



DRIVER APPLICATION FOR EMPLOYMENT

QUALIFIED APPLICANTS ARE CONSIDERED WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE, MARITAL STATUS, VETERAN STATUS, OR DISABILITY. RON'S PRODUCE CO. INC. IS AN EQUAL OPPORTUNITY EMPLOYER. IN ACCORDANCE WITH THE IMMIGRATION REFORM AND CONTROL ACT OF 1986, ANY OFFER OF EMPLOYMENT IS CONDITIONED UPON SATISFACTORY PROOF OF APPLICANT'S IDENTITY AND LEGAL ABILITY TO WORK IN THE UNITED STATES.

Last Name	First	Middle	Date of Application
Date of Birth (required by FMCSR 391.21 (2) to verify motor vehicle report)			
Street Address(es) during last 3 years (FMCSR 391.21 (3) include City, State, Zip Code)			Home Telephone
			Alternate Telephone
			Cellular Telephone
			E-Mail Address
In case of Emergency notify (name)			Telephone (1)
In case of Emergency notify (address)			Telephone (2)
(alternate) In case of Emergency notify (name & address)			Telephone (1&2)
Position Desired	Date Available	Salary Desired	Social Security Number
Type of Employment Desired <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary		Are you legally eligible for employment in this country? <input type="checkbox"/> Yes <input type="checkbox"/> No Can you provide proof of your legal right to live and work in this country? <div style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	



EDUCATION

Level	Name and Location of School	Diploma or Degree (Credits Earned if No Degree)	Attendance Dates		Major
			From Mo/Yr	To Mo/Yr	
High School					
Business, Trade or Technical*					
College*					
Graduate School*					
Other*					

*If degree was received under a name other than that listed on this application, please provide your full name at the time the degree was awarded:

Degree: _____ Name At Time Earned: _____

Scholastic Achievements:

SKILLS AND QUALIFICATIONS

Summarize specific skills and qualifications acquired from employment or other experiences that are related to the position for which you are applying for:

EMPLOYMENT HISTORY

Please provide a COMPLETE employment history for the past ten years, even if a resume is submitted with this application. List ALL employers, assignments, or volunteer activities that are relevant to the job for which you are applying, starting with the most recent, including military employment. Explain any gaps in employment in the "Comments" section below. Please use the "Employment History Continuation Sheet" if additional space is needed.

(1) Present/Most Recent Employer Telephone	Dates Employed		Summarize the nature of the work performed and job responsibilities.
	From Mo/Yr	To Mo/Yr	
Address			
Job Title	Hourly Rate/Salary Starting		



Immediate Supervisor and Title	\$	per	
Type of Employment <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Other	Hourly Rate/Salary		
	Final		
Reason for leaving or why you are considering leaving?	\$	per	
If currently employed, may we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No			
(2) Next Previous Employer	Telephone	Dates Employed	
		From	To
		Mo/Yr	Mo/Yr
Address			Summarize the nature of the work performed and job responsibilities.
Job Title		Hourly Rate/Salary	
		Starting	
Immediate Supervisor and Title	\$	per	
Type of Employment <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Other	Hourly Rate		
	Final		
Reason for leaving?	\$	per	
(3) Next Previous Employer	Telephone	Dates Employed	
		From	To
		Mo/Yr	Mo/Yr
Address			Summarize the nature of the work performed and job responsibilities.
Job Title		Hourly Rate/Salary	
		Starting	
Immediate Supervisor and Title	\$	per	
Type of Employment <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Other	Hourly Rate/Salary		
	Final		
Reason for leaving?	\$	per	
(4) Next Previous Employer	Telephone	Dates Employed	
		From	To
		Mo/Yr	Mo/Yr
Address			Summarize the nature of the work performed and job responsibilities.



Job Title	Hourly Rate/Salary		
	Starting		
Immediate Supervisor and Title	\$	per	
Type of Employment	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Other		Hourly Rate
			Final
Reason for leaving?	\$	per	
(5) Next Previous Employer	Telephone	Dates Employed	
		From	To
		Mo/Yr	Mo/Yr
Address			Summarize the nature of the work performed and job responsibilities.
Job Title	Hourly Rate/Salary		
	Starting		
Immediate Supervisor and Title	\$	per	
Type of Employment	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Other		
	Hourly Rate/Salary		
	Final		
Reason for leaving?	\$	per	
(6) Next Previous Employer	Telephone	Dates Employed	
		From	To
		Mo/Yr	Mo/Yr
Address			Summarize the nature of the work performed and job responsibilities.
Job Title	Hourly Rate/Salary		
	Starting		
Immediate Supervisor and Title	\$	per	
Type of Employment	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Other		
	Hourly Rate		
	Final		
Reason for leaving?	\$	per	



(7) Next Previous Employer	Telephone	Dates Employed		Summarize the nature of the work performed and job responsibilities.
		From Mo/Yr	To Mo/Yr	
Address				
Job Title		Hourly Rate/Salary		
		Starting		
Immediate Supervisor and Title		\$	per	
Type of Employment <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Other		Hourly Rate/Salary		
		Final		
Reason for leaving?		\$	per	
(8) Next Previous Employer	Telephone	Dates Employed		
		From Mo/Yr	To Mo/Yr	
Address				
Job Title		Hourly Rate/Salary		
		Starting		
Immediate Supervisor and Title		\$	per	
Type of Employment <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Other		Hourly Rate		
		Final		
Reason for leaving?		\$	per	
(9) Next Previous Employer	Telephone	Dates Employed		Summarize the nature of the work performed and job responsibilities.
		From Mo/Yr	To Mo/Yr	
Address				
Job Title		Hourly Rate/Salary		
		Starting		
Immediate Supervisor and Title		\$	per	
Type of Employment <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Other		Hourly Rate/Salary		
		Final		
Reason for leaving?		\$	per	



(10) Next Previous Employer	Telephone	Dates Employed		Summarize the nature of the work performed and job responsibilities.
		From Mo/Yr	To Mo/Yr	
Address				
Job Title		Hourly Rate/Salary		
		Starting		
Immediate Supervisor and Title		\$	per	
Type of Employment		Hourly Rate		
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Other		Final		
Reason for leaving?		\$	per	



REFERENCES

List three business/work references who are **NOT** related to you and are **NOT** previous supervisors. If not applicable, list three school or personal references who are not related to you.

Name	Telephone	Years Known	In what capacity did this person observe you or your work?

PROFESSIONAL LICENSES

List any professional license(s) that are related to the position for which you are applying and list state(s) in which licensed:

MEMBERSHIPS

List professional, trade, business, or civic associations that you consider relevant to the position for which you are applying (exclude memberships which would reveal sex, race, religion, national origin, age, color, or disability).

Organization	Offices Held

SPECIAL ACCOMPLISHMENTS, PUBLICATIONS AND AWARDS

Exclude information that would reveal sex, race, religion, national origin, age, color, or disability.

OTHER INFORMATION

If hired, do you agree to abide by all safety rules set forth by the company? Yes No

Are you able to perform all the essential functions of the job with or without reasonable accommodations for which you are applying for? Yes No



Do you have any previous supervisory or managerial experience? If yes, please explain?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you bound by any non-solicitation/non-compete agreement?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever interviewed for a job with Ron's Produce Co. Inc.? If yes, when?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been employed by Ron's Produce Co. Inc.? If yes, when?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are any relatives or friends currently employed at Ron's Produce Co. Inc? Name of employee(s) Department and position where employed	<input type="checkbox"/> Yes <input type="checkbox"/> No
What prompted your application to Ron's Produce Co. Inc? Ad _____ Friend _____ (Please indicate name of ad/friend) Ron's Produce Co. Inc Associate _____ Other _____	
Have you ever served in the U.S. Armed Forces? If yes, when and branches served in? Duties included?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you have ever been granted a security clearance by any government agency, indicate the level of clearance, when granted, and by whom?	
Have you ever had a security clearance suspended, denied, or revoked?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of, or are you now under charges for, any misdemeanor or felony offense? Omit (1) traffic fines, (2) any offense committed before your 18 th birthday which was finally adjudicated in a juvenile court or under a youth offender law, (3) any conviction the record of which has been expunged under federal or state law, and (4) any conviction set aside under the Federal Youth Corrections Act or similar authority. (A yes response will not necessarily disqualify you from employment.) <input type="checkbox"/> Yes <input type="checkbox"/> No If checked yes, please explain below.	



Have you ever been denied a license, permit, or privilege to operate a motor vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, state circumstances and dates
Has any license, permit, or privilege been suspended or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, state circumstances and dates
Have you ever been stopped while intoxicated? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, state circumstances and dates
Have you ever used any illegal drugs (including marijuana)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, state circumstances and dates of last use
Have you ever been convicted for possession of, sale, or use of a narcotic drug, amphetamine, or a derivative thereof? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, state circumstances and dates
Have you ever been convicted of a criminal offense? (A conviction will not necessarily disqualify you from employment) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, state circumstances and dates
Do you currently have any criminal actions pending in which you are a defendant? (A "yes" answer will not necessarily disqualify you from employment.) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, state circumstances and dates
Are you currently on probation or parole status? (A "yes" answer will not necessarily disqualify you from employment.) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, state circumstances and dates

LICENSE LIST ALL DRIVERS LICENSES HELD IN PAST FIVE YEARS

State	License Number	Type	Expiration Date		Endorsements
			From Mo/Yr	To Mo/Yr	



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STATES WHICH YOU HAVE OPERATED A CLASS-A MOTOR VEHICLE IN THE PAST FIVE YEARS

State	License Number	Type	Expiration Date		Endorsements
			From Mo/Yr	To Mo/Yr	

DRIVING EXPERIENCE

Class of Equipment	Type of equipment Van-Tank-Flat-Etc.	Brand	Dates		Approx. No. of miles
			From Mo/Yr	To Mo/Yr	
Straight Truck					
Tractor and Semi Trailer					
Tractor and Two Trailers					
Other					
Midliner					

ACCIDENT RECORD IF NONE WRITE NONE LIST ALL INVOLVEMENT WITH TRUCK AND CAR INCLUDING PROPERTY DAMAGE FOR THE PAST FIVE YEARS, INCLUDING PREVENTABLE AND NON-PREVENTABLE

Date	Nature of Accident (Head On, Rear End etc.)	Preventable or Non preventable	Injuries		Amount of Property Damage
			Fatal	Non Fatal	



MOVING TRAFFIC CONVICTIONS LIST FOR PAST FIVE YEARS IF NONE WRITE NONE

State	License Number	Location	Date		Penalty
			Mo	Yr	

PLEASE REVIEW APPLICATION CAREFULLY. WE WILL NOT CONSIDER THIS APPLICATION IF NOT COMPLETED IN FULL.

PLEASE READ THE FOLLOWING AND SIGN THE APPLICATION IN THE SPACES PROVIDED BELOW. IF YOU HAVE ANY QUESTIONS, PLEASE SPEAK WITH THE HIRING MANAGER BEFORE SIGNING.

Drug and Alcohol Policy

Ron's Produce Co. Inc. maintains a drug and alcohol free environment for its associates, customers, and visitors. Therefore, we prohibit the use of, possession of, distribution of, purchase or sale of, offering to purchase or sell, transfer of, trafficking in, and working or reporting for work under the influence of, intoxicants, drugs, controlled or illegal substances. I also understand that if offered a job, it may be conditioned on the results of a physical examination and drug test. I agree to furnish such additional information and complete such examinations as may be required to complete my employment file. In addition all associate will be required to read, sign, and abide by all terms and conditions set forth in the Ron's Produce Co. Inc. Alcohol and Drug Policy.

Agreement (Please carefully read the following statement and sign below)

I certify that I have read and understood all of this employment application. I hereby certify that the information contained in this application form is true, correct to the best of my knowledge, and was completed by me. I understand that any misrepresentation, falsification, or material omission of information on this application may result in my failure to receive an offer or, if I am hired, in my dismissal from employment. I understand that no representative of the company has the authority to make any verbal or written assurances to the contrary. If I am hired, I recognize the employment relationship to be an at-will relationship and not for a specific period of time. If employed by Ron's Produce Co. Inc I agree to comply with all safety and health rules, company policies and



procedures, and local, state, and federal laws pertaining to my employment. Although management makes every effort to accommodate individual preferences, organizational needs may make the following conditions mandatory: overtime, rotating work schedule, or a work schedule other than Monday through Friday or normal business hours. I understand and accept these as conditions of my employment should I be hired. It also means that Ron's Produce Co. Inc may revise and make exceptions to its policies, practices, handbooks, manuals, rules, procedures, and regulations, in whole or in part, at any time.

I agree to have any of the statements checked by the company unless I have indicated to the contrary. It is agreed and understood that this application for employment in no way obligates Ron's Produce Co. Inc. to employ the applicant. It is agreed and understood that the employer or its agents may investigate my background to ascertain any and all information of concern to my employment history, whether same is of record or not. I authorize the references listed in this application to provide the company with any and all information concerning my previous employment and any pertinent information that they may have. Further, I release all parties and persons from any and all liability for any damages that may result from furnishing such information to the company as well as from the use or disclosure of such information by the company or any of its agents, employees, or representatives. I hereby release Ron's Produce Co. Inc., its officers, employees, agents, directors, affiliates and attorneys and any other persons named herein from all liability for any damages on account of furnishing or researching such information. This also certifies that I have received a copy of the job description and company policies and all questions have been answered to my satisfaction.

I understand that the company requires Driver Applicants to successfully complete a DOT physical, including a drug test, as a term and condition of qualification, and from time to time thereafter. I agree to submit a random drug/alcohol test as a term and condition of continued qualification. Therefore I knowingly and freely give my consent to submit a physical, including a drug test, and agree to submit a drug/alcohol test when requested from time to time. I understand any job offer is contingent on a negative drug/alcohol test result. In accordance with section 391.23 of the Federal Motor Carrier Safety Regulations I authorize any and all persons or institutions to provide any relevant information that may be required to complete the qualification and release them from any and all liability for supplying this information. In connection with my application for employment with the company, I understand that an Investigative Consumer Report will be requested. It is also agreed and understood that under the Fair Credit Reporting Act, Public Law 91-508, I have been told that this investigation may include an Investigative Consumer Report, including information regarding my character, general reputation, personal characteristics and mode along with reasons for terminations of past employments. Further, I understand you will be requesting information concerning my driving record from various state agencies that maintain records concerning traffic offenses and accidents as well as information concerning previous driving record requests made by others from such state agencies. I understand that I have the right to make a written request within a reasonable period of time to receive detailed information about the nature and the scope of this investigation. I hereby consent to the company obtaining the above-described information and agree such information, and my experience history with you if I am employed will be supplied to other companies as required by DOT regulations. If qualified by you, I consent to the company furnishing to consumer reporting services information concerning my character, work habits, performance, driving record and experience, as well as reasons for termination of my qualification.

In consideration of my employment, I agree to conform to the rules, results, and standards of Ron's Produce Co. Inc. and agree that my employment and compensation can be terminated at will, with or without cause, and with or without notice, at any time, either at my option or at the option of the company. I understand that as an applicant for a position with this company, I may be asked to demonstrate that I am capable of performing tasks that are pertinent to the job. This application represents the complete and final expression of the intent of the parties and may not be modified except by a writing duly executed by the undersigned and the president of the company.

I CERTIFY THAT THIS APPLICATION WAS COMPLETED BY ME AND ALL INFORMATION IN IT TO BE TRUE AND COMPLETED TO THE BEST OF MY KNOWLEDGE. I HAVE READ AND AGREE TO THE ABOVE TERMS AND CONDITIONS:

NAME: _____

SIGNATURE OF APPLICANT: _____

DATE _____