

DRIVER'S APPLICATION FOR EMPLOYMENT

Applicant Name _____ Date of Application _____
(print)

George B. Wittmer Associates, Inc.
625 Oak Street
Green Cove Springs, Florida, 32043

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 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 301.23(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 _____

COMPANY USE ONLY

Division Check Box

- Agricycle
- ARC
- BCI
- Corporate
- GP
- PCA

Application Received _____

Application Processed _____

Application Forwarded _____

Accepted Rejected On Hold

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.

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

Date of Birth ____/____/____ Can you provide proof of age? _____

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 _____

Can you perform, with or without reasonable accommodation, the essential functions of the job [as described in the attached job description]?

EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 5 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.	From MO. YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP CODE	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				

EMPLOYMENT HISTORY (continued)

EMPLOYER			DATE	
NAME			From MO. YR.	From MO. YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP CODE	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.	From MO. YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP CODE	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.	From MO. YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP CODE	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.	From MO. YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP CODE	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 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 driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

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 & 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				
Motorcoach - School Bus <input type="checkbox"/> Yes <input type="checkbox"/> No				
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

EXPERIENCE AND QUALIFICATIONS - OTHER Continued

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: _____

GEORGE B. WITTMER ASSOCIATES, INC.

625 Oak Street · Green Cove Springs, FL 32043
Telephone (904) 284-2770 · Facsimile (904) 284-2969

APPLICATION FORM WAIVER

In exchange for the consideration of my job application by George B. Wittmer Assoc. Inc. (hereinafter called "the Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of the employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of George B. Wittmer Assoc. Inc. or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President of the Company. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

I also understand that (1) the Company has a drug and alcohol policy that provides for preemployment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with the Company shall be probationary for a period of ninety (90) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

Signature of applicant _____ Date _____

George B. Wittmer Assoc. Inc. is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

Thank you for completing this application form and your interest in our business.

Employment Inquiry Release

George B. Wittmer Associates, Inc. (GBWA) does not discriminate in hiring for employment on the basis of race, color, religion, creed, national origin, a person with a disability, sex or ancestry or on the basis of age against persons who are forty years of age or older.

Name: _____ Date of Birth: ____/____/____
Last First Middle

Address: _____ Social Security No. ____-____-____

City State Zip Code

Telephone: (Home) ____-____-____ (Cell) ____-____-____ (Work) ____-____-____

Driver's License Number: _____ State: _____

Please read the following statement carefully.

GBWA is hereby authorized to make any investigative inquiries in connection with my possible or current employment with the above understand. I understand that these background inquiries will include, but will not be limited to, consumer, criminal, driving, and other reports, and will include information regarding my character, work habits, performance, and experience, including reasons for termination of past employment.

I further understand that GBWA may be requesting information from various federal, state, and other agencies that maintain records concerning my past activities relating to my driving, credit, criminal, and other experiences, as well as claims involving me in the files of insurance companies.

I authorize, without reservation, any part or agency contacted by GBWA to furnish the above-mentioned information.

Signature of Applicant

Date

**U.S. DEPARTMENT OF TRANSPORTATION
MOTOR CARRIER SAFETY PROGRAM
INQUIRY TO STATE AGENCY FOR
DRIVER'S RECORD
391.23**

(Driver's Name)

(Driver's Operators Lic. No.)

(Driver's Social Sec. No.)

Dear _____:

The above listed individual has made application with us for employment as a driver. Applicant has indicated that the above numbered operator's license or permit has been issued by your State to applicant and that it is in good standing.

In accordance with Section 391.23(a)(1) and (b) of the Federal Motor Carrier Safety Regulations, we are required to make inquiry into the driving record during the preceding 3 years of every State in which an applicant-driver has held a motor vehicle operator's license or permit during those 3 years.

Therefore, please certify to us what the individual's driving record is for the preceding 3 years, or certify that no record exists if that be the case.

In the event that this inquiry does not satisfy your requirements for making such inquiries, please send us such forms of yours as are necessary for us to complete our inquiry into the driving record of this individual.

Respectfully yours,

Signature of individual
making inquiry

(printed) Name of person making inquiry

Title of person making inquiry

Motor Carrier Name

Street

City

State

Zip

REQUEST FOR CHECK OF DRIVING RECORD

Driver

I hereby authorize you to release the following information to George B. Wittmer Associates, Inc. for the purpose of investigation as required by Sections 391.23 and 301.25 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information.

_____ (Driver's Signature) _____ (Date)

I also hereby certify that this report request and the above driver's release notice meet the definition of "permissible uses" of state motor vehicle records under the provisions of the Driver's Privacy Protection Act of 1994 (Public Law 103-322, Title XXX, Section 300002(a))

_____ (Requester's Signature) _____ (Date)

TO: _____

Dear Sir/Madam:

- The following named person has made application with our company for the position of _____. In accordance with Section 391.23, Federal Department of Transportation Regulations, please furnish the undersigned with the applicant's driving record for the past three years.
- The following named person is employed with our company in the position of _____. In accordance with Section 391.23, Federal Department of Transportation Regulations, please furnish the undersigned with the employee's driving record for the past year.

Driver

Name of Driver _____

Address _____
(Number & Street) (City) (State) (Zip Code)

Former Address _____
(Number & Street) (City) (State) (Zip Code)

Date of Birth _____ SSN _____ License No. _____

REQUESTED BY:

George B. Wittmer Associates, Inc
 625 Oak Street
 Green Cove Springs, FL. 32043

Valerie Richards
 Payroll Administrator

(Signature)

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 George B. Wittmer Associates, Inc (“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 GBWA (“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.

LAST UPDATED 12/22/2015

DISCLOSURE TO CONSUMER

George B. Wittmer Associates, Inc.

Name of Company

As part of our employment process, we may obtain where permitted, one or more consumer reports or investigative consumer reports about you that we obtain from a consumer report agency, such as:

iiX, a Verisk Analytics Business
1716 Briarcrest Drive, Suite 200
Bryan, Texas 77802

- * Consumer reports may include background, employment history, academic and/or professional credentials, military service, credit history, and driving history. The information gathered also may involve a criminal history and/or alcohol or drug use history, if any.
- * An investigative consumer report may include information about your character, general reputation, personal characteristics and mode of living that may be obtained by interviews with individuals who may have knowledge concerning any such items of information. This also may include contracts of all listed prior employers to verify your employment history.
- * If your employment falls under the federal Department of Transportation ("DOT") and the Federal Motor Carrier Safety Administration ("FMCSA"), including 49 CFR § 391.23, the report could include your driving, safety inspections and performance history from the FMCSA.

Under the provisions of the Fair Credit Reporting Act ("FCRA"), 15 U.S.C. § 1681 et seq.; FMCSA regulations in the Federal Code of Regulations, including 49 CFR § 40.329; and certain state laws, before we can seek such reports, where permitted, we must have your written permission to obtain the information.

You have the right, upon written request, to a complete and accurate disclosure of the nature and scope of the investigation. You also are entitled to a copy of that document entitled "Rights Under the Fair Credit Reporting Act". Under the FCRA, before we take adverse action on the basis, in whole or in part, of information in a consumer report, you will be provided a copy of that report, the name, address, and telephone number of the consumer reporting agency, and a summary of your rights under the FCRA.

- * Notice to California Applicants: Under California law, the reports ordered about you for employment purposes within the State of California are defined as "investigative consumer reports." These reports may contain information on your character, general reputation, personal characteristics and mode of living. Under the California Civil Code § 1786.22, you may view the report(s) maintained at iiX during normal business hours. You also may obtain a copy by submitting proper identification and paying the cost of duplication by appearing at iiX in person, by mail, or by telephone. iiX is required to have personnel available to explain the report(s) and to explain any coded information. If you appear in person, you may be accompanied by a person of your choice, if s/he furnishes proper identification.
- * Notice to Massachusetts Applicants: Under Massachusetts law, an employer is prohibited from making written, per-employment inquiries of an applicant about his or her criminal history. MASSACHUSETTS APPLICANTS SHOULD NOT RESPOND TO ANY OF THE QUESTIONS SEEKING CRIMINAL RECORD INFORMATION.

AUTHORIZATION TO OBTAIN INFORMATION

George B. Wittmer Associates, Inc.

Name of company

I have read and understood the preceding Disclosure to Consumer. Under the Fair Credit Reporting Act ("FCRA"), 15 U.S.C. § 1681 et seq., the regulations applicable to the federal Department of Transportation's Federal Motor Carriers Safety Administration, including 49 CFR § 40.329, the Americans with Disabilities Act and all other applicable federal, state, and local laws, I hereby authorize and permit the above named company to obtain information about me, where permitted, which may pertain to my employment records, driving history records, driving performance and safety history, criminal history, credit history, civil records, workers' compensation (post-offer only), alcohol and drug testing, verification of my academic and/or professional credentials, and information and/or copies of documents from any military service records.

I understand an "investigative consumer report" may include information as to my character, general reputation, personal characteristics, and mode of living that may be obtain by interview with individuals who may have knowledge concerning any such items of information. I authorize information to be obtained from my former employers to satisfy driver qualification regulations.

DOT Drivers. I understand that Title 49 of the Federal Code of Regulations, § 301.23, requires that my prospective employer and/or its agent(s) may contact all former employers of a driver within the last three years under the regulation of the Department of Transportation. Information such as dates of employment, position, accident history, as well as information pertaining to my drug and alcohol testing history, may be requested from each employer in accordance with Section 391.23 and 49 CFR 40.25.

By signing below, I consent to and authorize the gathering of this information by my prospective employer or employer and those who my prospective employer or employer has engaged to request and obtain this information including former employers, and/or from or through a consumer reporting agency, such as iiX a Verisk Analytics Business.

I understand and acknowledge that the information provided in the consumer reports or investigative consumer reports may assist my employer or prospective employer to make a determination regarding my suitability as an employee.

I further understand that, under the FCRA, in the event of Adverse Action, I may request a copy of any consumer report from the consumer reporting agency that compiled the report, after I have provided proper identification.

I agree that a copy of the authorization has the same effect as an original. Where permitted, this authorization shall remain in effect over the course of my employment and reports maybe ordered periodically during the course of my employment.

Applicant's/Employee's Full Name (Print clearly)

Applicant's /Employee's Signature

____/____/_____
Date of Signature