

DRIVER'S APPLICATION FOR EMPLOYMENT

Applicant Name _____ Date of Application _____

Company Joy Cone Co.

Address 3435 Lamor Road

City Hermitage State PA Zip 16148

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, veteran status, non-job related disability, or any other protected group status.

TO BE READ AND SIGNED BY APPLICANT

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. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

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

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand I have the right to:

- Review information provided by previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

Signature _____ Date _____

FOR COMPANY USE

PROCESS RECORD

APPLICANT HIRED _____ REJECTED _____

DATE EMPLOYED _____ POINT EMPLOYED _____

DEPARTMENT _____ CLASSIFICATION _____

(IF REJECTED, SUMMARY REPORT OF REASONS SHOULD BE PLACED IN FILE)

SIGNATURE OF INTERVIEWING OFFICER _____

TERMINATION OF EMPLOYMENT

DATE TERMINATED _____ DEPARTMENT RELEASED FROM _____

DISMISSED _____ VOLUNTARILY QUIT _____ OTHER _____

TERMINATION REPORT PLACED IN FILE _____ SUPERVISOR _____

This form is made available with the understanding that J. J. Keller & Associates, Inc. is not engaged in rendering legal, accounting, or other professional services. J. J. Keller & Associates, Inc. assumes no responsibility for the use of this form or any decision made by an employer which may violate local, state or federal law.

EMPLOYMENT HISTORY (continued)

EMPLOYER			DATE	
NAME	FROM MO.	YR.	TO MO.	YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRs† WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO				

EMPLOYER			DATE	
NAME	FROM MO.	YR.	TO MO.	YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRs† WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO				

EMPLOYER			DATE	
NAME	FROM MO.	YR.	TO MO.	YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRs† WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO				

EMPLOYER			DATE	
NAME	FROM MO.	YR.	TO MO.	YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRs† WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO				

EMPLOYER			DATE	
NAME	FROM MO.	YR.	TO MO.	YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRs† WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO				

* Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 16 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

† 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 8 or more passengers (including the driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED) IF NONE, WRITE NONE

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES	HAZARDOUS MATERIAL SPILL
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 LICENSES	STATE	LICENSE NO.	TYPE	EXPIRATION DATE

- A. Have you ever been denied a license, permit, or privilege to operate a motor vehicle? YES _____ NO _____
- B. Has any license, permit, or privilege ever been suspended or revoked? YES _____ NO _____
- IF THE ANSWER TO EITHER A OR B IS YES, GIVE DETAILS _____

DRIVING EXPERIENCE CHECK YES OR NO

CLASS OF EQUIPMENT	CIRCLE TYPE OF EQUIPMENT	DATES		APPROX. NO. OF MILES (TOTAL)
		FROM(M/Y)	TO(M/Y)	
STRAIGHT TRUCK <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN,TANK,FLAT,DUMP,REFER)			
TRACTOR AND SEMI-TRAILER <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN,TANK,FLAT,DUMP,REFER)			
TRACTOR - TWO TRAILERS <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN,TANK,FLAT,DUMP,REFER)			
TRACTOR - THREE TRAILERS <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN,TANK,FLAT,DUMP,REFER)			
MOTORCOACH - SCHOOL BUS <input type="checkbox"/> YES <input type="checkbox"/> NO <small>More than 16 passengers</small>	_____			
MOTORCOACH - SCHOOL BUS <input type="checkbox"/> YES <input type="checkbox"/> NO <small>More than 8 passengers</small>	_____			
OTHER _____				

LIST STATES OPERATED IN FOR THE 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? _____

EXPERIENCE AND QUALIFICATIONS - OTHER

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION _____

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH(OTHER THAN THOSE ALREADY SHOWN) _____

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 HIGH SCHOOL: 1 2 3 4 COLLEGE: 1 2 3 4

LAST SCHOOL ATTENDED (NAME) _____ (CITY, STATE) _____

TO BE READ AND 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.

Signature: _____ Date: _____

Motor Vehicle Driver's
CERTIFICATION OF COMPLIANCE
WITH DRIVER LICENSE REQUIREMENTS

MOTOR CARRIER INSTRUCTIONS: The requirements in Part 383 apply to every driver who operates in intrastate, interstate, or foreign commerce and operates a vehicle weighing 26,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

The requirements in Part 391 apply to every driver who operates in interstate commerce and operates a vehicle weighing 10,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

DRIVER REQUIREMENTS: Parts 383 and 391 of the Federal Motor Carrier Safety Regulations contain some requirements that you as a driver must comply with. They are as follows:

- 1) **POSSESS ONLY ONE LICENSE:** You, as a commercial vehicle driver, may not possess more than one motor vehicle operator's license.

- 2) **NOTIFICATION OF LICENSE SUSPENSION, REVOCATION OR CANCELLATION:** Sections 391.15(b)(2) and 383.33 of the Federal Motor Carrier Safety Regulations require that you notify your employer the NEXT BUSINESS DAY of any revocation or suspension of your driver's license. In addition, Section 383.31 requires that any time you violate a state or local traffic law (other than parking), you must report it within 30 days to: 1) your employing motor carrier, and 2) the state that issued your license (If the violation occurs in a state other than the one which issued your license). The notification to both the employer and the state must be in writing.

The following license is the only one I will possess:

Driver's License No. _____ State _____ Exp. Date _____

DRIVER CERTIFICATION: I certify that I have read and understood the above requirements.

Driver's Name (Printed): _____

Driver's Signature: _____ Date _____

Notes: _____

(This form is not required for DOT compliance)

PREVIOUS PRE-EMPLOYMENT EMPLOYEE ALCOHOL AND DRUG TEST STATEMENT

Sec. 40.25(j) As the employer, you must also ask the employee whether he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years. If the employee admits that he or she had a positive test or a refusal to test, you must not use the employee to perform safety-sensitive functions for you, until and unless the employee documents successful completion of the return-to-duty process. (see Sec. 40.25(b)(5) and (e))

Prospective Employee Name: _____
(print)

ID Number: _____

The prospective employee is required by Sec. 40.25(j) to respond to the following questions

- 1) Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years?

Check one: Yes No

- 2) If you answered yes, can you provide/obtain proof that you've successfully completed the DOT return-to-duty requirements?

Check one: Yes No

I certify that the information provided on this document is true and correct.

Prospective Employee Signature: _____ Date: _____

Witnessed By: _____ Date: _____
(signature)

REQUEST FOR CHECK OF DRIVING RECORD

I hereby authorize you to release the following information to Joy Cone

(Prospective Employer)

for purposes of investigation as required by Sections 391.23 and 391.25 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information.

(Applicant's Signature)

(Date)

In accordance with the provisions of Sections 604 and 607 of the **Fair Credit Reporting Act**, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter 1 of Public Law 104-208), I hereby certify the following:

1. The consumer (applicant) has authorized in writing the procurement of this report;
2. The consumer (applicant) has been informed in a separate written disclosure that a consumer report may be obtained for employment purposes;
3. The information requested below will be used for a "permissible purpose" (i.e. information for employment purposes) and will be used for no other purpose;
4. The information being obtained will not be used in violation of any federal or state equal opportunity law or regulation; and
5. Before taking an adverse action based in whole or in part on the report the consumer (applicant) will receive a copy of the requested report and the summary of consumer rights as provided with the report by the consumer reporting agency.

I also hereby certify that this report request and the above applicant's release notice meet the definition of "permissible uses" of state motor vehicle records under the provisions of the **Driver's Privacy Protection Act of 1994** (Public Law 103-322, Title XXX, Sections 300002(a)).

(Signature of Requester)

(Date)

TO: _____

DEAR SIR/MADAM:

The following named person has made application with our company for the position of _____
_____. In accordance with Section 391.23, Federal Department of Transportation Regulations,
please furnish the undersigned with the applicant's driving record for the past three years.

The following named person is employed with our company in the position of _____
_____. In accordance with Section 391.25, Federal Department of Transportation Regulations,
please furnish the undersigned with the employee's driving record for the past year.

NAME OF APPLICANT/DRIVER: _____

EMPLOYMENT DATES FROM (m/y) _____ TO (m/y) _____

ADDRESS: _____

(Number & Street)

(City)

(State)

(Zipcode)

FORMER ADDRESS: _____

(Number & Street)

(City)

(State)

(Zipcode)

DATE OF BIRTH: _____

SSN _____

LICENSE NO. _____

REQUESTED BY

Joy Cone

(Name of Company)

(Typed Name)

3435 Lamor Rd

(Address)

(Title)

Hermitage

(City)

PA 16148

(State) (Zipcode)

(Signature)

Request for Driver Information

The following states do not require the use of a state-specific form to obtain an individual's driving record. This information is current through May 6, 2004, and is subject to change

State/General Contact Information	State/General Contact Information
<p>District of Columbia Department of Adjudication Driving Records Branch 65 K Street, N.E., Room 200A Washington, DC 20002 (202) 535-1530</p>	<p>Kentucky Transportation Cabinet Division of Driver Licensing Fee Accounting Section 200 Mero St. Frankfort, KY 40622 (502) 564-6800 Ext. 5358</p>
<p>Florida¹ Bureau of Records P.O. Box 5775, MS 90 Tallahassee, FL 32314-5775 (850) 922-9000</p>	<p>Maine Bureau of Motor Vehicles State House Station 29 Attn: Driving Records Augusta, ME 04333-0029 (207) 624-9000 Ext. 52116</p>
<p>Hawaii Traffic Violations Bureau Abstract Section 1111 Alakea Street, 2nd Floor Honolulu, HI 96813 (808) 538-5530</p>	<p>Maryland¹ State Motor Vehicle Administration Driver Records Unit, Room 145 6601 Ritchie Highway, N.E. Glen Burnie, MD 21062 (410) 768-7034/7035</p>
<p>Idaho¹ Idaho Transportation Department Driver Services Section P.O. Box 34 Boise, ID 83731-0034 (208) 334-8735</p>	<p>Minnesota Department of Public Safety Driver Compliance 445 Minnesota Street, Suite 180 St. Paul, MN 55101 (651) 296-2023</p>
<p>Indiana¹ Bureau of Motor Vehicles 100 N. Senate Ave., Room N405 Indianapolis, IN 46204 (317) 233-6000, option #2</p>	<p>North Dakota Driver's License and Traffic Safety Division State Highway Department 608 E. Blvd. Ave. Bismarck, ND 58505-0178 (701) 224-2603</p>
<p>Iowa Iowa Department of Transportation Office of Driver Services Park Fair Mall, 100 Euclid Avenue P.O. Box 9204 Des Moines, IA 50306-9204 (800) 532-1121 (515) 244-9124</p>	<p>Rhode Island Operator Control 286 Main Street Pawtucket, RI 02860 (401) 721-2650</p>
<p>Kansas¹ Department of Revenue Driver Control P.O. Box 12021 Topeka, KS, 66612 (785) 296-3671</p>	<p>West Virginia¹ Department of Motor Vehicles Driver Improvement Division, Building 3, Room 124 1800 Kanawha Blvd., East Charleston, WV 25317 (304) 558-0238</p>

¹ State issued form or other form of written request are considered acceptable.

THE BELOW DISCLOSURE AND AUTHORIZATION LANGUAGE IS FOR MANDATORY USE BY ALL ACCOUNT HOLDERS

**IMPORTANT DISCLOSURE
REGARDING BACKGROUND REPORTS FROM THE PSP Online Service**

In connection with your application for employment with _____ (“Prospective Employer”), Prospective Employer, its employees, agents or contractors may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

When the application for employment is submitted in person, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report.

When the application for employment is submitted by mail, telephone, computer, or other similar means, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer must provide you within three business days of taking adverse action oral, written or electronic notification: that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

Neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. You may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If you challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. Your request will be forwarded by the DataQs system to the appropriate State for adjudication.

Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with Federal Motor Carrier Safety Regulations (FMCSR) violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

The Prospective Employer cannot obtain background reports from FMCSA without your authorization.

AUTHORIZATION

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

I authorize _____ (“Prospective Employer”) to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am authorizing the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.

I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

I understand that any crash or inspection in which I was involved will display on my PSP report. Since the PSP report does not report, or assign, or imply fault, I acknowledge it will include all CMV crashes where I was a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, I understand all inspections, with or without violations, will appear

on my PSP report, and State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on my PSP report. I have read the above Disclosure Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this Disclosure and Authorization, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Date: _____

Signature

Name (Please Print)

NOTICE: This form is made available to monthly account holders by NIC on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain an Applicant's written or electronic consent prior to accessing the Applicant's PSP report. Further, account holders are required by FMCSA to use the language contained in this Disclosure and Authorization form to obtain an Applicant's consent. The language must be used in whole, exactly as provided. Further, the language on this form must exist as one stand-alone document. The language may NOT be included with other consent forms or any other language.

LAST UPDATED 12/22/2015

SECTION 1:

TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

I, (Print Name)

First, M.I., Last

Social Security Number

hereby authorize:

Date Of Birth

Previous Employer: _____

Email: _____

Street: _____

Telephone: _____

City, State, Zip: _____

Fax No.: _____

to release and forward the information requested by section 3 of this document concerning my Alcohol and Controlled Substances Testing records within the previous 3 years from

To _____
(date of employment application)

Prospective Employer: _____

Attention: _____ Telephone: _____

Street: _____

City, State, Zip: _____

In compliance with §40.25(g) and §391.23(h), release of this information must be made in a written form that ensures confidentiality, such as fax, email, or letter.

Prospective employer's confidential fax number: _____

Prospective employer's confidential email address: _____

Applicant's Signature

Date

This information is being requested in compliance with §40.25 and §391.23.

SECTION 2:

TO BE COMPLETED BY PREVIOUS EMPLOYER

ACCIDENT HISTORY

The applicant named above was employed by us. Yes No

Employed as _____ from (m/y) _____ to (m/y) _____

1. Did he/she drive motor vehicle for you? Yes No If yes, what type? Straight Truck Tractor-Semitrailer Bus
Cargo Tank Doubles/Triples Other (Specify) _____

If there is no safety performance history to report, check here , sign below and return.

ACCIDENTS: Complete the following for any accidents included on your accident register (§390.15(b)) that involved the applicant in the 3 years prior to the application date shown above, or check here if there is no accident register data for this driver.

Date	Location	No. of Injuries	No. of Fatalities	Hazmat Spill
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

Please provide information concerning any other accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies:

Signature: _____

Title: _____ Date: _____

SECTION 3: TO BE COMPLETED BY PREVIOUS EMPLOYER

DRUG AND ALCOHOL HISTORY

If driver was **not** subject to Department of Transportation testing requirements while employed by this employer, please check here , fill in the dates of employment from _____ to _____, complete bottom of Section 3, sign, and return.

Driver was subject to Department of Transportation testing requirements from _____ to _____ .

- | | YES | NO |
|---|--------------------------|--------------------------|
| 1. Has this person had an alcohol test with a result of 0.04 or higher alcohol concentration? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Has this person tested positive or adulterated or substituted a test specimen for controlled substances? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Has this person refused to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Has this person committed other violations of Subpart B of Part 382, or Part 40? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. If this person has violated a DOT drug and alcohol regulation, did this person fail to undertake or complete a program prescribed by a Substance Abuse Professional (SAP) in your employ? If yes, please send documentation back with this form. | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. For a driver who successfully completed a SAP's rehabilitation referral and remained in your employ, did this driver subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refuse to be tested? | <input type="checkbox"/> | <input type="checkbox"/> |

In answering these questions, include any DOT drug or alcohol testing information obtained from previous employers in the previous 3 years prior to the application date shown on side 1.

Name: _____

Company: _____

Street: _____

City, State, Zip: _____ Telephone: _____

Section 3 Completed by (Signature): _____ Date: _____

SECTION 4a: TO BE COMPLETED BY PROSPECTIVE EMPLOYER

This form was (check one) Faxed to previous employer. Mailed. Emailed. Other _____

By: _____ Date: _____

SECTION 4b: TO BE COMPLETED BY PROSPECTIVE EMPLOYER

Complete below when information is obtained.

Information received from: _____

Recorded by: _____ Method: Fax Mail Email Telephone

Date: _____ Other _____

INSTRUCTIONS TO COMPLETE THE SAFETY PERFORMANCE HISTORY RECORDS REQUEST

SIDE 1 SECTION 1: Prospective Employee

- Complete the information required in this section
- Sign and date
- Submit to the Prospective Employer

SIDE 2 SECTION 4a: Prospective Employer

- Complete the information
- Send a copy to the Previous Employer

SIDE 1 SECTION 2: Previous Employer

- Complete the information required in this section
- Sign and Date
- complete SIDE 2 SECTION 3

SIDE 2 SECTION 3: Previous Employer

- Complete the information required in this section
- Sign and date
- Retain a copy
- Return original to Prospective Employer

SIDE 2 SECTION 4b: Prospective Employer

- Record receipt of the information
- Retain a copy

Are there any experiences, skills, or qualifications which you feel would especially qualify you for work with our organization?

Please list the names of any relative(s) and/or friend(s) currently employed by JOY CONE CO.

You may also list any of your friends who work at Joy Cone Co. as a personal reference on PAGE 6 of this application.

RELATIVES: _____

FRIENDS: _____

How did you hear of Joy Cone Co.? _____

Refer to Full Time/Part Time/Casual/Temp requirements on page 8.

NOTE: High school students are hired as either casual or temporary.

Note: Full time packers may have to start at part time.

I am applying for year round employment: FULL-TIME _____ PART-TIME _____ CASUAL _____

I am applying for temporary/seasonal employment: FULL-TIME _____ PART-TIME _____

I am available to start work on: _____

Have you previously applied to JOY CONE CO.? No _____ Yes _____ DATE? _____

Were you ever employed by JOY CONE CO.? No _____ Yes _____ DATE? _____

Position held? _____

Are you legally eligible to work in the United States? (Proof of citizenship or **work eligibility** status will be required upon employment.) **Yes** **-or-** **No**

Have you ever (without time limit) been convicted, have or had pending charges, pled guilty or NOLO CONTENDERE (no contest), or are currently awaiting trial on any legal charges other than traffic violations? (DUI's, and/or substance abuse must be reported.)

Yes **-or-** **No**

If yes, please provide date(s) and details: _____

Note: Prior convictions do NOT automatically disqualify an application however we routinely do criminal background checks per company policy. Any intentional misrepresentation on this application will most likely result in immediate termination or retraction of a job offer.

EMPLOYMENT HISTORY

MAY WE CONTACT YOUR CURRENT EMPLOYER? Yes _____ No _____

BEGINNING WITH MOST RECENT, LIST BELOW ALL CURRENT & PAST EMPLOYMENT. You must state each employer's complete address, including zip code and phone number, or your application may not be processed.

All applicants must complete this page in full.

"See resume" will not be accepted.

1. **COMPANY NAME** _____ Type of Business _____

Street _____

City, State, Zip _____ Phone# _____

Supervisor _____

Your job title _____ Wages earned per hour _____

Employed from (month & year) _____ to _____

Reason for leaving (describe in full):

If there is more than a two-month employment gap, please provide details:

2. **COMPANY NAME** _____ Type of Business _____

Street _____

City, State, Zip _____ Phone# _____

Supervisor _____

Your job title _____ Wages earned per hour _____

Employed from (month & year) _____ to _____

Reason for leaving (describe in full):

If there is more than a two-month gap in employment, please provide details:

3. **COMPANY NAME** _____ Type of Business _____
Street _____
City, State, Zip _____ Phone# _____
Supervisor _____
Your job title _____ Wages earned per hour _____
Employed from (month & year) _____ to _____
Reason for leaving (describe in full):

If there is more than a two-month employment gap, please provide details:

4. **COMPANY NAME** _____ Type of Business _____
Street _____
City, State, Zip _____ Phone# _____
Supervisor _____
Your job title _____ Wages earned per hour _____
Employed from (month & year) _____ to _____
Reason for leaving (describe in full):

If there is more than a two-month gap in employment, please provide details:

5. **COMPANY NAME** _____ Type of Business _____
Street _____
City, State, Zip _____ Phone# _____
Supervisor _____
Your job title _____ Wages earned per hour _____
Employed from (month & year) _____ to _____
Reason for leaving (describe in full):

AUTHORIZATION TO RELEASE SCHOOL, EMPLOYMENT AND MILITARY RECORDS

I am applying for employment at JOY CONE CO. I hereby request you provide them with all my cumulative records including grades, test scores, transcripts, attendance, and any relevant information and opinion that you may have concerning my high school, college, employment or military experience. I release you and your organization from any legal liability in making such statements. This information will be treated in a strictly confidential manner.

Applicant's Signature

Parent/Guardian's Signature
(If applicant is under 18)

Date

NOTE: ELECTRONIC SIGNATURES WILL NOT BE ACCEPTED

**This info is necessary to obtain high school &/or college transcripts.
Please print clearly and complete in full:**

Applicant's Name: _____
(First) (Middle) (Last)

Maiden or other names if used: _____

Are you in: high school? Yes or No College? Yes or No

If yes, expected year of graduation _____ If yes, expected year of graduation _____
If you are a high school student, and college bound, what college will you be attending? _____ Beginning? _____
(Month/day)

High School Name

College Name

Street

Street

City State Zip

City State Zip

PHONE NUMBER: () _____

PHONE NUMBER: () _____

Course of Study: _____

Course of Study: _____

Graduated? Y N What year? _____

Graduated? Y N What year? _____

Other Schooling or Training

Street

City State Zip

PHONE NUMBER: () _____

Course of Study: _____

Graduated? Y N What year? _____

MILITARY SERVICE

Did you serve in the military? Y or N

What Branch? _____

Discharge Rank _____

Dates in Service _____ to _____

List duties/special training _____

PERSONAL REFERENCES

(Not former Joy Cone employees or relatives)

You may attach your references on a separate sheet if you prefer providing it includes the necessary contact information.

	NAME - MAILING ADDRESS	OCCUPATION	PHONE NUMBER
1.	_____ NAME	_____	_____
	_____ E-mail Address	_____ City	_____ State
2.	_____ NAME	_____	_____
	_____ E-mail Address	_____ City	_____ State
3.	_____ NAME	_____	_____
	_____ E-mail Address	_____ City	_____ State

PLEASE COMPLETE IN FULL OR YOUR APPLICATION CANNOT BE PROCESSED

Joy Cone Co. is an equal opportunity employer and Joy Cone will make reasonable accommodations for applicants and qualified individuals with disabilities.

The facts set forth in my application for employment are true and complete. I understand that if employed, false statements on this application shall be considered sufficient cause for dismissal.

I understand that this application does not, by itself, create a contract of my employment. I understand and agree that, if hired, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD OF TIME, and may, regardless of the date of payment of my wages or salary, BE TERMINATED AT ANY TIME. If hired, I will be issued an employee handbook that will explain in detail all company policies. It will be my responsibility to read the handbook and discuss any questions with management. I understand that NO PERSON IS AUTHORIZED TO CHANGE ANY OF THE TERMS MENTIONED IN THIS EMPLOYMENT APPLICATION FORM.

Applicant's Signature

Parent/Guardian's Signature
(If applicant is under 18)

Date

NOTE: ELECTRONIC SIGNATURES WILL NOT BE ACCEPTED

TOBACCO/NICOTINE POLICY

Joy Cone gives strong hiring preference to non-tobacco users.

Do you use any tobacco products? yes no

Note: A nicotine test is included in the pre employment physical exam. Misrepresentation on this application is grounds for retraction of any job offer.

ABSENTEEISM

This is to advise you beforehand, that JOY CONE CO. has a very strict attendance policy. We require good attendance from all employees.

(Complete attendance policy is available in the employee handbook.)

DISCLOSURE AND CONSENT: In connection with my application for employment or my employment with JOY CONE CO., I understand that JOY CONE CO. **may** utilize the services of a reporting agency to provide a report(s) of background information bearing on my credit, character, general reputation, personal characteristics or mode of living. I understand that this information may include, but is not limited to, the following types of information: credit reports, prior employment history, education, criminal record, driving record, judgments, liens, bankruptcies, drug test results, etc.

I understand that before JOY CONE CO. takes any adverse action based, in whole or in part, on credit information contained in the report(s), I will be provided a copy of the report and a description in writing of my rights under the Fair Credit Act.

I understand that employment with Joy Cone is contingent upon passing a pre-employment physical and drug screen.

I hereby consent to the above Disclosure and Consent and authorize JOY CONE CO. to procure a report(s) as stated above from a reporting agency. This authorization shall remain on file and shall serve as ongoing authorization for JOY CONE CO. to procure such reports at any time during my employment with JOY CONE CO.

Applicant's Signature

Print Name

Date

Social Security Number

Parent/Guardian's Signature
(If applicant is under 18)

Date

NOTE: ELECTRONIC SIGNATURES WILL NOT BE ACCEPTED

*** PACKER SUPPLEMENT ***

FOR PACKER APPLICANTS ONLY - Applicants for all other positions may leave this page blank

Since the plant is open 7 days/week, 24 hours/day your work schedule will change from week to week and you must be available to work weekends. **Packers must be able to work rotating shifts on a continuous seven day schedule.**

FULL-TIME: If you are applying for full-time work, you must be available to work on weekends as well as ALL THREE TURNS:

- DAY TURN - 7am to 3pm**
- AFTERNOON TURN - 3pm to 11pm**
- MIDNIGHT TURN - 11pm to 7am**

Note: We do have some steady afternoon & midnight turns whenever there are open slots.

PART-TIME: If you are applying for part-time work, you must be available to work weekends and on all FOUR HOUR or FIVE HOUR Shifts:

- 7am to 11am/12pm * 10am/11am to 3pm * 3pm to 7pm/8pm * 6pm/7pm to 11pm**

Note: We do offer a steady 6pm to 11pm and a steady part-time midnight (11pm to 7am, 3nights/week) shift. These steady shifts are granted when there are open slots.

CASUAL - If you are applying for casual employment, you must be available for work all 12 months of the year and you must be available to work most weekends (defined as beginning at 3pm on Friday and lasting through 11pm Sunday.) On weekdays, you will be scheduled according to your request. However, this means that if we cannot fit your requested schedule into our production schedule, YOU WILL NOT BE SCHEDULED. Casual employment status is ideal if you are a high school or college student, or for those who have other part-time commitments. **HIGH SCHOOL STUDENTS WILL NOT BE SCHEDULED ON THE 7-11PM SHIFT IF THEY HAVE SCHOOL THE FOLLOWING DAY.**

TEMPORARY - Each year we hire Temporary employees starting in mid February through mid April so that we can have them fully trained and ready for our peak season which is May through August. We generally have no work available after the 1st week in September for temporary employees. Weekly work schedule rules for temporaries are the same as for full and part-time employees above. However, we will accommodate students while school is in session. Temporary employment status is ideal for college students and other individuals who need/want summer employment only.

PACKER JOB DESCRIPTION - PACKING CONES IS AN EXTREMELY PHYSICALLY DEMANDING JOB. Packers are required to stand on their feet between 5 & 8 hours per day. Packing cones requires constant bending, turning, twisting & lifting. Constant movement of fingers, hands, wrists & arms at a fast pace is required. Even though we have an evaporative process cooler, it can get hot (80-85 degrees) in the production areas during the summertime. Packers must be able to lift a maximum of up to 50 pounds on a consistent basis throughout an 8-hr shift.

Joy Cone will not knowingly expose an employee to the risk of injury. Packing cones involves repeated stretching and reaching. This repeated motion is potentially hazardous to employees shorter than 5'2". Additionally, our packer tables are set at 36" and are not adjustable due to the configuration of the cone baking process. Again, this motion is potentially hazardous to employees taller than 6'. Consequently, if the applicant is either shorter than 5'2" or taller than 6', he/she will be required to demonstrate to our satisfaction that they will be able to pack cones without exposing themselves to the risk of strain related injuries.

Packers are also required to read and understand a packer booklet. Some of the things this booklet includes are: baking processes, various defects found in cones, packing procedures and coding procedures. The job of packing cones requires the mental alertness to inspect product and to stop equipment when jam-ups occur.

I have read the above carefully and by my signature, I am stating that I am able to comply with the above requirements, with or without reasonable accommodation. I understand the scheduling requirements of the status for which I am applying.

Height: _____

Applicant's Signature

Parent/Guardian's Signature
(If applicant is under 18)

Date

NOTE: ELECTRONIC SIGNATURES WILL NOT BE ACCEPTED