

APPLYING FOR EMPLOYMENT

Completed employment application can be:

Mailed to: **Katrina Dill**
Food Supply Inc.
3100 S Ridgewood Ave., Unit 100
South Daytona, FL 32119

Delivered to: **Food Supply Inc.**
3100 S Ridgewood Ave., Unit 100
South Daytona, FL 32119

Scanned or E-Mailed to: [**kdill@foodsupply.com**](mailto:kdill@foodsupply.com)

Scroll down for application

FOOD SUPPLY INC.
3100 S Ridgewood Ave, Unit 100
South Daytona, FL 32119

EMPLOYMENT APPLICATION

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legal protected status.

(PLEASE PRINT)

Position(s) Applied For	Date of Application
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How Did You Learn About Us? Advertisement _____ Employment Agency _____	Walk In _____ Relative _____	Friend _____ Other _____
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Last Name	First Name	Middle Name
Address <i>Number</i> Street	City	State Zip Code
Home Phone	Cell Phone	Alternate

Previous Address if Less Than 1 Year	Street	City	State	Zip Code
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Are you over 18 years of age: Yes No Wages or Salary Expected \$ _____ Per Hr Week

On what date would you be available for work? _____

Are you available to work Full Time Part Time Shift Work Temporary

Are you able to work Day Shift Night Shift Weekends Overtime if asked? Yes No

Are there any hours, shifts or days you will not work: Yes No If Yes, explain _____

Is there any reason you might be unable to perform the functions of the job for which you have applied? Yes No

If Yes, explain if you wish? _____

Have you filled an application here before? Yes No If Yes, give date: _____

Have you ever been employed here before? Yes No If Yes, give dates: _____

Are you now employed? Yes No May we contact your present Employer? Yes No

Are you on a layoff? Yes No Are you subject to recall? Yes No

Please identify any exceptions and reasons for not contacting prior employers: _____

Do you have transportation to work? Yes No Can you travel if a job requires it? Yes No

Are you a citizen of the United State? Yes No If not, do you have work papers? Yes No

Have you ever pled "guilty" or "no contest" to or been convicted of a crime? Yes No

If yes, give dates and details: _____

Answering yes to these questions does not constitute automatic rejection to employment. Date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be considered.

Employment Experience (begin with most recent position)

(Driver Applicants must complete preceding 10 years)

Employer			Date	
Name			From Mo. Yrs.	To Mo. Yrs
Address			Position Held	
City	State	Zip	Salary/Wage	
Contact Person:		Phone Number	Reason for Leaving	
Position Held:				
Responsibilities:				
Were you subject to the FMCSR* while employed? Yes No				
Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes No				

Employer			Date	
Name			From Mo. Yrs.	To Mo. Yrs
Address			Position Held	
City	State	Zip	Salary/Wage	
Contact Person:		Phone Number	Reason for Leaving	
Position Held:				
Responsibilities:				
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Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes No				

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Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes No				

Employer			Date	
Name			From Mo. Yrs.	To Mo. Yrs
Address			Position Held	
City	State	Zip	Salary/Wage	
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Position Held:				
Responsibilities:				
Were you subject to the FMCSR* while employed? Yes No				
Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes No				

**Employment Experience (begin with most recent position)
(continued)**

(Driver Applicants must complete preceding 10 years)

Employer			Date	
Name			From Mo. Yrs.	To Mo. Yrs
Address			Position Held	
City	State	Zip	Salary/Wage	
Contact Person:		Phone Number	Reason for Leaving	
Position Held:				
Responsibilities:				
Were you subject to the FMCSR* while employed? Yes No				
Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes No				

Employer			Date	
Name			From Mo. Yrs.	To Mo. Yrs
Address			Position Held	
City	State	Zip	Salary/Wage	
Contact Person:		Phone Number	Reason for Leaving	
Position Held:				
Responsibilities:				
Were you subject to the FMCSR* while employed? Yes No				
Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes No				

Employer			Date	
Name			From Mo. Yrs.	To Mo. Yrs
Address			Position Held	
City	State	Zip	Salary/Wage	
Contact Person:		Phone Number	Reason for Leaving	
Position Held:				
Responsibilities:				
Were you subject to the FMCSR* while employed? Yes No				
Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes No				

*The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport more than 8 passengers (including the driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

TO BE COMPLETED BY DRIVER APPLICANTS ONLY

Accident Record for the past 3 years (attach sheet if more space is needed) If none write "none"

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) If none write "none"

Location	Date	Charge	Penalty

(Attach Sheet If More Space is Needed)

Experience and Qualifications – Driver (List all driver licenses or permits held in the past 3 years)

Driver's Licenses	State	License No.	Type	Expiration Date

1. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes No
 2. Has any license, permit or privilege ever been suspended or revoked? Yes No

If the answer to either 1 or 2 is yes, please explain: _____

Driving Experience Check Yes or No

Class of Equipment		Violation
Straight Truck	Yes No	
Tractor and Semi Trailer	Yes No	
Tractor-Two Trailers	Yes No	
Tractor-Three Trailers	Yes No	
Motorcoach-School Bus	Yes No <small>More than 8</small>	
Motorcoach-School Bus	Yes No	
Other		

Show any special courses or training that will help you as a driver: _____

Show any trucking, transportation or other experience that may help in your work for this company: _____

DRUG-FREE WORKPLACE POLICY

Job Applicant Acknowledgement of Receipt and Understanding

This company is committed to maintaining a drug-free workplace. All candidates for employment must undergo pre-employment drug and/or alcohol testing. I understand that results of any such test will be disclosed only to the human resources department of this company and relevant management employees. I understand that if I refuse to undergo testing, provide false or tampered specimens or otherwise fail to complete the testing process, I will not be hired.

I understand that a full text of the Drug-Free Workplace policy is available upon request and may be viewed in the human resources department. I also understand that I must abide by the policy as a condition of employment, and any violation may result in disciplinary action up to and including discharge.

Further, I understand that during my employment I may be required to submit to testing for the presence of drugs and alcohol. I understand that submission to such testing is a condition of employment with the Company, and disciplinary action up to and including discharge may result if: 1) I refuse to consent to such testing, 2) I refuse to execute all forms of consent and release of liability as are usually and reasonably attendant to such examinations, 3) I refuse to authorize release of the test results to the Company, 4) the test establish a violation of the Company's Drug-Free Workplace policy, 5) I otherwise violate the policy.

If I am injured in the course and scope of my employment and test positive, I forfeit my eligibility for medical and indemnity benefits under Workers' Compensation Act upon exhaustion of the remedies provided in Florida Statute §440.102(5).

I ALSO UNDERSTAND THAT THE DRUG-FREE WORKPLACE POLICY RELATED DOCUMENTS ARE NOT INTENDED TO CONSTITUTE A CONTRACT BETWEEN THE COMPANY AND ME.

THE UNDERSIGNED FURTHER STATES THAT HE OR SHE HAS READ THE FOREGOING ACKNOWLEDGEMENT AND KNOW THE CONTENTS THEREOF AND SIGNS THE SAME OF HIS OR HER OWN FREE WILL.

Signature

Date

Witness

Date

A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.ftc.gov/credit or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, DC 20580.**

- ❑ **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment or to take another adverse action against you must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- ❑ **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - ❑ a person has taken adverse action against you because of information in your credit report;
 - ❑ you are the victim of identity theft and place a fraud alert in your file;
 - ❑ your file contains inaccurate information as a result of fraud;
 - ❑ you are on public assistance;
 - ❑ you are unemployed but expect to apply for employment within 60 days.

In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.ftc.gov/credit for additional information.

- ❑ **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- ❑ **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.ftc.gov/credit for an explanation of dispute procedures.
- ❑ **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer agency may continue to report information it has verified as accurate.
- ❑ **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

- ❑ **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need ó usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- ❑ **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.ftc.gov/credit.
- ❑ **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited òprescreenedö offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.
- ❑ **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- ❑ **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.ftc.gov/credit.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:

TYPE OF BUSINESS:	PLEASE CONTACT:
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word “National” or initials “N.A.” appear in or after bank’s name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word “Federal” or initials “F.S.B.” appear in federal institution’s name)	Office of Thrift Supervision Consumer Complaints Washington, DC 20552 800-842-6929
Federal credit unions (words “Federal Credit Union” appear in institution’s name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center 2345 Grand Avenue, Suite 100 Kansas City, MO 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation, Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator- GIPSA Washington, DC 20250 202-720-7051

NOTIFICATION, AUTHORIZATION, CONSENT TO RELEASE OF INFORMATION

Food Supply Inc. has retained **HireRight, Inc.** to conduct background checks and prepare an investigative consumer report on you in connection with your employment or application for employment (including independent contractor assignments, as applicable). This background information may be obtained in the form of consumer reports and/or investigative consumer reports (commonly known as "background reports"). These background reports may be obtained at any time after receipt of your authorization and, if you are hired or engaged by the Company, throughout your employment or your contract period. **HireRight (or another consumer reporting agency)** may prepare or assemble the background reports for the Company. **HireRight** can be contacted by mail at **5151 California, Irvine, CA 92617**, emailed at **Hireright.com** or by phone at **(800) 400-2761**.

- In the course of its investigation of you, the Agency may request and receive reports and/or information concerning you from, but not limited to, companies, former employers, licensing agencies, governmental agencies, credit agencies, educational institutions, military branch services, consumer reporting agencies, as well as criminal and driving records.
- I further understand that an investigative consumer report concerning me may include information about my character, general reputation, and personal characteristics.
- You have the right to dispute incomplete or inaccurate information or contents of the investigative consumer report directly with the Agency that prepared the report. To do so, you must notify the Agency. You also have the right to know what is in your file. You may request and obtain all the information about you in the files of a consumer reporting agency. In many cases, the disclosure will be free. To receive a copy of your consumer report from the consumer-reporting agency whose name(s) are listed above, a request may be made orally or in writing.
- By signing below, you request and authorize all persons who have information relevant to this investigation to disclose such information, as may be requested. If hired or contracted, this authorization shall remain on file and shall serve as an ongoing authorization at any time during my employment or contract period.

- **Must indicate name EXACTLY as it appears on your Driver's license**

CLEARLY Print: (Full Name)

First Middle Last

List any other name(s) used (including maiden name):

_____-_____-_____
Social Security Number Driver's License # State Date of birth

Telephone Number: (____)_____-_____

Current Address: _____
Number Street Apt. # City State Zip Code

Other Cities/States of residence in last seven years:

City / State Dates From/To City State Dates From/To

I have 1) read this Notification, Authorization, Consent to Release of Information; 2) fully understand the terms of this release; and 3) authorize procurement of the consumer investigative report.

Applicant's Signature Date

Answering yes to these questions does not constitute automatic rejection to employment. Date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be considered.