



Jacobson Companies

Application for Employment Packet Commercial Driver Position

Please fill out all forms completely as shown. Resumes may be attached to the application, but you must still complete the application in full to be considered for the open position.

All applicants are required to complete pages 1 to 6:

1. Driver Employment Application (pages 1 to 4)
2. Consumer Reports/Investigative Consumer Report (page 5)
3. Drug and Alcohol Consent and Release form (page 6)

As part of our Affirmative Action Plan, we ask that you also complete page 7, the Voluntary Affirmative Action Data form.

DRIVER'S APPLICATION FOR EMPLOYMENT

Applicant Name _____ Date of Application _____
(print)

Company _____

Address _____

City _____ State _____ Zip _____

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status.

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical 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 persons from all liability in responding to inquiries and releasing information in connection with my application.

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.

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 _____ Date _____

FOR COMPANY USE

PROCESS RECORD

APPLICANT HIRED _____ REJECTED _____

DATE EMPLOYED _____ POINT EMPLOYED _____

DEPARTMENT _____ CLASSIFICATION _____
(IF REJECTED, SUMMARY REPORT OF REASONS SHOULD BE PLACED IN FILE)

SIGNATURE OF INTERVIEWING OFFICER _____

TERMINATION OF EMPLOYMENT

DATE TERMINATED _____ DEPARTMENT RELEASED FROM _____

DISMISSED _____ VOLUNTARILY QUIT _____ OTHER _____

TERMINATION REPORT PLACED IN FILE _____ SUPERVISOR _____

This form is made available with the understanding that J. J. Keller & Associates, Inc.® is not engaged in rendering legal, accounting, or other professional services. J. J. Keller & Associates, Inc.® assumes no responsibility for the use of this form, or any decision made by an employer which may violate local, state, or federal law.

APPLICANT TO COMPLETE

(answer all questions - please print)

Position(s) Applied for _____

Name _____ Social Security No. _____
Last First Middle

List your addresses of residency for the past 3 years.

Current Address _____
Street City

State _____ Zip Code _____ Phone _____ How Long? _____
yr./mo.

Previous Addresses _____
Street City State & Zip Code How Long? _____
yr./mo.

Street _____ City _____ State & Zip Code _____ How Long? _____
yr./mo.

Street _____ City _____ State & Zip Code _____ How Long? _____
yr./mo.

Street _____ City _____ State & Zip Code _____ How Long? _____
yr./mo.

Street _____ City _____ State & Zip Code _____ How Long? _____
yr./mo.

Do you have the legal right to work in the United States? _____

Date of Birth _____ / _____ / _____ Can you provide proof of age? _____
(Required for Commercial Drivers)

Have you worked for this company before? _____ Where? _____

Dates: From _____ To _____ Rate of Pay _____ Position _____

Reason for leaving _____

Are you now employed? _____ If not, how long since leaving last employment? _____

Who referred you? _____ Rate of pay expected _____

Have you ever been bonded? _____ Name of bonding company _____
(Answer only if a job requirement)

Is there any reason you might be unable to perform the functions of the job for which you have applied [as described in the attached job description]?

If yes, explain if you wish.

EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state and zip code.

Applicants to drive a commercial motor vehicle* in intrastate or interstate commerce shall also provide an additional 7 years' information on those employers for whom the applicant operated such vehicle.

(NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary.)

EMPLOYER			DATE	
NAME	FROM MO.	YR.	TO MO.	YR.
ADDRESS	POSITION HELD			
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON	PHONE NUMBER			
WERE YOU SUBJECT TO THE FMCSRs [†] 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				

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED) IF NONE, WRITE NONE

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES	HAZARDOUS MATERIAL SPILL
LAST ACCIDENT _____				
NEXT PREVIOUS _____				
NEXT PREVIOUS _____				

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE NONE

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

EXPERIENCE AND QUALIFICATIONS – DRIVER

Driver licenses or permits held in the past 3 years	STATE	LICENSE NO.	CLASS	ENDORSEMENT(S)	EXPIRATION DATE

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

B. Has any license, permit or privilege ever been suspended or revoked? YES _____ NO _____

IF THE ANSWER TO EITHER A OR B IS YES, GIVE DETAILS _____

DRIVING EXPERIENCE CHECK YES OR NO

CLASS OF EQUIPMENT	CIRCLE TYPE OF EQUIPMENT	DATES		APPROX. NO. OF MILES (TOTAL)
		FROM (M/Y)	TO (M/Y)	
STRAIGHT TRUCK <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)			
TRACTOR AND SEMI-TRAILER <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)			
TRACTOR - TWO TRAILERS <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)			
TRACTOR - THREE TRAILERS <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)			
MOTORCOACH - SCHOOL BUS <input type="checkbox"/> YES <input type="checkbox"/> NO <small>More than 8 passengers</small>	—			
MOTORCOACH - SCHOOL BUS <input type="checkbox"/> YES <input type="checkbox"/> NO <small>More than 15 passengers</small>	—			
OTHER _____				

LIST STATES OPERATED IN FOR LAST FIVE YEARS: _____

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

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM? _____

EXPERIENCE AND QUALIFICATIONS – OTHER

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

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION

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

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)

TO BE READ AND SIGNED BY APPLICANT

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: _____ Date: _____

EMPLOYMENT HISTORY (continued)

EMPLOYER			DATE	
NAME			FROM MO. YR.	TO MO. YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRs [†] 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			DATE	
NAME			FROM MO. YR.	TO MO. YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRs [†] 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			DATE	
NAME			FROM MO. YR.	TO MO. YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	
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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			DATE	
NAME			FROM MO. YR.	TO MO. YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
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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			DATE	
NAME			FROM MO. YR.	TO MO. YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRs [†] 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				

*Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 16 or more passengers (including the driver), or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

[†]The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport more than 8 passengers (including the driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

**DRUG/ALCOHOL TESTING
CONSENT AND RELEASE FORM**

I hereby consent to submit to a drug or alcohol test and to furnish a sample of my urine, breath, and/or blood for analysis, as shall be determined by JACOBSON COMPANIES AND AFFILIATED COMPANIES _____ in order to meet with their policy regarding the selection of applicants for employment or independent contactors.

I further authorize and give full permission to have the Company and/or its authorized agents and physicians to send the specimen or specimens so collected to a laboratory for a screening test for the presence of any prohibited substances under the policy, and for the laboratory or other testing facility to release any and all documentation relating to such test to the Company. I further agree to and hereby authorize the release of the results of said tests to the Company.

I understand that it is the current use of illegal drugs that would prohibit me from being employed at this Company or to as an independent contractor for the Company.

I further agree to hold harmless the Company and its agents and physicians from any liability arising in whole or part, out of the collection of specimens, testing, and use of the information from said testing in connection with the Company's consideration of my application of employment or independent contractor status.

I further agree that a reproduced copy of this consent and release form shall have the same force and effect as the original.

I have carefully read the foregoing and fully understand its contents. I acknowledge that my signing of this consent and release form is a voluntary act on my part and that I have not been coerced into signing this document by anyone.

APPLICANT or INDEPENDENT CONTRACTOR

Print Name: _____ S.S.#: _____

Signature: _____ Date: _____

WITNESS:

Print Name: _____

Signature: _____

RELEASE OF INFORMATION AUTHORIZATION
Pre-employment background screening
Jacobson Companies

The following information is helpful to your potential employer when processing your pre-employment background check. Providing the following information will expedite your approval for employment. You are not required to release this information.

If you are currently employed may we contact your employer?

Yes _____ No _____ Post Hire Only _____

I understand that an Investigative Consumer Report ("Consumer Report") may be prepared summarizing the information contained in my background check.

I understand that I have the right to inspect those files with reasonable notice during regular business hours and that I may be accompanied by one other person. I should direct my request to: Risk Assessment Group, LLC. P.O. Box 27443, Tempe, Arizona 85285. Phone 866-777-1114.

I hereby certify that all the statements and answers set forth on the application form and/or my resume are true and complete to the best of my knowledge, and I understand that if subsequent to employment any such statements and/or answers are found false or that information has been omitted, such false statements or omissions will be just cause for the termination of my employment. Further, I understand that by requesting this information, no promise of employment has been made.

Are you applying for employment in the State of California? _____ Yes _____ No

If you are applying for employment in the State of California please note that a new Disclosure and Release of Information Authorization is required for any subsequent Consumer Report/Investigative Consumer Report.

Are you applying for employment in California, Minnesota or Oklahoma? _____ Yes _____ No

If so, would you like a copy of any Consumer Report prepared for you? _____ Yes _____ No

If you are applying for employment outside of California, Minnesota, or Oklahoma would you like a copy of the Consumer Report / Investigative Consumer report mailed to you? _____ Yes _____ No

First Name _____
Please print

Last Name _____
Please print

Signature _____

Date _____



Risk Assessment Group
Background Screening & Hiring Solutions

www.riskassessmentgroup.com
1-866-777-1114

**FAIR CREDIT REPORTING ACT
CONSUMER REPORT/INVESTIGATIVE CONSUMER REPORT
DISCLOSURE AND RELEASE OF INFORMATION AUTHORIZATION**

PLEASE REVIEW CAREFULLY BEFORE SIGNING AUTHORIZATION

I authorize Jacobson Companies and Risk Assessment Group, Inc., a consumer-reporting agency, to retrieve information from all personnel, educational institutions, government agencies, companies, corporations, credit reporting agencies, law enforcement agencies at the federal, state or county level relating to my past activities, and authorize the foregoing entities to supply any and all information concerning my background. The information received may include, but is not limited to academic, residential, achievement, job performance, attendance, litigation, personal history, credit reports, driving records, and criminal history records.

I understand that an Investigative Consumer Report ("Consumer Report") may be prepared summarizing this information. If my prior employers and/or references are contacted, the report may include information obtained through personal interviews regarding my character, general reputation, personal characteristics and/or mode of living. I may request a copy of any Investigative Consumer Report that is prepared regarding me and may also request the nature and substance of all information about me contained in the files of the consumer-reporting agency. The consumer-reporting agency is required to provide someone to explain the contents of my file. I understand that proper identification will be required and that I should direct my request to: Risk Assessment Group, LLC. P.O. Box 27443, Tempe, Arizona 85285. Phone 866-777-1114.

I am willing that an electronic or photocopy of this authorization be acceptable with the same authority as the original; and that if employed by the above named company (except if employed in the state of California), this authorization will remain in effect throughout such employment.

By my signature below, I acknowledge receipt of this Disclosure and Release of Information Authorization and certify that I have read and understand it.

Signature Social Security Number _____ Date _____

Personal Telephone Contact Number Email Address _____

NOTE: The following information is needed to conduct a background investigation and IS NOT considered as part of your application. It is used only for identification purposes in verifying information on your Employment Application. **PLEASE PRINT CLEARLY.**

Last Name First Name _____ Middle Name _____

Please list all aka's including maiden names _____

Street Address City _____ State _____ Zip Code _____

Driver's License Number State of License Expiration Date _____ Date of Birth _____



Risk Assessment Group
Background Screening & Hiring Solutions

www.riskassessmentgroup.com
866-777-1114

Voluntary Affirmative Action Data

Form A: For government contractors with contracts of \$25,000 or more entered into before December 1, 2003

PLEASE NOTE: Completion of this form is voluntary.

We consider all applicants for positions without regard to race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve/ National Guard, or any other similarly protected status. We also comply with all applicable laws governing employment practices and do not discriminate on the basis of any unlawful criteria.

To comply with requirements regarding government recordkeeping, reporting, and other legal obligations that may apply, we request that you complete this applicant data survey. Providing this information is **STRICTLY VOLUNTARY**. Not providing it will not subject you to any negative personnel decision or action. Your cooperation is appreciated.

To be completed by applicant on a voluntary basis. Not for interview purposes. File separately from application.

Applicant Information

Name _____ Phone (_____) _____
LAST FIRST MIDDLE

Address _____
STREET CITY STATE ZIP CODE

Male Female Position applied for _____ Date ____/____/____

Referral source:

- | | | |
|---|--|---|
| <input type="checkbox"/> Government employment agency | <input type="checkbox"/> Private employment agency | <input type="checkbox"/> Current employee |
| <input type="checkbox"/> Walk-in | <input type="checkbox"/> School | <input type="checkbox"/> Relative |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Advertisement was seen in _____ | |

Person who referred you, if applicable _____

Please select one of the following Equal Employment Opportunity Identification Groups:

- | | | |
|--|--|---|
| <input type="checkbox"/> Hispanic or Latino | <input type="checkbox"/> White (not Hispanic or Latino) | <input type="checkbox"/> Asian (not Hispanic or Latino) |
| <input type="checkbox"/> Native Hawaiian/Other Pacific Islander (not Hispanic or Latino) | <input type="checkbox"/> Black/African American (not Hispanic or Latino) | |
| <input type="checkbox"/> American Indian/Alaskan Native (not Hispanic or Latino) | <input type="checkbox"/> Two or more races (not Hispanic or Latino) | |

Veteran Status Information (for government contractors with contracts of \$25,000 or more entered into before December 1, 2003)

Our company is a government contractor subject to the amended Vietnam Era Veterans' Readjustment Assistance Act of 1974 (VEVRAA), which requires government contractors to take affirmative action to employ and advance special disabled veterans, Veterans of the Vietnam era, recently separated veterans and other protected veterans. If you belong to any of these groups, we would like to include you under our affirmative action program. If you want to be included, please tell us. **Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment.**

The information provided will be used only in ways that are consistent with the amended VEVRAA. This information will be kept confidential, except that: (i) supervisors and managers may be informed regarding restrictions on the work or duties of disabled veterans, and regarding necessary accommodations; (ii) first aid and safety personnel may be informed, to the extent appropriate, if you have a condition that might require emergency treatment; and (iii) government officials engaged in enforcing laws administered by the Office of Federal Contract Compliance Programs (OFCCP), or the Americans with Disabilities Act, may be informed.

Please check all boxes that apply to you:

- I am a veteran of the Vietnam era.** A person who: (a) served on active duty for a period of more than 180 days, and was discharged or released therefrom with other than a dishonorable discharge, if any part of such active duty occurred in: (i) the Republic of Vietnam between February 28, 1961 and May 7, 1975 or (ii) between August 5, 1964 and May 7, 1975, in all other cases; OR (b) was discharged or released from active duty for a service-connected disability if any part of such active duty was performed during the times and places specified under (a).
- I am a recently separated veteran.** Any veteran during the one-year period beginning on the date of such veteran's discharge or release from active duty.
- I am an other protected veteran.** A person who served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized, under laws administered by the Department of Defense.
- I would like to be included under the company's affirmative action program (if applicable) pertaining to veterans of the Vietnam era, recently separated veterans, and other protected veterans.** (Note that you may make this request at this time and/or any time in the future.)
- None of the above apply to me.**

Special Disabled Veterans (APPLICANT: Only complete this section if the company has checked "Yes" below.) EMPLOYER: Indicate whether you are inviting applicants to participate in your company's affirmative action program benefiting special disabled veterans.

Yes. We invite applicants to provide information (on a voluntary basis) regarding their status as a "special disabled veteran" for inclusion in our affirmative action program. Check this box ONLY if your company is actually undertaking affirmative action for special disabled veterans at the *application* stage (pre-offer) or is otherwise authorized to collect such data to comply with federal, state or local affirmative action obligations pertaining to special disabled veterans. Otherwise, it is advisable to wait until a conditional offer of employment has been extended before inquiring about disability status.

APPLICANT:

If our company has checked "Yes" above, you are invited to provide additional information regarding your status as a "special disabled veteran." This information will assist us in placing you in an appropriate position and in making accommodations for your disability. The law defines a "special disabled veteran" as:

- a) a veteran who is entitled to compensation (or who, but for the receipt of military retired pay, would be entitled to compensation) under laws administered by the Department of Veterans Affairs for a disability rated at 30 percent or more, or rated at 10 or 20 percent in the case of a veteran who has been determined by the Department of Veterans Affairs to have a serious employment handicap, or
- b) a person who was discharged or released from active duty because of a service-connected disability.

If you are a special disabled veteran, please indicate whether you would like to be included under our company's affirmative action program for special disabled veterans. You may elect to be included now or at any time in the future.

Yes. I would like to be included under the company's affirmative action program for special disabled veterans. (If a job offer is extended, you may be asked to provide more information to assist with placement and accommodation issues.)

No. At this time, I would not like to be included in the company's affirmative action program for special disabled veterans.

If you are a special disabled veteran, please tell us about any special methods, skills and procedures that qualify you for positions you otherwise might not be able to do because of your disability so you will be considered for any such positions.

Applicant's signature: _____

For Administrative Use

Position(s) applied for _____ Current opening No current opening

Other position(s) considered for _____

Hired? No Yes Hire date ____/____/____ Position hired for _____

Position classification

- | | | |
|--|---|---|
| <input type="checkbox"/> Executive/senior-level officials and managers | <input type="checkbox"/> Administrative support workers | <input type="checkbox"/> Sales workers |
| <input type="checkbox"/> First/mid-level officials and managers | <input type="checkbox"/> Professionals | <input type="checkbox"/> Service workers |
| | <input type="checkbox"/> Operatives | <input type="checkbox"/> Technicians |
| | <input type="checkbox"/> Craft workers | <input type="checkbox"/> Laborers and helpers |

Additional notes _____

Completed by _____ Date ____/____/____

