



CFC Trucking Co., Inc.

P.O. Box 1127 • Jessup, MD 20794-1127
410-888-9175 • 301-490-4480 • Fax 301-604-2896

HIRE DATE: _____ # _____

APPLICATION FOR EMPLOYMENT

NAME _____
(FIRST) (MIDDLE) (Maiden Name, if any) (LAST)

ADDRESS _____
(STREET) (CITY) (STATE & ZIP CODE)

HOW LONG? _____ DATE OF BIRTH _____ SOCIAL SECURITY NO. _____

TELEPHONE NUMBER _____ E-MAIL ADDRESS _____

PREVIOUS THREE YEARS RESIDENCY

_____ # YEARS _____
(STREET) (CITY) (STATE & ZIP CODE)

_____ # YEARS _____
(STREET) (CITY) (STATE & ZIP CODE)

_____ # YEARS _____
(STREET) (CITY) (STATE & ZIP CODE)

(ATTACH SHEET IF MORE SPACE IS NEEDED) LICENSE INFORMATION

Section 383.21 FMCSR states "No person who operates a commercial motor vehicle shall at any time have more than one driver's license". I certify that I do not have more than one motor vehicle license, the information for which is listed below.

STATE	LICENSE NO.	CLASS	EXPIRATION

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES		APPROX. NO OF MILES (TOTAL)
		FROM	TO	
STRAIGHT TRUCK				
TRACTOR & SEMI-TRAILER				
TRACTOR-TWO TRAILERS				
OTHER				

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	NUMBER FATALITIES	NUMBER INJURIES	CHEMICAL SPILLS	
				YES	NO

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

DATE CONVICTED (month/year)	VIOLATION	STATE OF VIOLATION LOCATION	PENALTY
			(forfeited bond, collateral and/or points)

(ATTACH SHEET IF MORE SPACE IS NEEDED)

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES _____ NO _____

If yes, explain _____

A. Has any license, permit or privilege ever been suspended or revoked? YES _____ NO _____

If yes, explain _____

**EMPLOYMENT RECORD
(ATTACH SHEET IF MORE SPACE IS NEEDED)**

Applicants that desire to drive in intrastate/interstate commerce must provide the following information on all employers during the previous three years. You must give the same information for all employers you have driven a commercial motor vehicle for the seven years prior to the initial three years (total of ten years employment record).

Must list the complete mailing address: street number and name, city, state and zip code.

LAST EMPLOYER: NAME _____

ADDRESS _____
(Street) _____ (City)

(State) _____ (Zip code) PHONE _____

POSITION HELD _____ FROM _____ TO _____ SALARY _____

REASONS FOR LEAVING _____

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON.

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes No

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes No

SECOND LAST EMPLOYER: NAME _____

ADDRESS _____
(Street) _____ (City)

(State) _____ (Zip code) PHONE _____

POSITION HELD _____ FROM _____ TO _____ SALARY _____

REASONS FOR LEAVING _____

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON.

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes No

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes No

THIRD LAST EMPLOYER: NAME _____

ADDRESS _____
(Street) _____ (City)

(State) _____ (Zip code) PHONE _____

POSITION HELD _____ FROM _____ TO _____ SALARY _____

REASONS FOR LEAVING _____

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON.

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes No

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes No

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make sure investigations and inquiries to my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

"I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

- Review information provided by current/previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information."

DATE APPLICANT'S SIGNATURE

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

Note: A motor carrier may require an applicant to provide information in addition to the information required by the Federal Motor Carrier Safety Regulations.



P.O. Box 2003 • Jessup, Maryland 20794-2003 • MD 410-799-5700 • DC 301-483-9090
 Fax 301-483-6477 • Website: www.classproduce.com

AN EQUAL OPPORTUNITY EMPLOYER – PRE-EMPLOYMENT APPLICATION

<i>Please Print – Answer every question fully and accurately.</i>		Date / /	Social Security Number - -	
Will you work overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No	Can you perform the essential functions of the job for which you have applied <input type="checkbox"/> Yes <input type="checkbox"/> No	If "No", with reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain.		
Will you work Saturdays? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Are you related to any employee of this Company? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", to whom?	Relationship?	Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", may we contact your employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been convicted of a felony in the last 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No	When? / /	On what charges?		
Describe				

EDUCATIONAL BACKGROUND

Last School Attended – Name and Address	Last Year Completed	Did you Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No
Technical School Attended – Name and Address		<input type="checkbox"/> Yes <input type="checkbox"/> No
College(s)		<input type="checkbox"/> Yes <input type="checkbox"/> No
List Office and Clerical Skills <input type="checkbox"/> Typing _____ W.P.M. <input type="checkbox"/> 10-Key Calculator <input type="checkbox"/> Computer Skills (Circle those that apply): Word Excel PowerPoint Access Internet		<input type="checkbox"/> Yes <input type="checkbox"/> No
Other – Be Specific		
List Equipment Skills <input type="checkbox"/> Mechanical Forklift <input type="checkbox"/> Pallet Jack Other Equipment _____		
List Certificates and Licenses		

“READ THE FOLLOWING CONDITIONS CAREFULLY AND SIGN TO INDICATE YOUR AGREEMENT”

I hereby certify that the information on this application is accurate. I understand that any false answers or statements or misrepresentations or omissions, made by me on the application or any related document, will be sufficient for rejection of my application or for my immediate discharge should such falsifications or misrepresentations be discovered at anytime after I am employed.

I hereby agree that, if so requested by the Company, I will undergo a pre-employment physical examination (which may, at the discretion of the Company, include drug and alcohol testing) to determine whether I am physically qualified to perform my assigned job. If hired, I agree to undergo physical examinations, drug screens and random drug screens as may be requested by the Company, in accordance with applicable law. I understand that successful completion of all physical examinations (including, at the discretion of the Company, drug and alcohol testing) will be a condition of my employment and/or continued employment, in accordance with applicable law. I consent to the physician, testing agency and/or medical/facility releasing to the Company the results of all of these physical examinations and drug and alcohol testing.

This application does not constitute an express or implied contract. If an employment relationship is established, the Company has the right to terminate my employment at any time with or without cause and I understand that I have a right to terminate my employment at any time with or without cause, and that these rights cannot be altered except by express written agreement signed by myself and an officer of the Company.

If hired: 1) I agree to report anyone in the Company’s employ whose conduct is contrary to the best interests of the Company. 2) I agree to report any work related injury to my Manager or Supervisor within 24 hours of occurrence. 3) I agree to obey the rules and regulations of the Company at all times.

I attest that the information provided herein is true and complete to the best of my knowledge. I hereby knowingly and voluntarily authorize the Company to investigate my past record as may be necessary, including verification of my social security number, and I release my former and current employers and all persons whomsoever from any and all liability from damage on account of furnishing said information.

SIGNATURE OF APPLICANT _____ DATE _____

ONLY MARYLAND APPLICANTS NEED SIGN:

“UNDER MARYLAND LAW AN EMPLOYER MAY NOT REQUIRE OR DEMAND ANY APPLICANT FOR EMPLOYMENT OR PROSPECTIVE EMPLOYMENT OR ANY EMPLOYEE TO SUBMIT TO OR TAKE A POLYGRAPH, LIE DETECTOR OR SIMILAR TEST OR EXAMINATION AS A CONDITION OF EMPLOYMENT OR CONTINUED EMPLOYMENT. ANY EMPLOYER WHO VIOLATES THIS PROVISION IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT TO EXCEED \$100.”

SIGNATURE OF APPLICANT _____ DATE _____



DISCLOSURE AND AUTHORIZATION FOR CONSUMER REPORTS

This serves to advise you that in consideration for employment (including contract for services) with **Class Produce Group, LLC, TGD Cuts, LLC, or CFC Trucking** a consumer report and/or investigative consumer report may be obtained on you. This process may include verification of education, credit history, employment history, a review of any local, county, state, and federal government agency records, court public records, driving records (MVR), workers' compensation claim files, and employment, personal or professional references. References may include information pertaining to your general character and reputation, personal characteristics, mode of living, and work habits. A consumer report containing injury and illness records and medical information may be obtained after a tentative offer of employment has been made. The source of the reports will be **National Background Investigations Inc.** PO Box 966, Stevensville, MD 21666

Please be advised you have the right to inspect the files that the consumer reporting agency may have on you during normal business hours and upon furnishing proper identification. You also have the right to make a request of National Background Investigations Inc., upon proper identification and the payment of any authorized fees, for the information in its files on you at the time of your request. The nature and scope of the investigative consumer report may be a background check, criminal check, prior employment and/or driving record. Before any adverse action is taken, based in whole or in part on the information contained in the consumer report, you will be provided a copy of the report and a summary of your rights under the Fair Credit Reporting Act, as well as additional information on your rights under the law.

By signing below, you hereby authorize without reservation, any party or agency contacted to furnish the above mentioned information. You further authorize ongoing procurement of the above mentioned reports at any time during your employment (or contract). You also agree that a fax or photocopy of this authorization with your signature be accepted with the same authority as the original.

You hereby authorize and request, without any reservation, any present or former employer, school, law enforcement or criminal agency, financial institution, division of motor vehicles, consumer reporting agencies, or other persons or agencies having knowledge about you to furnish First Advantage with any and all background information in their possession regarding you, in order that your employment qualifications may be evaluated.

public record information about your character, general reputation, personal characteristics, and mode of living is obtained without using a consumer reporting agency, you will be supplied a copy of the public record information within seven days of our receipt of it unless you check this box where you hereby waive your right to obtain a copy of the consumer report.

Printed Full Name

Social Security Number

Date of Birth

Home Phone

Work Phone

Maiden or other name used

Year last used

Drivers License Number

State

Signature

Date



The Class Produce Group, LLC
CFC Trucking Co.
TGD Cuts
Wholesale Fruits and Vegetables

RIGHT TO WORK IN THE US

Will you be able to prove that you have the right to work in the United States if you are hired?

- YES
 NO

Signature

Date

Si lo/la contratamos, ¿ Va a poder probar que tiene pleno derecho de trabajar en los Estados Unidos?

- SI
 NO

Firma

Fecha

Completion of this form is strictly voluntary and is confidential.

The Class Produce Group, LLC, CFC Trucking Co. Inc. & TGD Cuts Inc. provides equal employment opportunity to all qualified applicants and employees by prohibiting discrimination against any employee or applicant for employment because of race, color, religion, sex, sexual orientation, gender identity, national origin, age, veteran status or disability.

This information will be used solely to assist us in complying with Federal and State Equal Employment Opportunity and Affirmative Action record keeping requirements. Refusal to provide this information will not adversely affect you.

PLEASE NOTE: This form is **NOT** a part of your official application for employment. This information will be recorded and maintained in a confidential file, separate from all other records.

Name	SSN/Employee ID:	Position	Date

Specific ethnicity, gender, disability and veteran status information is required to meet legal obligations as a federal contractor. Please check the appropriate category in which you most closely identify with by placing an "X" in the corresponding box.

NON-HISPANIC	
<input type="checkbox"/> WHITE (not Hispanic or Latino)	Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
<input type="checkbox"/> BLACK OR AFRICAN-AMERICAN (not Hispanic or Latino)	Persons having origins in any of the black racial groups of Africa.
<input type="checkbox"/> ASIAN (not Hispanic or Latino)	
Chinese/Chinese-American: Persons having origins in any of the original peoples of China. Japanese/Japanese-American: Persons having origins in any of the original peoples of Japan. Filipino/Pilipino: Persons having origins in any of the original peoples of the Philippine Islands. Pakistani/East Indian: Persons having origins in any of the original peoples of the Indian subcontinent (e.g., India and Pakistan). Other Asian: Persons having origins in any of the original peoples of the Far East (including Korea, Malaysia, Cambodia, Thailand and Vietnam), and Southeast Asia.	
<input type="checkbox"/> AMERICAN INDIAN or ALASKAN NATIVE (not Hispanic or Latino)	Persons having origins in any of the original peoples of North and South America, (including Central American) and who maintains tribal affiliation or community attachment.
<input type="checkbox"/> NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER (Not Hispanic or Latino)	Persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands
<input type="checkbox"/> TWO OR MORE RACES/ETHNICITIES (Not Hispanic or Latino)	Persons who identify with more than one of the above races/ethnicities.
HISPANIC or LATINO	
<input type="checkbox"/> HISPANIC or LATINO (including Black individuals whose origins are Hispanic)	
Mexican/Mexican-American/Chicano: Persons of Mexican culture or origin, regardless of race. Latin-American/Latino: Persons of Latin American (e.g., Central American, South American, Cuban, Puerto Rican) culture or origin, regardless of race. Other Spanish/Spanish-American listed above: Persons of Spanish culture or origin, not included in any of the Hispanic categories listed above	
GENDER	
<input type="checkbox"/> Male	
<input type="checkbox"/> Female	
CHOOSE TO NOT SELF-IDENTIFY	
<input type="checkbox"/> I choose not to self-identify.	

This employer is a Government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 (VEVRAA), which requires Government contractors to take affirmative action to employ and advance in employment: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans. These classifications are defined as follows:

Disabled Veteran	A veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or a person who was discharged or released from active duty because of a service-connected disability.
Recently Separated Veteran	Any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.
Active Duty Wartime or Campaign Badge Veteran	A veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.
Armed Forces Service Medal Veteran	A veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

As a Government contractor subject to VEVRAA, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA. **If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below.**

<input type="checkbox"/>	I identify as one or more of the classification of protected veteran listed above
<input type="checkbox"/>	I am not a protected veteran
<input type="checkbox"/>	I choose not to self-identify my protected veteran status

Protected veterans may have additional rights under USERRA—the Uniformed Services Employment and Reemployment Rights Act. In particular, if you were absent from employment in order to perform service in the uniformed service, you may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty if not for the absence due to service. For more information, call the U.S. Department of Labor's Veterans Employment and Training Service (VETS), toll-free, at 1-866-4-USA-DOL.

The information you submit will be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of disabled veterans, and regarding necessary accommodations; (ii) first aid and safety personnel may be informed, when and to the extent appropriate, if you have a condition that might require emergency treatment; and (iii) Government officials engaged in enforcing laws administered by the Office of Federal Contract Compliance Programs, or enforcing the Americans with Disabilities Act, may be informed.

Name

Date

VOLUNTARY SELF-IDENTIFICATION OF DISABILITY

Why are people being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities. To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you have ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition. Disabilities include, but are not limited to:

- Blindness
- Deafness
- Cancer
- Diabetes
- Epilepsy
- Autism
- Cerebral palsy
- HIV/AIDS
- Schizophrenia
- Muscular dystrophy
- Bipolar Disorder
- Major Depression
- Muscular Sclerosis (MS)
- Missing limbs or partially missing limbs
- Post-Traumatic stress disorder (PTSD)
- Obsessive Compulsive Disorder
- Impairments requiring the use of a wheelchair
- Intellectual disability (previously called mental retardation)

Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

Please check one of the boxes below:

- YES, I HAVE A DISABILITY
- NO, I DO NOT HAVE A DISABILITY
- I DO NOT WISH TO ANSWER

Print Name

Signature

Today's Date

Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.



The Class Produce Group, LLC

Wholesale Fruits and Vegetables

8477 Dorsey Run Road ° PO BOX 2003 ° Jessup, MD 20794-2003

410-799-5700 ° 301-483-9090 ° 410-799-0047 Fax

www.classproduce.com

The cost of the Pre-Employment Drug Screen is \$25.00. You are responsible for paying this fee to the Health Center at the time of the screening.

El costo del examen de droga de antes de empleo es de \$25.00. Usted es responsable de pagar este honorario al Centro de Salud en el momento del examen.

The cost of the Physical Examination is \$27.00. You will not be required to pay this fee. However, if you terminate employment prior to one (1) month, we will deduct the amount from your final paycheck.

El costo del Examen Físico es de \$27.00. Usted no necesitara pagar este honorario. Sin embargo, si usted termina el empleo antes de un (1) mes, nosotros descontaremos la cantidad de su cheque del pago final.

I have read the above statements and agree to their terms:

He leído las declaraciones de arriba y estoy de acuerdo a sus términos:

Print Name

Sign Name

Date