Buddy's Auto Center, Inc.
(530)629-2424

Applicant Information

Name:_____ Date of Application:_____

Phone #:_(____)_____--_____ Email Address:_____

Position Applied For:_____

Location (Circle One): Weaverville Willow Creek Arcata

DRIVER APPLICATION CHECKLIST

INCLUDED WITH PACKET	
	Driver's Application for Employment
	Authorization for HireRight Background Check (1) Disclosure Regarding Background Investigation (2) Fair Credit Reporting Act Summary **(for applicant to keep)** (3) Acknowledgement and Authorization Form
	Request for Information – From Previous Employer
	Previous Pre-Employment: **Employee Alcohol and Drug Test Statement**
	Drug Free Workplace Policy Summary and Agreement
	Single Driver License Certification
TO BE PROVIDED BY APPLICANT WHEN SUBMITTING	
	Legible Copy of Driver License
	Legible Copy of Social Security Card
	Tow Truck Operator Training Certificates (if any)
	(DOT ONLY) **Copy of Medical Certificate**
	(DOT ONLY) **Any Letters Granting Waivers for Physical Qualifications**
	DMV Form HR6 – Driving History Record (Current, Past 3 Years)

ALL items listed must be submitted for the application to be considered.

Submit all to: buddysoffice@jps.net "Application for Employment"

Application for Employment

Our Company Is An Equal Opportunity Employer
Please Complete and Sign This Application Form <u>Even If Accompanied By Your Resume</u>

PERSONAL INFORMATION

Date of Application:	Position Applied For:		
Full Legal Name First:	Middle:	Last:	
Minimum Salary Requirements: $_____ per	☐ Hour ☐ Month ☐ Week ☐ Year	Date Available For Work:	
Current Street Address:	City:	State:	Zip Code:
Mailing Address (If Different from Above):	City:	State:	Zip Code:
Telephone:	Days and Hours Available:	Preference: ☐ Full-Time ☐ Part-Time	
Are you 18 years of age or older? ☐ Yes ☐ No	*If under 18, hire is subject to verification that you are of minimum legal age.	If hired, can you present evidence of your U.S. Citizenship or proof of legal right to live and work in this country? ☐ Yes ☐ No	
Have you ever filed an application or have been employed here before? ☐ Yes ☐ No		Do you have any friends or relatives working for our company? ☐ Yes ☐ No *Relationship?	

EDUCATION RECORD

	Name and Location	Degree or Certificate Earned	Major or Specialty	Years Completed
High School				☐ 1 ☐ 2 ☐ 3 ☐ 4
College or University				☐ 1 ☐ 2 ☐ 3 ☐ 4
Graduate School				☐ 1 ☐ 2 ☐ 3 ☐ 4
Other				☐ 1 ☐ 2 ☐ 3 ☐ 4

Additional Information:

PAST EMPLOYMENT RECORD (Show Most Recent Employer First)

Company Name:	Position Title:	Area Code/Telephone:	
Address:	City:	State:	Zip Code:
Dates of Employment: From: To:			
Name of Immediate Supervisor:	Title:	May we contact? ☐ Yes ☐ No	
Describe your current duties and scope of your primary responsibilities:			
Reason(s) for Leaving:			

Company Name:	Position Title:	Area Code/Telephone:	
Address:	City:	State:	Zip Code:
Dates of Employment: From: To:			
Name of Immediate Supervisor:	Title:	May we contact? ☐ Yes ☐ No	
Describe your current duties and scope of your primary responsibilities:			
Reason(s) for Leaving:			

Company Name:	Position Title:	Area Code/Telephone:	
Address:	City:	State:	Zip Code:
Dates of Employment: From: To:			
Name of Immediate Supervisor:	Title:	May we contact? ☐ Yes ☐ No	
Describe your current duties and scope of your primary responsibilities:			
Reason(s) for Leaving:			

ADDITIONAL SKILLS AND TRAINING

Please list additional skills and training that may be relevant on the position for which you are applying (i.e. computer skills, language, etc.):

EMPLOYMENT REFERENCES

Please list previous supervisors or managers whom we may contact for reference.
If you do not have applicable previous employers, please list academic references.

Name	Position Title	Employer	Phone Number

Why do you feel you are qualified for this position? (Please feel free to use additional space if necessary):

PLEASE READ CAREFULLY

I understand the company has, or may choose to implement, a program of appropriate Company-paid pre-employment physical examinations, including standardized drug screens. Offers of employment may be subject to the successful completion of such an examination, as well as verification of previous employment, education, and references. Any disparity between results of these efforts and the information contained in the application form may result in the withdrawal of such employment offer, or if work has begun, the termination of my employment. _____
Initial

I **authorize** the Company and its representatives to contact personal references, past supervisors, educational institutions and credit reporting agencies, as it may deem necessary to obtain satisfactory information. I also authorize those contacted to release this information. _____
Initial

I certify that all of the information on this application was provided by me and is true. If employed, I agree to comply with all rules, regulations, and policies of the company. I understand and agree that my employment relationship with the Company is on an "at will" basis, meaning that either the company or I may terminate my employment at any time, for any lawful reason, with or without cause and with or without notice. I further understand and agree that if at any time during my employment any of the information herein is found to be misleading or untrue, my employment may be terminated. _____
Initial

I **understand** that, if employed, I will be required to furnish verification of my legal right to work in the Unites States by providing acceptable documentation as required by statute within 72 hours of commencement of employment. Further, I understand that in accordance with current Department of Homeland Security legislation, my employment will be terminated at the end of that period should I not furnish the required documentation. _____
Initial

Signature of Applicant:	Date:
Print Name:	Date:

DISCLOSURE

[IMPORTANT – PLEASE READ CAREFULLY BEFORE SIGNING AUTHORIZATION]

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

Buddy's Auto Center Inc. may obtain information about you for employment purposes from a third-party consumer reporting agency. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records ("driving records", verification of your education or employment history, or other background checks. Credit history will only be requested where such information is related to the duties and responsibilities of the position for which you are applying. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report and a copy of any report about you. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regards to applicants for employment is an investigation into your education and/or employment history conducted by First Advantage Background Services Corp. ("First Advantage"), P.O. Box 105292, Atlanta, GA 30348, 1-800-845-6004. The scope of this notice and authorization is all-encompassing, however, allowing Buddy's Auto Center Inc. to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative report.

_____

Employee Initials

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.consumerfinance.gov/learnmore **or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **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, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore 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.consumerfinance.gov/learnmore 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 reporting 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 -- 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.consumerfinance.gov/learnmore.

- **You may limit "prescreened" offers of credit and insurance you get based on information in your credit report.** Unsolicited "prescreened" 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.consumerfinance.gov/learnmore.

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. For Information about your Federal rights contact:

TYPE OF BUSINESS:	CONTACT:
1. a. Banks, savings associations, and credit unions with total assets of over $10 billion and their affiliates. b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:	a. Consumer Financial Protection Bureau 1700 G Street NW Washington, DC 20552 b. Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357
2. To the extent not included in item 1 above: a. National banks, federal savings associations and federal branches and federal agencies of foreign banks b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations d. Federal Credit Unions	 a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050 b. Federal Reserve Consumer Help Center PO Box 1200 Minneapolis, MN 55480 c. FDIC Consumer Response Center 1100 Walnut St., Box #11 Kansas City, MO 64106 d. National Credit Union Administration Office of Consumer Protection (OCP)

	Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street Alexandria, VA 22314
3. Air carriers	Asst. General Counsel for Aviation Enforcement & Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20590
4. Creditors Subject to Surface Transportation Board	Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street, S.W. Washington, DC 20423
5. Creditors Subject to Packers and Stockyards Act, 1921	Nearest Packers and Stockyards Administration area Supervisor
6. Small Business Investment Companies	Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, SW, 8th Floor Washington, DC 20416
7. Brokers and Dealers	Securities and Exchange Commission 100 F Street, N.E. Washington, DC 20549
8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks and Production Credit Associations	Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090
9. Retailers, Finance Companies, and All Other Creditors Not Listed Above	FTC Regional Office for region in which the creditor operates or Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 (877) 382-4357

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the Company at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by First Advantage P.O. Box 105292 Atlanta, GA 30348, 1-800-845-6004, another outside organization acting on behalf of the Company, and/or the Company itself. Their Privacy Policy can be reviewed at http://www.fadv.com/privacy-policy/. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

New York applicants or employees only: By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law.

Minnesota and Oklahoma applicants or employees only: Please check this box if you would like to receive a copy of a consumer report at no charge if one is obtained by the Company. ☐

California applicants or employees only: By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law. ☐

Washington State applicants or employees only:
You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

Last Name: _____ First _____ Middle _____

Signature: _____ Date: _____

New York and Maine applicants or employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly. You may also contact the Company to request the name, address and telephone number of the nearest unit of the consumer reporting agency designated to handle inquiries, which the Company shall provide within 5 days.

Please note: Nothing contained herein should be construed as legal advice or guidance. Employers should consult their own counsel about their compliance responsibilities under the FCRA and applicable state law. First Advantage expressly disclaims any warranties or responsibility or damages associated with or arising out of information provided herein.

Buddy's Auto Center, Inc.

Previous Employer Information

MAIL TO: _____
Company *Street* *City* *State* *Zip*

TELEPHONE: _____ FAX: _____

Dear Sir/Madam:

The below named individual has applied to this company for a position as _____ and states that he/she was employed by you as _____ from _____ to _____. We appreciate your time in completing, in confidence, the information requested below. Enclosed is a business reply envelope for your convenience. Thank you for your courtesy.

Sincerely,

_____

Name of Applicant: _____ Social Security # _____

1) Employed from _____ to _____ as _____ at a wage or salary of _____.

2) Did he/she drive a motor vehicle for you? _____ If yes, please specify the type. _____

3) Was he/she a safe and efficient driver? _____

4) Reason for leaving your company:

   Resignation ____ Discharge ____ Lay Off ____ Military Duty ____

5) Did the employee ever fail or refuse to take a drug screen? _____

   Please advise history of past driving record if available for past three years.

   _____

   _____

PREVIOUS PRE-EMPLOYMENT EMPLOYEE ALCOHOL AND DRUG TEST STATEMENT

Section 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 return-to-duty process. (see Section 40.25(b)(5) and (e))

Driver's Name (Printed):_____

In accordance with Federal Motor Carrier Regulations Section 40.25(j), the driver must 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 ☐ Not Applicable

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

Driver's Signature:_____ Date:_____

Witnessed by:

Signature:_____ Date:_____

DRUG FREE WORKPLACE POLICY

SUMMARY & ACKNOWLEDGEMENT AND

CERITIFICATION & AGREEMENT

Please Read This Document Carefully

Policy Overview:

In order for Buddy's Auto Center Inc. to monitor and implement the policy, Buddy's may perform and request that employees undergo drug testing from time to time. An employee may be required to undergo a drug/alcohol test under the following circumstances: 1) condition of initial employment; 2) following a work-related accident; 3) being observed using a prohibited substance on the job; 4) when exhibiting a severe and prolonged reduction in productivity; 5) randomly; or 6) the company has other reasonable suspicion as grounds for testing such employee. Further, an employee may be required by Buddy's, if there is reasonable suspicion, to submit to a search of any company vehicle used for business and to submit to a search of a desk, file, locker, clothing, or other equipment or material provided by the company. An employee who fails or refuses to submit to alcohol and drug testing or a search as provided above, will be subject to disciplinary action up to and including termination of employment.

Acknowledgement:

I hereby agree and consent to provide a urine sample in accordance with the pre-employment requirements established by the company in order to determine the presence of drugs and/or alcohol in my body. I acknowledge that I have been provided a copy of the Drug Free Workplace Policy. I understand that a violation of this policy may subject me to disciplinary action up to and including termination of employment or make me ineligible for employment at Buddy's Auto Center Inc.

I understand that I may be required to submit to a blood, urine, breath, or other diagnostic test after the occurrence of any work-related accident while on or off company property during the course of work.

I authorize the health care provider and their respective employees and agents administering the prohibited substance screen to release the results to Buddy's Auto Center or any person or firm acting on behalf of Buddy's.

Furthermore, I release Buddy's, its healthcare provider and their respective employees and agents from any and all claims that I may now, or in the future, have arising from or relating to the Drug Free Workplace Policy and/or any action taken by the company based on a failed test result.

I acknowledge or affirm that I have received a copy of the Drug Free Workplace Policy and have been told to read it. If I cannot read and understand it, I will have it read to me. I have been instructed to direct any questions about the policy to my manager/supervisor.

CERTIFICATION AND AGREEMENT

I hereby certify that I have not withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned, have personally completed this information form. I understand and agree that any and all omissions or misstatements of material fact on this information form or on any document used to secure or continue employment shall be grounds for immediate termination regardless of the time elapsed before discovery.

In consideration of my employment, I agree to conform to all company policies and procedures. I acknowledge and agree that my employment is "at-will", that I may resign at any time, and Buddy's may terminate my employment at any time with or without cause or advance notice and that this statement shall apply throughout my employment unless and until it is modified by an applicable collective bargaining agreement, if applicable, and in such case it will be modified as necessary.

To the fullest extent allowed by law, I agree that any controversy, claim or dispute between myself and Buddy's Auto Center Inc. and/or any of its owners, employees or agents relating to or arising out of my employment or the termination of my employment will be submitted to final and binding arbitration in accordance with the National Rules for the Resolution of Employment Disputes of the American Arbitration Association as the exclusive remedy for such controversy, claim or dispute. I understand and agree that this agreement means that I do not have the right to a court or jury trial of any of these issues. This agreement to arbitrate specifically includes, without limitation, any and all claims of Fair Employment and Housing Act, the Age Discrimination in Employment Act, the Americans with Disabilities Act, and any other constitution, statute or regulation or otherwise, and/or other causes of action. Not covered by this Agreement to arbitrate are claims for workers' compensation, unemployment insurance, and other claims that are not arbitrable as a matter of law. Judgement on the award issued by the arbitrator may be entered in any court having jurisdiction thereof. I agree that this paragraph shall apply in its entirety unless and until it is modified by an applicable collective bargaining agreement, if applicable.

I authorize Buddy's Auto Center Inc. to obtain my driving record as relevant to the performance of the job from the State Department of Motor Vehicles.

I understand that any person who makes or causes to be made any knowingly false or fraudulent material statement or material representation for the purpose of obtaining or denying workers' compensation benefits or payments is guilty of a felony.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE DRUG FREE WORKPLACE POLICY SUMMARY & AGREEMENT AND CERTIFICATION & AGREEMENT. If you have any questions regarding this Drug Free Workplace Policy Summary & Agreement and Certification and Agreement, please ask your manager/supervisor before signing.	
Signature of Employee:	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 state must be in writing.

The following license is the only one I 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)

90-FS-C2 1619
(Rev. 2/05)

ORIGINAL - MAY BE RETAINED IN PERMANENT FILE