

APPLICATION FOR EMPLOYMENT

Valid for only 90 days

An Equal Opportunity Employer

Please answer all questions. Resumes are not accepted in lieu of completion of this application.

Note: This application was designed to use with several types of job positions. Some questions may not be completely applicable to the job position you are seeking, however we ask that you answer all questions.

Last Name (Please Print) First Middle

Social Security Number Date of Birth

Present Address Street City/State Zip Code Telephone Number

Position applying for: _____

If your above address is less than 3 years continue listing them below to cover the previous 3 year period:

Street _____ Dates: From _____ To: _____

City _____ State _____ Zip _____

Street _____ Dates: From _____ To: _____

City _____ State _____ Zip _____

Street _____ Dates: From _____ To: _____

City _____ State _____ Zip _____

Use back side of sheet for additional addresses

Driver's License Information: all licenses held, last 3 years:

State _____ Number _____ Expiration Date _____

State _____ Number _____ Expiration Date _____

State _____ Number _____ Expiration Date _____

Only US Citizens or aliens who have a legal right to work in the U.S. are eligible for employment. Can you upon employment submit documentation verifying your legal right to work in the U.S. and your identity? Yes No

Have you **ever** been convicted of a felony? Yes No If YES give dates and explain (Attach separate paper if necessary). A conviction will not necessarily disqualify you from employment.

EDUCATIONAL DATA

School	Print Name, Number and Street, City, State and Zip Code for each School	No. of Yrs Completed	Degree	Major Course of Study
High School				
College				
Graduate School				
Trade, Bus, Night or Corres				
Other				

Other skills: List any other job related skills or qualifications that support your application: _____

Honors Received: _____

In order to permit a check of your work and educational records, should we be made aware of any change of name or assumed name that you previously used: Yes No If Yes, identify names and relevant dates: _____

Have you had prior experience which relates to the job for which you are applying? Yes No If yes, describe: _____

Are you a veteran of the U.S. Military Service? Yes No If Yes, what branch of service? _____

If Yes, beginning and ending date of active duty: From _____ to _____

Date of Discharge from Military Service _____

All Accidents, last 3 years: (If none, write NONE)

Date _____ Describe _____ Fatalities _____ Injuries _____

Date _____ Describe _____ Fatalities _____ Injuries _____

Date _____ Describe _____ Fatalities _____ Injuries _____

Date _____ Describe _____ Fatalities _____ Injuries _____

List all Traffic Violations Convictions, last 3 years: (If none, write NONE)

Date _____ Violation _____ State _____ Commercial Vehicle: Yes / No

Date _____ Violation _____ State _____ Commercial Vehicle: Yes / No

Date _____ Violation _____ State _____ Commercial Vehicle: Yes / No

Date _____ Violation _____ State _____ Commercial Vehicle: Yes / No

Date _____ Violation _____ State _____ Commercial Vehicle: Yes / No

Date _____ Violation _____ State _____ Commercial Vehicle: Yes / No

Have you ever had any driver license denied, suspended, revoked or canceled by any issuing state agency?

Yes No If yes; state of issuance; explanation: _____

EMPLOYMENT EXPERIENCE – Last 10 Years

Account for gaps between employers. If owner/operator, list carriers leased to

ALL FORMER JOBS (List most recent job first) Account for all time periods including unemployment, self-employment and military service (Attach separate papers if necessary)

Employer	Dates Employed (From/To)	Work Performed
Address		
Job Title	Hourly Rate/Salary (Starting/Final)	
Immediate Supervisor	Telephone Number	
Reason for Leaving		
Were you subject to the Federal Motor Carrier Safety Regulations during this period? (circle one)		Yes No
Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? (circle one)		Yes No

Employer	Dates Employed (From/To)	Work Performed
Address		
Job Title	Hourly Rate/Salary (Starting/Final)	
Immediate Supervisor	Telephone Number	
Reason for Leaving		
Were you subject to the Federal Motor Carrier Safety Regulations during this period? (circle one)		Yes No
Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? (circle one)		Yes No

Employer	Dates Employed (From/To)	Work Performed
Address		
Job Title	Hourly Rate/Salary (Starting/Final)	
Immediate Supervisor	Telephone Number	
Reason for Leaving		

Were you subject to the Federal Motor Carrier Safety Regulations during this period? (circle one)	Yes	No
Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? (circle one)	Yes	No

Employer	Dates Employed (From/To)	Work Performed
Address		
Job Title	Hourly Rate/Salary (Starting/Final)	
Immediate Supervisor	Telephone Number	
Reason for Leaving		
Were you subject to the Federal Motor Carrier Safety Regulations during this period? (circle one)	Yes	No
Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? (circle one)	Yes	No

Employer	Dates Employed (From/To)	Work Performed
Address		
Job Title	Hourly Rate/Salary (Starting/Final)	
Immediate Supervisor	Telephone Number	
Reason for Leaving		
Were you subject to the Federal Motor Carrier Safety Regulations during this period? (circle one)	Yes	No
Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? (circle one)	Yes	No

Employer	Dates Employed (From/To)	Work Performed
Address		
Job Title	Hourly Rate/Salary (Starting/Final)	
Immediate Supervisor	Telephone Number	
Reason for Leaving		
Were you subject to the Federal Motor Carrier Safety Regulations during this period? (circle one)	Yes	No
Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? (circle one)	Yes	No

CHARACTER REFERENCES

List three persons not related to you whom you have known for at least one year:

	NAME	ADDRESS & TELEPHONE	OCCUPATION
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

List below any other information or remarks that you wish to have considered as a part of your application for employment:

Have you filed an application here before? Yes No If Yes, give date: _____

Have you ever been employed here before? Yes No If Yes, give dates: _____

NOTICE TO APPLICANTS: This employer complies with the Americans with Disabilities Act of 1990. During the interview process, you may be asked questions concerning your ability to perform job-related functions. If you are given a conditional offer of employment, you may be required to complete a post-job offer medical history questionnaire and/or undergo a medical examination. If required, all entering employees in the same job category will be subject to the same medical questionnaire and/or examination and all information will be kept confidential and in separate files.

For driver applicants of commercial motor vehicles that require a Commercial Driver License (CDL) the applicant must disclose their controlled substance and alcohol status per the requirements of 49 CFR part 40.25(j).

As a prospective driver employee, you have the right to review information provided by previous employers. You have the right to have errors in the information corrected by the previous employer(s) and for that previous employer(s) to re-send the corrected information to the prospective employer; the right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

Driver employees who have previous Department of Transportation regulated employment history in the preceding three years, and wish to review previous employer provided investigative information, must submit a written request to the prospective employer, which may be done at anytime, including when applying or as late as thirty (30) days after being employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five (5) business days of receiving the written request. If the prospective employer has not yet received the requested information from the previous employer(s), then the five (5) business day deadlines will begin when the prospective employer receives the requested safety performance history information. If the driver has not arranged to pick up or receive the requested records within thirty (30) days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived their request to review the records.

APPLICANT'S STATEMENT

I certify that all the answers given herein are true and complete to the best of my knowledge. I authorize the investigation of all matters contained in this application and hereby give the Employer permission to contact schools, previous employers, references, and others, and hereby release the Employer from any liability as a result of such contact. I understand that misrepresentation, omission of facts or incomplete information requested in this application may remove me from further consideration for employment. In addition, if employed, any misrepresentations or omissions of facts called for in this application will be cause for dismissal at any time without any previous notice.

Applicants accepted for employment should clearly understand that while we make every effort to provide steady, continuous work, we have no employment contracts and we cannot guarantee the permanence of any position. Job tenure can be affected by many factors including business/economic conditions, changes in laws or employee policies, conformity to our work rules, job performance, etc. And of course, an employee may elect to leave on their own accord to seek other jobs.

I understand that my employment with the Employer is for no specific term and may be terminated by me or the Employer with or without notice or cause at any time. I further understand that no oral promise, employer policy, custom, business practice or other procedure (including the Employer's Personnel Handbook or any other personnel materials) constitutes an employment contract or modification of the at-will employment relationship between me and the Employer.

The contents of any employee handbook or personnel manuals, as well as other Employer policies and practices, are subject to change or modification by the Employer, solely at its discretion, without notice. I also understand that no supervisor or other official of the Employer (except its Chief Executive Officer, in writing) has the authority to enter into any agreement with me or to make any arrangement contrary to the foregoing.

We conduct our business with the highest possible degree of safety and efficiency. Because of this, the Employer may require applicants for employment to undergo blood and/or urine screening for drug or alcohol use as part of our pre-placement physical examination. In addition, all employees of the Employer are subject to blood tests or urinalysis screening for drug or alcohol use.

This application will remain for ninety (90) days. Any applicant wishing to be considered for employment beyond ninety (90) days should reapply.

I agree in advance if there is a workman's compensation or health claim, I the undersigned agree to an illegal substance and alcohol testing and understand that if I test positive my benefits, if any, will be severely cut or none at all.

Signature _____ Date: _____

This employer is an equal opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, age, sex, religion, national origin, handicap or marital status. We assure you that your opportunity for employment with this Employer depends solely upon your qualifications.

TO BE COMPLETED BY THE EMPLOYER:

Application received by:

Application reviewed for completeness by:

Name

Name

Date

Title

Date

SIGNIFICANT DATES:

Date of Hire: _____

Time & Date of Pre-Employment CST: _____

Time & Date of Pre-Employment CST Results Received: _____

Date First Used in Safety Sensitive Position: _____

Date of Termination: _____

COMMERCIAL VEHICLE DRIVER APPLICANT

Controlled Substance and Alcohol Questionnaire Pursuant to 49 CFR part 40.25(j)

.....

Application Date _____

Name _____
First Middle Last

Address _____ Home Telephone _____

City _____ State _____ Zip _____ Cell Telephone _____

Date of Birth _____ Social Security Number _____ - _____ - _____

49 CFR 40.25(j)

Have you ever tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, <u>safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules</u> during the past two years?		YES	NO
If YES —	Have you successfully completed the return-to-duty process?	YES	NO
If YES —	Documentation <u>MUST BE PROVIDED</u> before any safety-sensitive transportation function is performed.		

Applicant's Signature

Date Signed

TO BE COMPLETED BY EMPLOYER:

.....

Received by: _____

Reviewed by: _____

Title: _____

Date: _____

Title: _____

Date: _____

The Federal Motor Carrier Safety Regulations require all previous employers of this applicant to respond to this request for information within 30 days. Failure to comply with this request is in violation of 49CFR 391.23 and 40.25, for which you may be prosecuted. Questions concerning the requirements of this regulation should be directed to the Minnesota Division Office of the Federal Motor Carrier Safety Administration at 651-291-6150, during business hours.

TO: _____

DATE: _____

Former Employer's Name

Mailing Address

City / State / Zip

Telephone #

Fax Number

I, _____, hereby authorize _____ to release to all records of employment, including assessments of my job performance, ability, and fitness, including the dates of any and all alcohol or drug tests, with confirmed results, and/or my refusal to submit to any alcohol and drug tests and any rehabilitation completion under direction of Substance Abuse Professional (SAP) and/or Medical Review Officer (MRO) to each and every company (or their authorized agents) making such request in connection with my application for employment with said company. I, hereby, release the above named company, and its employees, officers, directors, and agents from any and all liability of any type as a result of providing the following information to the below mentioned person and/or company.

Applicant's Signature & Date: _____

Witness's Signature & Date: _____

REQUEST FROM:

Company: American Mulch & Groundcover, LLC
Address/City/State/Zip: 13838 Hays Road, Spring Hill, FL 34610
Telephone Number: 813-443-2121 Fax Number: 813-864-0169
Contact Person & Title: Charla Harper, Accounting Manager

NAME OF APPLICANT: _____ SSN: _____

JOB APPLYING FOR: _____

INQUIRY INTO EMPLOYMENT HISTORY, PRECEDING 3 YEARS

Did applicant work for you as a _____ from ___/___/___ to ___/___/___ YES or NO

IF NO, please explain: _____

If employed as driver, please answer the following: Company Driver? _____ Owner/Operator? _____ Other? _____

Type of truck(s) and/or truck/tractor(s) operated: _____

Commodities transported: _____ Area of operations: _____

• Accidents? YES or NO IF YES, please give date(s) and brief description of each accident: _____

• Why did this employee leave your company? _____

• Would you re-employ this person? YES or NO IF NO, please explain: _____

• Additional comments: _____

INQUIRY FOR ALCOHOL AND CONTROLLED SUBSTANCES INFORMATION, PRECEDING 2 YEARS

Alcohol tests with a result of 0.04 or greater? YES or NO If yes, please give date(s): _____

Verified positive controlled substances test results? ... YES or NO If yes, please give date(s): _____

Refusals to be tested? ... YES or NO If yes, please give date(s): _____

Was rehabilitation completed as required? ... YES or NO If yes, please give date(s): _____

Person providing the above information:

Name: _____ Title: _____

Company: _____ Date: _____

ANNUAL MOTOR VEHICLE DRIVER'S CERTIFICATION OF VIOLATIONS

In accordance with 49 CFR 391.27, I _____ certify that the following is a true and complete list of traffic violations (other than parking violations) for which I have been convicted of forfeited bond or collateral during the past 12 months.

Date	Offense	Location (City/State)	Type of Vehicle Operated

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation required to be listed during the past 12 months.

Date of Certification

Driver's Signature

ANNUAL REVIEW OF DRIVING RECORD

In accordance with 49 CFR 391.25, I certify that I have carefully reviewed the driving record of _____ to determine whether or not he/she meets the minimum requirements for safe driving specified in 49 CFR 391.11 or is disqualified to drive a motor vehicle pursuant to 49 CFR 391.15.

In reviewing this driver's record, I certify that I have considered any evidence that the driver has violated any applicable Federal Motor Carrier Safety Regulations or Hazardous Materials Regulations; and considered the driver's accident record and any evidence that the driver has violated laws governing the operations of motor vehicles, and I have given great weight to violations, such as speeding, reckless driving, and operating while under the influence of alcohol or drugs, that indicate that the driver has exhibited a disregard of the safety of the public.

A copy of the response from each State agency to the inquiry required by 49 CFR 391.25(b) is attached. This form shall be maintained in the driver's qualification file, as required by 49 CFR 391.51.

American Mulch & Groundcover, LLC

Motor Carrier

13838 Hays Road, Spring Hill, FL 34610

Motor Carrier's Address

Review Date

Reviewed by: Signature Title

THE BELOW DISCLOSURE AND AUTHORIZATION LANGUAGE IS FOR MANDATORY USE BY ALL ACCOUNT HOLDERS

IMPORTANT DISCLOSURE

REGARDING BACKGROUND REPORTS FROM THE *PSP Online Service*

In connection with your application for employment with _____ (“Prospective Employer”), Prospective Employer, its employees, agents or contractors may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

When the application for employment is submitted in person, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report.

When the application for employment is submitted by mail, telephone, computer, or other similar means, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer must provide you within three business days of taking adverse action oral, written or electronic notification: that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

Neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. You may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If you challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. Your request will be forwarded by the DataQs system to the appropriate State for adjudication.

Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with Federal Motor Carrier Safety Regulations (FMCSR) violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

The Prospective Employer cannot obtain background reports from FMCSA without your authorization.

AUTHORIZATION

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

I authorize _____ (“Prospective Employer”) to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am authorizing the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.

I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

I understand that any crash or inspection in which I was involved will display on my PSP report. Since the PSP report does not report, or assign, or imply fault, I acknowledge it will include all CMV crashes where I was a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, I understand all inspections, with or without violations, will appear on my PSP report, and State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on my PSP report.

I have read the above Disclosure Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this Disclosure and Authorization, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Date: _____

Signature

Name (Please Print)

NOTICE: This form is made available to monthly account holders by NIC on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain an Applicant's written or electronic consent prior to accessing the Applicant's PSP report. Further, account holders are required by FMCSA to use the language contained in this Disclosure and Authorization form to obtain an Applicant's consent. The language must be used in whole, exactly as provided. Further, the language on this form must exist as one stand-alone document. The language may NOT be included with other consent forms or any other language.

NOTICE: The prospective employment concept referenced in this form contemplates the definition of "employee" contained at 49 C.F.R. 383.5.

LAST UPDATED 12/22/2015