



Jan. 2019

Food Service Order Selector/CDL Driver

Peirone Produce Co. is the largest and fastest growing produce wholesaler in the Greater Spokane Area. At this time, we are looking to add a permanent (not temporary) qualified **Food Service Order Selector/CDL Driver**.

Job Description: Our Food Service Order Selector picks the food service orders and delivers them twice a day, 5 days a week. Qualified applicants will have a presentable and professional appearance. In addition, the candidate must possess a personality conducive to communicating with customers in a positive manner. This is a fast-paced work environment and all applicants must meet the minimum requirements as outlined below.

Minimum Requirements (please DO NOT apply if you cannot meet these requirements):

- All of our employees are required to become Teamster Union members upon being hired
- Pre-employment screenings include a physical capacities test as well as a drug screen
- Must be able to work occasional overtime if needed
- Must be available to work weekends and holidays
- Class A CDL is required
- All applicants must be 18 years of age

Benefits include (after 5-month probation period):

- Union benefit package (Medical, Dental, and Vision) for you and your family at no cost to you
- Paid vacation after first year of employment
- 5 paid holidays

Wage: \$15.90/hour

Interested? Apply via *one of the following options*:

- **WEB:**
 - Peirone website "Career" page where you can upload a PDF or Word doc of your job application and/or resume: <https://peironeproduce.com/careers/>
 - Indeed website: https://www.indeed.com/viewjob?t=food+service+order+selectorcdl+driver&jk=45a1831b3ef91e54&_ga=2.4933429.740103926.1546976205-956387198.1496623850
- **EMAIL:** Email your job application and/or resume to Jesse Landsiedel JLandsiedel@peirone.com with the specific job title that you're interested in the Subject line
- **IN PERSON:** We are located 10 minutes West of Spokane. Take the Medical Lake exit off of I-90 and follow South to Hallett Rd. Our address is 9818 W Hallett Rd, Spokane, WA 99224. Office hours for accepting job applications: M-F, 8am-4pm

Please note: *We will contact you after reviewing your paperwork if we believe that we may be a good fit for each other. Should you not hear back from us, we have either filled the position or are currently seeking candidates that more closely match our qualifications. Please do not call or repeatedly visit the front office if you do not hear back from us. Send an email to the email address noted on this job posting and we will do our best to get back to you promptly. Thank you.*

NOTICE TO TRUCK DRIVER APPLICANTS

Peirone Produce Company is dedicated to reviewing and notifying each applicant of the results of his or her application. You will hear from us either by mail or phone.

Please be aware that any ***application that is not filled out completely or is not legible may be eliminated for consideration***. Therefore, please take your time to read and answer all questions on the application. Please ask for or print off any additional pages you will need to complete your application.

Applications will be considered on a first come, first serve basis, and will remain in our files for a period of three years, at which time they will be removed. In order to protect confidential information, all applications are kept in a locked, secure location and when they expire, are shredded.

I have read and understand the above notice: _____ Date: _____

(Signature of Applicant)

EEOC/VETERANS APPLICANT DATA FORM

Peirone Produce Company is committed to providing equal opportunity in all employment related activities without regard to race, color, religion, sex, sexual orientation, national origin, age, disability, or veteran status. Reasonable accommodation based on disability or religious observances, will be considered when appropriate. Peirone Produce Company recognizes its affirmative action responsibilities with respect to women, minorities, individuals with disabilities and eligible veterans. Peirone Produce Company is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, the employer invites applicants to voluntarily self-identify their race and ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information will be kept confidential and separate from your application for employment, and will only be used in accordance with the provision of applicable laws, executive orders, and regulation, including those that require the information to be summarized and are reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

GENERAL INFORMATION

NAME _____
Last First Middle

SEX Male ☐ Female ☐

POSITION(S) APPLYING FOR _____

DISABILITY

☐ I choose to be identified as an individual with a disability because I have a record of, or am regarded as having a physical or mental impairment that substantially limits one or more of my major life activities.

☐ I choose not to be identified

This information will not be shared with any other sources and will only be used for data collection purposes.

RACE/ETHNIC CLASSIFICATION

- ☐ **WHITE:** A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- ☐ **BLACK OR AFRICAN AMERICAN:** A person having origins in any of the black racial groups of Africa.
- ☐ **NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER:** A person having origins in Hawaii or Samoa Pacific Islands.
- ☐ **ASIAN:** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian sub-continent. This area includes, for example, China, Japan, Korea, and the Philippine Islands.
- ☐ **AMERICAN INDIAN OR ALASKAN NATIVE:** A person having origins in any of the original peoples of North America.
- ☐ **TWO OR MORE RACES**

VETERANS/RESERVIST STATUS

- ☐ **SPECIAL DISABLED VETERAN:** I have a disability that entitles me to Veterans' Administration disability compensation rated at 30 percent or more; or was discharged or released from active military duty because of a disability incurred or aggravated in the line of duty.
- ☐ **VIETNAM ERA VETERAN:** I served more than 180 days on active duty with one of the United State Armed Forces in the Republic of Vietnam between August 5, 1964 through May 7, 1975, and was discharged or released with any discharge other than dishonorable or was discharged or released from active duty because of a service-connected disability.
- ☐ **OTHER PROTECTED VETERAN:** I served in the military, ground, naval, or air service of the United States on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized.
- ☐ **ACTIVE RESERVIST**
- ☐ **INACTIVE RESERVIST**
- ☐ **NONE OF THE ABOVE**

Signature: _____

Date: _____

PEIRONE PRODUCE COMPANY

Applicant's Authorization, Acknowledgement and Release

READ CAREFULLY BEFORE COMPLETING APPLICATION

I hereby authorize Peirone Produce Company ("Peirone"), or authorized employee or agent of Peirone to contact any and all companies, former employers, educational institutions, law enforcement agencies, city, state, county, and federal courts and military services to release information about my background, including, but not limited to, information about my employment, education, driving record, criminal record and general public records history to any authorized representative of Peirone. **I hereby release the aforesaid parties from any liability and responsibility arising from collecting the above information.** This release shall remain in effect for the length of my employment with Peirone. I understand I will receive a copy of this consumer report if any adverse action/decision is made based on the information in the consumer report. If an Investigative Consumer Report has been conducted, I will be notified in writing within three days of receipt of my request for said report. I believe to the best of my knowledge that all information I have provided is accurate, true and correct and that I fully understand the terms of this release.

1. I further understand and agree that adherence to specifications pertaining to uniform, attire, and personal appearance are at the discretion of management.
2. I understand that if I were to be considered for employment with Peirone, I may be required to take a post-offer employment physical based on the job for which I am applying. I therefore authorize Peirone's appointed physician to release any information regarding medical conditions related to my ability to perform the job in question to an authorized Peirone representative.

All expenses incurred for a physical examination or drug screen that is requested by Peirone will be paid for by Peirone.

If requested by Peirone, I also give permission and agree to participate in pre-employment drug screening or testing. I understand the at het drug screening may or may not include an observed or unobserved urine collection, a blood draw, and/or any other drug or alcohol test as selected by Peirone. I specifically agree that the test results will be released to an authorized representative of Peirone.

3. Peirone adheres to the Drug Free Workplace Act and has a substance abuse policy and an employee drug/alcohol testing program.
4. I acknowledge and agree that if employed, my employment will continue at my will and at the will of Peirone, and may be terminated at any time for any legal reason by either party. Peirone will not make commitments in regards to probability of employment. I also agree that this application does not constitute an employment contract and I acknowledge that no official or representative of Peirone is authorized to enter into any verbal contract establishing an employment relationship with any applicant or employee of any particular duration of tenure.
5. Any applicant with a disability who needs reasonable accommodation in any step of the hiring process to assist him or her to demonstrate his or her qualification to perform the duties of the job for which the applicant is applying must make requests for accommodation to the Controller, PO Box 19147, Spokane, WA 99219-9147.
6. I certify that I have read and understand the above Authorization, Acknowledgement and Release, and will complete the application for employment form as accurately and completely as possible.

CERTIFICATION: My signature below certifies that all information in this application is correct and complete to the best of my knowledge and belief, and that I understand that intentionally false information will result in refusal of employment or termination of employment if discovered after date of hire.

DATE

SIGNATURE OF APPLICANT


PRINTED NAME OF APPLICANT

We are an Equal Opportunity Employer

PEIRONE PRODUCE COMPANY

Application for Employment

Please Print and Complete All Questions

| | | | | | | | |
|---|---------------------|--|--------|--|-------|---|--------------------------------|
| NAME Last First Middle | | | Date | Social Security Number | | | |
| PRESENT ADDRESS | | | Street | City | State | Zip | Phone Numbers: Home Cell |
| Birthdate | | Referred By | | Email Address | | | |
| Position For Which You Are Applying | | Second Choice | | Date Available | | Salary/Wage Expected | |
| Can you work overtime? | | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Can you provide proof of eligibility to work in the U.S. if you | | | |
| Can you work shifts? | | Yes <input type="checkbox"/> No <input type="checkbox"/> | | are hired? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| Experience with: | | <input type="checkbox"/> Log Book Maintenance | | <input type="checkbox"/> Liftgates | | <input type="checkbox"/> Handtrucks <input type="checkbox"/> Route Delivery | |
| List types of motor vehicles driven (e.g. straight truck, doubles, triples, etc.) and years experience with each: | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| List any relatives working here: | | | | | | | |
| Have you worked for this company or a competitor under a different name? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | Have you ever been discharged or asked to resign from any position? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| If so, what name and when? | | | | If so, please explain: | | | |
|  | | | | | | | |
| Please list your driver's license number and state (Answer only if operating a motor vehicle is a requirement of the job for which you are applying.) | | | | | | | |
| Name you graduated from high school under: | | | | Other names you have been known by: | | | |
| EDUCATION | Name of Institution | City & State | Dates | Graduate? | GPA | Degree | |
| High School | | | | | | | |
| GED | | | | | | | |
| College | | | | | | | |
| U.S. MILITARY SERVICE | Branch of Service | Date and Rank at Discharge | | List duties pertaining to job for which you are applying: | | | |
| Date(s) of Service: | | | | | | | |

Qualified applicants will receive consideration for employment without discrimination regardless of race, color, religion, age, sex, national origin, marital status, disability, Vietnam Era or disabled veteran.

DRIVER EXPERIENCE AND QUALIFICATIONS

The federal Motor Carrier Safety Regulations (49CFR391.21 (b) (2) requires that driver applicants state their date of birth and SS #.

Date of Birth _____

Social Security Number _____ - _____ - _____

PHYSICAL HISTORY

The Federal Motor Carrier Safety Regulations (49CFR391 Subpart E) requires that all driver applicants pass certain physical tests before they are hired to drive a motor vehicle.

Date of last Department of Transportation prescribed examination _____ Can you provide a copy? _____

Have you ever been granted a waiver under section 391.49 of the Federal Motor Carrier Safety Regulations pertaining to the loss of foot, leg, hand or arm? Yes _____ No _____

ALCOHOL AND CONTROLLED SUBSTANCE STATEMENT

The Federal Motor Carrier Safety Regulations 49CFR40.25(j) requires all persons with applying for a driving position requiring a commercial drivers license to answer the following questions:

- 1) Within the last two years, have you ever 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?
Yes _____ No _____
- 2) Within the last two years, have you ever tested positive, or refused to test, on any type of drug or alcohol test administered by an employer for which you performed safety-sensitive transportation work?
Yes _____ No _____
- 3) If you answered yes to either 1) or 2) above, can you provide and/or obtain proof that you have successfully completed the DOT return-to-duty requirements?
Yes _____ No _____

Applicant's Signature: _____

Date: _____

Witnessed By: _____

Date: _____

DRIVER'S LICENSE INFORMATION

| Driver's Licenses held In past 3 years must be shown | State | License Number | 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 _____
- C. Have you ever been disqualified for violations of the Federal Motor Carrier Safety Regulations? Yes _____ No _____

DRIVING EXPERIENCE

| Class of Equipment | Type of Equipment (Van, Tank, Flat, etc.) | Dates | | Approximate Total Miles |
|------------------------|--|-------|-------|----------------------------|
| | | From | To | |
| Straight Truck | _____ | _____ | _____ | _____ |
| Tractor & Semi-Trailer | _____ | _____ | _____ | _____ |
| Twin | _____ | _____ | _____ | _____ |
| Other _____ | _____ | _____ | _____ | _____ |

List states operated in during the last five years: _____

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

List safe driving awards held and who awards were presented by: _____

DRIVER EXPERIENCE AND QUALIFICATIONS (con't)

ACCIDENT HISTORY

Accident review for the past 3 years (attach a separate sheet of paper if more space is needed).

| Date | Nature of Accident (Head-On, Rear-End, Upset, etc) | # Fatalities | # Injuries | # Vehicles Towed | Citation Issued? |
|-------|---|--------------|------------|------------------|------------------|
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |

MOTOR VEHICLE DRIVING RECORD (MVR)

Traffic Convictions and Forfeitures for the past 3 years other than parking violations.

| Date | Location | Charge | Penalty |
|-------|----------|--------|---------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

EMPLOYMENT RECORD

The Federal Motor Carrier Safety Regulations (49CFR391.21) require that all applicants wishing to drive a commercial vehicle list all employment for the last three (3) years. In addition, if you have driven a commercial vehicle previously, you must provide employment history for an additional seven (7) years for a total of ten (10) years. Any gaps in employment must be explained.

Start with your **latest** or **current** position, including any military experience, and work back (attach a separate sheet if necessary). You are required to list the complete mailing address, including street number, city, state, & zip code.

Current Employer: _____ Supervisor's Name: _____
Address: _____ Phone: (____) _____
Position Held: _____ From: _____ To: _____ Salary: _____
Mo/Yr Mo/Yr

Previous Employer: _____ Supervisor's Name: _____
Address: _____ Phone: (____) _____
Position Held: _____ From: _____ To: _____ Salary: _____
Mo/Yr Mo/Yr

Previous Employer: _____ Supervisor's Name: _____
Address: _____ Phone: (____) _____
Position Held: _____ From: _____ To: _____ Salary: _____
Mo/Yr Mo/Yr

Previous Employer: _____ Supervisor's Name: _____
Address: _____ Phone: (____) _____
Position Held: _____ From: _____ To: _____ Salary: _____
Mo/Yr Mo/Yr

Previous Employer: _____ Supervisor's Name: _____
Address: _____ Phone: (____) _____
Position Held: _____ From: _____ To: _____ Salary: _____
Mo/Yr Mo/Yr

APPLICANT MUST READ AND SIGN

I certify that I have read and understand all of this employment application. It is agreed and understood that the employer or his agents may investigate the applicant's background to ascertain any and all information of concern to applicant's record, whether same is of record or not, and applicant releases employers and other persons named herein from all liability for any damages on account of his furnishing such information. 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.

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, person reputation, person characteristics and mode of living.

I agree to furnish such additional information and complete such examinations as may be required to complete my employment file.

I also understand that misrepresentation or omission of information or facts may result in my rejection or dismissal.

If hired, I agree to abide by all the rules and policies of the employer.

This certifies that I completed this application and that all entries on it and information in it are true and complete to the best of my knowledge.

Date _____

Applicant's Signature _____

FOR OFFICE USE – DO NOT WRITE IN THIS SPACE PROCESS RECORD

Applicant Hired? _____ Yes _____ No _____ Date of Birth _____ (month/Day/year)

Date Employed _____ Point Employed _____

Department _____ Classification _____

IN CASE OF EMERGENCY, NOTIFY: _____ Phone: () _____

Address: _____

THIS SECTION TO BE FILLED IN BY COMPANY REPRESENTATIVE

Written Record

| | Superior | Good | Fair | Below Avg | Poor | on File |
|--------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 1. Application | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. Interview | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. Physical Exam* | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4. Past Employment | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5. Written Exam | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 6. Policy/Traffic Record | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

*driver applicants only

Signature of Interviewing Representative _____ Date _____

Termination of Employment

Date Terminated _____ Dept Released From _____

Dismissed _____ Voluntarily Quit _____ Other _____

Termination Report Placed in File _____ Supervisor _____

USE THIS SHEET FOR ADDITIONAL EMPLOYMENT HISTORY INFORMATION

PEIRONE PRODUCE COMPANY

DISCLOSURE AND AUTHORIZATION REGARDING PROCUREMENT OF BACKGROUND REPORTS

It is recognized and understood that the Fair Credit Reporting Act provides that anyone "who knowingly and willfully obtains information on a consumer from a consumer reporting agency under false pretenses" shall be fined not more than \$2,500 or imprisoned not more than a year, or both.

In connection with my application for employment (including contract for services), I understand that investigative background inquiries are to be made on me which may include consumer credit, criminal convictions, motor vehicle, and other reports. These reports may include information as to my character, work habits, performance, education and experience along with reasons for termination of employment from previous employers. Further, I understand that you will be requesting information from various Federal, State, and other agencies which maintain records concerning my past activities relating to my driving, credit, criminal, civil and other experiences. If I include a current employer for verification, I may jeopardize my position within that company.

Please exclude my current employer ☐ yes ☐ no

I authorize without reservation, any party or agency contacted to furnish the above mentioned information and release all parties involved from any liability and responsibility for doing so. I hereby consent to obtaining the above information from ACKGROUND SOURCE INTL and/or any of their licensed agents. This authorization and consent shall be valid in original, fax or copy form. I further authorize ongoing procurement of the above mentioned reports at any time during my employment (or contract) and have received a copy of the Consumer Reports Notification regarding pulling of such consumer reports.

Applicant Signature: _____ Date: _____

Please PRINT Clearly

Position Applied For: _____

Name: _____ Maiden/AKA: _____

First

Middle

Last

Social Security Number: _____ *Sex: Male Female *Race _____ Date of Birth: _____

Current Address: _____ County: _____

City: _____ State: _____ Zip: _____ How Long? _____

Previous Address: _____ County: _____

City: _____ State: _____ Zip: _____ How Long? _____ to _____

Motor Vehicle Report

Name as it appears on license: _____ License #: _____ State: _____

*Responses to these are completely voluntary. You need not respond to have your application considered. However, without this information, we may be unable to distinguish you from another in the even we discover adverse information during our background investigation.

Prior Empl _____ Social Sec Search _____ MVR _____ Crim _____ Other _____

Background Source Intl

P.O. Box 2760 * Coeur d'Alene, ID 83816

Phone: 1-866-769-7281 Fax 1-208-769-7282

CONSENT AND RELEASE FOR RESULTS OF CONTROLLED SUBSTANCE, EVIDENTIAL ALCOHOL TESTING AND REFUSAL TO TEST REPORTS

Please Print:

I, _____ SSN: _____-____-_____, hereby give consent and authorize for the below listed employers to disclose to Background Source Intl, Peirone Produce Company, the results of my controlled substance, evidential alcohol testing, and/or any refusal to submit to tests as mandated by 49 CFR Part 40 of the DOT regulations. I further agree to hold harmless the previous employers listed below, Background Source Intl, Peirone Produce Company, also any agents, representatives, directors or volunteer of the above mentioned for any damages, loss of employment, and any negative outcome that may result from such disclosures.

List previous employers in which a valid Commercial Driver's License was required to perform safety-sensitive functions for a period of three years prior to date of application.

Previous Employer: _____ Phone: _____

City: _____ State: _____

Dates of Employment: From ____/____/____ To ____/____/____

Previous Employer: _____ Phone: _____

City: _____ State: _____

Dates of Employment: From ____/____/____ To ____/____/____

Previous Employer: _____ Phone: _____

City: _____ State: _____

Dates of Employment: From ____/____/____ To ____/____/____

Previous Employer: _____ Phone: _____

City: _____ State: _____

Dates of Employment: From ____/____/____ To ____/____/____

Previous Employer: _____ Phone: _____

City: _____ State: _____

Dates of Employment: From ____/____/____ To ____/____/____

Previous Employer: _____ Phone: _____

City: _____ State: _____

Dates of Employment: From ____/____/____ To ____/____/____

Signature of Applicant: _____ Date: _____

Signature of Designated Employer Representative: _____

Print Name/Title of Designated Employer Representative: _____

To All Applicants:

Pre-employment substance testing is a requirement of Federal Motor Carrier Safety Regulations and is also a requirement of Peirone Produce Company per company policies and regulation.

All applicants applying for a driver position must agree to submit of their own free will, a pre-employment substance test. Prospective drivers must have a verified "NEGATIVE" substance test result prior to a driver being dispatched.

Applicant Signature _____

Date _____

NOTICE TO APPLICANTS

Peirone Produce Company is committed to providing an equal opportunity to all individuals who are seeking employment. The objective of Peirone's hiring procedures is to select the most qualified individual for the job. All applicants are encouraged to provide the company with information that will demonstrate their qualifications to perform the duties of the job for which they are applying.

Invitation to Request Reasonable Accommodation for Applicants with a Disability

Any applicants with a disability who need reasonable accommodation in any step of the hiring process to assist them in demonstrating their qualification to perform the duties of the job should inform the Controller at (509) 838-3515, PO Box 19147, Spokane, WA 99219-9147

EEOE

I have read and understand the above statement _____

(Signature of Applicant)

EEOC/VETERANS APPLICANT DATA FORM

Peirone Produce Company is committed to providing equal opportunity in all employment related activities without regard to race, color, religion, sex, sexual orientation, national origin, age, disability, or veteran status. Reasonable accommodation based on disability or religious observances, will be considered when appropriate. Peirone Produce Company recognizes its affirmative action responsibilities with respect to women, minorities, individuals with disabilities and eligible veterans. Peirone Produce Company is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, the employer invites applicants to voluntarily self-identify their race and ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information will be kept confidential and separate from your application for employment, and will only be used in accordance with the provision of applicable laws, executive orders, and regulation, including those that require the information to be summarized and are reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

GENERAL INFORMATION

NAME _____
Last First Middle

SEX Male ☐ Female ☐

POSITION(S) APPLYING FOR _____

DISABILITY

☐ I choose to be identified as an individual with a disability because I have a record of, or am regarded as having a physical or mental impairment that substantially limits one or more of my major life activities.

☐ I choose not to be identified

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- ☐ **ASIAN:** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian sub-continent. This area includes, for example, China, Japan, Korea, and the Philippine Islands.
- ☐ **AMERICAN INDIAN OR ALASKAN NATIVE:** A person having origins in any of the original peoples of North America.
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- ☐ **OTHER PROTECTED VETERAN:** I served in the military, ground, naval, or air service of the United States on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized.
- ☐ **ACTIVE RESERVIST**
- ☐ **INACTIVE RESERVIST**
- ☐ **NONE OF THE ABOVE**

Signature: _____

Date: _____

PEIRONE PRODUCE COMPANY

Applicant's Authorization, Acknowledgement and Release

READ CAREFULLY BEFORE COMPLETING APPLICATION

I hereby authorize Peirone Produce Company ("Peirone"), or authorized employee or agent of Peirone to contact any and all companies, former employers, educational institutions, law enforcement agencies, city, state, county, and federal courts and military services to release information about my background, including, but not limited to, information about my employment, education, driving record, criminal record and general public records history to any authorized representative of Peirone. **I hereby release the aforesaid parties from any liability and responsibility arising from collecting the above information.** This release shall remain in effect for the length of my employment with Peirone. I understand I will receive a copy of this consumer report if any adverse action/decision is made based on the information in the consumer report. If an Investigative Consumer Report has been conducted, I will be notified in writing within three days of receipt of my request for said report. I believe to the best of my knowledge that all information I have provided is accurate, true and correct and that I fully understand the terms of this release.

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3. Peirone adheres to the Drug Free Workplace Act and has a substance abuse policy and an employee drug/alcohol testing program.
4. I acknowledge and agree that if employed, my employment will continue at my will and at the will of Peirone, and may be terminated at any time for any legal reason by either party. Peirone will not make commitments in regards to probability of employment. I also agree that this application does not constitute an employment contract and I acknowledge that no official or representative of Peirone is authorized to enter into any verbal contract establishing an employment relationship with any applicant or employee of any particular duration of tenure.
5. Any applicant with a disability who needs reasonable accommodation in any step of the hiring process to assist him or her to demonstrate his or her qualification to perform the duties of the job for which the applicant is applying must make requests for accommodation to the Controller, PO Box 19147, Spokane, WA 99219-9147.
6. I certify that I have read and understand the above Authorization, Acknowledgement and Release, and will complete the application for employment form as accurately and completely as possible.

CERTIFICATION: My signature below certifies that all information in this application is correct and complete to the best of my knowledge and belief, and that I understand that intentionally false information will result in refusal of employment or termination of employment if discovered after date of hire.

DATE

SIGNATURE OF APPLICANT

PRINTED NAME OF APPLICANT

We are an Equal Opportunity Employer

PEIRONE PRODUCE COMPANY

Application for Employment

Please Print and Complete All Questions

| | | | | | | |
|--|---------------------|--|---|------------------------|----------------------|--------------------------------|
| NAME Last First Middle | | | Date | Social Security Number | | |
| PRESENT ADDRESS | | Street | City | State | Zip | Phone Numbers: Home Cell |
| Birthdate | | Referred By | Email Address | | | |
| Position For Which You Are Applying | | Second Choice | Date Available | | Salary/Wage Expected | |
| Can you work overtime? | | Yes <input type="checkbox"/> No <input type="checkbox"/> | Can you provide proof of eligibility to work in the U.S. if you | | | |
| Can you work shifts? | | Yes <input type="checkbox"/> No <input type="checkbox"/> | are hired? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| List any skills or qualifications relative to the job for which you are applying: | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| List any relatives working here: | | | | | | |
| Have you worked for this company or a competitor under a different name? | | | Have you ever been discharged or asked to resign from any position? | | | |
| Yes <input type="checkbox"/> No <input type="checkbox"/> | | | Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| If so, what name and when? | | | If so, please explain: | | | |
| | | | | | | |
| Please list your driver's license number and state <i>(Answer only if operating a motor vehicle is a requirement of the job for which you are applying.)</i> | | | | | | |
| Name you graduated from high school under: | | | Other names you have been known by: | | | |
| | | | | | | |
| EDUCATION | Name of Institution | City & State | Dates | Graduate? | GPA | Degree |
| High School | | | | | | |
| GED | | | | | | |
| College | | | | | | |
| U.S. MILITARY SERVICE | Branch of Service | Date and Rank at Discharge | List duties pertaining to job for which you are applying: | | | |
| Date(s) of Service: | | | | | | |

Qualified applicants will receive consideration for employment without discrimination regardless of race, color, religion, age, sex, national origin, marital status, disability, Vietnam Era or disabled veteran.

| | | | | | | | | | |
|---|-------------|--------------------|---------|-------|------------|------------|--|-------------|--|
| APPLICANT'S NAME | | | | | | | | | |
| REFERENCES other than relatives or former employers | | | | | | | | | |
| Name | | Address | | Phone | | Occupation | | Years Known | |
| Name | | Address | | Phone | | Occupation | | Years Known | |
| EMPLOYMENT RECORD Begin with current position (if employed) and account for all time during past 10 years | | | | | | | | | |
| From: | To: | Employer | Address | Phone | Job Duties | | | | |
| Job Title | | Address | | | | | | | |
| Supervisor | | Type of Business | | | | | | | |
| Starting Rate | Ending Rate | Reason for Leaving | | | | | | | |
| From: | To: | Employer | Address | Phone | Job Duties | | | | |
| Job Title | | Address | | | | | | | |
| Supervisor | | Type of Business | | | | | | | |
| Starting Rate | Ending Rate | Reason for Leaving | | | | | | | |
| From: | To: | Employer | Address | Phone | Job Duties | | | | |
| Job Title | | Address | | | | | | | |
| Supervisor | | Type of Business | | | | | | | |
| Starting Rate | Ending Rate | Reason for Leaving | | | | | | | |
| From: | To: | Employer | Address | Phone | Job Duties | | | | |
| Job Title | | Address | | | | | | | |
| Supervisor | | Type of Business | | | | | | | |
| Starting Rate | Ending Rate | Reason for Leaving | | | | | | | |
| From: | To: | Employer | Address | Phone | Job Duties | | | | |
| Job Title | | Address | | | | | | | |
| Supervisor | | Type of Business | | | | | | | |
| Starting Rate | Ending Rate | Reason for Leaving | | | | | | | |

PEIRONE PRODUCE COMPANY

DISCLOSURE AND AUTHORIZATION REGARDING PROCUREMENT OF BACKGROUND REPORTS

It is recognized and understood that the Fair Credit Reporting Act provides that anyone "who knowingly and willfully obtains information on a consumer from a consumer reporting agency under false pretenses" shall be fined not more than \$2,500 or imprisoned not more than a year, or both.

In connection with my application for employment (including contract for services), I understand that investigative background inquiries are to be made on me which may include consumer credit, criminal convictions, motor vehicle, and other reports. These reports may include information as to my character, work habits, performance, education and experience along with reasons for termination of employment from previous employers. Further, I understand that you will be requesting information from various Federal, State, and other agencies which maintain records concerning my past activities relating to my driving, credit, criminal, civil and other experiences. If I include a current employer for verification, I may jeopardize my position within that company.

Please exclude my current employer ☐ yes ☐ no

I authorize without reservation, any party or agency contacted to furnish the above mentioned information and release all parties involved from any liability and responsibility for doing so. I hereby consent to obtaining the above information from ACKGROUND SOURCE INTL and/or any of their licensed agents. This authorization and consent shall be valid in original, fax or copy form. I further authorize ongoing procurement of the above mentioned reports at any time during my employment (or contract) and have received a copy of the Consumer Reports Notification regarding pulling of such consumer reports.

Applicant Signature: _____ Date: _____

Please PRINT Clearly Position Applied For: _____

Name: _____ Maiden/AKA: _____

First

Middle

Last

Social Security Number: _____ *Sex: Male Female *Race _____ Date of Birth: _____

Current Address: _____ County: _____

City: _____ State: _____ Zip: _____ How Long? _____

Previous Address: _____ County: _____

City: _____ State: _____ Zip: _____ How Long? _____ to _____

Motor Vehicle Report

Name as it appears on license: _____ License #: _____ State: _____

*Responses to these are completely voluntary. You need not respond to have your application considered. However, without this information, we may be unable to distinguish you from another in the even we discover adverse information during our background investigation.

Prior Empl _____ Social Sec Search _____ MVR _____ Crim _____ Other _____

Background Source Intl

P.O. Box 2760 * Coeur d'Alene, ID 83816

Phone: 1-866-769-7281 Fax 1-208-769-7282

CONSENT AND RELEASE FOR RESULTS OF CONTROLLED SUBSTANCE, EVIDENTIAL ALCOHOL TESTING AND REFUSAL TO TEST REPORTS

Please Print:

I, _____ SSN: _____ - _____ - _____, hereby give consent and authorize for the below listed employers to disclose to Background Source Intl, Peirone Produce Company, the results of my controlled substance, evidential alcohol testing, and/or any refusal to submit to tests as mandated by 49 CFR Part 40 of the DOT regulations. I further agree to hold harmless the previous employers listed below, Background Source Intl, Peirone Produce Company, also any agents, representatives, directors or volunteer of the above mentioned for any damages, loss of employment, and any negative outcome that may result from such disclosures.

List previous employers in which a valid Commercial Driver's License was required to perform safety-sensitive functions for a period of three years prior to date of application.

Previous Employer: _____ Phone: _____

City: _____ State: _____

Dates of Employment: From ____/____/____ To ____/____/____

Previous Employer: _____ Phone: _____

City: _____ State: _____

Dates of Employment: From ____/____/____ To ____/____/____

Previous Employer: _____ Phone: _____

City: _____ State: _____

Dates of Employment: From ____/____/____ To ____/____/____

Previous Employer: _____ Phone: _____

City: _____ State: _____

Dates of Employment: From ____/____/____ To ____/____/____

Previous Employer: _____ Phone: _____

City: _____ State: _____

Dates of Employment: From ____/____/____ To ____/____/____

Previous Employer: _____ Phone: _____

City: _____ State: _____

Dates of Employment: From ____/____/____ To ____/____/____

Signature of Applicant: _____ Date: _____

Signature of Designated Employer Representative: _____

Print Name/Title of Designated Employer Representative: _____