
Describe any specialized training, job-related training received in the United States military, apprenticeship, skills, extra-curricular activities, and foreign languages.

OTHER INFORMATION
State any additional information you feel may be helpful in considering your application.

PERSONAL INFORMATION

The Federal Motor Carrier Safety Regulations require that driver applicants state their date of birth and social security number.

Date of Birth: _____ Social Security Number: _____

ADDRESSES

The Federal Motor Carrier Safety Regulations require that driver applicants provide the addresses at which they have resided during the last 3 years preceding the date on which the application is submitted. Please attach an additional sheet if necessary.

Address	Dates Resided at Address

ALCOHOL AND CONTROLLED SUBSTANCES STATEMENT

The Federal Motor Carrier Safety Regulations require that driver applicants answer the following questions.

Within the last 3 years, have you ever tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer with which you applied for, but did not obtain, safety-sensitive transportation work? YES NO

Within the last 3 years, have you ever tested positive, or refused to test, on any type of drug or alcohol test administered by an employer for which you performed safety-sensitive transportation work? YES NO

If you answered yes to either of the questions above, can you provide and/or can you obtain proof that you have successfully completed the DOT return-to-duty requirements? YES NO

DRIVER'S LICENSE INFORMATION

Driver's licenses held in the past 3 years and each unexpired commercial motor vehicle operator's license or permit that has been issued to the applicant must be listed.

State	License Number	Type	Expiration Date

Have you ever been denied a license, permit, or privilege to operate a motor vehicle? YES NO

Have you ever had any license, permit, or privilege to operate a motor vehicle suspended or revoked? YES NO

Have you ever been disqualified for violations of the Federal motor Carrier Safety Regulates? YES NO

If you answered "YES" to any of the questions above, please attach a statement giving details.

DRIVING EXPERIENCE			
Class of Equipment	Type of Equipment	Dates (From/To)	Approximate Total Miles
Straight Truck			
Tractor and Semi-Trailer			
Twin			
Other			
List states operated in during the last 5 years:			
List special courses or training that will help you as a driver:			
List safe driving awards held and by whom they were presented:			

ACCIDENT HISTORY					
Accident review for the past 3 years. Attach a separate sheet of paper if more space is needed.					
Date	Nature of Accident	Number of Fatalities	Number of Injuries	Number of Vehicles Towed	Citations Issued?

MOTOR VEHICLE DRIVING RECORD (MVR)			
Traffic convictions and forfeitures for the past 3 years, other than parking violations.			
Date	Location	Charge	Penalty

EMPLOYMENT EXPERIENCE

The Federal Motor Carrier Regulations require that all driver applicants list all employment for the last 3 years. In addition, if you have driven a commercial vehicle previously, you must provide employment history for an additional 7 years, for a total of 10 years. Start with the last or current position. Attach a separate sheet of paper if more space is needed.

Employer:	Dates Employed		Work Performed
	From:	To:	
Address:	Hourly Rate/Salary		
Telephone Number(s):	Starting:	Final:	
Job Title:		Supervisor:	
Reason For Leaving:			
Were you subject to the Federal Motor Carrier Safety Regulations while employed?			<input type="checkbox"/> YES <input type="checkbox"/> NO
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?			<input type="checkbox"/> YES <input type="checkbox"/> NO

Employer:	Dates Employed		Work Performed
	From:	To:	
Address:	Hourly Rate/Salary		
Telephone Number(s):	Starting:	Final:	
Job Title:		Supervisor:	
Reason For Leaving:			
Were you subject to the Federal Motor Carrier Safety Regulations while employed?			<input type="checkbox"/> YES <input type="checkbox"/> NO
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?			<input type="checkbox"/> YES <input type="checkbox"/> NO

Employer:	Dates Employed		Work Performed
	From:	To:	
Address:	Hourly Rate/Salary		
Telephone Number(s):	Starting:	Final:	
Job Title:		Supervisor:	
Reason For Leaving:			
Were you subject to the Federal Motor Carrier Safety Regulations while employed?			<input type="checkbox"/> YES <input type="checkbox"/> NO
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?			<input type="checkbox"/> YES <input type="checkbox"/> NO

Employer:	Dates Employed		Work Performed
	From:	To:	
Address:	Hourly Rate/Salary		
Telephone Number(s):	Starting:	Final:	
Job Title:		Supervisor:	
Reason For Leaving:			
Were you subject to the Federal Motor Carrier Safety Regulations while employed?			<input type="checkbox"/> YES <input type="checkbox"/> NO
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?			<input type="checkbox"/> YES <input type="checkbox"/> NO

Employer:	Dates Employed		Work Performed
	From:	To:	
Address:	Hourly Rate/Salary		
	Starting:	Final:	
Telephone Number(s):	Starting:	Final:	
Job Title:		Supervisor:	
Reason For Leaving:			
Were you subject to the Federal Motor Carrier Safety Regulations while employed?			<input type="checkbox"/> YES <input type="checkbox"/> NO
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?			<input type="checkbox"/> YES <input type="checkbox"/> NO

Employer:	Dates Employed		Work Performed
	From:	To:	
Address:	Hourly Rate/Salary		
	Starting:	Final:	
Telephone Number(s):	Starting:	Final:	
Job Title:		Supervisor:	
Reason For Leaving:			
Were you subject to the Federal Motor Carrier Safety Regulations while employed?			<input type="checkbox"/> YES <input type="checkbox"/> NO
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?			<input type="checkbox"/> YES <input type="checkbox"/> NO

Explain any gaps in your employment, other than those due to personal illness, injury or disability.

REFERENCES

List the names and telephone numbers of three work or school references who are not related to you. Also include a description of their relationship to you and the number of years you have known them.

APPLICANT AUTHORIZATION AND ACKNOWLEDGMENT

I authorize Ole Tyme Produce, Inc. to make such investigations and inquiries of my personal, employment, financial or medial 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 and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other personal from all liability in responding to inquiries and releasing information in connection with my application.

I understand that 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 of Applicant:

Date:

APPLICANT STATEMENT

I UNDERSTAND THAT FALSIFICATION, MISREPRESENTATION OR OMISSION OF FACTS ON THIS APPLICATION (OR ANY OTHER ACCOMPANYING OR REQUIRED DOCUMENTS) WILL BE CAUSE FOR DENIAL OF EMPLOYMENT OR IMMEDIATE TERMINATION OF EMPLOYMENT, REGARDLESS OF WHEN OR HOW DISCOVERED.

I understand this application remains current for only 60 days. At the conclusion of that time, if I have not heard from Ole Tyme Produce, Inc. and still wish to be considered for employment, it will be necessary for me to reapply.

It is the policy of Ole Tyme Produce, Inc. to afford equal opportunity to all employees and applicants for employment without regard to race, color, religion, gender, sexual orientation, genetic information, national origin, age, disability, marital status, veteran status, or any other legally protected status. Ole Tyme Produce, Inc. will verify each new hire's eligibility to work in the United States. If hired, I understand that I will be expected to abide by all of Ole Tyme Produce, Inc.'s rules and policies. I further understand that, if employed, my employment will be at will. I understand that this means that I will be employed for an indefinite period of time and my employment may be terminated at any time either by me or Ole Tyme Produce, Inc. I understand that Ole Tyme Produce, Inc. shall have the maximum discretion permitted by law to administer, interpret, modify, discontinue, enhance or otherwise change all policies, procedures, benefits, or other terms or conditions of employment.

I further understand that as a probationary employee all costs associated with pre-employment testing will be borne by me (currently \$150.00), to be deducted from my first two payroll periods, and reimbursed after an offer of full employment and the end of the probationary period.

I acknowledge that I have read and understand the above statements and hereby grant permission to confirm the information supplied on this application by me. This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

Signature of Applicant:

Date: