

AND SONS PRODUCE <u>SIRNA</u> 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 current/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. Date:

Signature:

NAME:	Last	`	First			Middle	
Social Security Number) Phone Number		e of Birth	Hire Da	ate	
ADDRESS:							
	Street	City	Sta	ite 2	Zip	Number of Years	
AST 3 YEAR:							
ESIDENCY:	Street	City	Sta	ite 2	Zip	Number of Years	
	Street	City	Sta	ite 2	Zip	Number of Years	
		R REFERRAL: r new hires receive mon <u>E</u> M		referral program,		for at least 90 days.	
nformation for all emp	ployers for whom you ha	mmerce must provide the fo ave driven a commercial vel g address: street number	hicle seven years pri	ior to the initial thre		three years. You must give year employment record).	
CURRENT OR LA	AST EMPLOYER: N	lame			Pho	ne # ()	
4			City		State:	Zip:	
treet Address:			Ony				
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osition Held:			From:	(month/year)	To:	(month/year)	
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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 experien	ce within the last 3	years – check here	
CLASS OF EQUIPMENT	<u>TYPE OF EQUIPMENT</u> (Circle all that apply)	DATES FROM	то	APPROX. NUMBER OF MILES
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	<u> </u>		
Motorcoach – School Bus (Greater than 15 passengers)	N/A			
Other:	Van, Reefer, Tank, Flat, N/A	A		
			- check here	_
<u>DATE</u> (Month/year)	<u>NATURE OF ACCIDENT</u> (Head-on, rear-end, upset, etc)	<u>NUMBER OF</u> FATALITIES	<u>NUMBE</u> INJUR	
				YesNo
				YesNo
				Yes No
	Traffic Conv If no traffic convictions and/or f		feitures (3 years) e last 3 years – check	
DATE CONVICTED (Month/year)	<u>VIOLATION</u> (Other than violations involving park	ing only)	<u>STATE OF</u> <u>VIOLATION</u>	PENALTY (Forfeited bond, collateral and/or points)
	<u>I</u>		tion	
	tes "No person who operates a commerc for vehicle license, the information for w			nore than one driver's license." I certify that I do
Sta	ate I	License Number		Expiration Date
If yes, give details	ied a license, permit, or privilege to oper			No
	or privilege ever been suspended or revo		česNo	
		oplicant Certific		
This certifies that this appli-	cation was completed by me, and that all	entries on it and int	formation in it are true	e and complete to the best of my knowledge.
	Applicant's Signature			Date

Memo

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	f 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.):

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

Date:

EMS HR Representative Name:		
EMS Phone Number:	Fax:	Date:
HR Representative's Confirmation of A	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.



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:

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