

Any gaps in employment and/or unemployment must be explained.

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 9 or more passengers, OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

EXPERIENCE AND QUALIFICATION

Attach separate sheet if more space is needed

Driving Experience

If no driving experience within the last 3 years – check here _____

<u>CLASS OF EQUIPMENT</u>	<u>TYPE OF EQUIPMENT</u> (Circle all that apply)	<u>DATES</u>	<u>APPROX. NUMBER OF MILES</u>
		FROM TO	
Straight Truck	Van, Reefer, Tank, Flat	_____	_____
Tractor & Semi-Trailer	Van, Reefer, Tank, Flat	_____	_____
Tractor – Two Trailers	Van, Reefer, Tank, Flat	_____	_____
Tractor – Three Trailers	Van, Reefer, Tank, Flat	_____	_____
Motorcoach – School Bus (Greater than 8 passengers)	N/A	_____	_____
Motorcoach – School Bus (Greater than 15 passengers)	N/A	_____	_____
Other: _____	Van, Reefer, Tank, Flat, N/A	_____	_____

Accident History (3 years)

If no accidents within the last 3 years – check here _____

<u>DATE</u> (Month/year)	<u>NATURE OF ACCIDENT</u> (Head-on, rear-end, upset, etc)	<u>NUMBER OF FATALITIES</u>	<u>NUMBER OF INJURIES</u>	<u>HAZARDOUS MATERIALS SPILL?</u>
_____	_____	_____	_____	_____ Yes _____ No
_____	_____	_____	_____	_____ Yes _____ No
_____	_____	_____	_____	_____ Yes _____ No

Traffic Convictions and Forfeitures (3 years)

If no traffic convictions and/or forfeitures within the last 3 years – check here _____

<u>DATE CONVICTED</u> (Month/year)	<u>VIOLATION</u> (Other than violations involving parking only)	<u>STATE OF VIOLATION</u>	<u>PENALTY</u> (Forfeited bond, collateral and/or points)
_____	_____	_____	_____
_____	_____	_____	_____

License Information

Section 383.21 FMCSR states “No person who operates a commercial motor vehicle shall at any time have more than one driver’s license.” I certify that I do not have more than one motor vehicle license, the information for which is listed below:

_____ State _____ License Number _____ Expiration Date

- A) Have you ever been denied a license, permit, or privilege to operate a motor vehicle? _____ Yes _____ No
If yes, give details _____
- B) Has any license, permit, or privilege ever been suspended or revoked? _____ Yes _____ No
If yes, give details _____

Applicant Certification

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.

_____ Applicant’s Signature _____ Date

Memo

Sirna & Sons Produce

To: All new Hires

From: Management

CC: EMS

Date: 11/8/2013

RE: Criminal background check for Employees hired after 11/1/2013

This policy applies to New Hires that are hired on or after November 1, 2013

Sirna & Sons requires a criminal check for all full-time and part-time employees upon hire once a conditional offer of employment has been extended by the hiring manager.

Although a disqualification is possible, in accordance with Federal and State laws, a previous conviction does not automatically disqualify an applicant from consideration for employment with Sirna & Sons. Depending on a variety of factors (for example, the nature of the position, the nature of the conviction, age of the candidate when the illegal activity occurred), the candidate may still be eligible for employment with Sirna & Sons.

However, if an applicant attempts to withhold information or falsify information pertaining to previous convictions, the employee will be disqualified from further employment consideration in any position with the company due to falsification of an application.

An offer of employment may be extended to an applicant prior to the completion of the criminal conviction check. However, the applicants first day of work in the position must not be prior to the satisfactory completion of the criminal conviction check.

EMS

Employment Management Services

FAIR CREDIT REPORTING ACT DISCLOSURE & RELEASE

This form is to be used whenever a consumer report must be obtained to verify employment history, driving record, criminal conviction record and other public information.

Part 1 Disclosure:

By this document, Employee management Services (EMS) and on-site EMS employer, discloses to you that a consumer report may be obtained for employment purposes as part of the pre-employment background investigation and at any time during your employment. Please sign below to signify receipt of the foregoing disclosure.

Signature: _____ Date: _____

Print Full Name (First, Middle, Last): _____ S.S.# _____

Address: _____ City: _____ State: _____ Zip: _____

Driver's License#: _____ State of Issuance: _____

Part 2 Release:

In exchange for consideration for employment at EMS customer company location, and all the related EMS companies and divisions, I hereby authorize the release to EMS, its customer company, its agents, and all employees of EMS customer company location of information held by any parties regarding my current and past employment, my record of convictions for violations of any federal, state, and local statues, laws, and ordinances, my credit history, my workers' compensation history, and/or my driving record. I hereby release and hold harmless EMS, its Customer Company and all individual companies, and law enforcement authorities from any and all liabilities for any and all damages whatsoever for the release and dissemination of this information. I understand that any investigation into my background is for employment purposes only and, that EMS and its customer company cannot vouch for or guarantee accuracy of information provided by third parties. Accordingly, I release EMS, its customer company, its agents and employees, from any and all liabilities arising from any erroneous or mitted information that may be obtained and disseminated pursuant to this release.

I certify that I have reviewed the forgoing information supplied to me and that it is true and correct to the best of my knowledge. I also authorize that a copy of the release be as valid as an original.

Applicant Signature: _____

Date of Birth (Mo. /Day/Yr.): _____ Date: _____

The area below must be completed before background check will be performed. The EMS HR Representative will fax this form to the CBS Corporate Cinnccinnati office. Provide the EMS Employment Application if the education and/or past & present employment verification will be checked.

EMS HR Representative Name: _____

EMS Phone Number: _____ Fax: _____ Date: _____

HR Representative's Confirmation of Applicants Name: _____

Confirm SS#: _____ Confirm Date of Birth: _____

EMS Client: _____

CHECK DESIRED OPTIONS

Conviction History _____ Workers' Compensation _____ Credit _____

Motor Vehicle _____ Employer Verification _____ Education _____

EMS

Employment Management Services

NAME OF FORM: Fair Credit Reporting Act Disclosure & Release, [5-PRE]

PURPOSE: To verify the applicants statements regarding their criminal, Employment Verification, Driving Records, Education, Credit, Motor vehicle and/or Workers Compensation History.

WHO COMPLETES IT: Applicant/Employment Interviewer

WHEN TO COMPLETE: When the employment interviewer is ready to make a job offer, typically after the application for employment has been filled out and the initial interview is complete.

Due to the cost of the service, background checks should only be done when there is intent to hire

HOW TO COMPLETE: The Applicant is to print the following information on the appropriate lines: Name, Street Address, City, State, Zip Code, Social Security Number, Date of Birth, Driver's License Number and State of Issuance.

Client checks the appropriate box(es) to indicate the service(s) to perform

THE COST OF A BACKGROUND CHECK: The cost will vary depending on the category(ies) selected.

HOW TO PAY FOR THIS SERVICE: You will be billed through your EMS Payroll invoice.

WHERE TO SEND AFTER COMPLETION: Mail or fax the form to your EMS HR Specialist, along with the completed EMS Employment Application.



UNITED AGENCIES
I N S U R A N C E G R O U P

Re: MVR Requests

Following please find a disclosure required under the Fair Credit Reporting Act and a short Driver Questionnaire for your use in requesting Motor Vehicle Reports.

There were various legal rulings made regarding the use of MVR's for underwriting and employment purposes.

We are now required to use these forms prior to actually ordering MVR's. They can be faxed or emailed. Please feel free to copy these as needed.

Do not hesitate to contact us with any questions.

Thank you,

1422 Euclid Ave # 900, Cleveland, OH 44115
(216) 696-8044

**Disclosure: Fair Credit Reporting Act & Consent
To Procurement of Consumer Report**

The undersigned authorizes Sirna & Sons Produce and/or its Insurance Agency, United Agencies, or its assigns, to obtain a copy of a Motor Vehicle Report pertaining to me for employment purposes, and for use in underwriting for which the above employer may apply, and renewal thereof. I understand that in obtaining the report, a consumer reporting agency will be used, and I do hereby authorize such use.

Print Name: _____

Date: _____

Signature: _____

Driver Questionnaire
(To be completed by each driver)

Name of Driver: _____

Date of Birth: _____

Social Security#: _____

Driver's License#: _____

State: _____

Please list *ALL* accidents and violations you have been involved in, (even if not at fault), in the past three years:

Description & Date:

I certify the above information is complete and accurate to the best of my knowledge and belief.

Date: _____

Signature: _____

Please send completed form to Joann via fax: #216-916-4871 or email to:
jjustus@uainc.com