

Nicho Produce Co., Inc.

Date: _____

Driver Application

Personal

Name (Last Name First) _____ S.S. # _____

Present Address _____ City _____ State _____ Zip _____

Home Phone # _____ Cell # _____ Date you can start: _____

Are you currently employed? Yes No Any felony conviction? Yes No When? _____

Education History

Name & Location of School

High School _____ Did you graduate? Yes No

College _____ Did you graduate? Yes No

Trade School _____ Did you graduate? Yes No

General Information

In what year did you receive your CDL license? _____ Class A or B

Any violations in the last 5 years? Yes No How many accidents in the last 5 years? _____

Any experience with produce? Yes No Any reason you may not be insurable? Yes No

The position requires heavy lifting and manual labor.

Are you able to lift weight up to 100 lbs? Yes No

Former Employers (List last four employers starting with last one first)

<u>Start/End Date</u>	<u>Company Name & Phone #</u>	<u>Position</u>	<u>Salary</u>	<u>Reason for leaving</u>
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1. _____

2. _____

3. _____

4. _____

References

Give below the names of three persons not related to you, whom you have know at least one year?

Name	Address	Business	Phone#	Years Known
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

Authorization

“I certify that the facts contained in this application are true an complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative. This waiver does not permit the release or use of disability related or medical information in manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws. I have read and understand this entire document and confirm so by signature.”

DATE _____

SIGNATURE _____

***** DO NOT WRITE BELOW THIS LINE *****

Remarks

Neatness:

Personality:

Hired _____ Position _____ Will Report _____ Salary _____