



APPLICATION FOR EMPLOYMENT

Position Applying for: \_\_\_\_\_ Referred by: \_\_\_\_\_

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

SOCIAL SECURITY NO: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ E-MAIL \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Have you ever been employed by this company: †YES †NO Are you eligible to work in the United States? YES NO

Were you referred by someone at Palmetto Corp. YES NO If yes, who? \_\_\_\_\_

In Case of Emergency, Notify \_\_\_\_\_ Phone # \_\_\_\_\_

DO YOU HAVE DRIVER'S LICENSE: †Yes †No

Have you ever been convicted of a felony? Yes†No† If yes, explain fully on the back of this application. Conviction of a crime is not an automatic bar to employment – all circumstances will be considered.

EDUCATION

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 College: 1 2 3 4

List any special skills or equipment you can operate \_\_\_\_\_

LIST YOUR LAST (2) EMPLOYER'S STARTING WITH THE MOST RECENT

Last Employer: \_\_\_\_\_ Phone \_\_\_\_\_
Position Held: \_\_\_\_\_ From \_\_\_\_\_
Reason for Leaving \_\_\_\_\_ Hourly Rate \_\_\_\_\_

Second Last Employer: \_\_\_\_\_ Phone \_\_\_\_\_
Position Held \_\_\_\_\_ From \_\_\_\_\_
Reason for Leaving \_\_\_\_\_ Hourly Rate \_\_\_\_\_

THIS CERTIFIES THAT I HAVE COMPLETED THIS APPLICATION AND ALL INFORMATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. Drug Testing Consent: My signature indicates that I consent to a mandatory pre-employment drug test.

EMPLOYEE SIGNATURE

DATE

PALMETTO CORP IS AN EQUAL OPPORTUNITY EMPLOYER. It is PALMETTO CORP's policy to assure that applicants are employed, and that employees are treated during employment, without regard to their race, religion, sex, color, national origin, age or disability. Such action shall include: employment, upgrading, demotion, or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship, pre-apprenticeship, and/or on-the-job training. All such decisions are based on (1) individual merit, qualifications, and competence as they relate to the particular position, and (2) promotion of the principle of equal employment opportunity. All current employees are encouraged to refer minority and women recruits for employment whenever hiring opportunities are available.

PALMETTO CORP IS ENROLLED IN E-VERIFY!



## Equal Employment Opportunity Data Reporting Form

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The Federal Highway Administration (FHWA) requires the following information to be collected for statistical reporting of applicants as a part of the Equal Opportunity and Affirmative Action Program requirements (FHWA-1273). This information is not used in the employment process nor released in a manner that identifies the individual. This form will be removed prior to being forwarded to the hiring authority.

Today's Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

First Name \_\_\_\_\_

Middle Initial \_\_\_\_

Last Name \_\_\_\_\_

Position for which you are applying: \_\_\_\_\_

Gender (Please check appropriate box):

- Male
- Female

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Race (Please check appropriate box):

- White, not of Hispanic Origin
- Black or African American, not of Hispanic Origin
- Hispanic or Latino
- Asian, not Hispanic or Latino
- Native Hawaiian or Other Pacific Islander, not Hispanic or Latino
- American Indian or Alaskan Native
- Two or more races, not Hispanic or Latino



REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER

Release from Prospective Employee:

I hereby authorize you to release the following information to PALMETTO CORP. for the purpose of investigation as required by sections 391.23 and 382.413 of the Motor Carrier Safety Regulations and/or all information regarding my services, character, and conduct regarding my employment. You are released from any liability, which may result from furnishing such information.

Date

Signature of Employee

Part 391.23

TO BE COMPLETED BY PREVIOUS EMPLOYER

TO:

APPLICANTS NAME: SS#

1. Please indicate dates of employment with your company:

2. What was his/her job classification: Driver Operator Laborer Other

3. Equipment used: Tractor Trailer Flatbed Straight-truck Bus Van Other

4. Material hauled: Coils Lumber Flat Steel. Other

5. Reason for leaving employer? Resigned Discharged Lay-off

6. Would you re-hire this applicant? Yes No Upon review. If no, explain:

7. Accidents:

Date Location No. of Injures No. of Fatalities Hazmat Material Spill

Under DOT drug and alcohol testing requirements for the past 3 years:

- 1. This person was employed in a safety-sensitive function that required alcohol and controlled substance testing specified by 49 CFR part 40 (if no, skip the remaining questions)? Y or N
2. This person had an alcohol test with a result of 0.04 or higher alcohol concentration? Y or N
3. This person tested positive or adulterated or substituted a test specimen for controlled substances? Y or N
4. This person refused to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test? Y or N
5. This person committed other violations of Subpart B of Part 382, or Part 40? Y or N
6. This person violated a DOT drug and alcohol regulation? Y or N

Name and title of person furnishing information

Date