

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 _____
 How many hours can you work a week? _____ Any day or time you cannot work? _____
 Employment desired: Full time Part time Available to start working? _____

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

EMPLOYMENT HISTORY

All applicants must provide the following information on all employers during the preceding 5 years. List complete mailing address, street number, city, state, and zip code.
 (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	
Did you operate any heavy equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No Did you operate any lawn equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Wheel Loader <input type="checkbox"/> Dozer <input type="checkbox"/> Excavator <input type="checkbox"/> Tractor <input type="checkbox"/> Lawn Mower <input type="checkbox"/> Weed Eater			
Please list any other equipment operated:			

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	
Did you operate any heavy equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No Did you operate any lawn equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No				
<input type="checkbox"/> Wheel Loader <input type="checkbox"/> Dozer <input type="checkbox"/> Excavator <input type="checkbox"/> Tractor <input type="checkbox"/> Lawn Mower <input type="checkbox"/> Weed Eater				
Please list any other equipment operated:				

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	
Did you operate any heavy equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No Did you operate any lawn equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No				
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ADDRESS			POSITION HELD	
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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	
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<input type="checkbox"/> Wheel Loader <input type="checkbox"/> Dozer <input type="checkbox"/> Excavator <input type="checkbox"/> Tractor <input type="checkbox"/> Lawn Mower <input type="checkbox"/> Weed Eater				
Please list any other equipment operated:				

EXPERIENCE AND QUALIFICATIONS - OTHER

Show any other experience that my 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 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

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.

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