



A. C. Schultes of Florida, Inc.
 11865 Hwy. 41 S.
 Gibsonton, FL 33534
 813-741-3010

APPLICATION FOR EMPLOYMENT

(Answer All Questions - Please Print)

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, non-job related disability, or any other protected group status. I authorize A.C. Schultes and its subsidiaries/affiliates, to use or disclose my information provided on this application during the normal course of my employment as needed by customers, vendors, federal, state or local governing agencies, doctors, benefit administrators or any other agencies that we conduct business with. I understand that I may revoke this authorization at any time by notifying A.C. Schultes in writing.

Minimum Job Requirements of A. C. Schultes Inc. Companies

- * Must be 18 years of age
- * Must have driver's license (CDL preferred)
- * Must be able to drive a truck with manual transmission
- * Must have steel toed shoes, knife and 10' tape
- * Must have some mechanical training or experience
- * Must have your own form of transportation
- * Must be willing to live away
- * Must be able to lift 100 pounds

Date of Application _____

Position's Applied For _____

Name of Applicant

 Last First Middle

Current Address

 Street City State Zip Code

Social Security Number _____

Phone Number's

 Home Cellular

Date & Place of Birth

 Date City State

ADDRESS _____
 FOR PAST Street City State & Zip Code How Long

THREE YEARS _____
 Street City State & Zip Code How Long

Who referred you? _____ Rate of pay expected _____

- Are you currently employed? Y / N
- If No, how long have you been unemployed? _____
- Do you have the legal right to work in the United States? Y / N
- Were you in the military? Y / N
- Can you electric weld? Y / N
- Have you ever been convicted of a felony? Y / N

If Yes, please explain below. Conviction of a crime is not an automatic disqualification from employment-all circumstances will be considered.

EMPLOYMENT HISTORY

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

Applicants driving a commercial motor vehicle* in intrastate or interstate commerce shall also provide an additional seven years of 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 _____ TO _____
ADDRESS _____	POSITION _____
CITY _____ STATE _____ ZIP _____	SALARY/WAGE _____
CONTACT PERSON _____ PHONE NUMBER: _____	REASON FOR LEAVING _____
DID YOU DRIVE A VEHICLE REQUIRING A CDL? YES NO	

EMPLOYER	DATE
NAME _____	FROM _____ TO _____
ADDRESS _____	POSITION _____
CITY _____ STATE _____ ZIP _____	SALARY/WAGE _____
CONTACT PERSON _____ PHONE NUMBER: _____	REASON FOR LEAVING _____
DID YOU DRIVE A VEHICLE REQUIRING A CDL? YES NO	

EMPLOYER	DATE
NAME _____	FROM _____ TO _____
ADDRESS _____	POSITION _____
CITY _____ STATE _____ ZIP _____	SALARY/WAGE _____
CONTACT PERSON _____ PHONE NUMBER: _____	REASON FOR LEAVING _____
DID YOU DRIVE A VEHICLE REQUIRING A CDL? YES NO	

EMPLOYER	DATE
NAME _____	FROM _____ TO _____
ADDRESS _____	POSITION _____
CITY _____ STATE _____ ZIP _____	SALARY/WAGE _____
CONTACT PERSON _____ PHONE NUMBER: _____	REASON FOR LEAVING _____
DID YOU DRIVE A VEHICLE REQUIRING A CDL? YES NO	

EMPLOYER	DATE
NAME _____	FROM _____ TO _____
ADDRESS _____	POSITION _____
CITY _____ STATE _____ ZIP _____	SALARY/WAGE _____
CONTACT PERSON _____ PHONE NUMBER: _____	REASON FOR LEAVING _____
DID YOU DRIVE A VEHICLE REQUIRING A CDL? YES NO	

*Includes vehicles having GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

LIST MOTOR VEHICLE ACCIDENTS FOR THE PREVIOUS THREE YEARS (IF NONE, WRITE NONE)

Rev. 11/2006

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES
Last Accident _____			
Next Previous _____			
Next Previous _____			

(ATTACH SHEET IF MORE SPACE IS NEEDED)

LIST TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PREVIOUS THREE YEARS (OTHER THAN PARKING VIOLATIONS)

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

LIST OCCUPATIONAL INJURIES (WORK RELATED) FOR THE PREVIOUS FIVE YEARS (IF NONE, WRITE NONE)

BRIEF DESCRIPTION OF INJURY	DATE	LOST TIME

(ATTACH SHEET IF MORE SPACE IS NEEDED)

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 HIGH SCHOOL: 1 2 3 4 COLLEGE: 1 2 3 4

LAST SCHOOL ATTENDED _____

NAME

CITY

STATE

DRIVING - EXPERIENCE AND QUALIFICATIONS

DRIVER LICENSES INFORMATION	STATE	LICENSE NO.	TYPE	EXPIRATION DATE

A. HAVE YOU EVER BEEN DENIED A LICENSE OR PERMIT TO OPERATE A MOTOR VEHICLE? YES _____ NO _____

B. HAS YOUR LICENSE OR PERMIT EVER BEEN SUSPENDED OR REVOKED? YES _____ NO _____

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

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES		APPROX. NO. OF MILES (TOTAL)
		FROM	TO	
Straight Truck				
Tractor & Semi				
Tractor Trailers				
Other:				

LIST STATES OF OPERATION DURING THE PREVIOUS FIVE YEARS: _____

LIST SPECIFIC TRAINING AND/OR COURSES THAT WILL HELP YOU AS A DRIVER: _____

LIST ANY SAFE DRIVING AWARDS RECEIVED: _____

OTHER - EXPERIENCE AND QUALIFICATIONS

LIST ANY TRUCKING AND TRANSPORTATION EXPERIENCE THAT MAY HELP IN YOUR FIELD OF WORK FOR THIS COMPANY:

LIST ANY OTHER SPECIAL EQUIPMENT, TRAINING, TECHNICAL MATERIALS, AND/OR COURSES NOT PREVIOUSLY NOTED ON THIS APPLICATION:

ND 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.

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. I hereby release employers, schools, doctors or other persons from all liability in responding to inquiries in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interviews may result in discharge. I understand also, that I am required to abide by all rules and regulations of the Company, as permitted by law.

Date	Applicant's Signature
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ACCESS RECORD

APPLICANT HIRED	REJECTED
DATE EMPLOYED	RATE OF PAY
DEPARTMENT	CLASSIFICATION

SIGNATURE OF COMPANY REPRESENTATIVE _____

PRE-EMPLOYMENT URINALYSIS NOTIFICATION

The Federal Motor Carrier Safety Regulations, Section 391.103 – pre-employment testing requirements, apply to applicants of this company.

391.103 Pre-employment test requirements.

- (a) A motor carrier shall require an applicant who the motor carrier intends to hire or use to be tested for the use of controlled substances as a pre-qualification condition.
- (b) An applicant shall submit to controlled substance testing as a pre-qualification condition.
- (c) Prior to collection of a urine sample under 391.107 of this subpart, an applicant shall be notified that the sample will be tested for the presence of controlled substances.

As a condition of my employment, I agree to the urine sample collection and controlled substance testing.

The Medical Review Officer will maintain the results of the Urinalysis Test. Negative and positive results will be reported to the company.

I have read and understand the above conditions for the Pre-Employment Urinalysis Notification.

Applicant's Name (Print) _____

Applicant's Signature _____

DATE

Witnessed By: _____

DATE

Company Representative's Signature _____

DATE