

MVR: Y N

ENTERED: / /

POSITION:

EMPLOYMENT APPLICATION

TURTLE SOUTHEAST, INC. IS AN EQUAL OPPORTUNITY EMPLOYER: WE CONSIDER APPLICANTS FOR ALL POSITIONS WITHOUT REGARD TO RACE, COLOR, RELIGION, CREED, GENDER, NATIONAL ORIGIN, AGE, DISABILITY, MARITAL OR VETERAN STATUS, SEXUAL ORIENTATION, OR ANY OTHER LEGALLY PROTECTED STATUS. TURTLE SOUTHEAST, INC. IS A DRUG FREE WORKPLACE. WE REQUIRE ALL APPLICANTS BE TESTED.

DATE: _____

NAME: _____ SS #: _____

ADDRESS: _____

PREVIOUS ADDRESS: _____

PHONE: _____ DATE OF BIRTH: _____ MARITAL STATUS _____

CHILDREN: _____ FREE TO TRAVEL: _____ KNOWLEDGE OF AREA: _____

KNOWLEDGE OF STATE: _____ FLORIDA LICENSE #: _____

TYPE OF LICENSE: _____ INSURABLE? : _____ POINTS AT PRESENT: _____

SEMI DRIVING EXPERIENCE: _____

WELDING EXPERIENCE: _____

DIESEL MECHANIC EXPERIENCE: _____

SMALL ENGINE EXPERIENCE: _____

OWN TOOLS: _____ OWN TRANSPORTATION: _____

PHYSICAL PROBLEMS OR WORKER COMPENSATION CLAIMS: _____

IF YES, PLEASE EXPLAIN: _____

LAST OR PRESENT EMPLOYER _____ PHONE: _____

(CIRCLE ONE)

ADDRESS: _____

CONTACT: _____ DATES OF EMPLOY: FROM _____ TO: _____

JOB RESPONSIBILITIES: _____

REASON FOR LEAVING: _____

PREVIOUS EMPLOYER _____ PHONE: _____

ADDRESS: _____

CONTACT: _____ DATES OF EMPLOY: FROM _____ TO: _____

JOB RESPONSIBILITIES: _____

REASON FOR LEAVING: _____

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PREVIOUS EMPLOYER _____ PHONE: _____

ADDRESS: _____

CONTACT: _____ DATES OF EMPLOY: FROM _____ TO: _____

JOB RESPONSIBILITIES: _____

REASON FOR LEAVING: _____

IF YOU NEED ADDITIONAL SPACE, PLEASE CONTINUE HERE OR ON A SEPARATE SHEET OF PAPER

HOW DID YOU HEAR ABOUT US?

AD _____ EMPLOYMENT AGENCY _____ SCHOOL RECRUITMENT _____

WALK-IN _____ EMPLOYEE REFERRAL _____ CONTRACTOR REFERRAL _____

OTHER (PLEASE SPECIFY) _____

APPLICANT'S STATEMENT

I CERTIFY THAT ANSWERS GIVEN HEREIN ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION FOR EMPLOYMENT AS MAY BE NECESSARY IN ARRIVING AT AN EMPLOYMENT DECISION.

THIS APPLICATION FOR EMPLOYMENT SHALL BE CONSIDERED ACTIVE FOR A PERIOD OF TIME NOT TO EXCEED 45 DAYS. ANY APPLICANT WISHING TO BE CONSIDERED FOR EMPLOYMENT BEYOND THIS TIME PERIOD SHOULD INQUIRE AS TO WHETHER OR NOT APPLICATIONS ARE BEING ACCEPTED AT THAT TIME.

I HEREBY UNDERSTAND AND ACKNOWLEDGE THAT, UNLESS OTHERWISE DEFINED BY APPLICABLE LAW, ANY EMPLOYMENT RELATIONSHIP WITH THIS ORGANIZATION IS OF AN "AT WILL" NATURE, WHICH MEANS THAT THE EMPLOYEE AT ANY TIME WITH OR WITHOUT CAUSE. IT IS FURTHER UNDERSTOOD THAT THIS "AT WILL" EMPLOYMENT RELATIONSHIP MAY NOT BE CHANGED BY ANY WRITTEN DOCUMENT OR BY CONDUCT UNLESS AN AUTHORIZED EXECUTIVE OF THIS ORGANIZATION SPECIFICALLY ACKNOWLEDGES SUCH CHANGE IN WRITING.

IN THE EVENT OF EMPLOYMENT, I UNDERSTAND THAT FALSE OR MISLEADING INFORMATION GIVEN IN MY APPLICATION OR INTERVIEW MAY RESULT IN DISCHARGE. I UNDERSTAND, ALSO, THAT I AM REQUIRED TO ABIDE BY ALL RULES AND REGULATIONS OF THE EMPLOYER.

SIGNATURE OF APPLICANT

DATE

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INQUIRY TO PAST EMPLOYERS

From – Prospective Employer

Turtle Southeast, Inc.
Attn: Allen Gill
PO Box 1858
Largo, FL. 33779

To – Previous Employer

Company _____
Contact _____
Street _____
City _____ State ____ Zip _____

Personnel Manager:

The person named below has applied to this company for employment. Your firm is listed by the applicant as a past employer. Kindly reply to this inquiry respecting this applicant. As you will note from the waiver stated below, **the applicant has waived any claim of liability against your company (and its agents) for information submitted in response to this inquiry.** For your convenience in replying by return mail, we have enclosed a stamped, self-addressed envelope. Very Truly Yours, _____

Name of applicant: _____

Social Security No. _____

Job applied for: _____

1. This applicant lists dates of employment with your firm from: _____ to: _____ is this correct? Yes No; If no, please explain: _____
2. What kind (s) of work did he/she do? Driver (type of vehicle _____); Dock , Office , Shop , Other (Specify) _____
3. If employed as a driver, please indicate type of equipment driven. Tractor trailer , Straight truck , Twin-Trailers , Bus , Other (Specify) _____
4. Number of reportable accidents _____; number of accidents in which applicant was ticketed _____; number of accidents in which the applicant was at fault _____ (please explain) _____
Date of each accident _____
5. To your knowledge, was this person's CDL/Operator's license suspended while in your employ? _____ If so, please explain: _____
6. (Respond only if checked*)[] Was this person bonded while with your company? _____. If so, were there any circumstances that were reported to bonding company? _____
7. Is there anything in the applicant's history that could suggest he or she may not be trusted to handle company funds? (Explain) _____
8. Did the applicant pose either repeated and/or severe disciplinary problems? Yes No If yes, please explain: _____
9. Why did this employee leave your company? Resigned Discharged Laid Off
10. Would you re-employ this person? Yes No Please explain: _____
11. Remarks: _____

By: _____ Date: _____
(Signature of person supplying information)

(Detach here for your files)

WAIVER

(Former Employer)

(Date)

I hereby authorize you to release all information concerning my employment, including oral assessments of my job performance, ability, and fitness, to each and every company (or their authorized agents) which may request such information in connection with my application for employment with said company. I hereby release you from any and all liability of any type as a result of providing the above mentioned information to the above mentioned person.

(Applicant's signature)

(Witness's signature)

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PO Box 1858 Largo, Florida 33779 Tel: 727-518-0962 Fax: 727-518-9621

**INFORMED CONSENT AND RELEASE OF LIABILITY
RELATING TO CONSUMER REPORTS**

I understand that Turtle Southeast Inc. has the right, as an employer or potential employer, to investigate my personal history and to obtain information relating to my character, general reputation, personal characteristics, and mode of living (herein collectively "my personal history"), and I voluntarily agree to the release of this information through the procurement of a consumer report. I understand and agree that this consent and release applies to Turtle Southeast Inc. and any business entity with which it contracts to employ my services (herein "Designee").

I hereby authorize Turtle Southeast Inc. to obtain consumer reports relating to my personal history, and to use such reports as authorized by the Fair Credit Reporting Act, 15 U.S.C. §1681 *et seq.*, as amended (herein "Fair Credit Reporting Act"). I understand and agree that such reports may include "medical information", as that is defined in the Fair Credit Reporting Act and that such information may be used as allowed by the Act.

I further understand that, if Turtle Southeast Inc. or its Designee should decide to take an adverse action with regard to my application for employment or current employment, based in whole or in part on a consumer report, I am entitled, prior to the taking of such action, a copy of any consumer report upon which such adverse action was based, and a description of my rights as provided by the Fair Credit Reporting Act. I also am entitled to oral or written notice of the adverse action, but understand that this notice need not be provided to me prior to the taking of the adverse action.

I agree that I will accept all notices, reports, and information to which I am entitled under the Fair Credit Reporting Act mailed to my last known address. I agree that I have an obligation to keep Turtle Southeast Inc. and/or its Designee apprised of my current mailing address and telephone number for this purpose and I accept full responsibility for any failure to advise Turtle Southeast Inc. and/or its Designee of any change in my mailing address or telephone number.

If Turtle Southeast Inc. and/or its Designee provides me with all of the notices, reports, and information to which I am entitled under the Fair Credit Reporting Act, as outlined above, I agree that I will not file a lawsuit or any other type of legal challenge or claims against the Turtle Southeast Inc. or its Designee relating to the investigation or use of consumer reports relating to my personal history. I hereby release Turtle Southeast Inc. and/or its Designee from all liability of any and every sort relating to my personal history.

Applicant/Employee

(Print Name)

Signature

(Date)