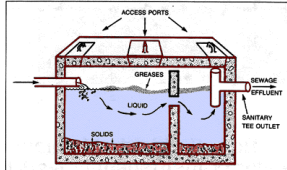
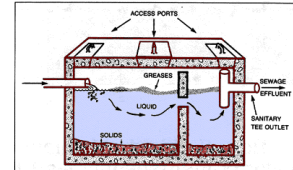


Pence Companies
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 Palm Bay, Florida 32905
 Telephone: (321) 725-0363
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E-mail: PenceCompanies@msn.com

Web Page: PenceCompanies.com



APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT AGREEMENT

PLEASE READ CAREFULLY

I freely and voluntarily agree to submit to a urinalysis (drug screen) as part of my application for employment. I understand that either refusal to submit to the urinalysis screen or failure to qualify according to the minimum standards established by the company for this screen may disqualify me from further consideration for employment.

I further understand that upon commencement of employment with the company I may again be required to submit to a urinalysis screen. I understand that refusal to take a requested urinalysis screen or failure to meet the minimum standards set for the screen may result in immediate suspension or discharge.

 Applicants Signature

 Date

Driver License Information:

State: _____

Driver License #: _____

DRUG FREE WORKPLACE

Under Public Law 100-690 Title V, and in conjunction with the Drug Free Workplace Act of 1988, We will have a drug free and alcohol free workplace.

This company will order pre-employment drug tests on all potential new employees.

APPLICATION FOR EMPLOYMENT

Applicant: Read and sign before submitting this application:

I understand that the information in this application will be used and that prior employers will be contacted for purposes of investigation as required by 391.23 of the Federal Motor Carrier Safety Regulations.

Signature _____ **Date** _____

Name _____ **Phone** _____ **Social Security #** _____
First - Middle - Last

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

(IF AT THE ABOVE ADDRESS LESS THAN THREE YEARS, LIST ALL ADDRESSES FOR THE PAST THREE YEARS)

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

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

(ATTACH SHEET IF MORE SPACE IS NEEDED)

Date of Birth _____ **(Answer Only If Applying For Driving Position)**

In Case Of Emergency Notify: _____
(Name) (Address) (Phone)

Position Applied For _____ **Temporary or Full-Time** _____

Apart from absence for religious observance, are you available for Full Time Work? Will you work overtime?
 YES NO If not, What hours can you work? _____ YES NO

Are you legally eligible for employment in the United States? _____

When will you be available to begin work? _____

Have you worked for this company before? _____ Where? _____

Dates: From: _____ To: _____ Rate Of Pay _____ Position _____

Reason for leaving our company: _____

Names of Relatives in our employ: _____

Are you now Employed? _____ If not, how long since leaving last employment? _____

Who referred you? _____ Rate of pay expected? _____

Marital Status:
 Single Engaged Married Separated Divorced Widowed

Are you over 18 years of age? YES NO If not, employment is subject to verification of minimum legal age

APPLICATION FOR EMPLOYMENT

DRIVER LICENSES HELD IN PAST 3 YEARS MUST BE SHOWN	STATE	LICENSE NO.	TYPE	EXPIRATION DATE

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES N O
- B. Has any license, permit or privilege ever been suspended or revoked? YES N O
- C. Have you ever been disqualified subject to section 391.15 of the Federal Motor Carrier Safety Regulations? YES N O

IF THE ANSWER TO EITHER A, B or C IS YES, ATTACH STATEMENT GIVING DETAILS

DRIVING EXPERIENCE

Class of Equipment	Type Of Equipment (Van, Tank, Flat, Etc.)	Dates		Aprox. No. of Miles (Total)
		From	To	
Straight Truck				
Tractor and Semi-Trailer				
Twin-Trailer				
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?	

ACCIDENT REVIEW FOR PAST 7 YEARS (Attach sheet if more space is needed)

	DATE	NATURE Of ACCIDENT (Head-On, Rear-End, Upset, Etc.)	FATALITIES	INJURIES
Last Accident				
Next Previous				
Next Previous				

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS OTHER THAN PARKING VIOLATIONS

LOCATION	DATE	CHARGE	PENALTY

LIST SPECIAL SKILLS AND EXPERIENCE (IF NOT LISTED PREVIOUSLY)

APPLICATION FOR EMPLOYMENT

TO BE READ AND SIGNED BY APPLICANT

It is agreed and understood that the employer or his agents may investigate the applicant's background to ascertain any and all information of concern to applicant's record, whether same is of record or not, and applicant releases employer and persons named herein from all liability for any damages on account of his furnishing such information.

It is also agreed and understood that under the Fair Credit Reporting Act, Public Law 91-508, I have been told that this information may include an Investigative Consumer Report, including information regarding my character, general reputation, personal characteristics, and mode of living.

I agree to furnish such additional information and complete such examination as may be required to complete my employment file.

(GA & KS) - I understand that as a condition of employment, I will obtain from the State Motor Vehicle Agency, within my probationary period, and without cost to the employer, a copy of my motor vehicle violations record.

(PA) - I authorized my employer to obtain from the Registry of Motor Vehicles a copy of my Motor Vehicle Violations Record.

I understand that this application is not an employment contract and that, if hired, my employment and compensation can be terminated, with or without cause, at any time at the option of either the company or myself.

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.

Applicant's Signature: _____ Date: _____

APPLICANT - DO NOT WRITE BELOW THIS LINE PROCESS RECORD

APPLICANT HIRED <input type="checkbox"/> YES <input type="checkbox"/> NO	Date Employed	Starting Salary	Department	Classification
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INTERVIEWING OFFICER EVALUATION

	SUPERIOR	GOOD	FAIR	AVERAGE	POOR	WRITTEN RECORD ON FILE
APPLICATION						
INTERVIEW						
PHYSICAL EXAM						
PAST EMPLOYMENT						
ROAD TEST						
MVR & POLICE REPORTS						

TRANSFERS

DATE	FROM	TO	REASON

TERMINATION

DATE	REASON	DEPT RELEASED FROM	REPORT IN FILE?	SUPERVISOR
	<input type="checkbox"/> DISMISSED <input type="checkbox"/> VOLUNTARILY QUIT <input type="checkbox"/> OTHER			