

FOR INTERNAL USE ONLY

Applicant Full Name (s):		Applicant Contact Number(s):	
Position Applying for:		Plant Location	Date:

APPLICATION PROCESS (STEPS 1 through 3)		Driver: DOT Application.pdf	
		Non Driver: NON DOT Application.pdf	
D.O.T Employment Application. <i>If applicant is not a driver use NON DRIVER Application.</i>			
Verify on application that 10 year Employment History is complete & applicant is entitled to work in the U.S			
Notification and Authorization to Conduct Background Investigation			
Copy CDL Driver License ONLY --- DO NOT copy other documents such as Green Card or SSN			
Voluntary Disclosure Form			
Fair Credit Act (applicant should keep this disclosure)			
If Hiring/Plant Manager determines- applicant meets initial hiring qualifications then use the:			
Pre Employment Interview Questionnaire			

If Hiring/Plant Manager determines- applicant meets job requirement and has successful interview then:	
SCREENING PROCESS (STEPS 4 though 6)	Screening.pdf
Send completed Application & Background Screening Authorization with a legible copy of this form to HR.	
Via Fax (407) 802-3579 and send all originals to Orlando Headquarters (address below)	
Upon approval from HR print the applicable PDF provide applicant with Medical forms and closest locations for testing	
Medical Provider Authorization	
Medical Examination Report	
HPE Concentra Form	

HIRING PROCESS (STEP 7)		Driver: DOT New Hire.pdf	
		Non Driver: NON DOT New Hire.pdf	
Upon receipt of final approval schedule applicant for new hire orientation, print the applicable PDF & submit completed paperwork:			
Employee Status Change Form (Include date of hire, rate of pay, and position)			
I-9 Form & Supporting Documents: (e. g. U.S. Passport, Driver's License, Social Security Card, Birth Certificate, Employment Authorization, or other documents to verify eligibility to work within the US			
W-4 Form & Applicable State Tax Form			
Direct Deposit Form			
Drug Free Workplace Policy Informed Consent for Drug & Alcohol Testing			
Receipt for Company Handbook (if handbook is available)			
FOR DRIVERS ONLY			
Copy of Driver License - CDL Class A or Class B			
D.O.T. Medical Card			
Motor Vehicle Driver's Certification of Violations/ Annual Review of Driving Record			
Drivers Statement of On-Duty Hours			
Motor Vehicle Driver's Certification of Compliance with Driver License Requirements			
Driver Log Acknowledgment and Acceptance			
Acknowledgement of Receipt of Controlled Substance and Alcohol Policy			

Shelley Loughrey, HR Manager
8529 S. Park Circle, Suite 320, Orlando FL 32819
Phone: 407-802-3553 Fax: 407-802-3579

Notification and Authorization To Conduct Background Investigation

I hereby authorize Company or its agents SINGLESOURCE SERVICES CORPORATION to investigate my background to determine any and all information of concern to my record, whether same is of record or not, and I release employers and persons named in my application from all liability for any damages on account of his/her furnishing said information.

Additionally, you are hereby authorized to make any investigation of my personal history, including, but not limited to a credit check, driver's license history, educational background, military record, criminal records and more through an investigative or credit agency or bureau of your choice I authorize the release of this information by the appropriate agencies to the investigating service. I understand that this may include a workers compensation claims search after a conditional job offer has been made. I also understand that I may be required to take a drug test before or during employment.

This authorization, in original or copy form shall be valid for this and for any future reports and updates that may be requested.

PLEASE PRINT CLEARLY

FULLNAME: _____ SSN _____

OTHER NAMES OR SSN USED: _____

CURRENT ADDRESS _____
Street City State Zip

PHONE: (____) _____

LIST ALL ADDRESSES FOR PAST 7 YEARS: (show others on back and check here _____)

Street Address City State Zip DATES

Street Address City State Zip DATES

DRIVER'S LIC.# _____ STATE _____ DOB ____/____/____

(DOB is optional and is only used for identification purposes in screening inquiries)

*****MAY WE CONTACT YOUR CURRENT EMPLOYER? _____ YES _____ NO**

*****HAVE YOU EVER BEEN CONVICTED OF A CRIME? _____ YES _____ NO**

This includes but is not limited to pleas of guilty, nolo contendere, no contest, adjudication withheld, and pre trial intervention programs. If YES show details including date, charge, county, disposition on rear.

SIGNATURE: _____ DATE: ____/____/____

FOR COMPANY USE ONLY

Fax to: 904-241-0601 or 877-835-5787 Client Ref: _____ or checkit@singlesourceservices.com

Please carry out the services checked below:

Statewide Criminal (State _____)	Drug Screen - Offsite	Employment Verification (attach job application)
County Criminal (County _____)	Discovery	References (attach job application)
Residential Trace w/7 Year Criminal	Credit Check	Education Verification
Residential Trace	Driving History	Professional License



PRESTIGE

CONCRETE PRODUCTS

READY MIX • BLOCK • SHOTCRETE/GUNITE

A VCNA COMPANY

Prestige AB Management Co, LLC, AN EQUAL OPPORTUNITY EMPLOYER

APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer and do not discriminate in employment practices on the basis of race, color, age, religion, sex, national origin, citizenship, disability, marital status, veteran status or any other protected status.

THIS APPLICATION IS ONLY GOOD FOR SIXTY (60) DAYS AND ONLY FOR THE POSITION SET FORTH BELOW. CONSIDERATION FOR EMPLOYMENT AFTER SIXTY (60) DAYS OR FOR ANOTHER POSITION REQUIRES A NEW APPLICATION.

Position Desired:

Personal

NAME: (Last) (First) (Middle) DATE:

ADDRESS: (Street) (City) (State) (Zip Code) PHONE NUMBER:

POSITION FOR WHICH YOU ARE APPLYING FOR:

SOCIAL SECURITY NUMBER: DRIVER'S LICENSE NUMBER (if applicable): E-MAIL ADDRESS:

HOW WERE YOU REFERRED TO US?

TRADE PUBLICATION HELP WANTED AD EMPLOYMENT AGENCY CO. EMPLOYEE OTHER (Specify)

HAVE YOU EVER APPLIED BEFORE OR BEEN EMPLOYED BY THE COMPANY OR ANY OF ITS AFFILIATES OR SUBSIDIARIES BEFORE?

YES NO If yes, please list jobs, dates, rate of pay, and reason for leaving?

HAVE YOU EVER BEEN CONVICTED OF (INCLUDING GUILTY PLEA, VERDICT, OR OTHER FINDING OF GUILT REGARDLESS OF WHETHER A SENTENCE WAS IMPOSED) OR PLED NO CONTEST TO A FELONY OR MISDEMEANOR California Residents, In the case of Misdemeanors, need only to report two years ? YES NO

IF YES, EXPLAIN IN DETAIL.

(Conviction of a crime will not necessarily be a bar for employment. Factors such as age at the time of the offense, type of offense, remoteness of the offense in time, and rehabilitation will be taken into account in determining effect on suitability for employment.)

1. ARE YOU 18 YEARS OF AGE OR OLDER?

YES NO

2. ARE YOU LEGALLY ENTITLED TO WORK IN THE U.S.?

YES NO

(If you are hired, you will be required to comply with the verification provisions of the Immigration Act as a condition of employment.)

Education

Name and Location of School:

Dates Attended:

Degree Awarded:

HIGH SCHOOL

COLLEGE

GRADUATE SCHOOL

TECHNICAL/CLERICAL OR OTHER JOB-RELATED SKILLS: (TO INCLUDE EQUIPMENT AND MACHINES)

Employment History

Begin with your **present** experience and **work backward** in order listing all of your employers, and other training programs, periods of military service, self-employment, and periods of unemployment for the last 10 years. All time must be accounted for. Use supplementary sheets if necessary. Fill in all blanks. If discharged from any job, please explain. **Leave no blanks or gaps in time for the past 10 years.**

ARE YOU EMPLOYED NOW? YES NO IF YES, MAY WE CONTACT YOUR PRESENT EMPLOYER? YES NO
If NO, EXPLAIN WHY:

I. COMPANY:

TYPE OF BUSINESS/INDUSTRY:

ADDRESS:

PHONE NUMBER:

POSITION HELD:

EMPLOYED (Month & Year)

ANNUAL/MONTHLY/WEEKLY/HOURLY SALARY/WAGE

FROM

To

Beginning

Ending

NAME OF SUPERVISOR AND DESCRIPTION OF YOUR DUTIES:

REASON(S) FOR LEAVING OR CONSIDERING CHANGE:

II. COMPANY:

TYPE OF BUSINESS/INDUSTRY:

ADDRESS:

PHONE NUMBER:

POSITION HELD:

EMPLOYED (Month & Year)

ANNUAL/MONTHLY/WEEKLY/HOURLY SALARY/WAGE

FROM

To

Beginning

Ending

NAME OF SUPERVISOR AND DESCRIPTION OF YOUR DUTIES:

REASON FOR LEAVING:

III. COMPANY:

TYPE OF BUSINESS/INDUSTRY:

ADDRESS:

PHONE NUMBER:

POSITION HELD:

EMPLOYED (Month & Year)

ANNUAL/MONTHLY/WEEKLY/HOURLY SALARY/WAGE

FROM

To

Beginning

Ending

NAME OF SUPERVISOR AND DESCRIPTION OF YOUR DUTIES:

REASON FOR LEAVING:

IV. COMPANY:

TYPE OF BUSINESS INDUSTRY:

ADDRESS:

PHONE NUMBER:

POSITION HELD:

EMPLOYED (Month & Year)

ANNUAL/MONTHLY/WEEKLY/HOURLY SALARY/WAGE

FROM**To**

Beginning

Ending

NAME OF SUPERVISOR AND DESCRIPTION OF YOUR DUTIES:

REASON FOR LEAVING:

DID YOU EVER WORK FOR ANY OF THESE EMPLOYERS UNDER A DIFFERENT NAME? YES NO

If yes, which employer(s) and under what name(s)?

HAVE YOU EVER BEEN DISCHARGED OR ASKED TO RESIGN?

 YES NO

If yes, please explain (include by whom, when and for what):

LIST ADDITIONAL BUSINESS REFERENCES

NAME	ADDRESS	POSITION	PHONE

General

WHAT STARTING SALARY WILL YOU CONSIDER?

WHEN WILL YOU BE AVAILABLE FOR EMPLOYMENT?

ARE YOU WILLING TO TRAVEL?

IF YES, TO WHAT EXTENT?

ARE YOU WILLING TO RELOCATE?

LOCATION PREFERENCES/RESTRICTIONS:

ARE YOU WILLING TO WORK EXTENDED HOURS?

OVERTIME?

If you would like to provide additional information about yourself, you may do so here, or attach to this application a resume, certificates or training, transcripts, or other information you feel may better depict your qualifications.

EMPLOYMENT APPLICATION CERTIFICATION

PLEASE READ CAREFULLY

IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT THE COMPANY

I HEREBY CERTIFY that the facts and information given by me in this Application for Employment are true and complete in all respects. I understand and agree that if any of the facts or information is found to be false, misleading or incomplete (in the exclusive judgment of the Company) I may be disqualified from consideration for employment or subject to immediate termination at any time during my employment.

I AUTHORIZE the Company and its agents, in making this Application for employment, to investigate all information furnished in this Application. I hereby authorize all individuals and organizations named or referred to in this Application, and any law enforcement organizations to give the Company or its designee any and all information that relates to or is requested during the Company's investigation and I hereby release those individuals, organizations and the Company, its employees and its agents from any and all liability for any claim or damage resulting there from. I agree to furnish any supporting documentation that the Company requires.

I ACKNOWLEDGE that I have received a Summary form of the Fair Credit Reporting Act and I have completed the Notification and Authorization to Conduct Background Investigation form that may be used by Prestige for the purpose of evaluating me for employment.

I UNDERSTAND that all offers of employment are contingent upon successful completion of a pre-employment drug screen. After a conditional job offer, I may be required to complete a post-job offer medical history questionnaire and/or undergo a medical examination. I hereby give consent to such tests to be conducted by examiners selected by the Company and I consent to the release of the results of such tests to the Company.

I AGREE, if hired, to submit, at any reasonable time during my employment, and without notice, to a drug and/or alcohol-screening test. I understand that refusal to take a requested drug and/or alcohol screening test may result in discharge. I further understand that, if employed, a positive test result may also result in immediate discharge.

I AGREE, if hired, to wear or use protective clothing or devices as required and to fully comply with all relevant safety rules. If hired, I agree to conform with all rules and regulations.

I UNDERSTAND AND AGREE that nothing in this Application for Employment or in the interview process is intended to be a promise of employment or to create an employment contract for a specified period of time. I further understand and agree that, if hired, my employment is of an "at will" nature, is for no definite period and may be terminated by the Company or me at any time with or without notice or cause. I further understand that this "at will" employment relationship may not be changed except by an express, written agreement signed by an authorized executive of the Company.

I HEREBY ACKNOWLEDGE THAT I HAVE READ, UNDERSTAND AND AGREE TO THE FOREGOING STATEMENTS.

Signature of Applicant

Date

Voluntary Disclosure Form

As a means of complying with regulations stated in 29 CFR 1602.13 for Equal Employment Opportunity report requirements we request employees to voluntarily submit information related to their ethnic/race and gender. This confidential information is used only by the Human Resources Department and only to complete the Company's EEO-1 Report. **Submission of the information below is entirely voluntary and refusal to provide it will not adversely affect your employment status in any way.** Information you submit will be kept confidential, except as may be otherwise required by law or governmental reporting requirements.

NAME: _____ DATE: _____

Please check the appropriate boxes

I **do not** wish to furnish the information requested below.

1. What is your gender?

MALE

FEMALE

2. Are you Hispanic or Latino? Yes No

3. If your answer to Question 2 was "No", please identify your race:

AMERICAN INDIAN/ALASKAN NATIVE (Not Hispanic or Latino). Persons having origins in any of the original people of North America and South America (including Central America) and who maintain tribal affiliation or community attachment.

ASIAN (Not Hispanic or Latino). Persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

BLACK or AFRICAN AMERICAN (Not Hispanic or Latino). Persons having origins in any of the Black racial groups of Africa.

HISPANIC or LATINO. Persons of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

NATIVE HAWAIIAN OR PACIFIC ISLANDER (Not Hispanic or Latino). Persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

WHITE (Not Hispanic or Latino). A persons having origins in any of the original peoples of Europe, North Africa or the Middle East.

Two or more races (Not Hispanic or Latino). All persons who identify with more than one of the above five races.

Para información en español, visite www.ftc.gov/credit o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.

A Summary of Your Rights Under the Fair Credit Reporting Act

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.ftc.gov/credit or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.**

- **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, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.ftc.gov/credit 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.ftc.gov/credit for 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.ftc.gov/credit.
- **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 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.ftc.gov/credit.

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. Federal enforcers are:

TYPE OF BUSINESS:	CONTACT:
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word “National” or initials “N.A.” appear in or after bank’s name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word “Federal” or initials “F.S.B.” appear in federal institution’s name)	Office of Thrift Supervision Consumer Complaints Washington, DC 20552 800-842-6929
Federal credit unions (words “Federal Credit Union” appear in institution’s name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center, 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation, Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator – GIPSA Washington, DC 20250 202-720-7051